Children’s Contact Services:
Expectation and Experience

Final Report

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Acknowledgements

Particular thanks are due to the contact service coordinators and staff who were most generous with their time and facilities, providing invaluable assistance with the selection of family members and referral agents to approach for participation in this research, with conducting the client survey, and through their facilitation of many interviews at their services.

We also wish to extend our particular thanks to the many respondents who participated in this project – namely residence and contact parents and their children who disclosed much personal information about their post-separation and divorce parenting arrangements, and to the contact service staff, service management committees and auspice organistaions, legal and other referral agents, Australian Government and industry representatives. Most respondents participated in the hope that this information would make a difference to the lives of others. This research project would not have been possible without their willingness to share their valuable knowledge and experiences.

Our special thanks to Fiona Kelly for her invaluable work compiling our literature review and to Jill Kennard for her warm, professional and considerate approach in conducting the observations and interviews with the children participating in this research. Particular thanks also to our most diligent transcriber Veronica Peek for her tireless work transcribing each of the 142 in-depth interviews for this study, and to April Chrzanowski for her analysis of the survey data and her essential assistance in formatting the report. Thanks also to Helen Jeays for her editorial assistance.

We wish to acknowledge the assistance of Gillian Mason-Johnson, Yvonne Darlington and Lyn Hulett, who provided us with advice and assistance in conceptualising and conducting the study.

Thanks also to the Federal Attorney-General’s Department for providing direction and for their ongoing support and assistance for the duration of the project. The research was funded by an Australian Research Council SPIRT grant in collaboration with the Attorney-General’s Department.

Ultimately the interpretation of the research findings is the responsibility of the authors along with any shortcomings in the report.
Executive Summary

Background and aim of the study

This report presents the results of the *Children’s Contact Services Study*. The study explored the role of children’s contact services (CCSs) in Australia and the expectations different parties may have regarding the use of contact services. It was conducted in Queensland and Victoria by researchers from the Socio-Legal Research Centre at Griffith University in Brisbane, the Law School at The University of Melbourne and the Australian Institute of Family Studies in Melbourne.¹

Children’s contact services assist separated parents in high conflict situations to manage contact arrangements with their children. The role of these services in Australia has increased substantially since the 1995 amendments to the Family Law Act which emphasised the importance for children of having ongoing contact with both parents.² This is, in part, a consequence of the pro-parent/child contact shift that has characterised developments in family law in recent years, in Australia and overseas.³ The burgeoning number of children’s contact services operating in Australia, also reflects the expansion of the Child Contact Services Program funded by the Australian Government through the Attorney- General’s Department and administered by the Department of Family and Community Services.

Prior to this study, knowledge of the operation of contact services was limited in some fundamental ways, particularly regarding the implications of CCSs for children’s well-being. The impact of CCSs on children’s well-being is influenced by the key parties involved and their expectations of what the service should or could deliver. This may be particularly the case where different parties’ expectations conflict, or are unreasonable. Knowing more about how CCSs are currently being used, and the expectations of the participants and stakeholders regarding those usages, is therefore crucial to ensuring that the use of contact services results in positive outcomes for separating and divorcing families – especially children.

The aim of the *Children’s Contact Services Study* was to provide this information by exploring systematically the usages and perceived roles of CCSs from the perspectives of the clients and service providers, referring agencies and other key stakeholders. Specifically, the study examined:

- The extent to which expectations on the part of parents, the courts and other referral agencies, and CCS delivery are consistent, and any challenges to child welfare that may arise as a consequence of divergent expectations and contact service usage;

¹ This research was funded by an Australian Research Council SPIRT Grant in collaboration with the Australian Attorney-General’s Department.
² Strategic Partners Pty Ltd, *Contact Services in Australia: Research and Evaluation Project*, Legal Aid and Family Services, Attorney-General’s Department, December 1998, Foreword.
• The extent to which expectations on the part of the courts and other referral agencies, and contact service delivery are consistent, and any challenges to contact service delivery that may arise as a consequence of divergent expectations; and

• The extent to which CCSs are expected to, and do, provide services directed at enhancing children’s and parents’ capacity to move on to self-managed contact, and any limitations on the provision of this assistance for parents and children with backgrounds of domestic violence and child abuse.

Chapter 2: Design, Sampling and Procedures

The main means of collecting data were individual, face-to-face, semi-structured interviews with representatives of:

• Policy making bodies such as the Australian Government’s Attorney-General’s Department and the Department of Family and Community Services and various Industry Representative Bodies representing contact services to the Australian Government in the policy making process.

• Contact service coordinators and supervisors, representatives from the auspice organisation and management committee of the contact service.

• Referral agents such as domestic violence workers, social workers, court counsellors, judicial officers from the Family Court and the Federal and State Magistrates Court, and legal practitioners.

• Parents and children who use CCSs.

In total 142 in-depth interviews were conducted. The average duration of the interviews was one hour. These interviews provided important qualitative information on the current use of CCSs, and the views and expectations of different parties regarding those usages. In an effort to elicit the widest possible range of views on the use of CCSs, the project included 12 Australian Government funded and non-funded services. This sample included regional and metropolitan based CCSs.

In addition to being interviewed, a small group of parents and children were observed during supervised visits and changeovers. These observations provided important information on how parents and children experienced their visits to the CCS.

A client survey of 396 families registered as using the Government funded CCSs in August 2003 was conducted to supplement the data derived from the interviews. This survey included every family that was registered as using the government funded CCSs involved in the study during the August 2003 time period. The survey provided important background information on the clients of CCSs, provided information on the referral process and any orders made, along with a picture of the clients’ movements through a centre’s services and on to self-managed contact.

The data were analysed and the findings are presented in Chapter 3 through to Chapter 10 of the report. A summary of the key findings from these empirical chapters is presented below.
Chapter 3: Client Characteristics and Reasons for Referral

The aim of this chapter was to explore the characteristics of clients of CCSs and the reasons given by parents and referral agents for using CCSs. The chapter drew on data from the client survey and the interviews with parents and referral agents. The key findings from this chapter were:

- Based on the survey data, the vast majority of families referred to the government funded CCSs (70%) had a complex profile of more than one of the following personal and relationship issues:
  1. conflict between parents that was entrenched;
  2. a history of domestic violence, or circumstances where there was a significant risk of domestic violence;
  3. allegations that the children had been physically and/or sexually abused by the contact parent;
  4. the contact parent was intellectually or physically disabled or had a mental illness;
  5. the contact parent had a drug or alcohol problem;
  6. the contact parent had limited parenting skills;
  7. the child was resistant to having contact with the contact parent;
  8. the residence parent was resistant to the child having contact;
  9. there was a perceived risk of child abduction while on contact visits; and
  10. there was no previous relationship between the contact parent and the child, or there had been an extended period of time without contact.

- In only 5 cases the family presented with no serious personal or relationship problems. Domestic violence and/or alleged child abuse characterised the majority of the families surveyed (78%).

- Contact service clientele emerged as a ‘high risk’ group of families who had a multitude of other pressing service and support needs in addition to having to use a contact service. In the context of this report, ‘high-risk’ is taken to mean that there is an above normal chance that unsupervised contact or changeovers would place children’s welfare at risk via exposure to a variety of stressors ranging from verbal conflict between parents through to witnessing domestic violence and child abuse.

- Large numbers of the service clients depended on Government benefits as their main source of income. This was particularly the case for the residence mothers using the government funded CCSs (65% of mothers surveyed v 20% of fathers surveyed).

- The survey data indicated that Indigenous clients and clients from culturally and linguistically diverse (CALD) backgrounds comprise a very small proportion of the services’ clientele (5% and 8% of the families surveyed).

- A significant proportion of family members other than children’s natural mother and father used CCSs. Around one in five of the cases surveyed (19%) involved a family member other than the parents attending the CCS as a visitor or using the service for their own contact visits or to drop the children off for contact visits with a parent.

Chapter 4: The central role and important functions of the children’s contact services
This chapter focused on current perceptions of the role of the CCSs. It also examined the nature and extent of any difference between the various groups in their understanding of what it was that contact services do. The analysis presented in this chapter was primarily based on qualitative data derived from interviews with government and industry representatives, referral agents, CCS staff and parents. From this analysis the following divergences and convergences in expectations by different groups interviewed emerged:

- Referral agents, government representatives and to a lesser extent the industry representatives had an expectation that the contact services would function to ‘enable’ contact to take place in a safe and secure environment for children.

- The majority of contact service staff saw the central roles of the services as facilitating the repair and development of the contact parent-child relationship, and protecting the interests of children.

- Residence parents saw the central role of the contact services as protecting them and their children from violence and abuse by the contact parent.

- Contact parents viewed the central role of the services as enabling them to have contact that would not otherwise occur.

The divergence of views identified above appeared to generate five areas of tension in relation to service provision and referral.

- First, an important feature of the role of contact service staff in protecting the interests of children was to stop contact visits that they believed to be distressing to children. In the most severe cases where the safety of children and staff was at risk the centre could withdraw its services altogether. The survey data suggest that this occurred in 5% of cases. This withdrawal of service may have placed these children and residence parents at risk of harm if they could no longer access a professional supervisor for contact.

Recommendation 1: To reduce the potential risk of harm to children and parents where the centre has withdrawn its services, the referral system and the CCS need to work together to ensure that families who are known to meet the service exclusion and withdrawal criteria are not referred to CCSs in the first place.

Recommendation 2: A standardised set of CCS protocols for excluding clients and withdrawing service needs to be developed for use by all Government funded CCSs. These protocols should be made available to potential service clients and referral agents.

Recommendation 3: In cases where a family is accepted by the service and the service is later withdrawn, procedures need to be put in place to stop contact temporarily and fast track the family back into the referral system to modify their order or arrangements for supervised contact or changeovers, or to provide for contact to be stopped altogether.

- Second, members of every group interviewed nominated that the central role of the CCSs as being to provide a safe and secure environment for children. Parent safety appeared to be a by-product of this central role and not a core concern in service provision despite the significant numbers of clients using the service with domestic violence backgrounds. In a small number of CCSs, a lack of focus on parent safety led to residence and contact parents
being put at risk of further violence while using the service.

**Recommendation 4:** The adoption of clear policy and practice directions that articulate a dual role for CCSs in protecting both children and parents from future harm may help to ensure protection for the parents who use the services, as well as for the children.

- Third, the involvement of service staff in facilitating contact visits over an extended period of time placed staff in a position of being able to provide important information about what happens during contact visits to clients, their legal representatives and the courts. This has generated an expectation on the part of clients and the referral system that staff could and would provide such information.

The above expectation has generated a considerable workload for service staff. One in four of the cases surveyed involved a request by the courts, clients or their legal representatives to produce a report on the contact visits. In 16% of the cases surveyed a court subpoenaed the family’s file from the CCS and/or a CCS staff member familiar with the family’s case.

**Recommendation 5:** The role of the CCSs in report writing needs to be formalised and the CCS staff adequately resourced for the time involved in generating reports. Clear guidelines need to be established for the provision of objective information on contact visits and a standard reporting format developed.

- Fourth, a tension exists between the central function of the CCSs (as reported by CCS staff) to repair and develop the contact parent-child relationship by teaching clients basic parenting skills during contact visits and the contact parents’ desire to be left alone to parent their children when using the centre. This desire is, in part, generated by contact parents’ expectation that the role of the CCSs is to enable contact to occur in a neutral environment.

**Recommendation 6:** Where it is not already part of a CCS’s intake procedures, CCSs need to convey to contact parents a clear message about the role and various functions of the CCS and what the parents can expect when they visit the centre. This should include a statement about the CCS’s policy concerning types of parenting practices that the service encourages the parents to adopt.

- Fifth, there was agreement amongst the various groups interviewed that moving families on to self-managed contact was not a central role of CCSs. However, it appeared to be an expected outcome of service provision, although self-management will not be possible for all of the families using a CCS.

**Recommendation 7:** The role that services play in facilitating the movement of families on to self-managed contact needs to be clarified at the policy and service practice levels.

**Chapter 5: The referral process**

This chapter provided an analysis of the accounts given by referral agents of the process of referral to CCSs, the types of court orders made for supervised contact or changeover and the contents of those orders. It also presented an analysis of the views of referral agents about the factors that have prompted an increase in the number of orders for the use of CCSs, and the impact of the advent of CCSs on their legal practices. The key findings from this chapter include:
Referral to a government funded CCS was primarily via a court order (81% of cases surveyed), with the use of a CCS usually suggested by legal practitioners, at court.

The CCS was not always contacted before orders were made, which had consequences for the content and workability of orders. The most common consequence being a delay in contact due to a long waiting list at the CCS. However, despite an apparent lack of communication between CCSs and the referral system when making orders for supervised contact or changeovers, the survey data revealed that in the vast majority of cases (77%) the government funded CCSs were able to provide the contact service as specified in the order.

Interim consent orders were the most common type of orders made for supervised contact or supervised changeovers. Final orders raise the issues of long-term or indefinite supervision, which were rarely considered appropriate by referral agents. The client survey found almost twice as many interim orders (52%) as final orders (28%) were made.

A variety of matters were identified by referral agents as important to specify (or not specify) in orders for supervised contact or supervised changeovers. These include among others:
1. An awareness of the contact service’s intake procedure.
2. Specific dates and times for supervised contact or changeover should not be included in the orders unless the CCS had agreed to those times.
3. Orders should specify that the parties must cooperate with the CCS.
4. Limits placed on the duration of orders should be considered carefully.
5. The phasing out of supervised contact and changeovers could be left to the court or to the CCS.

These and other matters for consideration when making orders of supervised contact and changeover at a CCS are presented in the Family Court’s pro forma orders and guidelines on referrals to CCSs.

The duration, review and possible phasing out of supervised contact or changeover included in final orders are not adequately addressed by the current pro forma orders, but are the issues most contested among the referral agents we interviewed, and apparently most inconsistently dealt with in current practice.

**Recommendation 8**: A good referral practice solution to the issue of phasing out of supervised contact or changeover included in final orders should incorporate the following:

- recognition that final orders for use of a CCS are appropriate in some cases and may be made;
- sufficient resourcing of Government funded CCSs to enable them to provide longer-term supervision services in appropriate cases;
- the principle that no family should be forced to move away from the centre and on to “self-management” simply because their time limit or the maximum number of visits facilitated at the CCS has been reached;
- specification in final orders for supervised contact or changeover of a fixed duration for supervision, or a regime for phasing out supervision, as appropriate to the particular case;
- if a fixed duration is specified, provision should be made for the matter to return to court at the end of that period (or if the CCS terminates the service or recommends variation at an earlier date) for formal review and continuation or variation of orders;
• if the parties have agreed to an alternative arrangement by the end of the specified period, this can be embodied in consent orders, but there should be no expectation that parties must do this or pressure exerted on them to do so; and
• provision of legal aid for parties needing to return to court to review these supervision orders.

• Referral agents generally and judges in particular articulated the importance of “empowering” the CCSs in any orders made by specifying that the parties must cooperate with the CCS. This was particularly important in cases where contact visits were distressing to children.

Recommendation 9: Provisions that recognise and reinforce the power of the CCSs to give reasonable directions to parties and to exercise discretion to stop contact, on a particular occasion or permanently, should form part of standard orders. There should also be greater judicial scrutiny of consent orders involving referral to CCSs. This is particularly important in ensuring that recommendation one of this report is achieved.

• The data from interviews with referral agents highlighted the extent to which the referral system was assisted by the provision of reports on contact visits by the CCSs.

Recommendation 10: In cases involving a child representative, it may be appropriate to include provisions enabling the child representative to provide information to and receive information from the CCS.

• Most referral agents thought that the existence of CCSs had impacted on legal practice in terms of a greater number of orders for supervised contact and changeover being made. The CCSs were generally regarded as providing a viable and convenient solution for lawyers and courts, especially in high-risk cases where contact would not have occurred but for the facilitation of contact made available through the CCSs. The questions of whether CCSs were resorted to too readily, and how useful they were in all cases, remain in dispute among referral agents.

Chapter 6: Factors that facilitate and impede the functioning of contact services: The referral process

This chapter sought to identify the factors that facilitate and impede the functioning of CCSs, focusing specifically on those factors impacting upon the referral process. The data considered in this section were collected from interviews with referral agents, CCS coordinators and staff, members of auspice organisations, management committees, industry and government representatives. The key findings from this analysis were:

• A variety of factors emerged that appeared to facilitate the referral process. These include:
  1. referral agents who were knowledgeable about the CCSs;
  2. clients who were well informed about the CCS;
  3. referral agent knowledge of the CCS intake procedures;
  4. open lines of communication between referral agents and CCSs where information on CCS requirements and case characteristics were exchanged;
  5. consultation between referral agents and CCS staff prior to the making of orders;
  6. service staff and referral agents engaging in a process of regular feedback regarding the progression of particular cases;
7. workable and clear orders with provision for review;
8. better centralisation and dissemination of information about CCSs for referral agents.

**Recommendation 11**: To encourage accurate knowledge of CCSs amongst both referral agents and clients and facilitate the drafting of orders, an up-to-date listing of contact centres, their opening hours and the services that they can provide, should be made available on the websites of the Family Court and Federal Magistrates Court.

- In relation to the factors that impeded the referral process, of great significance were the difficulties posed by the inaccessibility of services. Findings from the survey data indicated that around half of the residence parents surveyed and around a third of the contact parents surveyed travelled less than 15 km to use a government funded CCS (56% v. 39%).

- Contact parents were more likely than residence parents to travel considerable distances to use CCSs. Almost one third of the contact parents (29%) surveyed travelled more than 50 km to use a CCS. The greatest burden of travel to use a contact service appeared to be carried by contact parents who use regional CCSs, with approximately one in five of these contact parents travelling more than 100km for contact visits.

- Large geographical areas in rural and regional Victoria and Queensland, along with metropolitan/city centres, were recognised as not being adequately catered for by a CCS. Delays through waiting lists also exacerbated difficulties with referral and days and hours of operations were also regarded as inadequate by many parents and referral agents.

**Recommendation 12**: The contact service sector needs to be extended through the Australian Government funding of a greater number of services in regional and metropolitan areas, together with additional funding of existing services to allow an extension of their current services.

**Chapter 7: Service provision in the best interests of the child**

This chapter drew on data from interviews with government and industry representatives, CCS staff, referral agents and parents, and presented an analysis of whether the use of CCSs as a means of maintaining an ongoing relationship with a non-residence parent was in the best interests of the child. This chapter presented the positive and negative consequences of using CCSs as perceived by government and industry representatives, referral agents, CCS staff, and by parents. The key findings from the chapter are:

- Parents and professional stakeholders supported the view that CCSs generally operate in the best interests of the child. The services provided a safer, somewhat less conflictual, means of establishing or maintaining a relationship between the contact parent and child. Many of the positive and negative effects noted by respondents were congruent with previous studies.

- There was a subset of children and families where the use of CCS, and the exercise of any contact at all, was clearly not in the best interests of the child. This included cases involving severe child maltreatment, severe domestic violence and risk of child abduction.

- The interview data suggested that in some of the above ‘high risk’ cases supervised contact arrangements may have been put in place by the courts and parties to attempt to determine
over time, and in a controlled environment, whether the benefits of parent contact were actually outweighed by the harm (or risk of harm) to the child.

- Service staff played an important role in providing an independent assessment of the contact arrangements, the quality of the parent-child relationship, and in determining what arrangements were in the best interests of the child. When arrangements were not deemed to be in the best interests of children, the option was open to service staff to stop contact.

**Recommendation 13**: Further education and training of CCS staff is needed to enhance staff skills at ensuring children’s voices are heard.

**Recommendation 14**: Specialist CCS staff training is needed that educates staff about family violence in a post-separation context, and the impact of very violent individuals’ behaviour on children, other parents and staff, in particular the dynamics of offender-victim relationships.

**Recommendation 15**: Additional training should also be undertaken to provide clearer standards for workers as to when the risk of harm, or actual harm to a child, is sufficient to stop contact at the CCS.

**Chapter 8: Children’s experiences of supervised contact and changeovers**

This chapter extended the analysis presented in Chapter 7 by exploring children’s reports of their experiences of supervised contact and changeovers. The chapter addressed the question of whether the children themselves report contact services to be safe and their contact visits enjoyable. The findings suggested that:

- The majority of children interviewed reported enjoying their supervised visits at the centre and were comfortable with supervised changeovers. The children generally reported feeling supported by the staff and able to rely on the authority of the staff to control their contact parent’s behaviour while at the centre. It is possible that those children who didn’t feel this way would not still be using the CCS and were therefore not represented in our sample.

- The findings suggested that quality contact experiences that accommodate adolescents’ needs for outdoor activity and social engagement with peers cannot easily be generated in a long-term supervised environment. While only 10% of the children surveyed were referred to the government funded CCS when they were adolescents (i.e., older than ten years of age), one in four (26%) of the children surveyed were adolescents and using the CCS at the time that the survey data was collected. This finding reflects the length of stay at the centre for many families.

**Recommendation 16**: Reviewing long-term supervised contact arrangements for families with adolescent children should be a priority for service provision and the courts.

- Generally, children reported wanting flexibility to tailor their supervised contact and changeover arrangements to better suit their own needs at the time. For some of the children interviewed this meant stopping the contact visit and going home when they were upset or frightened. The children’s ability to exert some control over whether or not they have contact visits appeared to be an important coping mechanism for children.
Most of the children interviewed reported feeling safe while using the CCS. For these children the CCS appeared to have successfully buffered them from experiencing their parents’ anxieties about contact, inter-parental conflict and violence, and their contact parent’s drunken and abusive behaviour.

In a small number of cases, having supervised contact did not protect children from their parents’ ongoing animosity towards one another, or the contact parent’s abusive behaviour towards the children.

**Recommendation 17:** When children don’t want to see their contact parent and are frequently distressed or frightened by their contact parent during centre-facilitated visits, the CCS staff and the courts need to act swiftly to stop the contact visits altogether or modify existing contact arrangements to better suit the needs of the children.

**Recommendation 18:** Service provision that goes beyond the facilitation of contact to a more child-centred therapeutic model of intervention could be of particular benefit to children who have experienced abuse and neglect.

### Chapter 9: Moving on

This chapter also examined families’ experiences of moving through the centre’s services from supervised contact visits to supervised changeovers and on to self-managed contact, and identified various factors that facilitate this movement, as well as those that make such movement unsafe. The key findings from this analysis are:

- Data from the interviews with referral agents, CCS staff and parents suggested that movement through a centre’s services was facilitated at various levels by various factors. Specifically, this movement could be generated at the:
  1. *level of the child* through the development of the child’s relationship with his or her contact parent;
  2. *level of the parents* by the growth in a parent’s confidence in his or her own ability, and the other parent’s ability, to care for the children; and by the parents’ ability to resolve their own issues to the extent that they could communicate with each other about the children without an intermediary;
  3. *level of the staff* by staff mediating a family’s movement through the centre’s services and on to self-managed contact; and by staff facilitating the development of the contact parent–child relationship; and
  4. *level of the referral system* by solicitors and the courts structuring orders to take account of movement through the centre’s services.

- The exact point at which a family was considered to be self-managing their contact was not clearly defined by the CCSs, the government, or the industry representatives. For some respondents self-management included the indefinite use of the CCS for changeovers, while for others self-management meant moving away from the centre altogether.

- In practice, there existed two different models of self-management. In the first model, the family moved away from the centre and managed contact independently. Self-management under this model occurred where there was some degree of resolution of issues in the relationship between the parents as well as the resolution of issues in the contact parent-child relationship. In the second model, families moved through a centre’s services to a point
where they could conduct supervised changeovers. Self-management under this model occurred when issues in the contact parent-child relationship were resolved yet issues in the parents’ relationship with one another remained unresolved.

**Recommendation 19**: Where it is safe to do so, CCSs should play an active role in moving families through their services and on to self-managed contact away from the centre.

- Moving on to self-managed contact was a difficult task that took many families a long period of time. One quarter (25%) of the families surveyed had been using the government funded CCS for more than two years and on average families surveyed had been using the CCS for 1.5 years (SD = 1.6 years; range = 1 month to 9 years).

- Some of the families using the CCS will not make it to self-management, nor should they be expected to make this transition given their circumstances and the ongoing risk to the safety of the children and the residence parent. In such cases the family may eventually have their contact terminated by the centre and disappear in the family law system seeking alternative arrangements. Others may prematurely return to private arrangements that place parents and children at risk of harm. Of the 60 families surveyed who had stopped using the CCS in the survey period only 11 cases were identified by staff as having moved on to self-manage their contact arrangements. This finding suggests that the number of families who may be leaving CCSs every month in less than optimal circumstances could be significant.

**Recommendation 20**: A good practice solution to CCS staff managing families who will never be able to self-manage contact should incorporate the following:

- sufficient resourcing of Government funded CCSs to enable them to provide longer-term supervision services in such cases;
- application of the principle by CCS staff and the courts that no family should be forced to move to “self-management” simply because time or the number of visits have run out at the CCS;
- if a fixed duration of stay at the service is specified in an order, the family should return to court at the end of that period for formal review and continuation or variation of orders. This should also occur in cases where the CCS terminates the service or recommends variation at an earlier date.

**Chapter 10: Future service development**

This chapter explored the various models of service provision adopted by the government funded CCSs and their capacity to refer their clients to complementary support services and programs. The chapter also examined the implications of these models for the Government funding of CCSs and the professional training of the CCS staff. The key findings from this analysis are:

- The survey data suggested that the majority of families using CCSs have a range of support needs in addition to the supervision of contact visits and changeovers. In order of frequency, families were considered to require the following additional support services and programs, as nominated by the CCS staff:
  1. services and programs that address parents’ individual problems (eg. counselling and anger management programs);
  2. services and programs that focus on parenting skills and education;
3. services focused on resolving disputes between the residence and contact parents (eg. mediation and conciliation); and
4. services and programs tailored to assist children with individual problems (eg. counselling).

In the vast majority of cases surveyed (90%) the CCS staff identified that the family would benefit from the provision of at least two of these additional support services or programs. These findings are not at all surprising given the complex problems that these families present with when they attend a contact service and their reasons for referral presented in Chapter 3.

- Two different models of contact service provision were endorsed by the CCSs involved in the study. According to the first model, CCSs were constructed as integrated social services where the role of the CCS was to facilitate the repair and development of the parent-child relationship. Families could be referred on by the CCS to complementary support services and programs as required. The second model constructs CCSs as an isolated service for the supervision of contact and changeover only.

- Most of the government funded CCSs were auspiced by multi-service organisations and had the capacity to operate as an integrated social service. These CCSs were well placed to assist their clients by making (or in some cases continuing to make) intra-organisation referrals.

- The non-funded CCSs generally operated as isolated services and adopted a ‘contact only’ service model. In theory, this model would be more suitable than the integrated social service model for cases that are less complex and low risk where parents simply need a temporary buffer to avoid exposing children to their conflict. However, as demonstrated in Chapter 3, very few CCS clients would meet these criteria.

Recommendation 21: All CCSs should operate on the integrated social service model, but it would be a matter for parents to decide whether they wanted to seek referrals to other services, or take up any referrals offered to them.

- The amount and stability of Government funding for CCSs emerged as one of the main factors that impacted on the quality of service provision. Those services without Government funding have had to adopt a ‘contact only’ model of service provision and are reliant on volunteers to supervise contact in ‘high-risk’ cases. The lack of professional staff with training in conducting risk assessment and handling conflict and aggressive behaviour, in combination with a management based resistance to stopping contact visits and withdrawing service, appeared to have placed the personal safety of staff, parents and children at risk in some of the non-funded services.

Recommendation 22: Non-funded CCSs need to develop polices and procedures that enable them to clearly identify those clients who are beyond the capacity of the CCS staff to safely supervise. These families must be excluded from using the non-funded CCSs.
**Recommendation 23**: The staff and management committees of non-funded CCSs need to work together more closely to ensure that staff are supported in stopping contact visits or withdrawing service in circumstances where the staff and/or the clients’ welfare is at risk. Clear practice guidelines relating to the withdrawal of service would assist in this process.

- Recruitment of male staff and staff from a range of gender and ethnic backgrounds was clearly identified as an important avenue for service development irrespective of the model of service provision adopted.

**Recommendation 24**: Recruitment of male staff and staff from a range of gender and ethnic backgrounds should be a priority for the future development of the CCSs
Chapter 1
Introduction

This report is based on research into the use of children’s contact services in Australia.4 The aims of this research were to investigate the use of CCSs in Australia by referring agencies and the clients of contact services (parents and children), and to consider the views and expectations of policy makers, industry representative bodies, referring agencies, clients and the contact services regarding those usages. This approach was based on the assumption that there were currently conflicting usages and expectations of contact services, and that this situation could compromise children’s well-being and that of their parents.

1.1 The nature of children’s contact services in Australia

Children’s contact services are designed to assist separated parents manage the contact arrangements with their children. The two main forms of assistance provided are supervised changeovers (enabling parents to ‘exchange’ children without meeting each other), and supervised contact (enabling children to be with their contact parent in a safe and supervised environment). In the case of supervised changeovers, the residence parent brings the children to the CCS and leaves the children with the service staff. The residence parent then leaves the premises. A short time later the contact parent arrives at the service and collects the children for the contact visit. For supervised contact, the children remain at the CCS and the contact visit takes place at the centre under the direct supervision of the service staff.

People’s pathways into CCS in Australia are varied. Although “[c]ontact services around Australia have a significant relationship with the Family Court, with some agencies receiving a majority of their referrals from the courts”,5 referring agencies are more wide-ranging than this, and include solicitors, community legal services, counselling welfare and church organisations, family and friends, and the parties themselves all of whom can be involved in referring a family to a contact service.6

Contact services are used by families characterised by a range of significant problems, including entrenched parental conflict, actual or alleged instances of domestic violence or abuse directed at the child. For some families, economic disadvantage, parental drug and alcohol problems, mental health issues, and physical disabilities7 further compound these problems and lead to a family using a CCS to provide a safe and reliable venue for contact to take place. International research has identified the families using CCSs as a particularly vulnerable with serious and complex problems and support needs.8 Given this client base, if CCSs are not used appropriately the implications for children and parents are likely to be particularly serious.

4 This research was funded by an Australian Research Council SPIRT Grant in collaboration with the Australian Attorney-General’s Department, the School of Law, Griffith University, the Melbourne Law School, The University of Melbourne, and the Australian Institute of Family Studies.
5 Strategic Partners, above n 2 at 38.
7 Strategic Partners, above n 2 at 31.
The provision of CCSs in Australia is not governed by any legislation. Australian Government funded services are required to demonstrate participation in a recognised quality assurance process but non-Government funded CCSs are under no such obligation. Both funded and non-funded services may become members of ACCSA (Australian Children’s Contact Services Association), which is a voluntary, non-profit, independent, incorporated association representing children’s contact services. This comprises a form of industry self-regulation, as members of ACCSA agree to abide by the 1998 (Interim) Standards, which have been devised by ACCSA to provide the base line of service establishment and operation. There is no obligation, however, on CCSs to belong to ACCSA. It is fair to say, then, that the contact services industry is largely unregulated and that little is known about CCSs in Australia, apart from those that were initially funded under the Australian Government’s Children’s Contact Services program.

Clearly, our understanding is incomplete until more is known about both newly funded contact services and non-funded services.

1.2 The development of children’s contact services in Australia

Over the last few years, CCSs in Australia have burgeoned in number. This reflects the introduction and expansion of the Child Contact Services Program funded by the Australian Government through the Attorney-General’s Department and administered by the Department of Family and Community Services. In 1996 the Australian Government, through the Family Relationships Services Program, allocated resources for the development and piloting of ten children’s contact services to provide changeover and supervised contact services. In 1999 the Australian Government allocated funds for an additional 25 CCSs around Australia and in 2001 the original pilot was expanded and now comprises 35 Government funded CCSs nationwide. The 35 services are funded under Australian Government’s Family and Relationships Services Program.

These CCS are located in high need areas around Australia with the majority of services located in regional centres. Some of these services are housed within pre-existing community organisations and others exist independently. In some cases the Government funding went to services that were already well established, while in other cases the 2001 funding led to the establishment of new services.

This Government program of contact service provision may be, in part, a consequence of the pro-parent/child contact shift that has characterised the developments in family law in recent years in Australia and overseas. In Australia, CCS have existed for at least a decade but the establishment of such services increased dramatically following amendments to the Family Law Act 1975 (Cth) that came into operation in 1996. These amendments included expressly setting out in the Act a number of guiding principles, including the right of a child to have regular contact with both parents, except where it would be contrary to a child’s best interests. Section 60B(2) below sets out these guiding principles of Part VII of the Family Law Act:

(a) Children have the right to know and be cared for by both their parents, regardless of whether their parents are married, separated, have never married or have never lived together; and

(b) Children have a right of contact, on a regular basis, with both their parents and with other people significant to their care, welfare and development; …

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10 Strategic Partners, above n 2 at Foreword.
Some legal academics and legal professionals expressed concern at the time these amendments were introduced that this general statement of principle would “encourage a view among professionals that contact with both parents is prima facie in the child’s best interests, even in instances where, for example, one of the parents had been violent”.¹¹ It has been observed that since this amendment, there had been a greater willingness to make interim orders for contact in high-risk situations (particularly those involving a risk of violence by one parent against the other) than previously.¹² Specifically, research by Rhoades, Graycar and Harrison demonstrates that at the stage of interim decision making there was a dominant assumption that the best interests of the child would be met by maintaining contact.¹³ This research suggested that in the place of suspending contact until the final hearing in cases where there have been allegations of family violence, the legal system was more likely to refer such families to CCSs or other private supervised contact arrangements. However, the research also demonstrated that at final contested hearings, the rate of orders for no contact had remained at the same pre-reform rate. Such a finding suggests that interim contact in high risk situations was being ordered more readily than before the reforms, and that some interim arrangements for contact may be unsafe for parents and children.¹⁴ Dewar and Parker argue that this is evidence of the emergence of a ‘pro-contact culture’ in Australia.¹⁵

Such research findings suggest that in this legal environment the maintenance of contact between a contact parent and child often takes precedence over the consideration that contact with a violent parent may not in the best interests of the child. This is despite other changes to the Act in 1995 including changes to s 68F(2) of the Act which directs the court when determining what is in the child’s best interests to consider family violence against the child and against a child’s family member. Amongst other matters this section directs the court to consider:

(g) the need to protect the child from physical or psychological harm caused, or that may be caused by:

- being subjected or exposed to abuse, ill treatment, violence or other behavior; or
- being directly or indirectly exposed to abuse, ill treatment, violence or other behavior that is directed towards, or may affect, another person …

(i) any family violence involving the child or a member of the child’s family

(j) any family violence order that applies to the child or a member of the child’s family.

In this new ‘pro-contact’ legal environment, even in perceived high-risk situations of violence and alleged child abuse, there appears to have been a shift from a choice between contact and no contact, to a choice between unregulated and supervised contact. Children’s contact services have enabled the adoption of this compromise position, allowing supervised contact or supervised changeovers to occur in ‘high-risk’ situations where contact visits previously would have either not taken place, or would have taken place in unsafe circumstances. Pierce and Gorman argue that contact services are essentially seen by the legal system as a way of balancing the right of children to have regular contact with both parents, and to be protected from abuse and family violence.¹⁶ This reliance on CCSs is further suggested by the predominance of referral of families by the courts

¹² Rhoades, Graycar and Harrison, above n 9.
¹³ Ibid at 10.
¹⁵ Dewar and Parker, above n 14.
and legal professionals to Government funded CCSs. In 1998, 73% of residence parents were referred to a CCS by courts, private solicitors or through community legal centres.\(^{17}\)

In the absence of a CCS, contact between children and an abusive and/or violent parent may be supervised privately by a family member or a new partner, and changeovers could be carried out in public places such as McDonald’s or police stations.\(^{18}\) However, these options are rarely appropriate as they can continue to expose children and parents to violence and abuse.\(^{19}\) Michael Sheehan reports that these forms of private supervision and changeover arrangements leave many women feeling unsafe at having to meet their former partners even in public, and changeovers at venues such as police stations made children uncomfortable and suggested there was something criminal about the contact parents’ behaviour.\(^{20}\) In a 1998 report to the Attorney-General on enforcement and penalties related to child contact orders, the Family Law Council stated that where a child is at risk of abuse and/or abduction or there has been a history of violence between the parents, informal arrangements, such as changeovers in public places or supervision by family members, are not sufficiently safe for parents or children.\(^{21}\) Compared to such private supervised and changeover arrangements, the use of contact services was clearly the better option. It is not surprising therefore that the legal system adopted referral to contact services to the extent that it has done.

1.3 The development of children’s contact services internationally

The establishment of CCSs in the late 1980s and 1990s has been an international phenomenon.\(^{22}\) In this section, the growth in contact service provision in a small range of OECD countries is examined.

Children’s contact services have emerged in numerous jurisdictions around the world. For example, France has had what is referred to there as ‘meeting places’ since 1987, though most centres have been created in the past 10 years.\(^{23}\) The French centres have developed primarily within existing organisations that have extended their services for parents and children to encompass the needs of those going through separation and divorce. Due to the pre-existing organisational structures in which the CCSs are located, the French services are able to offer additional services to parents and children including counselling, mediation services, parent skills workshops, mental health services, and conflict resolution services.\(^{24}\)

In the United States, ‘supervised visitation’ services first emerged in 1982 when a small number of programs began operation.\(^{25}\) In 1992 the Supervised Visitation Network, an international

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\(^{17}\) Strategic Partners, above n 2 at 98.


\(^{19}\) Ibid at 6.

\(^{20}\) Ibid.


\(^{24}\) Renouf, above n 22 at 17-18.

association of visitation providers was created. By 1994 it comprised 56 member services operating in 28 states. These services were estimated to represent only about a third to one half of existing programs operating in the USA. American research on the emergence of supervised visitation services suggests that the surge of interest in supervised visitation in recent years is a function of the increasing number of disputes in the United States dealing with contact between non-residence parents and children, as well as the growing public and professional concern about family violence amongst separating and divorcing families.

Other jurisdictions, such as Canada, Israel, Switzerland, Italy, the United Kingdom and Belgium, have also introduced child contact centres in various forms. Israel for example had 50 contact services by 1999, the majority of which were Government funded. Most of the services were operated by local municipalities (the departments of social services), though some were operated by non-profit organisations.

1.4 The operation of children’s contact services

Despite this recent and widespread growth in CCSs, our knowledge of the operation of these services is limited in some fundamental ways, particularly regarding the implications of CCSs for children’s well-being, both in Australia and overseas. Previous evaluation in Australia suggests that CCSs are good for referring agencies (especially courts), and good for parents, but more equivocal in their outcomes for children.

The impact of CCSs on children’s well-being in Australia is closely linked to the practical operation of contact services. This practical operation is in turn strongly influenced by the key parties involved and their particular expectations of what the service should or can deliver. This means that knowing more about how CCSs are currently being used, and the expectations of such services by the parties involved, will provide vital information to assist service providers and policy-makers to ensure that CCSs produce positive outcomes for children’s well-being.

The available research on the operation of children’s contact services is primarily derived from four major studies of CCSs conducted in Australia, Canada, United States of America and the United Kingdom. Before the findings of these four studies are examined in detail each study is summarised briefly below.

1. In the United States in 1999 Nancy Thoennes and Jessica Pearson of the Centre for Policy Research in Denver published a study on ‘supervised visitation services’ in the United States.
States and Canada. The study was based on surveys with 94 administrators of supervised visitation programs, 51 Family Court judges, and 40 administrators of child protection agencies, as well as a review of the case files of 676 families and interviews with 201 parents using the services. The aim of the study was to ‘provide a national picture of supervised visitation services, their utility, and areas of unmet need,’ as well as a ‘profile of families receiving supervised visitation services.’ As such the study was predominantly concerned with experiences of, and outcomes for, service clients, and did not specifically address the issue of divergent expectations of service provision.

2. In Canada, the ‘Supervised Access Pilot Project’ was conducted in Ontario, and the findings published in 1997 (‘the Ontario Pilot Project’). Begun in 1991 as an initiative of the Government of the time, the Project involved the establishment and evaluation of ‘supervised access programs’ in 14 locations across Ontario. The project considered the views and experiences of 121 parents, their children and members of the legal system (14 lawyers and 13 judges), as well as organisational issues. The Ontario Pilot Project study was primarily concerned with the impact of contact services on parents and children, as well the effects of the services on the legal system. These issues were investigated by ascertaining the attitudes towards contact services and levels of satisfaction with the services of parents, children and referring agencies. Like the Thoennes and Pearson study, the Ontario Pilot Project study did not specifically address the issue of expectations of service provision.

3. In Australia, a major study on CCSs was conducted by Strategic Partners in 1998 on behalf of (what was then) the Legal Aid and Family Services Branch of the Attorney-General’s Department (‘the Strategic Partners study’). The study was essentially an evaluation of the Government’s pilot program of 10 contact services with a particular focus on understanding the impact of the services on children though the views of parents and service providers were also sought. Of particular importance, this evaluation included a detailed child impact study that involved observations of 49 children on their first visit to the centre and again three months later. The views of these children’s parents were also sought. Unlike the Canadian and American studies, Strategic Partners considered the experiences and expectations of children and parents using contact services but it did not include the referral agents in its investigation, nor did it extend its focus to the policy making and strategic level of contact service provision.

4. Aris et al conducted the most recent study of children’s contact services and focussed on service provision in England and Wales in 2002. This study was conducted on behalf of the Lord Chancellor’s Department. This research was based on responses to questionnaires from 31 contact service staff, 20 court welfare officers and 111 parents. A
questionnaire was used to assess the perspectives of 20 children who used CCSs. In addition to this the researchers observed the day-to-day operation of 6 CCSs. The aim of the study was to assess knowledge and practice in relation to family violence and its impact on supervised contact arrangements. The study had as a focus disparities between the views of referral agents, centre staff and parents in the context of cases where there were domestic violence and child welfare concerns.

The present study of CCSs differs from these earlier studies in three fundamental ways. First, we included the perspectives of all actors within the policy making, contact service provision and referral systems. Second, the study included a detailed examination of the referral system and its engagement with the contact services. Third, the study focused on the different expectations of service provision that all actors within the policy making, referral and service provision systems have of contact services.

Given the differing purposes of, and issues covered by, the four studies outlined above, comparisons must be made tentatively. However, commonalities between the studies do allow some general themes in the findings to be drawn. From the above research base, it is clear that there are three areas of diverging expectations regarding the role of CCSs, as voiced by the CCSs themselves, referring agencies (including the Family Court), and the clients of CCSs (parents and children). This divergence creates tensions for the various actors within the referral service system (i.e., parents, children, services staff and referral agents such as the court). These tensions are now examined in detail.

1.5 Tension between children’s interests and the reality of contact service provision, which is to enable contact to take place in ‘high-risk’ families

There may exist a conflict between the stated child-centred focus of contact services, where the best interests of the child are of paramount importance, and the reality of CCS operation, which is to facilitate parent-child contact in high-risk situations for children.

Both the Ontario Pilot Project and the Strategic Partners studies found that generally children appeared to be satisfied with their experiences of contact services, although they typically do not understand why supervision is necessary.41 Many children interviewed for the Strategic Partners study said they felt safe at the services and were happy with the staff and activities.42 The child impact study for the Strategic Partners research in particular indicated that CCSs were making a difference for many children in reducing their anxiety about visiting with their contact parent, and assisting with the building of that relationship to a point where the children felt secure.43

Where children were old enough to report on how they felt about using the CCS (6 years and older), half of the children in the Strategic Partners study said they were happy on the day of their visit to the centre, though children in supervised contact (as opposed to changeover) were more likely to say they were not happy or that they were unsure about the visit.44 All children in this age group using the changeover service agreed that having changeovers at the service was better than it was

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41 For example, Jenkins, Park and Peterson-Badali, above n 8 at 59. Fifty-eight per cent of children could not give any account of why they used the service, and a further 17 per cent had only minimal understanding.
42 Strategic Partners, above n 2, 77-8
43 Ibid at ix.
44 Ibid at 77.
before they used the service, and most of the children using the supervised contact services also agreed. Finally, three quarters of these children said they felt safe visiting at the CCS. 45

The experiences of the pre-school aged children in the Strategic Partners research were, however, much more negative. All twenty-three of the pre-school children observed for this study exhibited pronounced anxiety and distress during their early visits to the CCS. 46 The author concluded that this distress was, in part, generated by the children having to be separated from their mothers, and left with strangers who were poorly skilled in responding to young children. These fears were, however, alleviated in the few instances where children were introduced to the contact service prior to their first session. 47 The pre-school aged children who coped best with their early visits to the service were those who already had an established relationship with the contact parent, or whose contact parent appeared confident and skilled in parenting. 48

Previous evaluation and research had also raised serious concerns regarding the facilitation of contact in certain cases. In both the Ontario Pilot Project and the Strategic Partners study, along with the study by Aris et al, a small group of children were identified as having clearly articulated dissatisfaction with the service. The dissatisfaction was not caused by the centre itself, but rather by their unhappiness at having to see their contact parent.

The Strategic Partners research provided evidence of some children’s acute distress at having to see their contact parent at the service. This distress went well beyond the anxiety generated at having to separate from the residence parent and engage with an adult who was unfamiliar to them. These children’s concerns ranged from fear of abduction by the contact parent, fear of the supervisor leaving the room, and/or of being asked to reveal confidential information, through to simply not wanting to see their contact parent. After numerous visits to the service, children who had been victims of abuse or abduction attempts ‘remained vigilant to the potential reoccurrence of abuse or abduction as well as potential danger to the residence parent’. 49 In response to these particular findings the authors questioned whether having supervised contact at the centre with a parent who was previously violent or abusive towards the children could be of benefit to children. 50

The distress and fear experienced by this particular group of children is not surprising given the substantial research evidence documenting the short and long-term negative effects on children of various forms of child abuse and neglect. 51 More recently, studies of the children of battered women have identified children’s exposure to domestic violence as one of the most influential forms of childhood deprivation in terms of early childhood development, and subsequent adolescent delinquency and disturbance. 52 Even when not a deliberate target of violence, children who are

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45 Ibid at 77-78.
46 Ibid at 79.
47 Ibid at 74.
48 Ibid at 79.
49 Ibid at 76.
50 Ibid at 76.
exposed to (or ‘witness’) domestic violence often exhibit the same constellation of symptoms as other abused or neglected children. This trauma may result not only from exposure to the violence, but in some cases as a function of the mother withdrawing her emotional support from the child. Suderman and Jaffe report that it is a ‘myth’ that there are no substantial consequences for children as long as the children themselves are not physically harmed in incidents of domestic violence. This myth, the authors argue, remains prevalent in the beliefs and protocols of the health, welfare, education and criminal justice sectors.

However, the nature and extent of these negative consequences for children may be moderated or mediated by a variety of factors including: age of the child; children’s coping strategies and individual resiliency; gender; the nature, severity and frequency of the violence (witnessing domestic violence and also being physically maltreated, is associated with higher levels of distress and later dysfunction, compared with only witnessing violence); whether the pattern of violence has ceased; attendant environmental factors, such as the mother’s ability to parent, and the availability of legal and social protection are also important in reducing or exacerbating effects.

An implication of these findings for those children using contact services is that CCSs by facilitating contact in ‘high-risk’ cases may sometimes facilitate contact in cases where no contact should have been ordered, or where contact should be facilitated under different conditions. The extent to which CCSs resolve the conflict between the stated child-centred focus of these services, where the best interests of the child are of paramount importance, and the reality of CCSs operation, which is to facilitate parent-child contact in high-risk situations, is an issue that was examined in detail in the present study.

Past research suggests that the effect of long-term CCS use on children who come from backgrounds of domestic violence and child abuse is particularly difficult to predict. The research evidence would suggest that there might be both positive and negative long-term consequences for these children in using CCSs. Most longitudinal studies involving child victims of domestic violence and child abuse emphasise the value of frequent and regular visiting with the contact parent only in the absence of parental hostility, particularly from the father to the mother. Having no contact with the violent and abusive parent also produces positive outcomes for these children.

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55 Suderman and Jaffe, above n 52 at 55-56
57 Strategic Partners, above n 2 at 71
Mertin\textsuperscript{58} found that in cases involving family violence the practice of providing children with a period of no contact with the parent who has previously been violent, and/or where the child was clearly afraid of the parent, resulted in significant recovery from the trauma of exposure to family violence. There is also research evidence to suggest that some children for whom contact is mandated, and who use the services of a CCS despite ongoing entrenched parental conflict or dispute, the children have been reported as having experienced a range of traumas that have significantly affected their personality development and coping styles.\textsuperscript{59}

Our own study of CCSs focused primarily on the experiences of children who had been long-term users of supervised contact and changeovers services, and who had come from a variety of family backgrounds including those where there has been domestic violence and child abuse.

\textbf{1.5.1 Tension between the referring agency (especially court) expectations of contact services and the reality of service provision}

It has been observed that “[s]ome established services have experienced unrealistic and/or inappropriate expectations of the contact service by the Family Court”, involving unsuitable cases being referred or unrealistic time frames for use of the services specified in orders.\textsuperscript{60} In these cases the CCSs may refuse to take a family into the service. This tension between the actions of the referral agents and the reality of service provision is not surprising given our earlier discussion at 1.2 of the growing reliance of the courts and solicitors on CCSs to facilitate contact in ‘high-risk’ cases, particularly at the interim stage. This tension, and whether similar issues arise regarding other referring agencies outside the legal system, required more detailed consideration, and are examined in depth in this report.

The discussion above, highlights the use of CCSs in cases where any contact at all, regardless of whether it is supervised, may be harmful to children. In these cases there is a tension between the court’s and solicitors’ referral of ‘high-risk’ families to the CCSs, and the children’s best interests.

Surprisingly, past research on CCSs has rarely had a focus on the process of referring families to CCSs. Each of the studies outlined earlier considered lawyers’ and judges’ views on CCSs, though not in any great detail. The findings with regards to the referral system derived from these studies were similar, namely that the legal community (usually consisting of judges and lawyers) was very satisfied with contact services. For example, the 14 lawyers and 13 judges interviewed in the Ontario Pilot Project were very satisfied with supervised access centres and believed the centres benefited families and saved the legal system time and money.\textsuperscript{61} Similarly, the Strategic Partners study found that key community stakeholders, including Family Court judges and family lawyers, expressed overwhelming support for CCSs, particularly in their provision of physically safe venues for contact visits and changeovers.\textsuperscript{62} All studies confirm the dominance of the courts and lawyers as agents for referral, with the vast majority of families referred to the CCSs through the legal system. No study has focused in depth on the referral process with a view to better understanding the tensions discussed above.

\textsuperscript{58} Mertin 1996, as cited in Strategic Partners, above n 2.
\textsuperscript{59} J Johnston and J Wallerstein, ‘Providing integrated services for traumatised children: The role of supervised access and the courts’ Keynote Address at the Network of Supervised Visitation Services Conference, March 1998.
\textsuperscript{60} D Davison, A Guide to Establishing a Children’s Contact Service, ACCSA, 2000 at 9.
\textsuperscript{61} Peterson-Badali, Maresca, Park and Jenkins, above n 37 at 71.
\textsuperscript{62} Strategic Partners, above n 2 at vi.
The issues surrounding the referral of families to CCSs was being addressed between CCSs and the Family Court of Australia at the time of our study. The Family Court in conjunction with representatives from the CCSs have developed guidelines for referral, the central aim of which is to ensure that the courts and the services understand the procedures of the other so that their relationship can be a co-operative and effective one.

1.5.2 Tensions between parental expectations of contact services and the pressures experienced by contact services to move families on from the service

Courts, CCSs and parents all appear to agree that the central role of CCSs is to provide a safe environment for children to facilitate contact with a non-residence parent.63 Past research suggests, however, that in practice this role may be time limited. Across all four studies, the workers, managers and program administrators running the centres consistently reported that the centres fill an important need in the community, but that demand for the service was not matched by available resources.64 As a result the CCSs experienced some pressure to move families through their services and on to self-management where possible.

Concerns about demand for supervised contact not being matched by available resources were not restricted to the service providers. Past research shows that judges and lawyers also expressed concerns about the availability of services. For example, the Thoennes and Pearson study found that many of the 51 judges surveyed ordered supervised visitation infrequently due to resource issues, and over 70 per cent felt that supervised visitation services were not widely available.65

In order to manage this demand with the resources available, CCSs have been required to move families on from using the service. The four studies demonstrate the varied length of time that families use the CCS. In the Thoennes and Pearson study, on average, families referred by both the Family Court and statutory child protection agencies use the services for approximately nine months.66 The Ontario Pilot Project found that families spent an average of 7.76 months using supervised access services.67 The Strategic Partners study found that the average ‘length of stay’ in a service had risen from three to five months during a two-year period of the study.68 What is striking about these figures is the comparatively short period of time that families use the CCSs given the ‘high-risk’ backgrounds of many of the families referred to these services.

Despite parents’ general satisfaction with the CCSs, there was little evidence from these four studies that the hostility between the parents had decreased through the use of the service or that parents were able to safely move away from the service and on to self-manage contact.69 Many of the parents interviewed for the Strategic Partners study could not envisage a time when they would not have to use the service, and parents with young children in particular openly stated their preference for using the service for many years.70 As time passed both parents and children were found to lose confidence in their capacity to manage contact without using the centre.71

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63 Strategic Partners, above 2 at 9-11, 28, 99.
64 Thoennes and Pearson (1999), above n 34; Strategic Partners, above n 2; Park, Peterson-Badali and Jenkins, above n 37 at 45-6 and 49.
65 Thoennes & Pearson(1999), above n 34 at 469.
66 Thoennes & Pearson (1999), above n 34 at 465.
67 Park, Peterson-Badali and Jenkins, above n 37 at 19.
68 Strategic Partners, above n 2 at 57.
69 Jenkins, Park and Peterson-Badali, above n 37 at 57-8.
70 Strategic Partners, above n 2 at 57.
71 Strategic Partners, above n 2 at 56-9.
findings are consistent with recent research by Aris et al., where residence mothers who reported
domestic violence (85% of the residence parents interviewed) viewed the contact service as
comparatively safe for them and their children, yet they continued to fear that violence and abuse
might escalate should they ever move on from the centre to a more independent arrangement.\textsuperscript{72}

The above two sets of findings – the relatively short period of time families spend using a CCS and
the stability over time of the parents’ attitudes and behaviours in relation to service use – are
incongruous and raise very serious questions: where do these families go when they finish using the
service after this relatively short period of time? How safe are their post-service contact
arrangements for children and parents?

Not surprisingly, given the above findings, the parents interviewed for the Thoennes and Pearson
study that had left the CCS reported being dissatisfied with their current contact situations\textsuperscript{73}, with
many of the families that did exit the services, exiting in ‘questionable circumstances’.\textsuperscript{74} In this
study only around 20 per cent of families left following formal court action to lift the supervision
order. Another 20 per cent exited because the parents agreed to supervision by a friend or relative,
but in 48 per cent of cases parents simply stopped coming to the program and were never heard
from again.\textsuperscript{75} The Strategic Partners study found that only 30 per cent of parents were no longer
having contact visits within 6-18 months of leaving the service, and most of the residence parents
interviewed were less satisfied with their post service arrangements than they had been when using
the contact service.\textsuperscript{76}

Several of the studies found that use of CCSs appears to work best for parents when it is
complemented by other therapeutic interventions.\textsuperscript{77} Such interventions may also play an important
role in improving the post-service experiences of parents and children. For example, the Strategic
Partners study found that CCSs need to take an integrated approach to service delivery, and that this
might best be achieved by having CCSs sponsored by organisations that offer a wide range of
support services and programs.\textsuperscript{78} In a similar vein, the Thoennes and Pearson study found that most
of the families referred to CCSs had long-standing problems and ongoing issues with anger that
were not readily amenable to resolution within the CCS alone.\textsuperscript{79} Because of this, most
administrators of programs believed that families generally needed the assistance of other services
to help them ‘heal’ and exit the program.\textsuperscript{80}

However the extent to which CCSs can and do formally provide this support is in doubt. For
example, the previous evaluation in Australia indicates “a widespread absence of services and
resources and procedures that may move clients toward a level of communication through which
they may at least mediate a post-service contact agreement”.\textsuperscript{81} Despite some tentative efforts on the
part of some centres to assist parents in moving towards self-management, the Strategic Partners
study concluded that the problem for many centres was that there was no active intervention while
the parents were attending the service.\textsuperscript{82} It has not, thus far, been a specified role of the CCSs to

\textsuperscript{72} Aris, Harrison and Humphreys, above n 8 at 118.
\textsuperscript{73} Thoennes and Pearson, above n 25 at 141.
\textsuperscript{74} Ibid at 140.
\textsuperscript{75} Ibid.
\textsuperscript{76} Strategic Partners, above n 2 at 104.
\textsuperscript{77} Thoennes and Pearson, above n 25 at 141.
\textsuperscript{78} Strategic Partners, above n 2 at vi.
\textsuperscript{79} Thoennes and Pearson, above n 25 at 140.
\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid at 104.
\textsuperscript{82} Strategic Partners, above n 2 at 58.
refer on to or provide such services to their clients. In light of the above findings, the authors of the Strategic Partners study recommended that service providers be aware of the complexity of each family’s situation and assist in establishing, where appropriate, skills to move forward to self-management. However, the researcher also concluded that for some families self-management might never be an option.83

1.6 Family violence and the use of children’s contact services

Families are often referred to CCSs due to violence or allegations of family violence. Given this, a crucial issue for the study was how to define ‘family violence’.

Typically, legal definitions of violence have tended to focus on physical abuse and damage to property, or threats in relation to either of these. The definition of ‘family violence’ that appears in s 60D of the Family Law Act 1975 (Cth) is an example:

“family violence” means conduct, whether actual or threatened, by a person towards, or towards the property of, a member of the person’s family that causes that or any other member of the person’s family to fear for, or to be apprehensive about, his or her personal well being or safety.

There has, however, been increasing recognition that definitions of ‘violence’ which focus on physical abuse and damage to property do not go far enough. In particular, there has been increasing recognition that: family violence is an abuse of power; that the central motivation of the perpetrator is to establish and maintain power and control over his target/s; that violence is gendered; and that violent behaviour encompasses a range of abusive tactics including physical and sexual violence, as well as coercion and threats, intimidation, emotional abuse, economic abuse, male privilege, using children, isolation, and minimising, denying, and blaming abuse on the target.84

Compared to the existing FLA s 60D definition, the Family Court’s Family Violence Strategy 2004-200585 reflects a broader approach to defining family violence. The court’s Family Violence Committee adopted the following description, based on the New Zealand model:

Family Violence covers a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature, which typically involve fear, harm, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between spouses, partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family.86

This broader definition of ‘family violence’ explicitly recognises the centrality of the perpetrator’s motivation to control and that a range of controlling behaviours may be utilised, but is cast in gender-neutral terms. Also, a number of controlling behaviours referred to above are not explicitly mentioned.

A still broader definition has been adopted by Partnerships Against Domestic Violence, an inter-governmental and community collaborative initiative working against domestic violence:

83 Ibid at 56.
84 E Pence and M Paymer, Education Groups for Men Who Batter: the Duluth Method, Springer Publishing Company, New York, 1993. The relationship between this wide range of abusive tactics and the establishment and maintenance of power and control is conveyed particularly clearly by Ellen Pence and Michael Paymar’s ‘Power and Control Wheel’. Pence and Paymer’s conceptualisation conveys that physical and/or sexual abuse not an isolated behaviour, but rather is the outer rim of a pattern of abusive tactics which are directed at controlling the target.85
86 Te Rito, New Zealand and Family Violence Prevention Strategy, February 2002 at 8.
Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation. Many forms of domestic violence are against the law.

For many Indigenous people the term family violence is preferred as it encompasses all forms of violence in intimate, family and other relationships of mutual obligation and support.87

This definition was used recently by Miranda Kaye, Julie Stubbs, and Julia Tolmie, in their report, *Negotiating Child Residence and Contact Arrangements Against a Backdrop of Domestic Violence*.88 This approach explicitly acknowledges the gendered nature of family violence, that merely separating from an abusive partner does not end violence, and that a wide range of tactics may be deployed by the perpetrator to exercise control over the target, including economic abuse. However, using children to control the other parent, minimizing/denying abuse and blaming the target, using male privilege, and using isolation are not explicitly mentioned. These forms of abusive behaviour are, however, expected to be reported by participants in the study.

For this reason, and for the purposes of this report we have adopted the following definition of family violence. Our definition is based on the Partnerships Against Domestic Violence definition, but is influenced by the work of Pence and Paymar, referred to above:

> Family violence is an abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Family violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, using economic abuse, using coercion and threats, using intimidation, using emotional abuse, using isolation, minimizing/denying abuse and blaming the target, using children to control the other partner, and using male privilege. Family violence encompasses all forms of violence in intimate, family and other relationships of mutual obligation and support.

The value of this definition for our research is that it explicitly acknowledges a range of controlling behaviours that are likely to become evident from our interviews with family members accessing contact services, and from our interviews with referral agents and CCS staff. Using contact with the children to control an ex-partner, and minimizing/denying or blaming the target of violence were expected to be issues of particular relevance.

Our definition (like that of Partners Against Domestic Violence) also explicitly acknowledges that merely separating from an abusive partner does not necessarily end the violence. The perpetrator may continue to exercise power and control over the target/s of violence, or attempt to do so, including through the court process and via residence/contact arrangements. Accessing a CCS can assist, but will not necessarily prevent, the continuation of controlling behaviour. This particular issue is explored in the report.

'Moving on' from a violent relationship involves the target of violence regaining control over her own life and being sufficiently empowered so that she no longer fears the perpetrator, whilst at the same time involving the perpetrator taking responsibility for his violence rather than continuing to engage in minimisation, denial or blame. We argue that interventions in the family through the court system, CCSs, counselling services, and other support services need to be aware of this, and to assist this process rather than allowing the perpetrator to retain control and minimise or deny his violence. As described above, past research suggests that there is some uncertainty and debate about the extent to which it is the role, or within the capacity, of CCSs to achieve this goal.

This definition of ‘family violence’ adopted in this report includes domestic (inter-partner) violence and child abuse (physical, sexual and emotional harm to children). Throughout the report we have used the term ‘family violence’ except where this term fails to accurately convey the specific relationship and harm involved in which case we refer to ‘child abuse’ or ‘domestic violence’.

1.7 Research questions

The aim of this project is to investigate the use of CCSs in Australia by referring agencies, and clients of these services (parents and children), and to consider the views and expectations of Government and industry representatives, referring agencies, clients and CCSs regarding those usages. This approach is based on the assumption that there are currently conflicting usages and expectations of contact services, and that this situation may compromise children’s well-being and parent safety.

Specifically, the study examined:

1. The extent to which expectations on the part of parents, the courts and other referral agencies, and CCS delivery are consistent, and any challenges to child welfare that may arise as a consequence of divergent expectations and contact service usage;

2. The extent to which expectations on the part of the courts and other referral agencies, and contact service delivery are consistent, and any challenges to contact service delivery that may arise as a consequence of divergent expectations; and

3. The extent to which CCSs are expected to, and do, provide services directed at enhancing children’s and parents’ capacity to move on to self-managed contact, and any limitations on the provision of this assistance for parents and children with backgrounds of family violence and child abuse.

1.8 Structure of the report

In the following chapters we outline the way in which the study was conducted and the results of this research.

In Chapter 2 the design, sampling and procedures employed in the conduct of the research are presented in detail. In Chapter 3 we examined the characteristics of the clients who use CCSs and explored the various reasons for their referral to a contact service. The findings presented in this chapter help to elucidate the nature and scope of the role of the CCSs. Chapter 4 explored in detail the central role and various important functions of the CCSs as perceived by the various agents in the service and referral systems (Government and Industry Representatives, the referral agents, contact service staff and management, and the parents who use the services). From this exploration a number of significant points of difference between these groups were identified and the implications of this for service provision are discussed.

Chapter 5 and Chapter 6 examined the process of referring families to CCSs. In Chapter 5 the process of referring families to a CCS is examined in detail drawing on data from interviews with the various agents who are engaged in the referral process. From this analysis a model of best practice for referral to CCS is presented. Chapter 6 extended the analysis of the referral process presented in Chapter 5 to take into account the various factors related to the referral process that were found to impede or facilitate the functioning of the CCSs.
Chapter 7 and Chapter 8 focussed on the children’s experiences of CCSs. Chapter 7 addressed the question of whether and under what conditions CCSs are in the best interests of children. Drawing on data from all of the groups interviewed (excluding the children) this chapter presents the positive and negative effects of service provision on children. Chapter 8 extends the analysis presented in Chapter 7 by drawing on data from the children’s interviews and observations of contact visits to explore children’s reported experiences of supervised contact and changeovers. This chapter addressed the question of whether the children view CCSs to be safe and their contact visits enjoyable.

Chapter 9 examined the debate that surrounds whether CCSs should take responsibility for moving families on from using CCSs. Specifically, this chapter examined families’ experiences of moving on from supervised contact visits to supervised changeovers and on to self-managed contact, and identified various factors that facilitated this movement, as well as those factors that made such movement unsafe for children and parents. Chapter 10 follows on from the findings presented in Chapter 9 in relation to the complex support needs of CCS clients in making the transition to self-managed contact, this chapter explores the various models of service provision adopted by the CCSs and the capacity of these models to connect CCS clients with complementary support services and programs. The chapter also examines issue around the funding of CCSs and staff training and the extent to which these issues are related to the particular models of service provision adopted by the Government funded and non-funded CCSs.

Chapter 11 presents an overview and discussion of the key findings that emerged from the study. These key findings are discussed in the context of the three research questions.
Chapter 2
Design, Sampling and Procedures

This chapter presents the design, sampling and procedures involved in the conduct of the research that informs the report. The design that was adopted to explore the stated research questions is known as a *concurrent design*, where two studies – a qualitative study and a survey generating quantitative data – are conducted concurrently on the same study population. The results are then combined to answer the stated research questions. The larger and more extensive of these two studies is the qualitative study.

2.1 Qualitative study

Qualitative research is a particularly useful methodological approach for informing government policy and related programs, especially during the early stages of the policy implementation phase when the government is in the process of establishing and ‘bedding down’ a comprehensive program of services such as the contact centres program.

Qualitative research is grounded in the interpretative tradition in that it is concerned with how the social world is experienced, interpreted and understood. This interpretative tradition is consistent with the aim of the project, namely to explore how contact services are used and perceived by key participants and stakeholders. However, qualitative research goes beyond mere description. It usually embodies a particular intellectual problem that requires explanation, and from which some degree of generalisation can be made that will have a broad utility and value. In this case the intellectual problems that the project seeks to address are: (a) to identify the existence of divergent expectations and experiences of contact services amongst different players in the system in which CCSs operate; (b) to explore whether these differences compromise the operation of CCSs, the interests of the families, and particularly the welfare of the children who use these services; and (c) to determine how these differences can best be resolved.

Qualitative research embodies a particular approach to generating data: one that is flexible and sensitive to the social context in which the data is produced, so enhancing its validity. It is also based on methods of sampling, analysis and explanation that accept and seek to work with complex, detailed and diverse information. Such methods complement the aim of this project in that they produce explanations based on rich, contextualised data that would allow for the full diversity of participants’ perspectives on CCSs to be identified and understood.

2.1.1 Sampling

In qualitative research, sampling covers who is sampled, how participants are sampled, and how many cases are needed. This section on sampling will address these three issues in turn.

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Participants

The project included various groups of participants whose involvement with CCSs took place at three levels of the system within which the services operate.

Participants at the first level of the system were chosen for inclusion in the study because they could provide important information about the broader policy, administrative and regulatory context in which CCSs operate. Throughout the report informants from this level are referred to as government and industry representatives. More specifically, the participants at this level included:

- Representatives from the Attorney-General’s Department (AGD) and the Department of Families and Community Services (FaCS) involved in the original development, running and future policy direction of the Children’s Contact Centres Program. The Children’s Contact Services Program is funded by the Australian Government through the Attorney-General’s Department (Family Law and Legal Assistance Division) and administered by the Department of Family and Community Services (Family Relationships Branch). Selected representatives from both of these departmental branches were interviewed for the study.

- Key representatives from the Australian Federation of Family Services were interviewed for the study. The Australian Federation of Family Services was established in January 2001 as an umbrella body to represent the interests of families. Three representative bodies represent a variety of Australia Government funded family and relationship services, including CCSs. These three industry representative bodies are Relationships Australia, Centacare Australia, and Family Services Australia. A representative from each of these three bodies was interviewed.

- A representative from the board of the Australian Children’s Contact Service Association (ACCSA) was interviewed for the study. ACCSA is a voluntary, non-profit, independent, incorporated association that represents a number of Australian Government funded and non-Government funded children’s contact services in Australia. The association comprises a form of industry self-regulation, as members of ACCSA agree to abide by the standards that have been devised by ACCSA to provide the base line of service establishment and operation. Historically, ACCSA has played a key role in the development of CCSs in Australia. The association facilitates information exchange nationally and internationally between CCSs, government and academics working in the area through the Supervised Parent Child Visitation List (S-VISIT) and conferences.91

Participants at the second level of the system are the CCS providers and their management and the professional and agency stakeholders who refer families to CCSs. These participants were chosen for inclusion in the study because they are the key agents in the system, and therefore to varying extents dictate the way in which CCSs are used. They are also the agents that have been identified from past research and evaluation as having different expectations of the use of CCSs. The participants at this level included the following:

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91 In parallel with ACCSA, Victoria and Queensland run a network for the funded and non-funded services that operate within the state. These networks meet regularly. The Department of Family and Community Services and the respective industry representative bodies also run workshops and training programs for CCS staff that provide opportunities for services to update information and network with one another.
• Contact service supervisors and coordinators who were interviewed for the study. A supervisor is the staff member who watches over the children and contact parents during a contact visit. The coordinator of the CCS may also supervise contact visits. However, the coordinator’s main role is to oversee the operation of the service and the supervisors. The coordinator is critical in establishing the atmosphere of the service and in determining the quality of the service delivery on the ground. Program managers who oversee the operation of a number of different CCSs, as well as representatives of the auspice organisation and management committee that supports the operation of a CCS, were also interviewed for the study. Throughout this report the CCS coordinators, supervisors and program managers will be referred to collectively as service staff.

• Representatives from the auspice organisations and CCS management committees who were interviewed for the study. The auspice (or host) organisation and management committee for the CCS are bodies that can direct the contact service through their philosophical position on service provision, management structures and styles, staffing policies and procedures, and in the case of the auspice organisation, the provision of the service venue and links to other support services and programs. Where there are a number of contact centres operating under a large program of CCS provision, the program manager may also play this overarching managerial role in provision of CCSs.

• Key agents in the referral of families to CCSs who were interviewed for the study. Coordinators at each of the services involved in the study were asked to nominate referral agents with whom they have contact and who they believe are familiar with CCSs. In addition to this, families involved in the study were asked to identify their own referral agent. The referral agents nominated by the coordinators and the families included community legal centres and private solicitors, judicial officers from the Family Court and the State and Federal Magistrates Courts, child representatives and mediators. While the vast majority of referrals to contact services in Australia are from the legal system, a small number of other referral sources were sampled such as private psychologists, community groups, women’s shelters, welfare and social workers. The researchers also interviewed other referral agents not connected to clients of the CCSs involved in the study who had expertise in the family law area and experience in negotiating arrangements for contact between children and their non-residence parents.

Participants at the third level of the system are the clients of the CCS. These participants were chosen for inclusion in the study because they provide important information on how the services are experienced, and what clients expect from CCSs. The participants at this level included families who had been attending a CCS for supervised contact or supervised changeovers for a period of at least eight weeks – the recommended period of time it takes children to settle into the visiting process. Where possible all family members who used the service were involved in the study: the residence parent, the contact parent and the child (or children).

Approach

92 Strategic Partners, above n 2 at 21.
93 Ibid at 19-20.
94 Ibid at 98.
95 Strategic Partners.
Purposive sampling was adopted in this study. ‘Purposive’ sampling is not intended to create a sample that is representative of the wider population. Rather, this technique provides a diverse range of cases or examples, incorporating different experiences or processes, allowing the researchers to make detailed comparisons between and within cases and to develop and test theoretical propositions.96

In selecting cases for inclusion in the study, a variety of different sampling techniques were employed to ensure that those cases selected produced data that informed the stated research questions. Intensity sampling was employed to select participants who are authorities on a particular event or experience of interest to the researchers. Maximum variety sampling was also employed. This is the process of deliberately selecting a heterogeneous sample and observing commonalities in the participants’ experiences and understanding of a phenomenon or event. It is a useful method to adopt when exploring the shared meaning of abstract constructs, such as what is in a child’s best interest, in the context of CCS use.

The study also utilised other sampling techniques such as critical case sampling and extreme or deviant case sampling as the fieldwork and analysis progressed and the conditions under which a particular finding appeared to operate became clear. As the data collection progressed, critical cases that where of significant theoretical and practical significance to testing the stated research questions were selected. This enabled the researchers to draw on data from particular cases for the purposes of explaining any variations and diverse patterns observed in the early phase of data collection. Extreme or deviant case sampling was also used to select participants who exemplified characteristics of emerging interest to an extreme degree. For example, this approach was adopted to investigate in detail cases where there was significant divergence between participants with regard to what they expected from the CCS and the service that the contact centre was able to deliver.97

Sampling in qualitative research is also concerned with whether the findings can be generalised beyond individual cases, although to a much lesser degree than for sampling in quantitative research. By examining patterns across different cases, findings that hold in some settings but not in others can be identified. This cross-case approach is particularly useful for documenting significant shared patterns or commonalities that exist across cases. This approach was adopted to investigate similarities amongst members of a particular group of participants (i.e., referral agents, service staff, residence parents, contact parents and children), as well as similarities between members of different groups of participants (i.e., judicial officers and service staff, or service staff and parents), in their expectations of and use of contact services.

In addition to the sampling techniques described above, the researchers adopted a within-case approach to sampling which focuses on a nested range of actors and events within a single case. For example, a particular case or example is selected as the central focus of the interviews and all of the actors that are directly involved with this case are involved in the study (i.e., the former husband and former wife, the child or children of the family, the solicitor who referred the family to the service, and the service staff involved in the supervision). This particular approach generates high quality case descriptions that are useful for exploring possible causal connections between events and outcomes. This study has adopted a within-case approach specifically for the purpose of verifying the particular conditions under which there are divergent expectations and experiences of

97 See M Patton, Qualitative Evaluation and Research Methods, (2nd ed), Sage, Newbury Park, 1990, for details on sampling approaches in qualitative research.
the contact service and the specific problems that this divergence creates for the service staff and clients. The range of cases covered in the study and the issues that particular cases were selected to address are outlined in detail in the section on selection criteria.

This purposive approach to sampling is in contrast to standard quantitative modes of sampling that are based on a logic that is derived from the laws of statistics and probability. Conventional probability sampling aims to be representative, (i.e., the sample should display characteristics such as age, gender or class in similar proportions and patterns to those found in the wider population). Statistical conversions are then used to calculate the probability that the patterns observed in the sample will exist in (or generalise to) the wider population. The ability to generalise findings based on a sample to the wider population is a core function of quantitative research. However, representative sampling usually requires the construction of very large samples that cannot then be researched with the depth or sensitivity to contextual information that is required for qualitative analysis.98 Because of the relatively small number of cases that move in and then out of CCSs in any one year, and the depth of analysis required to investigate the stated research questions, a qualitative analysis was deemed the most appropriate approach to take for the primary study.

A client survey was also conducted to compliment the qualitative study. This survey was based on a representative sample that included all cases registered by the Government funded CCSs in the month of August 2003. The findings derived from this survey did allow generalisations to be made to the wider population of contact service clientele. The client survey is described in detail at 2.5.

**Primary selection criteria**

Within level two and level three, participants in the study were selected according to specific criteria. These criteria were based on the objectives of the research, the sampling techniques described above, and take into account practical and ethical considerations. The specific criteria adopted are presented below. Irrespective of the level or group the participants belong to, primary selection of participants was on the grounds of whether or not an individual would be a good informant on the issues of interest to the researchers. To be a good informant the respondent must have had: (a) the knowledge and experience required to address the research issues; (b) the ability to reflect and articulate this knowledge and experience; (c) the time to be interviewed; and have (d) been willing to participate in the study.99 The secondary selection criteria for each group are discussed below.

**Secondary selection criteria**

**Contact service selection criteria:** The contact services that were involved in the study were selected on the basis of:

- **Funding source:** Australian Government funded and non-funded CCSs were included in the study. The funded and non-funded services that were approached to be involved in this project were clearly distinguishable with respect to the employment conditions of the staff who were involved in the service provision. Non-funded services were generally provided by a

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99 The study was conducted in accordance with the NHMRC guidelines for the conduct of research involving human participants. The involvement of children and parents from vulnerable groups necessitated adherence to a complex and detailed set of ethical protocols that dealt with the issue of disclosures of child abuse and with ascertaining true consent from children. Information on these procedures can be obtained from the lead author.
coordinator who was paid a small stipend through donations or state government grants and who did not necessarily have a professional qualification in an area relevant to the provision of contact services. The non-funded service staff work on a voluntary basis. In contrast, funded services were provided by salaried staff with tertiary training in areas related to contact service provision (e.g. psychology, social work, human services).

No rural based non-funded services were included in the sample. At the time of finalising our sample it was possible that there were no non-Government funded services operating in Victoria outside the Melbourne metropolitan area. Those services that were found to be operating in remote regions of Queensland primarily consisted of one-off arrangements that were made to assist a small number of families in particular circumstances and emergencies. Generally, these services were not of a sufficient size nor did they have the operational stability (i.e., the services would cease to operate when funds were no longer available, and when coordinators moved on or became ill) to enable their inclusion in the study where fieldwork would take place over an extended period of time. Some of the other non-funded rural services in Queensland were being actively mentored by funded services already included in the study. These particular services were not considered to be independent from the funded services involved in the study and were not approached to be involved in the study. In an effort to further understand how rural non-funded services operate and the sorts of arrangements that they make with the courts, solicitors and other referral agents, a single Queensland rural non-funded service was approached to participate in the study. This service had closed down in mid-2001 when funding coming from the State Department of Family Services ceased. A former supervisor and the coordinator of this service were interviewed about the past operation of the service, referral patterns and demand for the service in the area, and the reasons for closing the service (see Appendix A for further details on the rural non-funded services in Queensland and Victoria that were contacted by the researchers).

- **Location:** Services in regional and metropolitan areas in Queensland and Victoria were sampled. These were the home states of the researchers, but also represented those states with a well-established history of contact service provision. Table 2.1 presents a breakdown of the funded and non-funded contact centres selected from regional and metropolitan areas of Queensland and Victoria.

**Table 2.1 The number of Australian Government funded and non-funded contact services included in the sample (n = 11)**

<table>
<thead>
<tr>
<th></th>
<th>Government funded</th>
<th>Non-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VIC</td>
<td>QLD</td>
</tr>
<tr>
<td>Regional</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Stage of service development:** The services sampled in the study included those that had only recently been established under the Australian Government’s 2000 funding round and were in the process of ‘getting on their feet’, services that were established under the 1995/1996 Australian Government’s Contact Services Pilot Program, and those services that were established prior to the Australian Government’s funding program for CCSs. The services
selected had operational histories ranging from one to ten years at the time they consented to be involved in the study.

- **Size**: The CCSs involved in the study varied considerably with respect to their size, staffing arrangements and infrastructure. For example, some of the services selected were small operations that offered limited services and relied entirely on the assistance of volunteer staff, while other services were part of an extensive program of family related services, had a core of paid staff who worked within a program of contact service provision involving a number of different contact centres operating within a region.

- **Types of service provided**: Contact services offering a variety of different types of services were included in the study. The services offered differed in the degree of structure, support and supervision provided to families. For example, some of the types of services represented in this study included high vigilance, on-site supervised contact, off-site group excursions that were supervised, and supervised changeovers.

- **Organisational support structures**: Contact services can operate within a broad organisational structure that may include an auspice (or parent) organisation, a management committee, and an industry representative body. Contact services may have any combination of these organisational supports or none at all. Contact services that operated with the assistance of various combinations of these organisational structures were selected for inclusion in the study. Before discussing the variety of organisational support arrangements in place for the CCSs involved in the study, each of these different forms of organisational support are described below.

Auspice organisations host the CCS and may provide the service with management structures and staffing policies and procedures, venues, a philosophical position on the delivery of services, and a range of related support services and programs to which the contact services can refer their clients. Some services are located within a particular organisation, but this organisation does not sponsor or support the CCS beyond the provision of the building and rooms in which the CCSs are provided (e.g. a service that is located in a childcare centre on the days that the centre is not operational). When we refer in text to a contact service’s auspice organisation we are referring to one that provides support to the CCS beyond basic infrastructure.

There are different types of non-profit and community-based auspice organisations represented in our sample. They include:

1. Child and family counselling services, which have a focus on the provision of counselling and mediation services and programs for adults who are having relationship problems.
2. Family, youth and children’s services, which usually comprise a religious or welfare body providing a range of services to families and children in need, including counselling, welfare services and family support services.
3. Community centres, which can have a locally elected management committee and a mandate to deliver a range of locally focused services which may be centred around health, welfare and legal advice.

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100 Strategic Partners, above n 2 at 19.
101 Ibid at 19-20 for a presentation of the different types of sponsor organisations that supported the contact services that were involved in the Australian Government’s Contact Services pilot program.
There are other types of auspice organisations that were not represented in our sample. These include:

- Private, for profit companies. ¹⁰² For example, security firms that provide supervised contact and changeover services to wealthier clients.

- A CCS sponsored by a community legal service. In the search for non-funded and funded CCSs in Victoria and Queensland, the researchers found that this arrangement was rare. The sponsorship of CCSs by legal services was more a characteristic of the early stages of a contact service’s development, and was more prevalent amongst the rural non-funded services that the researchers contacted. One of the Government funded regional CCSs included in the sample was originally established as an ancillary service of a community legal centre but over time it changed its organisational structure. The service was at the time of our study now an independent incorporated organisation and conducted out of a daycare centre.

In addition to the auspice organisation, some CCSs function with the assistance of a management (or advisory) committee that oversees the ongoing operation of the service. These committees often comprise volunteers from the auspice organisation, other community services in the area, legal practitioners and judicial officers. The management committee provides direct support for the coordinators of the contact service by assisting them with case management when difficult issues arise such as when clients complain about the service or when the staff want to stop a family from using the service. The management committee can also assist the service financially by attracting funding and/or donations, publicising the service and maintaining external networks with other community services and the legal system.

Industry representative bodies are the third important organisational support for CCSs. National industry representative bodies represent a variety of Australian Government funded family and relationship services, including CCSs, as noted earlier. The three industry representative bodies are Relationships Australia, Centacare Australia, and Family Services Australia. These bodies represent the interests of CCSs to the Australian Government and provide assistance to CCSs in the form of advice on tenders for Government funding, the development of operational guidelines, and the provision of training for service staff.

Contact services that function with the assistance of various combinations of these organisational support structures were included in the study. These support structures have implications for the sort of services that contact centres can provide, the nature of the referrals that are accepted by CCSs, and the avenues that the centre has available to them to assist families through referral to other support services and programs. Where possible, interviews were conducted with representatives of the industry representative body, auspice organisation and management committee for each CCS involved in the study. Table 2.2 presents a breakdown of the organisational support structures available to each of the CCSs included in the sample.

¹⁰² Ibid.
Table 2.2 Organisational support structures in place for the contact services involved in the study

<table>
<thead>
<tr>
<th>Type of support structure</th>
<th>Number of centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry representative body</td>
<td>1</td>
</tr>
<tr>
<td>Auspice organisation</td>
<td></td>
</tr>
<tr>
<td>Management committee</td>
<td></td>
</tr>
<tr>
<td>Industry representative body</td>
<td>5</td>
</tr>
<tr>
<td>Auspice organisation</td>
<td></td>
</tr>
<tr>
<td>Management committee</td>
<td></td>
</tr>
<tr>
<td>Industry representative body</td>
<td>1</td>
</tr>
<tr>
<td>Management committee</td>
<td></td>
</tr>
<tr>
<td>Management committee</td>
<td>2</td>
</tr>
<tr>
<td>No support structure</td>
<td>1</td>
</tr>
</tbody>
</table>

**Family selection criteria:** The families that were included in the study were selected on the basis of a screening process that was put in place to ensure that only those families who met certain criteria were asked to be involved. The criteria were based on the objectives of the research and took into account practical and ethical considerations. Contact service staff assisted the researchers by approaching families who met these criteria, and asking the parents’ permission for the centre staff to pass on their contact details to the researchers. Thus not all families who attended the selected CCSs were approached to be involved in the project. The selection criteria included:

- **Referral process:** Most of the families selected for inclusion in the study had had their CCS attendance formalised by the court in different ways. These included referrals made by consent (with and without the involvement of a judicial officer), and court ordered referrals (made at the interim and final stages of the dispute over contact). The families included in the study varied according to the degree that there had been formal court involvement in determining their contact arrangements. The sample of families involved in the study included cases with a long history of court involvement that included involvement with the State Magistracy in regards to protection orders for domestic violence, Family Court and Federal Magistrates Court orders reinstating contact after a contravention, as well as interim and final orders in relation to the use of a CCS. In contrast, parties who have agreed to supervised changeovers at the CCS and had had minimal or no formal court involvement in their parenting arrangements were also included in the sample. Finally, families were included in the study where: (a) both parties had legal representation; (b) where one or both parties were unrepresented; and (c) where a child representative was appointed to the case.

- **Knowledge and experience:** Families selected for inclusion in the study had the knowledge and experience required to be involved in an interview about CCSs. The families selected also had attended the service for a minimum of eight weeks. It takes at least eight weeks for
children to settle into the visiting process and at least six months of safe and continuous visits for foundations to emerge in the contact parent-child relationship.\(^{103}\)

- **Child abuse or abduction related critical incidents**: The families selected to be interviewed had no recorded child abuse or abduction related ‘critical incident’ since commencing with the service, and no parent directed domestic violence ‘critical incident’ within the last month of attendance at the service. A standard procedure in CCSs is to record evidence of physical or sexual abuse, whether committed on or off-site during the time that the family is involved with the service. These ‘critical incidents’ may also include a serious violation of the rules governing supervised contact such as a parent’s confrontation with staff or the other parent, or the late return of a child by a contact parent after an exchange. These incidents are a source of distress for all the parties involved and generally necessitate the service staff intensifying their monitoring of the parents and the children during visits to the service. To have involved a family in the study during such a period could have increased the stress already experienced by family members and staff during such times. The researchers excluded one particular family from the study when it became known that the contact parent was to be charged with child abuse during the course of the fieldwork. The sample does, however, include parents who have had critical incidents in the past in relation to domestic violence immediately outside the centre, and other violations of the centre rules. For one of the families interviewed, a domestic violence critical incident led to one centre terminating their service.

- **Type of service used**: The families included in the sample had used a variety of CCSs including one-on-one on-site supervised contact at the centre, off-site supervised contact where a number of contact parents and a number of service staff go on group outings with their children, supervised changeovers, and various combinations of these arrangements. For example, one contact parent had one-on-one supervised contact at the centre for the first hour of the visit, and unsupervised contact off-site for the remainder of the visit. Many of the families selected also had a wide range of experiences with non-centre based supervised arrangements prior to attending the centre, such as exchanges at a police station or McDonalds, and various supervision arrangements by a family member or friend. Some of the families selected combined supervised contact at the centre with these alternative private arrangements when centre services were unavailable.

- **Time at the service**: Some of the families included in the study had used the contact service for a short period of time (three to six months), while other families involved in the study had been using the services for five or more years or had moved on from using the CCS altogether.

- **Reasons for attending the service**: The families involved in the study were referred to the contact service for a variety of reasons. These reasons included allegations of child abuse that were unsubstantiated or under investigation, prior convictions of child abuse, domestic violence, drug and alcohol dependence and mental illness on the part of the contact parent, child abduction, child reluctance to have contact, as well as cases where the contact parent had not been in contact with the child for an extended period of time, or where the relationship ended before the child was born. In many of the cases included in the study, these reasons for referral were not independent. Rather, the families were characterised by a cluster of problems, which in some cases related to both the residence and contact parents.

\(^{103}\) Ibid at 109.
• **Age of the child:** The study focussed on families where at least one child using the CCS was aged between 5 and 15 years. The focus of the study was on differing expectations of the use of CCSs. It was therefore important that children’s experiences of CCSs, and their own expectations of what support these services should provide for them, were assessed. In order to do this the children involved in the study had to be old enough to participate in a semi-structured interview about the support they received at the service. Fortunately, by preschool age, children can be used as reliable informants on their social contact with others, and on the support provided by others. For example, six-year-old children are able to tell coherent and differentiated stories about their parents and childcare providers. Most CCSs are set up for younger children up to the age of ten years who constitute the bulk of their clientele. In an effort to explore older children’s experiences of CCSs, adolescent children aged 11 years and older who used the CCS were over-represented in the sample.

• **Children’s family experiences:** The children interviewed for the study had been exposed to varying degrees of domestic violence between their parents, ranging from severe life threatening violence directed towards the parent and the child to verbal conflict in the child’s presence at changeover times. Some children had been abused and for other children there were allegations of abuse including physical, sexual and emotional abuse of differing degrees. The children interviewed for the study also differed in the degree to which they were comfortable with attending the service for supervised contact and changeovers as judged by the CCS coordinator and supervising staff. Finally, the children interviewed differed in the degree to which the CCS coordinator and staff felt that the child’s interests were being served by attending a CCS (e.g. cases were included where the contact was viewed by staff to be beneficial to the child, detrimental to the child, or has a neutral impact on the child).

It was not a condition for inclusion in the study that the families selected by each CCS meet all of these criteria. However, it was essential that each family met at least one of the criteria. Each coordinator was asked to select only a few of the criteria discussed above that they considered to be important or that brought certain families to mind. It is possible that one family met many of these criteria while another family met only a few of these criteria. As a consequence of this sampling approach families were not representative across all criteria for each of the CCSs involved in the project, rather when all of the families involved in the study are taken into account the total sample was representative of the criteria discussed above.

*Referral agent selection criteria:* The families involved in the study were referred to CCSs by a variety of agents. Referral agents who were not directly linked to the families involved in the study were also approached to be involved in the study. Referral agents included solicitors and barristers, judicial officers of the Family Court and State and Federal Magistrates Court (i.e., judges, magistrates and registrars), mediators, court counsellors, self and family member referrals, referrals by women’s shelters and domestic violence workers, as well as referrals by state departments for families and community services and child welfare.

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106 Strategic Partners, above n 2 at Appendix 49.
It is of note that for some families there was a variety of agents that could be identified as having been involved in the process of referring a family to the CCS. In a number of cases no one agent could be identified as having sole responsibility for the referral. For example, one participant was originally referred to the CCS by her mother who had previously worked at the service. In the process of formalising this referral, the residence parent went to see a solicitor and both parents employed the services of a mediator to help them come to an agreement about the specific details around using the service. The mediation was unsuccessful and the dispute went on to trial, where a magistrate made an interim order for supervised contact. Each one of these agents played a role in referring this family to a CCS.

The vast majority of the referrals of families to CCSs are made via Family Court orders. The Family Court also plays an important role in shaping policy and practice related to the referral of families by the court to CCSs. The Family Court in conjunction with the CCSs funded by the Attorney-General’s Department have developed guidelines for the relationship between the legal system and the CCSs. Senior members of this working party were interviewed for the study along with the Chief Justice of the Family Court at the time. Since the Strategic Partners research into children’s CCSs in Australia was conducted, the Federal Magistrates Court has been established with jurisdiction in the area of family law. This court is also responsible for referring families to contact services. Senior representatives from the Federal Magistrates Court were interviewed for the study.

Potential referral agents who know of CCSs but who have had little or no direct involvement with these services were also included in the study. These particular agents were of interest because their expectations of what CCSs can or cannot provide may be an important factor in determining whether or not to refer clients to CCSs. Alternatively, these agents may simply not be aware of the presence of CCSs in their immediate area or of the range of services that these centres can provide. Both of these possible explanations for non-referral on the part of potential referral agents were of interest to the researchers. In this category, legal practitioners were interviewed for the study who worked predominantly with wealthier clients and tended refer to CCSs to a more limited degree preferring instead to use alternative arrangements for supervised contact.

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107 Strategic Partners, above n 2 at 98.
A summary of the different types of referral agents interviewed for the study is presented below.

<table>
<thead>
<tr>
<th>Referral Agents</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Court (n = 6):</strong></td>
<td></td>
</tr>
<tr>
<td>Senior administrators of the court</td>
<td></td>
</tr>
<tr>
<td>Judges</td>
<td></td>
</tr>
<tr>
<td>Registrars</td>
<td></td>
</tr>
<tr>
<td><strong>Federal Magistrates Court (n = 5):</strong></td>
<td></td>
</tr>
<tr>
<td>Senior administrators of the court</td>
<td></td>
</tr>
<tr>
<td>Magistrates</td>
<td></td>
</tr>
<tr>
<td>PDR service providers</td>
<td></td>
</tr>
<tr>
<td><strong>State Magistrates Court (n = 1):</strong></td>
<td></td>
</tr>
<tr>
<td>Magistrates</td>
<td></td>
</tr>
<tr>
<td><strong>Legal practitioners (n = 21):</strong></td>
<td></td>
</tr>
<tr>
<td>Barristers</td>
<td></td>
</tr>
<tr>
<td>Solicitors working in Legal Aid</td>
<td></td>
</tr>
<tr>
<td>Child representatives</td>
<td></td>
</tr>
<tr>
<td>Solicitors working in Women’s Legal services</td>
<td></td>
</tr>
<tr>
<td>Solicitors working in Community Legal Services</td>
<td></td>
</tr>
<tr>
<td>Solicitors in private practice</td>
<td></td>
</tr>
<tr>
<td><strong>Other referral agents (n = 7):</strong></td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
</tr>
<tr>
<td>Domestic violence workers</td>
<td></td>
</tr>
<tr>
<td>Community service counsellors</td>
<td></td>
</tr>
</tbody>
</table>

**Size**

In qualitative research, it is not the sample size that dictates the amount of data to be collected, rather it is the amount of data required to achieve a point of ‘saturation’. Saturation is when variation in the data is both accounted for and understood, and there is repetition in the information obtained and confirmation of previously collected data from multiple sources.¹⁰⁸ It is difficult to determine ahead of time the sample size required for saturation to occur. However, for a qualitative study of the nature conducted here, a recommended number of between 30 to 50 cases should suffice.¹⁰⁹ In all, 142 in-depth interviews were conducted. Refer to Appendix B for a presentation of the categories of participants at each level, and the number of participants from each category that were interviewed for the study.

### 2.1.2 Interviews

**Procedures**

The primary means of collecting data for the qualitative study were individual, face-to-face, semi-structured interviews. In most cases the interviews were conducted on a one-to-one basis except where participants requested that they be interviewed with another person (e.g. in some families siblings wanted to be interviewed together; while in some contact services current coordinators requested to be interviewed with a past coordinator of the service or with a particular supervisor). The interviews ranged in duration from half an hour to three hours. All interviews were tape recorded and later transcribed.

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¹⁰⁸ Morse, above n 96.
¹⁰⁹ Ibid at 221 – 222.
A $20 payment was offered to each parent who participated in the study. This payment to the parents was to cover any additional expenses involved in participating in the study, such as travel costs (which may be substantial in regional areas), the use of the CCS, temporary childcare and the like. With the permission of the residence parent, a gift voucher to the value of $20 was offered to each child who participated to thank him/her for helping out with the project.

There were three different interviewers. One interviewer operated in Victoria interviewing adult participants and a second interviewer operated in Queensland interviewing adult participants. The third interviewer was a specialist at interviewing children. This person worked across both states and conducted interviews ‘blind’ to the circumstances of the family and the reasons for their referral to a contact service. All three interviewers were female, and each interviewer was experienced with interviewing separated and divorced families and familiar with family law and the legal system. The interview team comprised of a family lawyer, a family court counsellor and a family psychologist.

With the exception of the family interviews, all interviews were conducted in locations nominated by the informant. In the majority of cases interviews took place at the informant’s place of employment. Except in special circumstances, the residence and contact parents, as well as their children, were interviewed at the CCS.

There were a number of reasons for interviewing families at the CCS. First, interviewing parents at the contact service with the coordinator present at the centre (but not at the interview) was a way of ensuring a safe environment for the interviewers. Second, interviewing parents at the CCS was a way of ensuring a comfortable environment for the parents and children, as it was both familiar to them and they trusted the service staff. A possible drawback of only interviewing parents at the CCS is that cases where there was bad rapport between service staff and clients may inadvertently have been excluded from the sample, or families may have been hesitant to discuss the negative aspects of the service in this context. Third, it was important to interview children at the CCS to ensure that they could speak privately to the interviewer. Obtaining a separate space away from the main family areas can be a sensitive issue, particularly with parents who may be nervous about what the child will say. It was easier to negotiate privacy for a child during his or her interview at the CCS.

Consent and confidentiality

Involvement in the study was voluntary and on the basis of informed consent. All participants were free to cease involvement in the project at any time if they did not want to continue. All participants were assured that their names, contact details, and any information that was provided to the researchers would remain completely confidential. The information and quotes presented in this report have been de-identified to protect the identity of sources. The data has also been aggregated where necessary to protect the identity of the CCSs and informants involved in the study.

Interview schedules

Separate interview schedules were developed for each group of informants. Each interview schedule covered a set number of questions that related directly to the project aims and stated research questions. The questions covered the three areas of divergence identified in past research into the operation of CCSs. In addition to these questions, each group was asked a specific set of background questions that were tailored to the group. This semi-structured approach to interviewing helped to ensure a degree of consistency in the issues covered in the interview for the diverse range of participants. This interview structure also helped to maintain a consistency of approach and content between the three interviewers. A degree of flexibility in conducting the interviews was,
however, maintained in order to take into account the range of experiences described by participants.

The interviews with children and young people were the least structured of all the schedules. Some guidance, however, was often required to direct young children to comment on issues of interest to researchers. This was done through indirect methods such as encouraging children to describe events from their visits to the service through story telling and anecdotes. Props such as a magic wand and colourful face felts depicting different emotions were also used during the interviews to assist children to describe how they felt. These narratives then provided a background and an opening for the interviewer to ask more specific questions that related directly to the questions of interest to the study. A more structured approach to interviewing was applied when interviewing adolescent children.

The children’s experiences of CCSs were also assessed through the use of vignettes (or hypothetical scenarios), where the interviewer posed a hypothetical problem faced by a fictional child and asked the child being interviewed what advice they would give to resolve the dilemma. This approach is useful for assessing children’s views on issues that may be difficult and personally confronting for them, and has been demonstrated to be a valid and reliable interview technique for the age group included in our study.110

An important part of developing valid and sensitive interview schedules is the process of pilot testing the schedule with a small sample of the participants from each group. Piloting assists the researchers to fine-tune the questions and interview procedures before they go into the field. With the exception of the level one interviews, each interview schedule was pilot tested and revised accordingly. Refer to Appendix C for copies of the interview schedules used in the project.

2.1.3 Observations

As a supplement to the interviews conducted with children, the researchers observed the children’s interaction with both parents during a supervised contact visit or at changeovers. In combination with the data from the children’s interviews, the observations provided a clearer picture of children’s experiences of using the CCSs at various points in the visiting process. The observations were also used to evaluate the quality of the parent-child interaction in the context of the supervised visit or changeover. From the parents’ perspective, the observations supplemented the interview data from the parents by providing data on the contact and residence parents’ experience of a visit to the CCS, and the quality of their interaction with their child or children in this context.

To make ratings of the quality of interaction between the child and both parents in the CCS environment, a modified version of the ROVI scale (Rating of Visit Interactions)111 was used. This rating scheme was originally developed by Jennifer McIntosh in 1998 and was designed specifically for the purpose of rating parent-child interaction during supervised contact visits and changeovers.112

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111 Strategic Partners, above 2 at 88.
112 Ibid.
The rating scheme is based on a dyadic approach to assessing family systems developed by John Byng-Hall, and is informed by attachment theory.\textsuperscript{113} Attachment theory is a valuable theoretical framework for guiding investigations into the quality of parent-child interactions, as well as for understanding links between experiences in the parent-child relationship and individual differences in children’s social and emotional adjustment; in particular, the way children regulate their distress and how they relate to their parents and close others.\textsuperscript{114}

According to attachment theory, a parent-child relationship that is warm, responsive and stable fosters the development of a secure attachment orientation. This orientation, in turn, affects the way that children will interpret the behaviour of the parent and behave themselves during an interpersonal interaction with the parent. For example, secure attachment can be evidenced by a child’s confidence in the availability of the parent and capacity to be comforted by that parent when the child is distressed.\textsuperscript{115} In contrast, it is argued that when parenting is insensitive, and where a parent is unavailable to the child, it gives rise to an insecure attachment orientation manifested by the child’s avoidance of, or ambivalence toward, the parent. Insecure attachment can be evidenced by a child’s anxiety, ambivalence, detachment or anger towards a parent, and an inability to be comforted by the parent when the child is distressed.\textsuperscript{116} Certain situations, such as the separation from or reunion with a parent, can activate the attachment system in a way that generates these organised patterns of interpersonal behaviour.\textsuperscript{117} The rating scheme was designed to assess these and other specific parent and child behaviours that are indicative of the parent-child attachment bond. See Appendix D for a list of all the parent and child dyadic behaviours that were monitored by the observer.

In line with these central tenets of attachment theory, the rating scheme was designed to assess parent-child interaction as experienced during five key phases of a contact visit, each of which would activate behavioural expression of the child’s attachment orientation and parental availability and sensitivity to the child’s needs: (a) separation from the residence parent on arrival at the contact service; (b) greeting the contact parent at the start of the visit; (c) interaction with the contact parent during the supervised visit;\textsuperscript{118} (d) separation from the contact parent at the end of the visit; and (e) reunion with the residence parent. At each phase both the child’s behaviour towards the parent and the parent’s behaviour towards the child are assessed. Table 2.3 presents a summary of which family member’s behaviour is being assessed at which particular phase of the contact visit.

\textsuperscript{116} Ibid.
\textsuperscript{117} Ibid.
\textsuperscript{118} For practical reasons no observations were made during the visit in cases of supervised changeovers.
Table 2.3 Phases of the contact visit by the person whose behaviour is being observed (an ‘X’ designates the context where observations were made)

<table>
<thead>
<tr>
<th>Phase of the visit</th>
<th>Person whose behaviour is observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child’s behaviour towards the</td>
</tr>
<tr>
<td></td>
<td>contact parent</td>
</tr>
<tr>
<td></td>
<td>Contact parent’s behaviour</td>
</tr>
<tr>
<td></td>
<td>towards the child</td>
</tr>
<tr>
<td></td>
<td>Child’s behaviour towards the</td>
</tr>
<tr>
<td></td>
<td>residence parent</td>
</tr>
<tr>
<td></td>
<td>Residence parent’s behaviour</td>
</tr>
<tr>
<td></td>
<td>towards the child</td>
</tr>
<tr>
<td>Phase 1: Drop off</td>
<td>-</td>
</tr>
<tr>
<td>at the centre and</td>
<td>-</td>
</tr>
<tr>
<td>the child separating</td>
<td>X</td>
</tr>
<tr>
<td>from the residence</td>
<td>X</td>
</tr>
<tr>
<td>parent</td>
<td></td>
</tr>
<tr>
<td>Phase 2: Meeting</td>
<td>X</td>
</tr>
<tr>
<td>and greeting the</td>
<td>X</td>
</tr>
<tr>
<td>contact parent</td>
<td>-</td>
</tr>
<tr>
<td>Phase 3: During the</td>
<td>X</td>
</tr>
<tr>
<td>visit with the</td>
<td>X</td>
</tr>
<tr>
<td>contact parent</td>
<td>-</td>
</tr>
<tr>
<td>Phase 4: The end</td>
<td>X</td>
</tr>
<tr>
<td>of the visit and</td>
<td>X</td>
</tr>
<tr>
<td>saying goodbye to</td>
<td>-</td>
</tr>
<tr>
<td>the contact parent</td>
<td></td>
</tr>
<tr>
<td>Phase 5: Reunion</td>
<td>-</td>
</tr>
<tr>
<td>with the residence</td>
<td>-</td>
</tr>
<tr>
<td>parent</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

In this study a modified version of the original ROVI rating scheme was used. The original 57 items were reduced to 30 items by McIntosh. This modified version of the ROVI was further piloted and seven of these 30 items were revised to clarify the meaning of the items and ten new items were included in the rating scheme for the purposes of the present study.

Each item in this final rating scheme represented specific clusters of behaviours that are indicative of the child’s attachment orientation, and situational coping. The items that relate to parent behaviour are indicative of parental sensitivity and availability to the child and the parent’s situational coping. Each item was rated on a four-point scale (1 = behaviour is of extreme concern and the child/parent was having marked difficulties coping with the situation; 2 = the child/parent is having some difficulties coping with the situation; 3 = the child/parent is having few difficulties coping with the situation; 4 = behaviour is of no concern and the child is behaving within the normal range of behaviour in the context of a contact visit). Items scored 1 or 2 indicate that the child is showing signs of anxiety and distress from the visit and would also correspond with behaviours that are indicate insecure attachment. Items scored 3 and 4 indicate that the child is

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relaxed and comfortable given the context of such a visit and would correspond with behaviours that are indicate secure attachment behaviour in the given context. The scores that can be derived from each item or combination of items are not based on standardised norms, nor are there established reliability data available for this scheme. These scores are simply used as a guide to the severity or otherwise of a child’s or parent’s response to the contact visit.\textsuperscript{120}

To ensure continuity in the use and scoring of this rating scheme between our study and the Child Impact Study included in the Strategic Partners evaluation of the CCSs,\textsuperscript{121} the rating scheme was scored by the same person on each occasion, and the observer underwent training with Jenny McIntosh (the architect of the original scheme) in the use of the rating scheme. The training involved McIntosh and the observer rating a diverse series of cases together and discussing each other’s ratings until an acceptable level of inter-rater reliability was achieved. The rating scheme is designed to be used by someone who has extensive clinical experience in observing and assessing children and parents who have experienced parental separation and divorce. It is not a general assessment tool. See Appendix D for the version of the ROVI used in this study.

\textbf{2.1.4 Analytic approach}

The NVivo software program for analysis of text-based data was used to conduct a thematic content analysis of the interview based data. We were guided by Miles and Huberman in developing a coding scheme for the data, establishing the reliability and validity of the scheme, and in conducting the textual analysis.\textsuperscript{122} This approach to qualitative analysis is tailored for use in cross-disciplinary and team-based research projects. The observation scores and commentary were used as a rich source of qualitative information on the children’s and their parents’ dyadic behaviour during supervised contact visits and at changeovers. These scores were not used to conduct quantitative analyses of the data because the sample was too small.

\textbf{2.2 Survey}

In addition to the interviews and observations described above, a survey was conducted of the clients using the funded CCSs that were included in the qualitative study. There are a number of reasons for collecting survey data in addition to the qualitative interviews. First, the data from the qualitative interviews highlight some important issues with regard to: (a) the referral process; (b) client and referral agent demand for CCSs; (c) the clients’ reasons for using and leaving the CCSs; (d) the additional support needs of parents and children who use CCSs; and (e) the nature of families’ movement through the CCSs from the point of referral to the time when they stopped using the service. While the interviews helped us understand the nature of these issues in some depth, the survey data allowed us to establish how widespread amongst the service clientele these issues were. Second, the survey enabled data to be gathered on clients who may not have wished to participate in an interview and as such helped to establish the ways in which the sample for the qualitative study was representative of the broader client base for the CCSs involved in the study.

\textsuperscript{120} J McIntosh, ‘Child Impact Study of the Contact Service Pilot Evaluation’, Strategic Partners, above n 2 at 68.
\textsuperscript{121} Ibid.
2.2.1 Sampling

Only Australian Government funded CCSs were selected for inclusion in the survey. Non-funded CCSs had neither the financial nor staffing resources required to assist the researchers to collect this data, nor did they have standardised records of the client information required for the survey. The procedures involved in collecting and de-identifying the survey data were time consuming and labour intensive for the CCS staff. Australian Government funded centres are already required by their funding agency to collect the bulk of the information needed for the survey. It was therefore more easily accessible to the funded CCSs. The participation of the non-funded CCSs in the survey component of the project would have created unnecessary pressures and problems for these meagrely resourced services.

All clients who were registered as using the funded CCSs during the month of August 2003 were included in the survey; this included those clients who were involved in the qualitative component of the study. August 2003 was chosen because it represents a month of average client intake and service provision for the CCSs who were involved in the study. This approach avoids sampling client intake and service use during particularly low and high periods of the year such at the December to January school holidays. Sampling during these natural peaks and troughs in service provision year would have distorted the picture of service provision gained from the data. In total 396 cases were surveyed. Table 2.4 presents the breakdown of these 396 cases by service location.

Table 2.4 Client load in August 2003 for those Australian Government funded centres involved in the study

<table>
<thead>
<tr>
<th>Locality</th>
<th>Victoria</th>
<th>Queensland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional centres</td>
<td>86</td>
<td>85</td>
</tr>
<tr>
<td>Metropolitan centres</td>
<td>46</td>
<td>179</td>
</tr>
</tbody>
</table>

Notes. One of the Australian Government funded metropolitan services declined to participate in the collection of survey data. The data presented in this table is representative of 6 of the 7 government funded contact services involved in the study.

2.2.2 Procedures

The research team gained access to the survey data through the contact service staff. The staff were provided with a copy of the survey questions and asked to provide the answers to these questions for each family using the contact centre in August 2003. The staff were instructed to delete all identifiable information from this data before the researchers were given access to the answers to the survey questions. To be able to collect de-identified data in this way, a member of the research team worked in tandem with staff at the centre or over the phone. During the data collection process the researcher was not privy to any information concerning family members’ names or contact details. Conversely, the CCS staff were not told the unique identification number that the researcher allocated to each family whose data was collected. Once the data was collected by the researchers there was no way for the researchers (or anyone else) to be able to match the data collected about centre clients with the identity of the family who attended the service, nor could the data collected be linked with information on clients recorded in the FaCSLink database. These procedures were put in place to preserve the anonymity and confidentiality of client information. The procedures were also necessary to preserve clients’ privacy, in accordance with the Privacy Act (Cth).
2.2.3 Survey content

Information was collected on each family who used a contact service during August 2003. This included collecting data on the residence and contact parents, and any other person who was using the service to have contact with a child or children. Data was also collected on all of the children who used the CCS. The survey content covered a range of issues that were of relevance to the stated research questions including basic demographic information about the parents and the ages and sex of the children; the nature of the families’ current contact arrangements and the nature of their arrangements when they first began using the centre; and issues or special needs that the family may have presented with and suggested services that the family could have benefited from while attending the centre. Information was also collected on the referral process and any orders made for supervised contact or changeovers, and the nature of the involvement of the centre staff in this process (see Appendix E for a copy of the survey instrument).

2.2.4 Analytic approach

The statistical package SPSS was used to conduct the quantitative analyses of the survey data. The particular analyses conducted are discussed further in the relevant chapters of the report.
Chapter 3
Client Characteristics and Reasons for Referral

The aim of this chapter is to explore the characteristics of clients of CCSs and the reasons given by parents and referral agents for using these services. An understanding of the types of families that use CCSs and the reasons for referral will help to elucidate the nature and scope of the role of these services as identified by the various groups in the system.

Past research suggests that contact services are primarily used by families characterised by a range of significant problems, including actual or alleged instances of family violence or abuse directed at the child and/or the former partner. For many families, parental drug and alcohol problems, mental health issues, and physical disabilities\(^{123}\) further compound these relationship problems. The complex nature of these families will undoubtedly have implications for the nature and scope of the services that CCSs are expected and able to provide.

The chapter draws on data from the client survey in order to examine the parenting arrangements adopted by clients of the services and other socioeconomic characteristics of service clientele. The personal and relationship issues that these families presented to service staff on admittance to the service are also examined using the survey data. Finally, this chapter draws heavily on the qualitative data taken from interviews with parents and referral agents to explore in greater depth the reasons why families are referred to CCSs.

3.1 Clients’ parenting arrangements and visitors to the centre

Table 3.1 presents a breakdown of the various parenting arrangements that the clients who were using the service have adopted.

Table 3.1 Proportion of clients involved in different types of parenting arrangements (n = 390)

<table>
<thead>
<tr>
<th>Parenting arrangements</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence mother and contact father</td>
<td>78.0</td>
<td>304</td>
</tr>
<tr>
<td>Residence father and contact mother</td>
<td>7.7</td>
<td>30</td>
</tr>
<tr>
<td>Shared care</td>
<td>1.0</td>
<td>4</td>
</tr>
<tr>
<td>Residence guardian and contact mother</td>
<td>5.6</td>
<td>22</td>
</tr>
<tr>
<td>Residence guardian and contact father</td>
<td>2.8</td>
<td>11</td>
</tr>
<tr>
<td>Residence guardian and contact mother and father</td>
<td>3.3</td>
<td>13</td>
</tr>
<tr>
<td>Residence mother and contact other</td>
<td>1.0</td>
<td>4</td>
</tr>
<tr>
<td>Residence father and contact other</td>
<td>.5</td>
<td>2</td>
</tr>
</tbody>
</table>

\(^{123}\) Strategic Partners, above n 2 at 31.
The majority of families using the CCSs had a ‘traditional’ parenting arrangement where the mother was the residence parent and the father was using the service for contact visits. The data also showed that in 12% of the cases surveyed someone other than a child’s biological parent was designated the residence carer. In 19% of cases other family members in addition to the contact parents were using the service to visit the child or children (n = 74). In close to one third of the cases surveyed people other than the child’s biological parents, or in addition to the child’s parents, were using the centre’s services.

3.2 Ethnic and cultural background of clients

The client survey data demonstrated that parents from Indigenous and Non-English Speaking Backgrounds (NESB) were infrequent users of CCSs. Families where one or both parents are Indigenous made up 5% of the surveyed cases and NESB parents made up 8% of the cases.

Comments from some referral agents interviewed supported these survey findings that Indigenous and NESB families were infrequently referred to CCSs.

One solicitor noted that she had many migrant clients who could benefit from using a CCS because they did not have any other options for private supervised arrangements, and limited social support. She said:

…we’ve got a lot of clients who don’t have the luxury of being able to set up a private arrangement... They just have no one. Or especially for a lot of women, there’ll only be his family here…we see a lot of women who married Australian men and have been brought to [this] country…or they may have married men from their culture but the men have been here for 20 years and they’ve just been brought over, so they have no support. So that is really difficult for them and it’s very difficult for us to set that up, because they don’t trust his family either.124

Although Indigenous NESB family members were not a specific focus of our research questions, it appeared from our research that NESB families did not present to CCS’s in significant numbers and it is anticipated that supervision for these families may have been undertaken with the assistance of their extended families or ethnic communities. One coordinator in particular spoke of the difficulty of providing supervision for NESB families as it was difficult to hire staff with the necessary language skills as well as professional skills and the costs of hiring interpreters could be prohibitive.

3.3 Clients’ socioeconomic characteristics

Consistent with the past research on CCSs,125 this study found that the core client base for these services were families who have limited financial resources. This was particularly the case for women using the CCSs. The survey data showed that around two thirds of the mothers using the CCSs were reliant on Australian Government pensions, benefits or allowances as their primary source of income (65%, n = 234). By comparison, one in five of the fathers using the CCSs was dependent on welfare as their primary source of income (20%, n = 70).

These figures are generally consistent with recent Australian Institute of Family Studies (AIFS) data suggesting that women are more likely than men to experience considerable financial hardship after separation and divorce.126 The rates of welfare dependence for men and women demonstrated in our

124 Transcript 263, para 255.
125 Strategic Partners, above n 2 at 95.
data were similar to the estimated rates of financial disadvantage for divorced mothers and fathers reported in the AIFS research: around 22% of young divorced men are living at or below the Henderson poverty line compared with around 45% of divorced women who are sole parents.\textsuperscript{127}

Again, findings from the qualitative data support the survey findings. Whilst some referral agents acknowledged that the issues and difficulties that lead to families needing a contact service occurred across a wide range of socioeconomic backgrounds (including affluent families\textsuperscript{128}), it was acknowledged by most referral agents that those making use of CCSs tended to be from lower socioeconomic backgrounds.\textsuperscript{129} Clients requiring supervision of contact or contact changeover, did not:

\begin{quote}

\begin{flushleft}

\textit{come from one socioeconomic group…they’re a wide cross-section in terms of culture… [although] probably the unemployed are often over represented, people with mental health issues…or substance abuse are over represented.}\textsuperscript{130} (Family Court judge)

\end{flushleft}
\end{quote}

### 3.4 Clients have serious personal and relationship problems

As part of the client survey CCS staff were asked to identify any issues that each family using the centre presented to the staff. The majority of families presented with a cluster of serious personal and relationship problems (see Table 3.2).

\textsuperscript{127} Ibid at 8 and 10.

\textsuperscript{128} Transcript 272, para 63; Transcript 261, para 137.

\textsuperscript{129} Transcript 276, para 57; Transcript 274, para 56; Transcript 276, para 57; Transcript 279, para 96; Transcript 252, para 113; Transcript 264, paras 83 to 85; Transcript 274, para 56.

\textsuperscript{130} Transcript 272, para 61; Transcript 279, para 96.
Table 3.2 Proportion of families who presented with various personal and relationship problems (n = 396)

<table>
<thead>
<tr>
<th>Personal and relationship issues</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of domestic violence</td>
<td>45</td>
<td>179</td>
</tr>
<tr>
<td>Entrenched conflict between parents (no domestic violence)</td>
<td>40</td>
<td>159</td>
</tr>
<tr>
<td>Child abuse by the contact parent (alleged or substantiated)</td>
<td>33</td>
<td>129</td>
</tr>
<tr>
<td>Contact parent re-establishing contact after an extended absence</td>
<td>22</td>
<td>87</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>21</td>
<td>84</td>
</tr>
<tr>
<td>Mental illness</td>
<td>15</td>
<td>59</td>
</tr>
<tr>
<td>Child reluctance to have contact</td>
<td>15</td>
<td>58</td>
</tr>
<tr>
<td>Child abduction concerns</td>
<td>13</td>
<td>53</td>
</tr>
<tr>
<td>Residence parent reluctance for contact to take place</td>
<td>13</td>
<td>53</td>
</tr>
<tr>
<td>Contact parent disability</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>Contact parent had no previous relationship with the child</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Family presented with no serious issues</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Notes: Missing = 13 cases. The figures presented in this table are not cumulative because clients can present with multiple issues. The Other category contains cases where there were issues that were specific to the child such as a child disability or a serious medical condition, cultural issues such as the children being unable to speak English, and problems related to a parent’s new partner.

The data presented in Table 3.2 show that families who have serious and complex personal and relationship problems constitute the bulk of the client base for the CCSs. The majority of families presented with a clustering of two or more serious problems (70% of families presented with at least two serious issues). Across all of the centres surveyed only five families presented with no serious issues.

Again the qualitative data derived from interviews with parents and referral agents confirmed this existence of a wide variety of personal and relationship problems for the families attending CCSs. It is to these qualitative findings that we now turn.

3.5 Reasons for referral

This section explores the reasons for a family’s referral to a CCS and in doing so, further examines the characteristics of clients referred to CCSs. This analysis is based on the qualitative data obtained through interviews with the referral agents and parents referred to the CCSs. Referral agents and parents described a variety of reasons for referral to contact services, however, generally these reasons related to the existence of significant problems including domestic violence, child abuse and entrenched parental conflict. The problems were generally considered to be intractable in
Further, the data demonstrated that in some cases, families were referred to CCSs with a multitude of problems.

### 3.5.1 Domestic violence/risk of domestic violence

Violent behaviour was nominated by referral agents as a ‘touchstone’ of many of the cases requiring supervision of contact or changeover. Domestic violence or allegations of domestic violence were common reasons identified by referral agents for the referral of cases to CCSs, and were also identified by parents in a number of cases as a reason for their use of the service.

In a manner similar to many referral agents, one solicitor indicated that the cases referred to CCSs were characterised by:

> ...either family violence or a combination of family violence, child abuse, sexual abuse, controlling behaviour, all of those kinds of things.

The occurrence of violence at changeover was often nominated by referral agents as a specific reason for referring clients to CCSs, and indeed part of “the impetus for the centres was concern about exposing women to violence at changeovers and that remains a very good reason for (using) them”. Supervision of the contact changeover was also seen by referral agents to be a useful mechanism to prevent children from witnessing violence or other abusive behaviour at changeover. For example, one counsellor stated that she referred Ms D, a parent who participated in this study, to the CCS as a result of abusive, threatening and belittling behaviour that she suffered at the hands of the contact parent at contact changeover, in the presence of the child. She reported that the contact parent “just takes the opportunity, as soon as he gets out of the car to start slagging off at her”. The CCS was regarded by referral agents as providing a protective buffer between parents and ensured that this sort of behaviour at changeover was not occurring in front of the child.

Specifically in relation to supervised contact, one federal magistrate stated that the reasoning behind referral of a matter to a CCS was to:

> ...avert the risk of harm to the child or…to a carer or parent. In each case I think contact centres provide a valuable service and I would prefer to…make an order for supervised contact, where there was that sort of risk, than suspend or discharge a contact order.

### 3.5.2 Entrenched parental conflict and inability to communicate

Children witnessing high conflict between parents at changeover, and situations where parents were unable or unwilling to communicate, were commonly nominated by referral agents and parents as

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131 Transcript 173, paras 217 to 221; Transcript 271, para 237; Transcript 259, para 61.
132 Transcript 272, para 61; Transcript 269, para 313; Transcript 264, para 390, Transcript 270 para 89.
133 For example: Transcript 263, paras 261 and 389; Transcript 262, para 49; Transcript 272, para 279; Transcript 269, para 313; Transcript 264, para 390; Transcript 270, para 89; Transcript 278, paras 265 and 269.
134 Transcript 113, para 39; Transcript 135, paras 64 to 67; Transcript 212; paras 26 and 56; Transcript 124, para 25; Transcript 112, para 107; Transcript 127, paras 107 to 117, Transcript 218, para 94.
135 Transcript 263, para 167.
136 For example: Transcript 272, para 279.
137 Transcript 272, para 279.
138 Transcript 263, paras 415 to 417.
139 Transcript 247, paras 224 to 234.
140 Transcript 247, para 227.
141 Transcript 270, para 75.
reasons for employing the services of a CCS. Referral agents and parents considered that CCSs operated as a ‘buffer’ between parents in circumstances where conflict was entrenched with the aim that “parents who don’t want to have anything to do with each other…don’t have to”.  

As some residence parents explained:

…when the court process was going on, I had a lot of trouble dropping [the child] off at her dad’s place. Verbal abuse and I didn’t like that because I was going home an emotional wreck. And friends had told me, “Because you’re such a wreck, why don’t you do this?”

I never imagined myself who had a sort of very middle-class upbringing, using a service like this. I just thought that this would be for people whose husbands were alcoholics or druggies, you know, that kind of thing. So I guess I had my reservations. I didn’t particularly want to do that but some of the things that my ex had said in front of the children, I just knew that the time had come to do something.

Contact parents also considered that CCSs offered a way of ensuring that the changeover took place in a smooth fashion where conflict and frustration was minimised. As one residence parent stated:

...to go to a contact service alleviated the pressure of me having to deal with [my former partner] and [my former partner] having to deal with me, especially after that period of time. Even though we had the cool off, we were still frustrated with each other.

High conflict that was intractable or long term in nature, was nominated by referral agents as a common characteristic of service clients. One solicitor identified the high-conflict aspect of cases as the feature that sets these cases aside from other contact cases:

I mean that’s the absolute case for changeovers. There is no other reason for changeover.

Referral agents felt that it was much better for these “difficult and argumentative” parents to make use of CCSs in these circumstances rather than “slog(ging) it out in front of the children every time”.

High-conflict cases referred to CCSs were generally considered to be the hard-core cases. One referral agent felt that these cases were such that the “history between the couple [was] so severe” and unlikely to be improved; however, the CCS remained a safe method by which children could maintain contact with their contact parents. Some referral agents considered that these cases could fall into the category of changeovers that would remain supervised indefinitely, and this was properly so given the deeply entrenched nature of the conflict.

142 Transcript 264, para 71; Transcript 272, para 59; Transcript 267, para 463; Transcript 269, para 313; Transcript 262, paras 230 and 258; Transcript 280, paras 215 and 225; Transcript 271, para 63; Transcript 254, para 63.
143 Transcript 264, para 71; Transcript 217, paras 18 to 20, 82; Transcript 225, para 19; Transcript 227, para 23.
144 Transcript 225, para 19.
145 Transcript 217, para 82.
146 Transcript 226, paras 21 to 27; Transcript 111, paras 43 to 45; Transcript 127, para 53; Transcript 223, para 31.
147 Transcript 111, para 45.
148 Transcript 269, para 313; Transcript 270, para 356.
149 Transcript 260, para 356.
150 Transcript 244, para 353.
151 Transcript 252, para 348.
152 Transcript 247, para 338.
153 Transcript 259, para 311.
3.5.3 Child abuse/risk of child abuse

Allegations of abuse, substantiated or otherwise, were commonly suggested by referral agents as being a feature of those families where contact was supervised.154

Some residence parents interviewed also nominated child abuse as the reason they had sought supervision of contact, and some contact parents interviewed stated that such allegations had been made against them leading to the use of the CCS for supervised contact in their case.155

One residence parent stated:

…the court [ordered] that my ex-husband would have contact with the children down at the contact centre. This was because his mother and other family members…knew that the abuse was going on, and so they weren’t able to be reliable to supervise any access.156

Some referral agents indicated that in cases concerning abuse, including but not limited to sexual abuse, it was important to employ the independent and professional services of a CCS to provide the necessary supervision, as opposed to involving family members or friends, as the latter were considered to be less vigilant, they may feel aligned with the contact parent or may not accept the possibility of the allegations.157 One referral agent stated that there would be significant reservations about utilising the services of a third party known to one of the parties in abuse cases “because of the perception that they might be, if not biased, then become biased or susceptible to one party’s view in preference to another”.158

Some referral agents also recognised that residence parents would be more comfortable with a skilled professional supervising and that a contact parent denying allegations would also often be more comfortable with a non-partisan supervisor whose evidence would hold significant weight.159

A number of characteristics emerged from the data specifically relating to cases involving child abuse or allegations of such abuse. First, allegations of abuse were difficult to assess. Second, in some circumstances involving abuse or allegations of abuse, unsafe contact arrangements were being made.

In relation to this first characteristic, one federal magistrate indicated that he preferred to “err on the side of caution as far as child abuse was concerned”, and order supervision even though he recognised that “a lot of abuse allegations were totally incapable of substantiation”.160

Particular difficulties were experienced at the interim stage in abuse cases, as described by one Family Court judge:

And in many ways that risk is difficult to assess, at the level at which you sit in court, often in an interlocutory level, when you’ve only got affidavits there and a few reports. And the litigants are sitting in there and you can make no assessment in that sort of environment. There are allegations of sexual abuse. Sometimes I can read just

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154 For example: Transcript 269, para 313; Transcript 278, para 263; Transcript 275, para 158; Transcript 255, para 319; Transcript 252, para 101; Transcript 263, para 167; Transcript 262, para 49; Transcript 272, para 279.
155 Transcript 211, para 19; Transcript 222, para 111; Transcript 227, para 23; Transcript 113, paras 23 to 25; Transcript 130, paras 27 and 35; Transcript 127, para 31; Transcript 234, paras 205 to 209; Transcript 235, paras 91 to 95; Transcript 241, para 21.
156 Transcript 130, para 27.
157 Transcript 244, paras 39 to 43; Transcript 247, para 254, Transcript para 61.
158 Transcript 250, para 47.
159 Transcript 275, paras 105 to 105, 116, 125 to 141; Transcript 275, para 377; Transcript 250, para 47.
160 Transcript 270, para 91.
on the face of them that they’re just plain fanciful. On the other hand some of them are plainly real…. Then you have the in-betweens and you just simply don’t know. And it’s obvious that you’ve got to work in an environment of taking no risk, so you end up…on an interlocutory basis, ordering supervised contact.\textsuperscript{161}

I think once you get the sexual abuse, you’ve got to have a contact centre…Until that allegation is heard and determined, whether or not it’s taken place or whether or not there is no unacceptable risk.\textsuperscript{162}

A solicitor who had previously undertaken a significant amount of child representative work raised the difficulty in assessing the potential risk to children where there had been allegations of abuse. She referred to a particular case where initially, when she and her barrister viewed the interview conducted by police with the child in regard to allegations of abuse, they were not convinced. However, on their second viewing, perhaps in the light of the court material filed after the initial viewing, they did consider that the child had been abused.\textsuperscript{163} The family report writer considered that although there were indicators towards such abuse, she remained unsure, and instead “recommended that the contact parent should only have very limited supervised contact, but not because of the sexual abuse allegations, because of all these other factors” which is what ultimately occurred.\textsuperscript{164}

This solicitor explained that unfortunately, this is the very nature of sexual abuse cases – very rarely is there a finding. Flowing on from this, and in relation to the second characteristic of cases involving child abuse, this reality creates significant dilemmas in terms of determining an appropriate resolution, and an order for supervised contact is often the result:\textsuperscript{165}

I mean certainly there are cases where it is sort of the too-hard basket mentality…one is that in a sexual abuse case, really there shouldn’t be any contact occurring….I think this happens a lot with inexperienced lawyers: “Oh well…they’re going to get contact eventually so we’ll bung them off to a contact centre”….and I mean that can be absolutely destructive for the child. So I think there’s probably been over the years quite a lot of those, where….there just shouldn’t be any contact occurring at all of any sort, but they’re forced off to a contact centre.\textsuperscript{166}

Unease was expressed by other referral agents that arrangements were being made for contact to take place even where there were grave concerns about the children’s safety, but that at least the contact services offered a safe haven in such circumstances. For example, one solicitor advised that contact services allowed her clients:

...to feel more comfortable, to feel that the kids are safe. Because…it’s virtually impossible to get no contact. Even with serious allegations of sexual abuse it’s really hard to get no contact.\textsuperscript{167}

### 3.5.4 Parental illness or disability

Some referral agents stated that where contact parents suffered from a physical or mental illness or disability, these cases were appropriate for referral to a CCS for supervision and assistance during contact or at least changeover through the service to ensure the parent was in a fit state when collecting the children:\textsuperscript{168}

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\textsuperscript{161} Transcript 261, paras 17 to 21.

\textsuperscript{162} Transcript 261, paras 319 to 323.

\textsuperscript{163} Transcript 275, paras 369 to 475.

\textsuperscript{164} Transcript 275, paras 369 to 475.

\textsuperscript{165} Transcript 275, para 737.

\textsuperscript{166} Transcript 275, para 763 to 766.

\textsuperscript{167} Transcript 263, para 233.

\textsuperscript{168} For example: Transcript 252, paras 275, 101, 423 and 425; Transcript 262, para 103; Transcript 244, paras 95 and 99; Transcript 250, para 85; Transcript 265, para 424.
… contact centres are important for people with disabilities...Somebody...with an intellectual disability or something like that, not even then necessarily from a dysfunctional family, but just somebody who couldn’t enable it [contact] to take place...169

One federal magistrate indicated that:

And a lot of the time it’s because the parent has got some sort of medical problem either a mental medical problem or perhaps a drug problem, or they’re having…In one way or another, they’re having difficulty coping. And so because they’ve got…That tends to mean they’re not doing too well out in the workplace.170

Some residence parents explained that they used the CCS because the contact parent suffered from a disability whereby some level of supervision acted as a safety guard against the risk to the children posed by the illness or disability posed.171

One solicitor described a case where she was acting for a client suffering from an acquired brain injury. He had not had contact with his children for some period of time. She indicated that the residence parent was concerned about the impact of his illness on the children and she alleged that the children were afraid of him.172 The effect of the illness upon the children, together with the conflict taking place at contact changeover, which was exacerbated by the residence parent’s new partner, was such that a contact service was seen by both parties to be the only appropriate place for contact changeover.173

One federal magistrate also discussed some examples at the extreme end of the scale:

If you’ve got someone who’s got a serious and permanent problem, someone who has got a serious psychiatric problem, such that they just can’t cope with the child on their own, well that has to be supervised. There’s that type of case.174

See if you’ve got someone who’s say, disturbed enough to have suicidal tendencies, and…you can’t be satisfied that there’s anybody else who will or can adequately supervise it…well there might be a risk with this person if they have a psychotic episode or whatever and they killed both themselves and the little child, or simply killed themselves while the child is there, and a parent just wouldn’t be able to stop that happening, because something can happen in the blink of an eye almost. Well unless you’ve got a contact centre, there can’t be any contact because the risk is too great….if there is a real risk, to take that example, of suicide with the child there, and risk to the life of the child, well you can’t have a stronger risk than that, a contact centre will be safe, because they will be trained, they will be aware that that’s the problem with that person and they’ll be watching. And if they’re properly trained, they’ll pick up the signs so that if they think that the parent is heading into an unstable condition well then they’ll remove the child. But otherwise there couldn’t be contact. Now that’s an extreme example.175

A referral agent practising as a psychologist noted that:

The more unusual ones are…where perhaps the parent has got some disorder, like a borderline personality disorder, or schizophrenic-type disorder, sometimes where the children will never understand what’s wrong with their parent and they love the parent very dearly, unconditionally, but there is some sort of problem with the parent that they need to be supervised with the children. They’re the more unusual ones. But…thank heavens [for] the contact centre.176

169 Transcript 262, para 103.
170 Transcript 267, para 85.
171 Transcript 236, para 118; Transcript 212, para 56; Transcript 219, para 110.
172 Transcript 264, para 59.
173 Transcript 264, para 61; Transcript 275, paras 125 to 141.
174 Transcript 267, para 429.
175 Transcript 267, paras 537 and 541.
176 Transcript 240, para 191.
One solicitor spoke of a difficult matter where two young children were exercising supervised contact at a CCS:

…the father was quite a bad schizophrenic, and I mean really scarily psycho at times and the boys had quite a frightening experience and it was good that [contact service staff member] had been there. Contact doesn’t take place at all now…it was not the fault of the service and he can appear quite normal and it’s not until he gets going that it’s apparent. He suddenly starts on about things…that was a case where, even though it sounds like there was an incident at the contact centre, I think it’s really more a case of the contact centre working really well.177

CCSs were regarded by some referral agents as providing a longer-term solution, where the parental illness or disability was permanent.178

3.5.5 Lack of parenting skills

Lack of parenting skills on the part of the contact parent or lack of insight into their role as a parent was also nominated by referral agents as giving rise to a need to use a CCS.179 These services were seen to be able to assist the inexperienced parent because they provided some “structure, support and supervision” that was neutral in nature.180 Residence parents and referral agents noted that contact services could provide assistance where the contact parent had never lived with the child or if the contact parent had little confidence or experience in looking after young children, and it was not appropriate or workable for the residence parent or other relative to supervise.181

Often the residence parent:

……just needs reassurance, if the contact parent doesn’t have many skills, if the child doesn’t really know the parent and needs to be reintroduced. I mean they’re the core characteristics…They are classic cases.182

One residence parent explained that the CCS assisted to stabilise contact arrangements in circumstances where her former spouse was unreliable:

……my solicitor mentioned…that we [could] go through the contact centre because that means that he’s here on time, he never lets the kids down and there’s no awkwardness anymore. And the kids can say goodbye to me and off they trot.183

One solicitor reiterated that CCSs played a very important role in facilitating contact in situations where the children concerned were under 12 months of age and the contact parent has had “no real hands-on parenting (experience)”.184 This solicitor anticipated that after a period of approximately 12 months exercising contact at the service, “it might be that Dad now has the skills in changing nappies and feeding and those sorts of things and we move out of the contact centre”.185

Another solicitor gave an example:
There might be a very young child, young baby or toddler, and there’s not a lot of confidence in Dad’s ability…those ones tend to be, they need to use the service for a lot longer…Its more reassuring Mum that Dad can cope, and that’s a strange one in itself, because it’s hard for that to happen because they don’t actually see the interaction of Dad with the child. And they don’t even see it at the changeover point. And the workers in those cases quite often develop a better rapport with Dad than with Mum, because Mum’s just dropping the child off and maybe is anxious herself and the baby’s a bit flustered, or whatever the reason, and then they spend a couple of hours with Dad and they see Dad doing things and they tend to develop a bit more of a relationship with Dad and you really sometimes see that in the reports that come out.186

### 3.5.6 The impact of substance abuse

In situations where a contact parent has a problem with substance abuse, referral agents and residence parents both considered that CCSs could act as a protective safeguard for the children, as staff could stop contact if, for example, the contact parent arrived to exercise contact or collect a child for contact in a drunken or drug-affected state.187

Referral agents also noted that in referring clients to CCSs they were intending that the service would ensure the safety of the children during contact, including stopping or preventing the visit if the contact parent was affected by drugs or alcohol.188

And if there’s a concern about drug use then you can say to your client, “Well [contact centre] is going to make an assessment about whether or not he’s drugged out of his brain or not” so they’re not going to let it happen if he turns up there, or she turns up there, drugged out of their brain or having a psychotic episode.189

Some referral agents spoke of some difficult cases facilitated by CCSs in the context of a parent’s drug and alcohol addiction.

One solicitor spoke of a case that had been referred to a CCS, in which she was acting for the maternal aunt who had residence of the children. There were allegations in that case that the contact parent had engaged in drug abuse and attempted suicide in front of the children.190 Another legal practitioner described a case where her client, the residence parent, expressed concerns regarding the contact parent exercising unsupervised contact as a result of his heavy marijuana use and behaviour that resulted from his drug use.191 After an initial period of supervision, facilitated by the contact parent’s sister, and a period of no contact, supervision was able to commence at the contact service.192 She explained that the lack of safe supervision and the interruption to contact had been detrimental to the children and the most satisfactory response would have been to use a contact service from the beginning ensuring safety and continuity.193

### 3.5.7 Resistance by residence parents and/or children

Referral agents discussed the importance of CCSs facilitating contact where the child or residence parent was resistant to contact, and this resistance was not considered to be consistent with the

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186 Transcript 244, para 77.
187 Transcript 243, para 95; Transcript 264, para 224; Transcript 212, para 56; Transcript 132, paras 640 to 646; Transcript 252, paras 101 and 275; Transcript 269, para 313; Transcript 264, para 418; Transcript 247, para 378.
188 Transcript 255, para 319; Transcript 259, para 340; Transcript 243, para 53.
189 Transcript 252, para 275.
190 Transcript 253, paras 73 to 77.
191 Transcript 244, paras 377 to 379.
192 Transcript 244, paras 377 to 379.
193 Transcript 244, paras 377 to 379.
child’s best interests. In such cases, CCSs were viewed as helping to reassure residence parents and children that contact will be safe.

One federal magistrate explained that where the residence parent:

…is apprehensive about contact taking place, and that’s relevant to the welfare of the child because they’re the primary carer, so if the primary carer is apprehensive then it can affect the child. So yes, a period of supervised contact, at the contact centre, that works well, the resident parent’s apprehension lessens, and it moves on.

Whilst readily recognising that residence parents had genuine concerns in regard to wanting safe and enjoyable contact for their children, some referral agents also noted however that there were also residence parents that could be recalcitrant in nature. As another solicitor explained:

…Mum and the grandparents were actively involved in parental alienation and the only way that my bloke was going to have any meaningful contact, was if the contact…changeover occurred at [contact centre].

One federal magistrate described a particularly severe case of resistance to contact on the part of the residence parent:

The strong suspicion was that the mother was well and truly sabotaging but the children had gotten to the stage where the family doctrine was: the sun rises in the east and your father abuses you. They were just brought up on that and even though there was clear proof in respect of one of the children that it had never happened, it was impossible! Even she was so convinced that her father posed this threat to her that contact, even at the contact centre was just a disaster and eventually we just gave up.

One Family Court judge described a similar facts scenario where the residence parent’s allegations grew as the proceedings progressed, until they were at the point of being ‘utterly fanciful’ and deemed by the psychologist to be a ‘false positive allegation’- that is, the child believed that he had been abused as alleged although he had not. Initially, contact was ordered to take place at the contact service, however, ultimately the contact father gained residence because the mother became fixated on the alleged abuse and there was nothing that could be done to alter her view that there had been sexual abuse.

It was suggested by referral agents that in cases like this, CCSs could assist by providing valuable feedback, as staff could identify when children were genuinely resistant to contact taking place. However, contrasting views were also expressed both regarding the ability of CCS staff to control situations of residence parent manipulation. One referral agent mentioned that they had experienced a situation where the residence parent was overtly pressuring and manipulating the child at the CCS regarding their wishes to participate in contact, and that this went seemingly unnoticed by the staff.

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194 Transcript 276, paras 67 and 233; Transcript 276, paras 69, 127 to 129; Transcript 280, paras 189 and 207; Transcript 250, paras 81 and 283; Transcript 244, para 357; Transcript 245, para 275; Transcript 277, para 175; Transcript 249, para 98 to 102; Transcript 260, para 72.
195 Transcript 267, para 345.
196 Transcript 252, para 117.
197 Transcript 270, para 321.
198 Transcript 261, paras 239 to 247.
199 Transcript 240, para 27.
200 Transcript 255, paras 197 to 213.
One referral agent noted however, that parental alienation was a commonly run argument in the Family Court, labelling women as ‘no contact mothers’ when allegations of physical or sexual abuse were made as a justification for the prevention of contact.201

Some residence parents also referred to resistance expressed by children to contact as a reason for accessing the CCS:202

…there were many times when he left, went forever, was involved with another person and it was just the children and myself, and he would come back for a short period of time, then he’d go again…He didn’t feature strongly…in the kids lives. In the end it became fairly uncomfortable for them where they were very voluntarily sort of just coming out with things like: “Oh I wish he’d just go away. Why doesn’t he just leave us alone? Can’t you get rid of him?” …that sort of thing that really was starting to cause problems. 203

One residence parent described the changeovers for her daughter before using the CCS:

As soon as he’d come to pick her up, she’d hide under the table, she’d vomit, and she was a projectile vomiter anyway, but she’d vomit and I’d have to clean her up and she’d be kicking and screaming as he’s trying to get her off me. I’d try to put her in the car and she wouldn’t let me go and I’d be like, “You’ll be okay darling. Bye.” And she’d go and I’d be a blithering mess for the whole weekend. I did nothing but cry.204

One solicitor highlighted that there were many genuine circumstances of child resistance and that ‘force feeding’ of contact could be extremely detrimental – she spoke of children suffering eczema, rashes, vomiting “just at the thought of having to go to contact”.205

Sometimes there appeared to be no obvious reason why the children did not wish to have contact, “yet these kids walk into a room, look at their father and totally freak out and make a run for it”.206

3.5.8 Risk of abduction

Some referral agents and residence parents reported that CCSs could be used to protect children from possible abduction whilst on contact visits, where such threats had been made, or where there was a perceived risk of abduction.207

One residence parent explained:

…my solicitor…suggested it. I’d never heard of it. I didn’t know there was such a facility available because I basically wanted the visits to be supervised. I didn’t want them to go off because I was afraid that [the child] would be taken and that would be it.208

The risk of a contact parent ‘doing a runner’ with the child was listed by a referral agent as one of the most important reasons for referring a case to a CCS.209


202 Transcript 218, para 82 to 88; Transcript 227, para 52; Transcript 135, para 97.

203 Transcript 135, para 97.

204 Transcript 227, para 52.

205 Transcript 251, paras 502 to 504

206 Transcript 259, para 271.

207 Transcript 263, Para 401; Transcript 247 Para 226; Transcript 240, Para 83; Transcript 252, Para 101; Transcript 259, Para 331; Transcript 216, Para 82, Transcript 110, Para 49-59; Transcript 113, Para 61; Transcript 114, Para 37.

208 Transcript 114, para 37.

209 Transcript 252, para 101.
3.5.9 Establishing or re-establishing a relationship with the child

Supervised contact or changeover cases were often preceded by a long break in contact before referral to the service. Referral agents recognised that residence parents needed some reassurance with regard to the reintroduction process and CCSs were seen as being able to provide this reassurance. CCSs were seen to promote trust between the parents,\(^\text{210}\) and enable a relationship between the contact parent and the child to be established or developed.\(^\text{211}\)

It was suggested by referral agents that where the contact parent had recently been released from prison\(^\text{212}\), or lived out of town and so could only exercise contact on an occasional basis, that the CCS could make the introduction to the child easier.\(^\text{213}\)

Consistent with referral agents, some contact parents explained that CCSs enabled contact to take place as soon as possible in circumstances where they had not had contact with their children for some time:\(^\text{214}\)

\[ \text{...I'd not seen my son for about eight months and the only way that I could get to see him was to use a contact centre.}^{215} \]

Likewise, some residence parents spoke of the utility of CCSs in situations where the intention was to establish or re-establish contact:\(^\text{216}\)

\[ \text{He was only supervised for the simple reason that I wanted it to because they hadn't had much contact with him for that period of time.}^{217} \]

\[ \text{We were separated for a very lengthy period of time and in the past he has sort of taken off numerous times, overseas, wherever, for long periods of time. I just thought it was another one of those times. He came back from overseas and decided to make a visit to the children, [and] because of the children's attitude and their feelings and their past hurt and that sort of thing, I felt it was wise to seek assistance from the…Family Court, and …the interim orders that were handed down were suggesting the contact service because we didn’t have a very good relationship.}^{218} \]

Some referral agents saw that CCSs provided an opportunity for reintroduction in situations of ‘total estrangement’ through the contact parent’s disappearance or through a refusal of contact by the residence parent.\(^\text{219}\)

One solicitor regarded CCSs as a “circuit breaker…to get contact going again” and she described a case where a service was used to refamiliarise two children, aged twelve and eight years with their contact parent, after an absence of about six to eight months. She described the children in that case

\(^{210}\) Transcript 278, para 263; Transcript 276, paras 67 and 233; Transcript 173 para 177; Transcript 255, para 319; Transcript 244, para 77; Transcript 255, para 47; Transcript 253, para 329; Transcript 244, para 77.

\(^{211}\) Transcript 243, para 155.

\(^{212}\) Transcript 243, para 75.

\(^{213}\) Transcript 244, para 109.

\(^{214}\) Transcript 237, paras 33 to 37; Transcript 228, para 28; Transcript 115, paras 55 to 67; Transcript 134, para 91; Transcript 223, para 148; Transcript 235, paras 57, 75 to 87.

\(^{215}\) Transcript 228, para 28.

\(^{216}\) Transcript 114, paras 37, 58 to 61; Transcript 218, para 94; Transcript 213, para 55; Transcript 220, para 122; Transcript 236, paras 28 to 34, 58; Transcript 110, paras 73 to 79; Transcript 113, para 160; Transcript 135, para 61; Transcript 225, para 75.

\(^{217}\) Transcript 213, para 55.

\(^{218}\) Transcript 135, para 61.

\(^{219}\) Transcript 268, para 489; Transcript 260, para 70-80.
as angry with their father, and the CCS enabled the provision of some “limited and [structured] contact”\(^{220}\).

The use of CCS to introduce children to a parent they have not met before or to reintroduce children to the contact parent after a long absence was, in particular, often mentioned by judicial officers.\(^{221}\) The CCS was seen to provide a safe venue for the relationship to develop. As one judge explained:

> In terms of the ongoing contact, it would largely be cases where there has been very little contact and therefore a slow reintroduction is needed in a safe setting. It would be where it’s a totally untried situation and it might be absolutely fine but you just want it in that protective environment for a little while.\(^{222}\)

In particular, CCSs assisted in the resolution phase of Family Court cases where “after a long absence of contact...[where it was ultimately] found there was absolutely nothing in the allegations and there should be contact”. In these circumstances CCSs enable this reintroduction to take place in “a more secure atmosphere”.\(^{223}\)

It was anticipated that in these cases, a gradual introduction or reintroduction stage could take place in the safe environs of the CCS, and that upon the resolution of the other difficulties, the child would be comfortable and the parent capable of exercising contact outside the CCS.\(^{224}\) Generally supervision in these reintroduction cases was seen as a short-term measure.\(^{225}\)

A solicitor predominantly working as a child representative also suggested that a CCS could be used as an ‘integration facility’ for the purposes of reintroducing the child to his or her extended family, for introducing the child to new family members (for example when the contact parent had repartnered).\(^{226}\) The survey data suggested that CCSs were indeed providing an avenue for many children to meet with their extended family members.

### 3.6 Conclusions

The findings derived from our analysis of the survey and interview data suggest that the vast majority of families referred to CCSs had a complex profile of serious personal and relationship problems. The cases referred to CCSs included families where:

- the conflict between parents was entrenched and they were unable to communicate with one another or control their conflict at changeover;
- there was a history of domestic violence and the children had witnessed this violence, or where there was a significant risk of domestic violence;
- there were allegations that the children had been physically and/or sexually abused by the contact parent;
- the contact parent was intellectually or physically disabled or had a mental illness;
- the contact parent had a drug or alcohol problem;
- the contact parent had limited parenting skills;
- the children were resistant to having contact with the contact parent;

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\(^{220}\) Transcript 260, paras 70 to 80.
\(^{221}\) Transcript 276, para 59; Transcript 173, para 201; Transcript 271, para 171; Transcript 255, para 319.
\(^{222}\) Transcript 276, para 66.
\(^{223}\) Transcript 271, para 383.
\(^{224}\) Transcript 267, para 427; Transcript 268, para 489.
\(^{225}\) Transcript 272, para 247; Transcript 267, para 431.
\(^{226}\) Transcript 243, paras 175 to 177.
• the residence parent was resistant to the child having contact, and in severe cases where there was evidence of ‘parental alienation’;
• there was a perceived risk of child abduction while on contact visits; and
• there was no previous relationship between the contact parent and the child, or where there had been an extended period of time without contact.

These reasons for referral nominated by parents and referral agents closely mirror those personal and relationship problems identified by CCS staff when clients first presented at the CCS. The families using CCSs also appeared to be experiencing significant financial hardship, with large numbers of the service clients dependent on welfare as their main source of income. This was particularly the case for the residence mothers using the service. In short, CCS clientele can be considered a ‘high risk’ group of families, who would have a multitude of other pressing service and support needs, in addition to having to use a contact service.

This profile of CCS clients may have implications for issues raised in subsequent chapters of this report, including:

• the role of CCSs, the various functions that they are expected to fulfil, and the extent to which CCSs can deliver on these expectations;
• the referral process and the ways in which CCS staff experience this process;
• the extent to which children’s best interests are protected by using CCSs; and
• the ability of the CCSs to progress families through their services and onto self-managed contact.
Chapter 4
The Central Role and Important Functions of the Children’s Contact Services

The research conducted by Strategic Partners in 1998 suggests that during the early phase of the Australian Government’s Contact Service Pilot Program, the government, referral agents, CCS staff and parents all endorsed the idea that the central role of the CCSs was to provide a safe environment for children to have contact.227 While this earlier research suggests a consensus amongst the various groups in the system about the role of children’s CCSs, five years on from this evaluation these views may have changed. Since the introduction of the CCS pilot program the number of services funded by the Australian Government has been expanded and the services that were funded in the pilot round have gained experience in service provision. This chapter focuses on current perceptions of the role of the CCSs. It also examines the nature and extent of any difference between the various groups in their understanding of what it is that CCSs do. Knowing more about what CCSs are perceived to be doing is an important first step in the process of understanding how these services operate.

The analysis presented in this chapter is primarily based on qualitative data derived from interviews with Australian Government and industry representatives, referral agents, CCS staff and parents. These informants were asked to identify the central role of the CCSs and to comment on any other important functions of the contact services. The chapter begins by identifying the central role and functions of the CCSs as nominated by the various groups interviewed. From this a number of divergences as well as convergences emerge and are identified and discussed throughout the chapter. The significance of these points of difference and similarity for the operation of the contact services is the focus of the chapter conclusions.

4.1 Contact services enable safe and conflict-free contact to occur in a neutral environment

In the first ever evaluation of Government funded CCSs, conducted in Ontario, the service coordinators identified the primary objective of supervised access services as providing an opportunity for visits between children and non-custodial parents to take place in a safe environment.228 This was also the central objective of the services as identified by the Government ministry funding these services at the time.229

The various groups that were interviewed for the present study endorsed the very same objective of the CCSs. There was little debate amongst the informants about the importance of the following four functions of the CCSs:

- eliminating parental conflict at changeover;
- providing a safe environment for children;
- enabling contact to take place; and
- providing a neutral service.

These four functions appeared to comprise what the informants perceived to be the central role of

227 Strategic Partners, above n 2 at 9-11, 28, 99.
228 Park, Peterson-Badali and Jenkins, above n 37 at 43.
229 Park, Peterson-Badali and Jenkins, above n 37 at 43.
the CCSs. These four functions are echoed in the formal documentation provided to funded services by the Australian Government during the 2000-2001 funding round, and the ACCSA Standards for the Provision of Supervised Contact Services. They also emerged as central themes in the interviews conducted with service clientele and staff for the Strategic Partners evaluation of CCSs. These four functions are examined in detail below.

4.1.1 Eliminating parental conflict

Informants from all groups commented that “stopping conflict between parents” was an important function of the CCSs. The primary reason given for why this particular function was important was that by stopping conflict and violence between parents the services are able to protect children from the harmful effects of witnessing conflict and violence.

One residence mother for example, identified that an important function of the CCS was to protect her children from hearing her being verbally denigrated by their father:

> If I look at it realistically it’s probably the protection of the children, because the children don’t need to be hearing things that [contact parent] says to me. They don’t need to hear that about their mother.

For many residence parents, and some contact parents, this function of the service was considered to extend beyond ‘buffering’ children from verbal abuse between parents. The service was integral to stopping children from witnessing physical violence against the residence parent. Below, a residence mother, who was a victim of physical violence, commented on this important function of the service:

> They’ve been the buffers. No seriously because that’s what this is about. I cannot see my ex and he cannot see me on this regular basis because as I said, there’s so much history, terrible history in the past that these kids saw everything. So to actually have to see him face-to-face on a very regular basis was difficult for us.

Centre staff also emphasised the important function of the CCSs in protecting children from witnessing conflict and violence between their parents:

> Previously, before our service was in existence, [contact changeover] was at the police stations and that was not successful because of the contact between parents. … the children are still exposed if the parents see one another and there’s tensions and accusations start getting thrown. The children are flung between the parents. The children are exposed immediately to that, and that’s the purpose of our service, it is so that the children won’t be exposed to that.

Generally, the referral agents nominating this as the central role of the CCSs expressed the same sentiment. One federal magistrate commented that:

> … it eliminates a possible source of conflict between the parents because they don’t have to meet. And even more than that, it positively keeps them apart, so in circumstances where one parent, or in circumstances where if
these two get close enough to each other, some sort of conflict will break out, whether it’s the fault of one or the fault of the other, or whether it’s the fault of both. Who knows in any situation? So as well as helping the contact, an aid to the contact taking place, it eliminates that possibility of conflict, which is terrible for the children.237

A psychologist who refers families to CCSs conveyed a similar message:

… all I hope that they do is allow the changeover to happen without bloodshed, and, you know, without the bickering and the fighting and that’s all that I would hope that it gives them. And I think if it does that, then it does an excellent service.238

This particular function of the CCSs was also recognised by the Australian Government representatives as important. For example:

We see [contact services] as a very important part of the practical family support system, the family law system. …[Contact services are used] to get the best outcomes for children, because there’s a lot of research about having reduced conflict and ongoing contact with both parents is very positive for the children. So that’s where the support is focused and it is very useful.239

Some residence parents commented that this particular function of the CCSs was of benefit to them as well as to the children. It stopped them from having to see the contact parent. Residence parents also commented that it helped to reduce the intense emotional and physical reactions that they experienced when they came into contact with their ex-spouse/partner. For example:

Just that they make it so easy. Like you come in the back door, they come in, the other parent comes in the front, and the child gets handed over and there’s no, there’s just no stress. There’s nothing.240 (Residence mother)

From my point of view I like to use the service because they [the children] don’t have to see me emotional; they don’t have to see me react to the state he’s in and all that sort of thing. So it’s a smoother transition.241 (Residence mother)

Contact parents also commented that the service functioned to reduce the stress they felt at having to engage with the residence parent:

It’s taken a lot of pressure off me because I didn’t have to kind of work around [residence mother] all the time because she’s so volatile. The ladies here handle all that, they handle all the rubbish from that end and they probably handle my rubbish too. It just takes all the stress out of it. I come, I’m in a good mood because I haven’t got to deal with [residence mother], I see the kids, I take them and we can do our own thing and we’re back and yes. It takes all the stress and pressure out of everything.242 (Contact father)

These various benefits of this particular function of the service to children and parents were summarised by an industry representative as follows:

Well I think we have moved quite a way to saying that you don’t have to be at risk of your life and limb to use these services, that you use these service because conflict is at this time extremely disruptive for your child, primarily, and secondly it could be very disruptive for you and therefore that will have the spill down effect onto your child.243

237 Transcript 267, para 121.
238 Transcript 239, para 88.
239 Transcript 121, para 15.
240 Transcript 225, para 143.
241 Transcript 219, para 156.
242 Transcript 134, para 322.
243 Transcript 230, para 190.
4.1.2 Providing a safe and secure environment for children and parents

Many informants from across all groups identified the provision of a safe and secure environment for contact as an important function of the CCSs. However, different groups appeared to place a different emphasis on who needs to be protected by the service and what they need to be protected from. There was a general consensus that CCSs function to provide a safe and secure environment for children. There was, however, divergence between some of the groups in regards to the function of the CCSs of keeping parents safe.

One Australian Government representative identified the provision of a safe and secure environment for contact as the central function of the government funded contact services:

Well I think basically providing that safe, secure place to allow contact, as a changeover or a supervised visit, to happen. That’s what we fund them for.  

This ‘safety’ aspect of the service was not limited to ensuring children’s physical safety. The services are charged with protecting the children emotionally as well as physically explains one service coordinator:

So we’re looking at going beyond straight supervision where we’re keeping children safe, stopping people from hurting children in the physical sense and we’re trying to make them feel emotionally safe for the children to have the contact as well.

A solicitor who had dealt with court ordered referrals to CCSs on a number of occasions, doubted the capacity of the service to protect children emotionally and saw the most important function of the service to be that of keeping children safe from physical forms of abuse. She identified the most important function of the CCSs as:

To provide for safety of the children. Safety from violence. I mean I don’t think a supervised contact service anywhere can safeguard them necessarily from the emotional abuse. You’ve got to have a pretty specialist child psychologist I would imagine to be able to see first of all that some emotional abuse is occurring or it’s affecting the child negatively. You might not even know that, so I think it is to protect them from particular violence. And often it is emotional violence, but it can’t protect from them all [forms of abuse].

The ‘safety’ function of the CCSs was primarily reported by the respondents in terms of providing a safe and secure environment for the children to have contact. For one coordinator it was not the place of the service to be concerned about what was happening outside the centre.

I mean the families will come sometimes with a huge history of violence and I just say. “We will treat people exactly as we find them. We have set our criteria in place and as long as you stick to the rules that we’ve got here, we’re not interested in what happens out there. We’re not going to be there. That’s none of our business”. So that man may be beating people up left, right and centre out there, but when he comes in here, we treat him with respect and we expect him to do the same for us. And as I say, as long as the children are happy, then that’s all we’re concerned about.”

Compared with the other groups, the CCS staff rarely nominated keeping parents safe as an important function of the contact service.

In contrast, many of the residence parents interviewed articulated that the service functioned to protect both themselves and their children from an abusive contact parent. Some of the contact

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244 Transcript 120, para 214.
245 Transcript 102, para 87.
246 Transcript 253, para 169.
247 Transcript 117, paras 507 to 509.
parents also considered that an important function of the contact service was to provide a safe environment for the residence parent.

… no matter how strained the relationship is with parents, there’s no fear. If I was violent and [residence parent] was scared of me, she doesn’t have to fear. She’s got the ability to bring the girls here, drop the girls off, that I can’t attack her, and that she can drop them off and get away and the get the girls and go again and fifteen minutes later I go and she’s fifteen minutes gone. She could be anywhere. So the ability to have the service the way it operates is tremendous.248 (Contact father)

In one case it was the contact parent who had a domestic violence order to protect her from the residence parent. She commented that the service functioned to protect her from violence:

So this place, to me, is really a safe haven for me. I know that the girls [service staff] aren’t going to let him get anywhere near me and I know that he’s not supposed to be on the property when I’m here, which unfortunately doesn’t happen because of the fact that he continually turns up late and of course I’m already here, waiting, because every time he’s late, that’s less time I get with my kids.249

This particular mother began using the service for supervised contact as a residence parent. A final order by the Family Court changed her status to the contact parent and she now uses the CCS for changeovers. The volunteer coordinator of the service was sympathetic to this mother’s plight and allowed her to remain inside the building for changeovers, as she had done when she was the residence parent. As her comments below reveal, this put her at considerable risk of harm by the residence father because it meant that both parents were in the centre building at the same time:

So have you actually been here in the building when he’s dropped the kids off?
When [coordinator] was in charge, she used to allow me to sit out on the front deck there, because he didn’t go out there. He’d sort of come into that room there and sign his paperwork and do what he had to do and say goodbye to the kids. The kids always knew Mum was sitting out there.

But he didn’t know you were sitting out there?
He didn’t know I was out there, but the thing was, he wouldn’t just walk in and drop the kids off and sign, he’d walk in and he’d start chatting about this, that and the other and I’d be sitting there for another ten, fifteen minutes, just waiting and waiting. … Since [coordinator] has left, the girls allow me to come in, do my paperwork, pay my money, get my receipt. The minute we hear him or the children in the backyard, I then get locked out of the building. At the front.

Which would you prefer?
I feel safer with being locked out of the building… 250

Not surprisingly, very few of the contact parents interviewed commented that the CCSs function to keep their children safe during contact visits. One contact parent did, however, comment on the extent to which the service functions to keep his children safe from harm:

[It is] for kids’ safety and that, it’s great because you really can’t do nothing because you’re sort of on the spot. You do feel funny after a while but then after probably three visits you don’t give a shit sort of. You just see the game and you play it.251

Another contact parent interviewed described the function of the service as one of keeping him safe from unfounded allegations of domestic violence and child abuse.252

248 Transcript 238, para 129.
249 Transcript 126, para 259.
250 Transcript 126, para 264-280.
251 Transcript 241, para 123.
252 Transcript 235, paras 307 to 311
A referral agent summarised the three aspects of ‘safety and security’ that the services provide to parents and children. He made it clear that ensuring that the child is safe was the priority of the three:

No, the central role has got to be the child’s personal security. I don’t think there’s any question about that. If you had to prioritise then that’s got to be the main priority. … at the end, the final determination, usually we are trying to engender a sense of security in the child about contact, security in the resident parent that the child is going to be okay, and the security of the contact parent that they’re not going to be exposed to allegations of bad behaviour.253 (Judge)

4.1.3 Enabling contact to take place

While some respondents from all groups commented that the central role of the CCSs is to enable contact to take place in circumstances where it would not otherwise occur, there was significant diversity between the groups and amongst the informants within each group in the extent to which they endorsed this as the central function of the CCSs.

Of all the groups, the residence parents were the least likely to comment that the CCSs function to enable contact to take place. For many residence parents the central role of the CCS was to provide a safe and secure environment for them and their children. Only two residence parents explicitly identified contact taking place as an important function of the CCS. One of these two parents commented:

Well it ensures that the children do get to see their dad, which I feel is the most important aspect of their lives. Always have done. I never dreamt that I’d be in the situation that we’re all now in but even with other children, parent separations and things, I always say, “Well I think they need to see their dad, don’t you?” And I’m not an expert but I know I would have liked to have seen my father if my parents separated when I was ten. Which I wish they had. You know, in hindsight I still would have visited my dad. Regardless.254 (Residence mother)

Compared with the other groups interviewed, the contact parents were most likely to comment that enabling contact to take place was the central role of the CCSs. For many contact parents, using the service was identified as the only way that they could see their children. As one contact father lamented:

It keeps contact with your family, because otherwise if I didn’t have here, I’d have nothing. Because that was the orders my ex-wife put in and she wanted a no contact order because I was such a predator, even though nothing was ever taken any further. And I said “Well let’s get this, let’s go to every court, let’s do whatever.” And then they came up with this thing.

So in essence the contact service allows you to keep your relationship with your kids?

Keep in contact. Very limited but you still have something.255

Other contact parents described this as an important function of the service in terms of ensuring that the “child’s right to contact” was preserved, no matter how badly the father may have behaved in the past. One father commented that the most important thing that the services did was to:

… maintain the child’s right to know his parent. You know, because otherwise without the child’s fault at all, the parent is someone who might refuse access, right? And unless you employ this secondary thing [contact] cannot take place. There’s absolutely nothing because there’s a court order that says if you go there, you’re going to get arrested. This is bad. You can’t do that. And why should the child suffer that thing just because, like, say Dad is an arsehole, but Dad’s an alleged arsehole, that’s not really the kid’s fault. [The child] has got to be insulated

253 Transcript 272, paras 119 and 215.
254 Transcript 220, para 211.
255 Transcript 131, paras 409 to 413.
from it, granted, by either teaching the dad to be a better dad or establishing if the dad is a good dad or a bad dad. And understandably from the court’s perspective, they’ve got to do something.  

The CCS staff also identified that an important function of the service was to enable children to have contact with a parent that would not otherwise occur. One coordinator commented that:

For me, the most important role I see is for children to have contact with the visiting parent. That’s critical.

Relatively few service staff identified ‘enabling children to see the contact parent’ as the central function of the CCSs. Generally, the role articulated by the staff was far more complex with the role of services as providing a safe and secure environment for children more readily endorsed by the staff as the central function of the CCSs.

Service staff who spoke about the provision of a safe environment and those who spoke about ensuring that contact takes place generally did so in terms of ensuring that the child’s right to see their contact parent was protected. For example:

Overall, thinking the children have the right to know their parents and to have contact with them. That’s the bottom line. It’s not the parents’ rights, although they have rights as well, but we are providing a service to the kids.

Some staff articulated that this approach was not about using the CCSs to enforce contact, rather the function of the CCS was seen as “facilitating the development of the contact parent-child relationship” under conditions that are conducive to safe and enjoyable contact for children. If these conditions are not met the CCS can and will stop the contact from going ahead:

… In the worst case scenario we have the child’s best interests at heart because we’re not taking sides, we’re not, so we can stop something from happening because we don’t think it’s appropriate and we understand the other parent might feel they have to control the situation but in terms of what’s best for the child, we actually get the final say. It gets sad for the parent. They would not understand our role necessarily, or they don’t like to think that we can do that but we do get to make those decisions if something is distressing the child. (coordinator)

Other staff described this approach of ‘facilitating contact’ as opposed to ‘enforcing contact’ as a source of disagreement between the CCSs and referral agents:

So that’s an area where I think we probably don’t meet stakeholder referrals [expectations] because when the court say to us: “Well here, we know this child’s got a history [of being abused] but we will want you to do it”, and trying to work with that … Should we? … Why are [services] trying to formulate exclusion policies or policies around letting [these cases] in. … Contact services can be a dumping ground. All right nothing else has worked, they can go to the contact service. The in-law’s supervision has broken down, there’s allegations about this or that, the child’s refused [contact]. Put it to the contact service and they’ll fix it up. (Coordinator)

In contrast to the CCS staff, as a group the referral agents appeared more united in their views on the function of CCSs as ‘enabling contact’ to occur. For many referral agents enabling contact to occur was nominated as the central role of the CCSs. For example:

The contact centre is seen as the opportunity to see their child and that’s all it should be. (solicitor)

[It is] A mechanism to maintain contact. Absolutely. I’m seeing kids in my clinical practice who five, ten, fifteen, twenty years later are having significant problems and their parents’ separation is the significant event in

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256 Transcript 234, para 193.
257 Transcript 202, para 145.
258 Transcript 117, para 499.
259 Transcript 105, para 1249.
260 Transcript 200, paras 584 to 586.
261 Transcript 263, para 245.
their lives. And those children who’ve managed to keep a relationship with their parents, even a tenuous one, do better than those who don’t, as a rule.262 (psychologist)

Australian Government and industry representatives were also clear in specifying this particular function of the CCSs as their central role. For example:

It’s enabling children to maintain or re-establish contact with both parents. Really we’re looking at the outcomes for the children. If that reduces, well it’s an outcome for the child if it reduces conflict in its parents but basically it’s so the child can maintain or re-establish and then maintain this relationship. … I think that is the central role for the contact services, and I’d like to see that remembered as the focus, that it’s the focus on the child, rather than on the parent’s conflict. … their core business is providing contact, either supervised or handover opportunities for the families and we want that to continue as their core business and that’s their greatest value. 263 (Government representative)

They are just a contact centre. … Their role is simply to provide the contact between the child and the non-residential parent. 264 (Industry representative)

4.1.4 Service staff neutrality

Of the four functions that comprise the central role of the CCSs at 4.1 ‘service neutrality’ was least often discussed as the central role of the contact service. It was, however, identified by all groups as an important function of the CCS with the referral agents nominating service neutrality and the provision of independent reports as a central role of the CCSs more often than any other group. A service was considered to be neutral when, irrespective of the circumstances that brought the family to the service, the staff treated both parents in the same way, and treated both parents well. For some respondents this notion of ‘neutrality’ and the term ‘independence’ were used interchangeably. For example, when asked to identify the central role of the CCSs one solicitor commented:

Independence. Independence in that they’re not favouring either sex, or party. A lot of people, particularly men I suppose, have a preconceived idea that the courts slant towards mums and I think contact centres are beaut, ours in particular, because it really is an independent thing, separate from the court, and I think independence and support to both parties, and of course the children, that’s the primary consideration, it’s the most important thing. 265

Respondents from the other groups also commented on ‘neutrality’ as an important function of the CCSs:

They [children’s contact services] were going to be completely, if you like, neutral in as much as they weren’t going to judge anything or anybody. They weren’t going to educate because that wasn’t their job and all they were going to really provide was safety, and safety came in the form of, you know, stand-by security guards in some places. 266 (Industry representative)

We have to treat the family from the child’s point of view as if the allegations are true and from the father’s point of view, there’s never been any allegations of sexual abuse against a mother but from the father’s point of view as if they’re not true because you don’t know. They haven’t been proven. … That’s the aim of this contact centre, to be a neutral meeting ground, not to take sides, at least as much as possible, not to take sides. 267 (Coordinator)

262 Transcript 254, para 109.
263 Transcript 121, paras 552, 300, 101 and 17.
264 Transcript 108, para 226.
265 Transcript 246, para 123.
266 Transcript 120, para 120.
267 Transcript 100, paras 65 and 179.
I know there’s someone there that can be trusted, that doesn’t dislike me intensely, you know, doesn’t feel either way about me so therefore it’s unbiased how they treat my children.268 (Residence mother)

I think because in my situation, I was portrayed to be such a horrible person, that they were able to see for themselves what I was really like and like they’d listen to everything I said to the children and they listened to everything the children said to me. So they were able to make their own decision, without having to listen to what a judge, who didn’t know me at all, had to say.269 (Contact mother)

The perceived neutrality (or independence) of service staff was considered by some residence parents to be a factor in enabling staff to intervene during a contact visit and control a contact parent’s inappropriate behaviour without the contact parent becoming upset and angry.270 This ‘neutrality’ on the part of service staff can make the information that they provide to the court an important resource for parents and the judiciary:

One party will not like the other party having the supervisor being a member of the family because of bias, prejudice, being one-sided, matters such as that so you end up with the contact centre. … The epicentre of their task is independence and you move from there to other subsidiary levels of comfort, facilitation, observation, and reporting. I’ve come across a report from a contact centre, I think it was [contact centre]. I found it to be most impressive. And terribly significant but oddly enough it was hardly used by the lawyers. They just saw it as someone’s observations at the contact centre and I found it to be very significant, and very professional too. And it didn’t just fall out of the sky. I mean obviously someone has taken the bother to make the notes. … And I was most impressed with the report that I got. It was reasonably lengthy; it was neutral.271 (Family Court judge)

I was accused of sexually assaulting my child, right? And it sort of helped my case to have someone there who is completely independent and can put an affidavit in that’s neutral, that nothing has occurred, because she’s [the supervisor] got no loyalty to me, she’s got no loyalty to my partner.272 (Contact father)

For further details on CCS reports as a resource for the court refer to 6.2.2.

The staff themselves did not identify report writing and the provision of information on contact visits as the central role of the service, nor did they identify this as an important function of the service. Some staff did, however, comment that they spent a considerable amount of their time preparing reports and providing information about contact visits to clients and their solicitors, and the courts. Findings from the client survey also suggested this to be the case. In 24% of the cases surveyed staff were asked by the client, his or her solicitor or the child representative on the case to write a report on the family’s contact visits. In 16% of the cases surveyed a court subpoenaed the family’s file and/or the staff involved in the visits.

Report writing for clients, legal practitioners and the courts, while not resourced or formally recognised as a role of the CCSs, was particularly time consuming for staff. Moreover, parents were not always willing or able to pay for the provision of reports.

Clients can be very demanding in that way. They seem to think that we’re there to satisfy their needs to have materials for court and they can make quite inordinate demands on our time by wanting lists of dates they attended or didn’t attended, but don’t expect to be paying anything for the preparation time.273 (Coordinator)

Services are saying it. It’s not our role to do reports. We don’t have money to do reports. … And the role is partly defined by how much money is available … 274 (Industry representative)
While staff were perceived to be neutral in relation to their dealings with the parents, they were not neutral towards the children. Many of the staff interviewed expressed a strong loyalty to the children and prioritised the children’s needs above those of the parents. This position taken by service staff was never more clearly expressed than when staff acted to terminate a contact visit:

If, during a visit, a child is really distressed, we will consider terminating the visit because it’s not in the best interests of the child. And that’s our primary role, to act in the best interests of the child.275 (Coordinator)

4.2 Contact services repair and develop the parent-child relationship

The repair and development of the contact parent-child relationship was identified by many parents and staff as an important function of the CCSs. However, it was rarely stated as the central role of the contact service, although respondents from all groups identified it as a function of the CCSs.

As discussed above, ‘enabling contact to occur’ was identified as a central role of the CCSs. This assumes that clients need only use the service to ‘re-establish and maintain’ an already functioning contact parent-child relationship through regular contact visits.276 As already demonstrated in Chapter 3 at 3.4 this is an overly simplistic view of the relationship dynamics and serious issues that are characteristic of the service clientele. Of the 396 cases surveyed there were no cases where contact needed to be re-established and the family presented with no other serious issues.

Many service staff responded that the role of the service extended beyond simply enabling contact to occur to actively facilitating the repair and development of the contact parent-child relationship. For example:

Well we are looking at allowing contact to continue, to enable relationships to be maintained or in fact develop relationships that may not be already established or not soundly established.277 (Coordinator)

Another coordinator commented that this extension of the role of CCSs to encompass relationship repair and development is not a secondary service provided by the centre and its staff, rather it is an essential function of the CCSs if they are to operate in a way that is ‘child focused’.

We weren’t there to police the contact. We were there to supervise it so the kids would be safe but also, I mean if you’re there in the best interests of the child, then it’s appropriate that you educate the parent because that then makes it a better experience for the child.278

Government and industry representatives did not generally identify the “repair and development of the parent-child relationship” as a central role of the CCSs, with one exception:

… like we had sort of envisaged that with your young parents, that rather than the boy just out of the scene, … that you’d have some agency where he would be able to come and he could look after the child and be with the child and he could do some of the sort of minimal parenting things that aren’t too difficult. That he could learn how to change nappies and how to feed and how to read to a baby.279 (Government representative)

According to this particular Australian Government representative, the services were not originally intended to be an adjunct to the Family Court to assist in the facilitation of contact in ‘high risk’ cases.280 At the time that the pilot program of CCSs was established the services were intended to

275 Transcript 101, para 123.
276 Transcript 121, para 552.
277 Transcript 102, para 87.
278 Transcript 117, para 1047.
279 Transcript 119, para 111.
280 Transcript 119, para 111.
have an educative role, particularly in cases where there was no established relationship between the contact parent and the child.

Some referral agents commented on “relationship repair and development” as being the central role of the CCSs. For example:

So I guess the sort of mission statement, if you like, is that to provide a safe environment so that children can develop a relationship with that parent.281

However, this position was one of two positions that emerged from the interviews with referral agents. Some referral agents supported the therapeutic assistance provided to parents and children by the CCSs while others reported that such a role would jeopardise the CCSs independence and the role of the CCS should be restricted to simply providing a safe environment for contact.

Comments by parents and staff in particular suggested that there were a number of ways in which the services function to repair and develop the contact parent-child relationship. These include:

• controlling a parent’s inappropriate or harmful behaviour;
• staff working with the contact parent to develop their parenting skills; and
• staff encouraging children to feel confident about expressing their own wishes in relation to contact.

These three functions are examined in detail below.

4.2.1 Controlling the contact parent’s behaviour

Some residence parents reported that the service facilitated the development of the contact parent-child relationship by staff controlling the contact parent’s behaviour during supervised visits. This was not, however, identified as a central role of the CCSs by the residence parents.

The key role is to be a buffer between us and also to be an advocate for my daughter too. If they see him front up with her and something’s not done or he’s been slack or he’s just being disrespectful towards all of us, then they sort of are in a position to correct him, as well as give him verbal cues as well, whereas he wouldn’t take it from me.282 (Residence mother)

Another residence parent commented that she:

… could drop the children here, and they would be reintroduced to their dad, but it was all under very stringent control and conditions, in that he couldn’t even whisper to them without something being said or noted or whatever. That was very important because of his aggression and animosity I suppose too. And he’s a very vengeful type of person so that was controlled because as soon as anything was picked up, immediately it was stopped. So that controlled the whole situation whereby that was how the kids could progress too. … He was controlled; the kids were encouraged.283 (Residence mother)

One coordinator commented that too much control exerted by the staff over the contact parent during contact visits could become a problem if it inhibited the development of the contact parent-child relationship. To be overly controlling of a contact parent’s behaviour, she argued, was outside the role of the service.

I think that’s it’s important too, when the child is asking things that you always refer back to the parent because they probably feel: “it’s bad enough to have to be supervised without not getting any say on where we go or what

281 Transcript 275, para 577.
282 Transcript 124, para 363.
283 Transcript 105, paras 349 to 355.
we do with the child”. Like [supervisor] said sometimes they [the children] look to you for something and you go, “Oh I don’t know. What does your dad say?” “What did Dad say?” Always referring, giving that parent respect. Always referring back to them. It’s their role, it’s not our role. We’re there to supervise the general overall thing but they [contact parents] still have some say.284

By expanding the role of the CCSs from simply enabling contact to occur to actively facilitating the repair and development of the contact-parent child relationship, staff must strike a difficult balance between monitoring and controlling the contact parent’s behaviour with the child and allowing the parent to take responsibility for their own parenting while on contact visits.

There were of course some parents for whom this service role was inappropriate and staff were there primarily to ensure that the child was safe while in the company of the contact parent. For example, in the following case the father was charged with the sexual abuse of one of his children. The family was having supervised contact while waiting for the case to be heard in court. In this particular case the coordinator described her role as one of protecting the children. Despite the circumstances of the case she nevertheless attempted to educate the father about his behaviour and the impact that it has had on his children. Below, she described an incident at the contact service where the father attempted to restrain his children (this includes the child who had been abused – that is the abuse was later investigated and substantiated) with a skipping rope during play:

A skipping rope for heaven’s sake! You’re supposed to play with the children. And he said: “what a good idea for a fun game”. He said, “I’m going to tie you up with this rope” and within about 30 seconds he had the children against a tree starting [to tie them up] and the worker said: “No, we don’t think that that’s really appropriate” and he said: “No, of course it’s good fun. Then they can see if they can get out”. [The worker said:] “No, what we’re saying here is that it is legitimising in a fun way children’s powerlessness. “You’re at my mercy. I can tie you up”. No, we don’t do that”.285

Perhaps not surprisingly, the contact parents rarely commented on the benefits of having their behaviour carefully monitored and controlled by the service staff. This was a particular aspect of service delivery that the contact parents reported having difficulties with. Some contact parents did, however, acknowledge that an important function of the CCS was to assist them in developing their relationship with their child or children.286 Below, a contact father identified the most important role of the service as287:

I find the most important role was, for myself in my situation, was the breaking of the ice. The long time that we didn’t see each other and I can understand a lot of fathers or mothers that don’t see their kids that there would be a sort of like having their hands tied. They don’t know what to do. And I found the contact centre helped.288

4.2.2 Working with contact parents to develop their parenting skills

The manager of a program of CCSs described the various ways in which staff help to train contact parents in ‘child focused’ parenting:

[Staff are] trying to help parents pick up the skills that they need to communicate on an age-appropriate level with children. So they’re learning how to meet the children’s needs for when they move away from here. It may be behaviour management where they need to pick up some skills on how to work in a more positive way with the children, to encourage good behaviour rather than punishing bad behaviour, so the supervisor’s role is certainly to supervise, to keep the child safe, but it may be to model appropriate ways of being with children or playing with children. Some people don’t know how to actually play with children. And it may be to provide

284 Transcript 105, para 693.
285 Transcript 200, para 927.
286 Transcript 228, para 168.
287 Transcript 111, para 229.
288 Transcript 111, para 229.
some very gentle guidance on meeting the child’s needs as opposed to meeting the parent’s needs. So helping the parents to pick up a child focused way of being rather than the parent’s rights and the parent’s needs in the exercise. So that when the children and the parents move away from the centre, hopefully they have some insights and some skills to manage that contact safely. So we want to do it in a way that’s sensitive to parents, not in a way that’s a teaching or educative way, but everybody on a level so that the parents are more receptive to taking on what supervisors say and don’t feel they’re being preached at in any sense.\textsuperscript{289}

Service staff appeared to actively work with all three parties (i.e., child, contact parent and residence parent) to facilitate the contact process. Below, a coordinator and a supervisor who were interviewed together described how they assisted contact parents to engage with their children:

If the child’s playing or the parent’s playing with the child we might say, “Oh that’s really good. They might like to do this” or “Children his age usually like to do this” or this sort of thing. We try not to take over but just encourage and provide information.\textsuperscript{290} (CCS coordinator)

If they have any problems quieting the child we might go, “Well have you tried this?”. “I think you’re holding it wrong. You’re not supposed to be holding it like that. Shall I show you how? It might be an idea”. Or “Oh look at the car, look at the trees!” You use your voice to kind of make it soothing or exciting.\textsuperscript{291} (CCS supervisor)

The interview data suggested that residence parents needed to gain confidence in the staff’s skill in caring for their children during contact visits as well as the staff’s ability to work with the contact parent in developing his or her skills. One coordinator described in detail what was involved in helping a residence parent to gain confidence in the staff so that she could hand over her child to the staff for a supervised contact visit:

So at the initial stages it’s getting them to have a trust and confidence in the process, and that we know what we’re doing. … We’ve got a new child coming in this week. He’s a seven-week-old baby and this father has never seen the child and that mother doesn’t want the [contact]. She said “I don’t even know you” and that’s very real. Like this child is very precious to her, so to engage with her around that, everything from that visiting of the premises, she’s going to bring the baby for an orientation visit. All children come, irrespective of their age. … a few days before the contact is due to happen, we have the child or children come. You might think well the baby’s not going to get much out of it, but it’s important for the worker to be able to see how the mother actually goes and obviously makes some appropriate and sincere comments about the child and they’ve got skills in engaging and the mother’s highly anxious and it will be several minutes before she can hand the child over to the worker. And the worker engages with that in a way that builds confidence. So it might be around: “look, do you want to bring (I’ll say for arguments sake ‘Sam’), would you like to bring Sam down to the playroom and this is where Dad will see him and we’ll have the baby mat set out here and we’ve got a bean bag where dad can sit and feed [child]… And then when they’re down there and starting to talk then the worker might say: “Oh look I’d love to have a nurse and just get a feel for how he is” and then the mother is given the opportunity to hand him over slowly so already it’s breaking that sort of ground. So that’s a really important part but it’s not symbolic. It’s more than that. It actually lets the mother transfer the care of the child to the worker in that environment.\textsuperscript{292}

Contact parents did not always understand that teaching parents ‘parenting skills’ was a function of the CCS and this lack of understanding on the part of parents created tension between parents and CCS staff. Some contact parents did not expect the staff to engage them in developing parenting skills or their relationship with their children. For these parents attendance at a CCS was all about enabling contact to occur, and beyond that they considered that they should be left alone to parent their children as they see fit during their contact visits.

On centre discipline things. I mean this is probably … if ever I reckon there’s one thing wrong with [a contact staff member], when the kid’s doing something wrong, he jumps: “Hey, don’t do that!” … Yes, I’m there … I’m sort of … I don’t know. I don’t exactly foster the idea that, you know, like those days of William Tell: “Don’t do, don’t touch, don’t touch’ whack. That’s not the way for little kids.

\textsuperscript{289} Transcript 102, para 87.
\textsuperscript{290} Transcript 105, paras 179 to 182.
\textsuperscript{291} Transcript 105, paras 179 to 182.
\textsuperscript{292} Transcript 200, paras 102 to 110.
So are you saying is it doesn’t let you kind of be a parent like you need to be?

Yes it holds you.293 (Contact parent)

… they turn around half way through a session and try and tell someone how to raise their child, well who … It’s like it’s only interfering with my contact time. … I had five hours a week to establish a relationship with my baby. He didn’t know me from a ‘pinch of poo’. And that’s five hours. … And so if someone’s there like coaching you to be a better dad at that time, it’s going to interfere with that.294

Another contact parent reported feeling humiliated when he was changing his child’s nappy and was stopped by the supervisor. He reported that this made him feel as if his role as a parent who cares for his child was being denied by the CCS staff.

I remember a time when I was here, I don’t like to be infringing on anyone but my little boy sort of said, “I need a change of nappy” so I took him in that room there and I began to change the nappy and someone says, “Well what are you doing?” and I was a bit concerned that I’ve done something wrong … “Well it needs to be changed” and she said, “But why?” … “No you don’t do that here.” And I go, “Well why not?” “Well no, we do that”. … And I found that very, very uncomfortable. … no one told me that part of it. I just sort of felt like, I don’t know, like I was going to sort of physically harm or do something that I’m not supposed to and it’s very difficult to come to a place like this. … and I’ve found that as soon as you’re divorced, so many things that are the common rights are completely taken away from you… 295

Contact parents also expressed concerns about the kinds of parenting practices that the staff considered to be inappropriate. One residence parent spoke of receiving an unfavourable report from staff that she did not respond enthusiastically to her child’s drawing at the end of a contact visit.296A referral agent spoke of a case where a supervisor criticised the contact parent in a report for buying KFC and McDonald’s for the children. Despite the fact that it is not an unusual practice for parents to buy takeaway food for their children on weekends, this contact parent’s behaviour was considered ‘inappropriate’ and the staff intervened on this occasion.297 On this same issue, a contact parent commented:

… [the contact staff] took me outside at the end of the visit, “I don’t want to see you giving the kids lollies and I don’t want you doing this and I don’t want you doing that” and I took it the wrong way and we were outside the centre and I said, “Don’t you ever tell me what to do with my children as to what they’re to eat and drink. I see them once a month, for two hours or whatever it is,” I said, “and if they tell me they want a bag of lollies or they want whatever, that’s what they get”. I said, “because [the child] doesn’t eat fruit” and he said, “Well that’s not right. He’ll start doing that”. I said, “You go and tell him he’s got to eat fruit”.298

It may be unfair and unrealistic to expect parents to behave appropriately all of the time and what is considered by some to be “inappropriate” behaviour may not necessarily be harmful to the children, as one coordinator comments:

If you’re clothing, feeding and housing them, you’re meeting the basic needs of the child, pretty much everything else is up to interpretation on whether your parenting skills are great or not so great. They don’t have to be the best parenting skills in the world. You can still be a good parent and still providing for your child, … because they don’t have six years worth of education in psychology and realising that calling the child an idiot is not a good idea. … It’s not really a good idea but whether or not you want to write down and have that used against that parent when the child was fine with it and the child was used to it… 299
4.2.3 Encouraging children to express their wishes

Service staff commented that they worked to ensure that the children’s wishes in relation to having contact were understood and supported. Below a supervisor described the therapeutic techniques that she adopted during a visit to assist a nine-year-old boy who was resistant to having contact to decide whether or not he wanted to see his father for contact:

This little boy had run in and his sister was quite happy to go to contact but the boy was a little bit older and he ran in and threw himself on the floor and curled up in a foetal position in the corner of the waiting room, crying and carrying on. And the mum said: “I told him he had to come today because it’s a court order and I’ll be in trouble but you can see he doesn’t want to and I’m just going to take him away”. And I asked the mother to leave the room. I said, “Just five minutes. Just give me five minutes with him and it’s just a chance for you to take a breath too”. And so they went with the other worker.

I sat down on the floor because I had a little bit of a relationship with this boy over the three or four visits and I did his orientation. I sat on the floor beside him and actually started to stroke his hair a little bit and just said: “You’re really, really upset today, aren’t you?” and with that, almost straight away, he moved against my thigh so his back was separate and I gently touched his hair, not to invade his space, and he moved his back against my thigh and I knew then he wanted to engage in that process ... “What can I do to help you sit up and talk to me? What would make you feel okay?” And then he said: “That you’re not going to make me go and see my Dad” And I said: “All right. I’m not going to make you go to do that but I’m going to talk with you about how you might feel okay about it”.

And so then he sort of sat up and he was really cheerful and we talked about he had a dream on the Wednesday night, a really vivid dream, where his father was going to bash him at the service because once before there’d been some violence. But his father has done a lot of work and that was three years ago when he was six. We talked about the things that they’d enjoyed that he’d done here and how Dad was really good and he said: “But he’s never said sorry for hitting me” and he said: “and I don’t think I ever want to see him”. By this stage his body language had changed so he wasn’t hiding from the world. He was now taking it on: “And I don’t ever want to see him again”. I said: “Would you like an opportunity to tell your dad that?” And then all of a sudden the fear kicked in again: “But he might hit me”. And I said: “No, he’s not going to hit you here and sometimes dads need to hear how sad it’s been for their children”. I said: “We’re not going to spend very long. Might be only five minutes”. And he said: “But if I want to leave, can I leave?” And I said: “All right then”.

So we went in and already the little girl had gone through with the other worker because the time had started... I said to the other worker: “Oh look, the little boy wants to talk to his dad. Can you go out in the backyard and play?” And they went out in the backyard and played. And then when he came through he said: “I hate you!” he said, “For the times you [description of father’s violent behaviour]” and then the father said: “If only I could undo it. If only I could undo that son, I would” he said. “You’re going to have that memory forever” he said, “and all I can do is just anytime I see you is just never be like that again and hopefully one day you’ll trust me”. And with that the boy just flung himself on his father. He still has to keep rebuilding it, but that’s been terrific and over six months that happened and it’s been the best thing.310

The above quote demonstrates how difficult it was for staff to realise their central role of ‘enabling contact to take place’ in cases where children were reluctant to have contact if they did not also work to ‘repair and develop’ the contact parent-child relationship. This case also demonstrates how important it is for the staff to be able to stop a contact visit if the child is distressed and fearful. In this particular case being able to stop the contact visits if the child didn’t want to have contact assisted the child to build confidence in the contact process at the centre and rebuild his confidence in the contact parent. This particular issue is addressed in more detail at 9.6 where the children’s experiences of supervised contact and changeovers are examined.

310 Transcript 200, paras 408 to 427.
4.3 Moving families on to self-managed contact

With the exception of the parents, respondents from each group identified that the CCSs have a role to play in moving families through their services and on to self-managed contact. This role was often described as the product of the service successfully repairing and developing the contact parent-child relationship. There was also debate amongst the various respondents as to how appropriate it is for CCSs to take on such a role.

There were no residence or contact parents that identified moving families on to self-managed contact as a role of the CCSs. Many parents discussed their intentions with regard to moving on from using the service, yet as a group they did not appear to view services as having any direct role in facilitating this process.

In contrast to the parents’ views on self-management, a few CCS staff reported that moving families on to self-managed contact was an important function of the CCSs. There was, however, disagreement amongst service staff as to the degree to which the CCSs should adopt this role. For one program manager and auspice organisation, moving families on to self-management was not a role of the CCS that staff actively engaged in. Rather it was considered to be an outcome of service provision that had successfully helped the clients to develop their family relationships.

Well the most important role of contact services, I can only speak from our contact service because it does have a different philosophy to some, that its central role is in providing a way forward for families that have broken down or had some difficulties. It’s a way forward for their own personal development. It’s a way forward for them as a family. It’s a way to actually engage with each other as a family and that might be as good as it gets.

… I think the mistake that previously had been made in contact services, and continues in some services is that: “this is the last point. This is the end. We’ve tried everything and this is the last stop”. It’s not. It’s the first stop to somewhere else. For some the reality may be that that’s as far as it goes. But hopefully in that process we’re still providing some professional and personal development that in itself, though they’re not moving on from the service, is still something positive in maintaining those relationships.301 (Auspice organisation)

So it’s facilitating the contact, it’s helping parents move through the issues that brought them there and working with the child to let their needs be met in this contact. So it’s more than just making them physically safe, it’s making it meet their needs for re-establishing and maintaining a relationship with their parent.302 (Program manager)

Other service staff also understood self-management to be the result of achieving the CCSs’ primary functions – that of providing a safe environment and developing the parent-child relationship.

I really don’t see the goal of our service as being self-management. If it happens, fabulous! We can help along the way in some small ways by modelling appropriate behaviour, by being there and helping facilitate those small steps. Great! But that’s not why we’re here.303 (Supervisor)

I think it is either rebuilding or maintenance of relationships of children and [enabling] their parents to move to managing that themselves.304 (Coordinator)

There were service staff who did report that moving families on to self-managed contact was a central role of the CCSs. One coordinator commented that the central role of the service was to “work towards independent management of the situation but that it is not the only role”.305

301 Transcript 116, paras 560 to 568.
302 Transcript 102, para 91.
303 Transcript 105, para 1167.
304 Transcript 200, para 213.
305 Transcript105, paras119 to 122.
Some services rejected entirely the notion that they have a role in helping families to move on to self-managed contact. The representative of the management committee and the coordinator of one particular service made it clear that the central and only role of their service was to enable contact to take place in a safe environment.\(^{306}\) Below, the representative of the service’s management committee described why facilitating progression to self-management was not a function of the service:

> No. It’s actually designed to keep them apart. It functions in such a way that there is no [contact], other than them accidentally meeting in the street, which we in fact say in our handout to them had better be an accident. They’d better not hang around at the back door to cajole someone as they go. We don’t offer any service like that. We don’t offer a relationship side … I suppose you just hope that the grown-ups can often move on …\(^{307}\)

Referral agents rarely identified moving families on to self-management as the central role of the CCSs. Some referral agents did, however, express the view that CCSs functioned to develop the contact parent-child relationship, and when the conflict settled down and this relationship was strengthened, the service could then facilitate families moving on to self-managed contact. For example, when asked to describe what was achieved by referring clients to a contact service, one judge replied:

> I usually see it as part of a process, which I hope will lead to there not being a need for them. …usually we are trying to engender a sense of security in the child about the contact, security in the residence parents that the child is going to be okay, and the security of the contact parent that they’re not going to be exposed to allegations of bad behaviour, so it’s a breathing space in a sense when they can perhaps have a relationship rather than that not being the case, and that they will be able to move on.\(^{308}\)

Other referral agents commented that:

> While I think moving onto self-management is a really important part of their function, I don’t think you can lose sight of the fact that probably the primary reason for being, should be to provide a safe environment for children to have contact with parents. Because if you lose sight of the safety part of it, and your focus becomes self-management, you may move clients through and there is always a danger that you could be required to move clients through a process more quickly than they are ready to be moved, and there’s always a danger that you could move on those matters that are not safe to move on.\(^{309}\) (referral agent)

> I’ve got a very strong philosophy that children benefit from relationships with both parents, and if there’s been a breakdown, my view is that the contact centre serves a purpose in being able to assist the child in maintaining a relationship with both parents, and apart from that hopefully, down the track, resulting in contact being more normalised and becoming supervised. I mean we all know that the court doesn’t like, and won’t make, orders for ongoing supervision. So the contact centre facilitates, hopefully in most cases, contact getting back on track.\(^{310}\) (solicitor)

Government and industry representatives conveyed a similar message to that conveyed by the referral agents – moving families on to self-managed contact was not a central role of the CCSs, rather it was an expected outcome of service provision for many, but not all, families who used the service. For example:

> I’d have to say that issues around self-management are something that we need to be talking to [government department] about, because that’s an area that they’re quite interested in … I don’t know if they are now. I don’t think that we see that as the primary reason for people using the contact service. I think it’s more a bonus if that happens and certainly we don’t want people stuck in the contact services if they could be actually assisted, but we need the contact. The most important thing is to have that supervised or have a handover opportunity. If they

\(^{306}\) Transcript 107, paras 195 to 199; Transcript 100, paras 176 to 179.

\(^{307}\) Transcript 107, paras 195 to 199.

\(^{308}\) Transcript 272, para 215.

\(^{309}\) Transcript 269, para 141.

\(^{310}\) Transcript 278, paras 119 to 121.
Another Government representative stressed the need for greater clarity in relation to the role of the CCSs in moving families on to self-managed contact, particularly as the demand for this type of service grows.

Really the government isn’t, I guess, really clear on what it expects and the services don’t have a clear model of what that really means. I think we need to make some decision around that, but do we keep families there? Admittedly some will never resolve or get to the point of self-management, do we keep them forever? …You know, do we only take people in for a set time? Do we let them stay forever? How do you maximise access I guess is the issue. … I guess the government always expected contact services to be a temporary thing. … At some point in the future, we’ll probably need to as demand keeps increasing. I mean we can’t keep up with it.

The issues raised in this section on self-management are discussed in greater detail in Chapter 9. In this chapter the issue of self-management has been predominately discussed above in the context of the issue of whether or not it was nominated as a central role of the CCSs, and if so, which of the groups interviewed endorsed self-management as a central role of the CCSs. Chapter 9 extends this examination of self-management to focus on changes in the clients use of CCSs, including an exploration of the particular circumstances under which some clients’ move away from the service to conduct contact visits on their own (see 10.5).

4.4 Contact services as a ‘gateway’ to other support services and programs

The Australian Government and industry representatives identified a ‘future’ role for the contact services as a gateway to other family support services and programs for separated and divorced parents. This group was the only group to identify this as an important function of the CCSs. One Government representative envisaged service staff in the role of referral agents, referring families who need to use other services to the appropriate support services and programs.

Service staff, however, may be resistant to taking on such a role on the grounds that it may compromise their neutrality. Below, a residence parent commented on using the CCS as a gateway to other services that she and her children needed, such as counselling. She also commented on the reluctance of staff to engage in the referral of families to other services.

And to this day I don’t think my kids have ever had some counselling. Where do I go when you’re on a pension to get some counselling? I’ve asked several times and usually the response it well it’s not their [the contact service] place to recommend anybody and they don’t want to be seen favouring anybody. Well I guess when I’m stressed out and think well who else am I going to ask? Because these are the people I’m seeing twice a week, and I felt like “If you guys don’t know then where else will I go?”

4.5 Service staff are a voice for the children in contact matters

Contact service staff identified an important role for the service in articulating the child’s wishes in relation to contact. Integral to this role is the ability of the staff to stop contact visits when it is not in the interests of the child for the contact to go ahead. One particular service made this role very clear to parents when they first attended the service by specifying this in the service contract that clients were required to sign before the service could be provided.

311 Transcript 140, paras 140 and 250.
312 Transcript 120.
313 Transcript 108, para 243; Transcript 121, paras 101 to 107.
314 Transcript 212, paras 161 to 163.
Basically what the service contract spelled out was that the actual clients were the children, not the parents. The parents had to conform to certain stated levels of behaviour. They were given an actual procedure whereby the supervisors were authorised to terminate the contact at any time. That was actually written in the contract. The contract was very specific in what we would, what circumstances we would allow the contact to continue.

…Overall our thinking is that children have the right to know their parents and to have contact with them. That’s the bottom line. It’s not the parents’ rights, although they have rights as well, but we are providing a service to the kids. So from our perspective we look at the fact that as long as the children are happy to have contact then we will facilitate that. If the children get stressed or upset it’s in the contract that we will cease it immediately.315 (coordinator)

Another coordinator commented:

The court orders something. We are not bound by the court but the parents are. They need to bring the children, we need to facilitate the contact as best we can. We need to encourage that. If, during a [supervised] visit, a child is really distressed, we will consider terminating the visit because it’s not in the best interests of the child. And that’s our primary role, to act in the best interests of the child. But on changeover, if a parent says: “I will take this child as my court order says I’m allowed to” we can’t prevent them.316

One coordinator commented, that parents would usually cooperate with the staff when they suggested stopping a contact visit because to do otherwise could compromise their relationship with their children:

Generally people will listen. Others will not be so understanding but if people really want what’s best for their child and want a relationship with the child they often will. And I think it’s a matter of talking them through that in a sensitive way.317

Staff commented that sometimes parents were unable to accept the staff’s decision to stop contact. For example:

I have had a parent, where I had to say after 10 to 15 minutes I said, “Look I’m sorry but we cannot go on like this. The child is distressed” and they’ve said, “Well it doesn’t bother me. I’m quite happy for them to go on for two hours. I want to see my child.” And I say, “Yes you may want to see your child, but this visit is distressing”… And I think they say, “I’m happy to have the child here screaming for two hours because I’m the parent. I don’t care how the child is, I love them and want to be with them no matter what state they’re in”… 318 (Coordinator)

Some staff also described situations where they facilitated contact that they believed the child wanted even when they thought that it was not in the child’s interests to do so. In such cases, it was unclear as to whether the staff were acting in the children’s best interests even though the staff were acting in accordance with a child’s request to have contact. Below, a coordinator commented on the circumstances where she would facilitate contact even if she thought it could be harmful to the child:

Now it changes things somewhat if the child says: “Please, I want to see my daddy”. We do interview children. I speak with the child and I say: “I’ll be there” you know, and “what would you need to feel safe and how could we do this? And could we start with half an hour instead of two hours?” And so we’re flexible.319

In circumstances where children did not indicate fear or distress at having to see the contact parent, staff found it very difficult to stop contact, and they sometimes proceeded against their better judgement:

315 Transcript 117, paras 297 to 499.
316 Transcript 101, paras 123 to 125.
317 Transcript 101, paras 317 to 319.
318 Transcript 105, paras 494 to 497.
319 Transcript 101, paras 307 to 311.
I have one of those [cases]. [My] skin crawls every time, I wonder. But if they’re [the child] not showing trauma, if they actually have their own way of coping with the visits, we’re pretty well obliged to keep going because the family law format says that the child has a right to know both parents. So unless they’re traumatised we won’t terminate the contact.320 (Coordinator)

This ability of the service staff to stop contact visits was argued by some staff to be a fundamental difference between a service that functions only to enable contact to take place, and one that functions to repair and develop the parent-child relationship. As one coordinator stated, this was the essential difference between supervising contact and facilitating contact:

And we will also stop a session. We might even say to a parent, and this doesn’t happen very often: “Your child needs a little bit of space and we might have a little bit of a talk about a couple of things because they don’t seem very happy today” or things like that. So that’s the difference between supervising and facilitation.321

The actions of service staff in refusing to facilitate court ordered contact visits could generate tensions between the service staff and the referral system. One coordinator described the anger and disbelief that was directed at the service by referral agents when the service refused to facilitate contact in cases where the family meets the service’s exclusion criteria:

Solicitors expect that if they get a Family Court order, we’ll take it on. You know: “The court ordered this. Do you think you’re above the law? What are you saying? My client paid x thousand dollars to get this, you’ve got to take them”. We made a decision that people that have committed offences against a child would not be actually accepted into the service. So for instance, if a parent had been found guilty of sexually abusing a child, they wouldn’t be accepted. We’ve had one where only a matter of weeks before the dad was threatening to take the child in a car and gas the child and kill the mother, and there had been lots of assaults on family members. So we decided that was too high risk. We had another one where a prospective client actually broke the child’s leg. And so we have to look at what’s in the best interests of the child.322

Another coordinator commented:

[I received a note] from the alleged perpetrator’s solicitor saying: “This is discrimination. Why are you denying him that contact with his child? You’re making a judgement”. And I said: “Yes, I’m making a professional judgement, not on his guilt but on the fact that this child is so terrified and I can see evidence of her terror and that’s not what the service is about. The service is about protecting the rights of the child”.323

Making such a judgement is not always easy for CCS staff, particularly in the context of supervised changeovers comments one referral agent:

I mean I have another case where I get a phone call often, every Friday afternoon, and that’s a changeover where the child doesn’t want to go, and the contact service doesn’t want to have to be making that decision.

So literally (they) force the child physically.

Yes, and that’s quite different because it’s not supervised contact, so they have less control over it and less ability to manage it. And what they are faced with is trying to make a judgement about what the risk of proceeding is to that child, and I mean that places them in a position of nearly being a child protection worker, and a psychologist.324 (Solicitor)

While terminating the provision of service altogether can protect children from contact visits that were distressing and potentially harmful to the child, it can also create problems for the family. The parents would have to look for another service to supervise contact in an environment where there were a limited number of CCSs and long waiting lists. Further, if the family has broken service rules or met the service exclusion criteria, other services may also consider them to be too high a

320 Transcript 101, para 461.
321 Transcript 200, para 434.
322 Transcript 101, paras 307 to 311.
323 Transcript 117, para 531.
324 Transcript 260, paras 166 to 170.
risk and be reluctant to take the family into the service. These families may have to wait until they can return to court to have their contact arrangements modified or obtain an order for no contact. This process could take time and would be a costly process. Alternatively, the family may return to handling their contact privately, once again placing children and parents at considerable risk of harm. Below, a coordinator described these various options available for those families who have had their service terminated:

Well they either hit a closed door and can’t have contact or they would go back to court, which is costly mind you, go back to court and perhaps would put forward a family member that might be a suitable supervisor, but short of that, I don’t know what they would do. They would probably ring us up. I’m aware that they have tried other centres but if we’ve refused a client usually other centres ring us and say: “Why?”

We argue that this particular group of children and residence parents are the most vulnerable in the contact service system, and are in need of attention in policy and service provision practice to devise ways to provide protection for these parents and children and to resolve their contact dispute in a timely manner. This is particularly the case in families where supervised contact was ordered and the centre later withdrew its service, or where the centre refused to take the family into its service in the first place.

Contact services can have their own policies that relate to exclusion criteria and withdrawal of service. The policies applied by different centres can be different in nature and scope (see Appendix G for an example of a service exclusion and service withdrawal policy). For example, the policy of one CCS automatically excludes families where there has been a criminal history of child abuse or substantiated child abuse or any other violent offence. This policy also specifies that the CCS can exclude parents where they threaten or verbally abuse staff, breach domestic violence protection orders, have threatened or attempted to abduct children, or where a parent is suicidal. The grounds for refusing service based on a child’s behaviour includes when a child is adamantly opposed to having contact or expresses a strong level of fear when faced with the prospect of having to see their contact parent.

The client survey was used to derive an estimate of the number of families who were in the position of having had their service withdrawn for reasons for concern for safety and welfare of the children, and/or staff. The client survey data showed that in 15% (n = 60) of the cases surveyed, the family stopped using a centre’s services during the survey period. An analysis of these 60 cases indicates that the primary reason for the family no longer using the service was that the centre terminated the service (32% of 60 cases). In 18% of these 60 cases the family was identified as having moved on to self-managed contact. The courts or state departments of families and child welfare were identified as responsible for the family no longer using the service in 8% of these cases. There was a large group of cases where the reasons for the family leaving the service were unknown.

Table 4.1 presents a breakdown of these 60 cases by the party who instigated the family leaving the service. The table is further broken down into those families who stopped using the service for supervised contact, and those who stopped using the service for supervised changeovers.

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325 Transcript 101, paras 326 to 335.
Table 4.1 Reasons for families leaving contact centres

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<td></td>
<td>Supervision (n = 27)</td>
<td>Changeover (n = 32)</td>
<td>Total (n = 59)</td>
</tr>
<tr>
<td>Contact centre withdrew service because of concerns for the welfare of the child and/or for the safety of the staff</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>State based child welfare authorities or the courts stopped contact at the centre</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Contact parent could no longer attend the centre for reasons related to their poor mental health, work commitments or incarceration</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Residence parent stopped bringing the children to the centre for reasons related to the long distance travelled to attend the service and the child’s reluctance to have contact</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Parents moved on from the centre to independently manage their contact arrangements</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
</tbody>
</table>

Notes. Missing cases = 1; Other includes disagreement between the parents about the time contact is to occur, and other people stopping the contact such as step-parents, the family stopping contact while they wait to return to court, or the parents continued conflict over contact visits times.

Table 4.1 shows that the court or other agencies were involved in the family no longer using the service in supervised cases only. The cases of particular concern are those families where the service was involved in stopping supervised contact (n = 6). In each case contact visits at the service were stopped because of concerns about the welfare of the child. When compared with the entire caseload for the CCSs in August 2003, the service was responsible for the family no longer using the centre in 5% of cases. The rate of supervised contact being terminated by the CCSs was even smaller (1.5%), however, when this monthly rate is extrapolated over a year the number of children and parents who experience service withdrawal is of practical significance. We do not know what happened to these families once they left the service. It is possible that they reverted to conducting contact privately, exposing these parents and child to risk of harm.
4.6 Conclusions and recommendations

Referral agents, Government representatives and to a lesser extent the industry representatives had an expectation that the CCSs will function to ‘enable’ contact to take place in a safe and secure environment for children. In short, the primary function of the CCSs was considered to be to supervise contact. The majority of CCS staff saw the central role of the services as facilitating the repair and development of the contact parent-child relationship, and protecting the interests of children. Residence parents saw the central role of the CCSs as protecting them and their children from violence and abuse by the contact parent, while the contact parents view the central role of the services as enabling them to have contact that would not otherwise occur.

This divergence of views appears to generate five key points of tension in the systems of service provision and referral. First, CCSs functioned to facilitate the development of the contact parent-child relationship in circumstances where the staff considered it to be in the child’s best interests to do so. This particular approach to service provision, in turn, led the staff to stop contact visits that they believed to be distressing to children. In the most severe cases the centre can withdraw their service altogether. While such actions appeared to be integral to the delivery of a ‘child focused’ service, and to protecting staff and other service clients from violent and abusive parents, it can place children and residence parents at considerable risk of harm when they can no longer access a professional supervisor for contact. Terminating service, particularly in cases where supervised contact has been ordered, may create a crisis situation for these ‘high risk’ families.

**Recommendation 1**: To reduce the potential risk of harm to children and residence parents where the centre has withdrawn its services, the referral system and the CCSs need to work together to ensure that families who are known to meet the service exclusion and withdrawal criteria are not referred to CCSs in the first place.

**Recommendation 2**: A standardised set of CCS protocols for excluding clients and withdrawing service needs to be developed for use by all Government funded CCSs. These protocols should be made available to potential service clients and referral agents.

**Recommendation 3**: In cases where a family is accepted by the service and the service was later withdrawn, procedures needed to be put in place to fast track the family back into the referral system to modify their order or arrangements for supervised contact or changeovers or to provide for contact to be stopped altogether.

Second, the central role of the services as providing a safe and secure environment for children to have contact where they are protected from witnessing parental conflict and violence, was strongly endorsed by each of the groups, and by many of the respondents interviewed within each group. However, parent safety appeared to be a by-product of this central role and not a core concern in service provision. For some of the services involved in the study, the lack of focus on parent safety led to residence and contact parents being put at risk of further violence while using the service.

**Recommendation 4**: To adopt clear policy and practice directions that articulate a dual role for CCSs in protecting both children and parents from future harm may help to ensure protection for the parents who use the service, as well as for the children.

Third, the involvement of service staff in facilitating contact visits over an extended period of time, and the particular role taken by staff in actively facilitating the repair and development of the parent-child relationship during these visits, placed staff in a position of being able to provide important information about what happened during contact visits to clients, their legal
representatives and the courts. This appeared to have generated an expectation on the part of clients and the referral system that staff can and will provide reports for clients, their representatives and the courts. This important role in providing information was not, however, identified as a central role of the CCSs by service staff, yet it appears to generate a considerable workload for them.

**Recommendation 5**: The role of the CCSs in writing reports on contact visits for the courts, clients and their legal practitioners needs to be formalised and the CCSs adequately resourced for the time involved in generating reports. Clear guidelines need to be established for the provision of objective information on contact visits and a standard reporting format developed.

Fourth, a tension exists between the central function of the CCSs to repair and develop the contact parent-child relationship by teaching clients basic parenting skills and the contact parents’ desire to parent their children as they see fit while using the CCS. This tension raises questions about whether staff should limit their interventions in parenting practices to only those circumstances where children are exposed to obvious and extremely inappropriate behaviour, or should staff intervene more generally to encourage and model alternative parenting practices?

**Recommendation 6**: Where it is not already part of a CCS’s intake procedures, CCSs need to convey to contact parents a clear message about the role and various functions of the CCS and what the parents can expect when they visit the centre. This should include a statement about the CCS’s policy concerning types of parenting practices that the service encourages the parents to adopt.

Fifth, the role that services play in facilitating the movement of families on to self-managed contact needs to be clarified. There was agreement amongst the groups that moving families on to self-managed contact was not a central role of CCSs. It does, however, appear to be an expected outcome of service provision, although self-management will not be possible for all of the families using a CCS. Tensions in relation to this particular function of the CCSs are expected to arise in the future as the demand for the services grows. The issue of self-management is considered in detail in Chapter 9.

**Recommendation 7**: The role that services play in facilitating the movement of families on to self-managed contact needs to be clarified at the policy and service practice levels.
Chapter 5
The Referral Process

According to one of the referral agents interviewed, the possibility of using a CCS arises in “a relatively small number of cases, but it certainly comes up on a reasonably regular basis”. This chapter presents the accounts given by referral agents of the process of referral to CCSs, the types of court orders made for supervised contact or changeover and the contents of those orders. It also presents the views of referral agents on the factors that have prompted an increase in the number of orders for the use of CCSs, and the impact of the advent of CCSs on their legal practices. The chapter concludes with a summation of what appear to be best practices for referral to CCSs, arising from the referral agent interviews.

5.1 The process of referral

The processes of referral to CCSs are varied. Some consistent themes did, however, emerge from the interview data. In particular, it was clear that referral to CCSs was usually via court order. Use of a CCS was usually suggested by lawyers, at court, and just before orders were made. This meant that it was not always possible to contact the CCS before orders were made, which could result in problems, the most common being a delay in contact commencing due to a long waiting list at the CCS.

5.1.1 Referral to a CCS is usually via court order

Referral to a CCS was usually via court order (80.6% of cases surveyed), but it was also clear that “[s]ome people go to the contact centre without any orders. They just do it by agreement”. This was often after receiving some information (for example, a pamphlet or a telephone number) about a CCS from a solicitor or counsellor (often based at a Legal Service or a Domestic/Family Violence Service):

I do a lot of volunteer work for Lifeline as well, and I know that I’ve referred people when I was doing that telephone counselling.329

If we could see there was an issue about supervised contact then we would have been telling them about it being available, and usually we would find out if they were available. ... We wouldn’t usually contact them on the client’s behalf. We would usually give the details to the client to contact them themselves, and come back to us if they had any questions.330 (solicitor)

We would just do fairly unofficial referrals. It wouldn’t be very often that we’d contact the contact service. We would mostly let people know that it’s available. We would give pamphlets, telephone numbers and so on. In some cases, we would explain how it might work and there are rare cases where we would actually write to the other party and suggest it as a possibility.331 (solicitor)

Sometimes, the information provided by a referral agent was provided as a step in preparations made before seeking court orders:

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326 Transcript 262, para 29. See also Transcript 261, para 277.
327 Transcript 269, para 83; Transcript 252, paras 163 to 165; Transcript 253, paras 45 and 143; Transcript 281, para 54.
328 Transcript 246, para 71.
329 Transcript 257, para 41.
330 Transcript 257, para 41.
331 Transcript 251, para 130. See also Transcript 262, para 93; Transcript 247, paras 38 to 46.
... generally people have got court orders providing for supervised contact and generally they’ve got a solicitor. So our role would be advising people initially about options, of contact centres being there and what supervised contact is about and what is available.\textsuperscript{332} (solicitor)

Sometimes, referral agents took a more active role in referring a client to a CCS, and in the implementation of that referral. This was consistent with the survey data indicating that 28% of referrals were made by lawyers although one domestic violence worker explained:

\textit{Interviewer: Would you tend to just give them a pamphlet, tell them about the service and have them make direct contact?}

No, no, definitely not. In most cases what we do is we ring and make an appointment and we accompany the client.

\textit{Interviewer: Oh really. Okay.}

Yes, we actually go with the client, unless of course the client feels okay and doesn't want us to go, but there’s not many cases where that happens, and we often, or should I say, we offer the client the facility for us to be with them if they're wanting it. ... And in most cases the client takes that up. That’s just the initial intake. I don't mean that for every changeover.\textsuperscript{333}

There were, however, referral agents who placed a fairly high level of responsibility on their clients to follow up with the CCS even after court orders were made, with the client informing the solicitor if something went wrong:

I get the clients to contact the service and I explain to them that there’s the necessity for the interview beforehand and to follow the rules and to understand what the rules and requirements are. And generally speaking I ask them to do that themselves because it’s just far easier for me as a practitioner if they organise that, and coordinate the starting point for contact and those sorts of things.\textsuperscript{334} (solicitor)

Look you just give the client the application form. The onus is on your client to fill it out and you make sure your client fills it out. I don’t fill it out for them. And the onus is upon the client to walk literally across the road and make the appointment. And so I don’t have any problem with that.\textsuperscript{335} (solicitor)

There appeared to be two main reasons why referral to a CCS was usually by court order. First, CCSs were viewed as scarce resources and there was a general perception amongst solicitors in the sample that the chance of access was greater via court orders:

\textit{Interviewer: How do matters generally get referred from, say, yourself or other solicitors to the contact service?}

Oh it’s by court order.

\textit{Would you wait till you get to court?}

Yep. Well usually what happens is that you ... it depends on how much negotiation is taking place prior to the issue of proceedings, but if it’s even been raised before court proceedings, or is done the court day, it’s with a view that, well you’re not going to get into [CCS] without a court order. So we usually have the pamphlets there and tell the client, “Look, leave here and go to CCS and fill out your application form, because there’s a waiting list”.

\textit{So is that a [CCS] policy, that you need an order from the court?}

No it’s just that we take the view that that’s going to probably get us up there, rather than just being a voluntary thing.\textsuperscript{336} (solicitor)

... it’s very limited in the accessing of it. So it’s limited mainly to court-ordered clients.\textsuperscript{337} (domestic violence worker)

\textsuperscript{332} Transcript 253, para 45 (solicitor).
\textsuperscript{333} Transcript 258, paras 325 to 335.
\textsuperscript{334} Transcript 246, para 63.
\textsuperscript{335} Transcript 252, para 319.
\textsuperscript{336} Transcript 252, paras 163 to 175.
Second, client cooperation was viewed as more likely if court orders were obtained:

... if you’re acting for a dad and there is possibly a no-contact mum on the other side and she’s going to put up all sort of barriers and delays and all the tactics that they usually engage in, if there’s a court order that says along the lines that the mother and father must participate in the [CCS] process, must fill out an application form, must attend an interview, must be assessed, whereas if that’s a court order and Mum doesn’t do any of that, then we can take it back to court and say, “Well hey! She hasn’t done it”.

This issue is explored further below (at 5.3.1) in relation to the typical contents of orders.

5.1.2 Use of a CCS is usually suggested by lawyers, at court

Regardless of the court involved, or the stage in proceedings, it was clear that the idea of involving a CCS was usually suggested by lawyers for one of the parties, or the child representative if one was appointed, in the course of negotiations at court. Orders were usually preceded by, and reflected, discussions between the parties’ representatives:

...you probably assume from the outside that being the judge, I’m the one who decides everything that happens. In fact I probably shape the least of it, in a sense. So I’d be driven a lot by what the practitioners have arrived at. There’d be very few cases where I’ve been called upon to decide whether it’s the contact centre or not, and there are very few instances where I’ve been, you know, the brilliant one that said, “I know. What about a contact centre?” because the practitioners know. And generally if one person is unrepresented, the other one will be represented so their lawyer would have raised it. So it’s not often left up to me to have to think about it.

In cases that went to trial and resulted in a judicial determination, it was also likely that the lawyers would be responsible for working out the final details regarding attendance at a CCS, unless problems arose:

... in fact my preference is always to indicate in general terms what sorts of orders I consider appropriate and leave it to the parties to work out the finer details. If they can’t, they come back. ... [If] for example, there’s an argument about whether contact begins at 11.00 a.m. or 1.00 p.m., then of course I will resolve that on the basis of whatever evidence is before me. But I don’t usually want to buy into those things. That isn’t to say that I haven’t done such things. I mean I had a case where the actual arrangements at [CCS] in that particular case became very relevant because the centre had made arrangements for the mother and father to be assessed and attend interviews and there were problems with both of the parents. And I managed that pretty firmly and in fact arranged for evidence to be given to me by the administrator at the centre, just to work out exactly what happened and I brought it back before me to make sure that the parties had attended and that they were suitable.

In terms of the overall conduct of a case, the time at which discussions between lawyers regarding use of a CCS arose depended on a variety of factors including the cooperation of the parties, and the nature of the allegations made:

Usually with sexual cases the Department of Human Services is already involved, so it’s usually where there have been allegations of domestic violence, or violence perpetrated on the children, particularly if you’re getting instructions that the children are particularly scared of that parent. You’re usually in those circumstances not looking at any contact until you’ve at least had some kind of interim hearing. So you’re not looking at

337 Transcript 258, para 61.
338 Transcript 252, para 175. See also Transcript 263, paras 171 to 173; Transcript 260, para 54; Transcript 240, para 141.
339 In the survey, 66.2% of contact parents and 82.6% of residence parents had legal representation, and a child representative had been appointed in 34.8% of cases.
340 Transcript 276, paras 49 to 53. See also Transcript 261, paras 29 to 31.
341 Transcript 277, paras 65 to 83.
negotiating that in the first instance. That’s something that you’re looking at after you’ve received your responding documents and possibly after doing a Form 66 notice.342

Consistent with the time pressure at court often described by solicitors, a degree of pressure on litigants to agree to orders to attend a CCS was sometimes evident in the process of referral:

Well some people object and you say to them, “Well look,” you know, “do you want contact or don’t you?” especially in situations where we’d like to think it’s a short-term measure and I always put it to them in terms of: “This is a protection for you. Allegations have been made. Now if you don’t want allegations to continue, what we’re doing here is making sure that you’re safe and the child’s safe”. So I always try to put it in rosy terms. 343

Similarly, there was some acknowledgement that lawyers have seen CCSs as an easy way of dealing (at least temporarily) with difficult cases:

And I think sometimes [lawyers and courts] just see it as a panacea to remove it from the court, you know? Let them deal with all this stuff, you know, we’ll just order it.344

Lawyers, quite honestly, are trying to get a problem off their own plate. I think that’s what they’re all trying to do. Like, what the hell are we going to do here? Let’s send them to a contact centre. It the easy way out but it’s the only way out a lot of the time, and so you just see it as… Look it’s not the curer of all ills, but you hope it is. You sort of think, well if I send them to a contact centre the problem will go away. I don’t think it does.345

This attitude, however, was not consistently held:

... well I think there’s kind of a consciousness-raising exercise going on for the practitioners in terms of what might be the appropriate sort of orders to make. There’s always been that sort of slight presumption that the contact centres are just available to take anything and so you just whack them into the orders and it becomes their problem.346

And you don’t think it’s a situation where perhaps lawyers when they’re using the court for example, “I don’t know what to do with this case. Let’s try the contact service?”

No I don’t think it’s that. I think people see it, no they’re looking for the right sort of result. … No, it’s not a too-hard basket. No I don’t think so.347

5.1.3 The CSS is not always contacted before orders are made, which has consequences for the content and workability of orders

Lawyers often said they usually did, or would prefer to,348 contact the relevant CCS before orders were made:

What usually happened or happens is, somebody comes up with a name, we ring them up, whether it’s from court or if it’s less pressing, from the office, about the availability and what they provide and how much it costs, and then negotiate with the other side whether we use them or don’t use them.349

As noted earlier (at 5.1.1), some solicitors also requested their clients to contact the CCS before the court hearing date. As discussed below (at 5.3), some judges also preferred to telephone the relevant CCS before making orders so that they could tailor their orders to reflect the operation of the service.

342 Transcript 264, para 392.
343 Transcript 259, para 205.
344 Transcript 245, para 171.
345 Transcript 259, para 279.
346 Transcript 250, para 133.
347 Transcript 267, paras 353 to 357.
348 Transcript 255, para 71; Transcript 275, paras 325 to 331; Transcript 276, para 75.
349 Transcript 274, para 146.
However, because the prospect of using a CCS usually arose at court just before orders were to be made, it was not always possible to contact the CCS in the short time frame available:

.... the ideal situation would be you’d ring the contact centre and find out what they can fit in and when, and put it specifically in the order. But the way we do family law here, family law is always listed for every second Wednesday morning. … It’s in the Magistrates Court and because the contact centre’s not open on Wednesday mornings, it’s not open until Wednesday afternoon, so you don’t have the luxury of finding out when they can fit in and so we tend to make our orders, we guess when they’ll be available and add a little rider that: “…or at such other time as the contact centre can accommodate” and we work a lot on trust with them, that they will do their best to fit it in as close as possible and they do. They’re very good.  

Well, I always used to insist that phone calls be made … I wouldn’t make an order without the outside community agency having agreed. But I think the way the lawyers quite reasonably have gotten around that, probably out of frustration at times when they’re trying to get through to a busy contact centre and they can’t, and they’re trying to give the court the answer on the orders, is that they often just make orders that are subject to the approval of the contact centre … on the basis that usually, between the lawyers and the judge, you’ve got a pretty good feel for what a contact centre would take. It’s only going to be because they hadn’t got time or whatever. You know, it’s going to be something like that, but the majority of cases will be taken, so it’s better than hanging around on the phone or not being able to get an answer. 

While in most cases in the sample the CCS concerned was able to provide the contact as specified in the order (77%), the approach of contacting the CCS post-orders could result in problems, the most common being a delay in contact due to a long waiting list at the CCS:

... once the orders had been made, we found out when [CCS] could facilitate the contact, the mother couldn’t provide the child at those times because she was at university. So then we had to go through the process of renegotiating. Now whether, I suppose in their defence, [CCS] could argue, “Well you should have rung us and found out what times”, but in the heat of trying to negotiate contact, where you’ve got a party that says, “Okay, I’m going to finally let you have some contact” at court, that’s the last thing that you’re thinking about doing, is asking whether that can be done. ... Also with [CCS] there was a fairly substantial waiting list. 

And don’t make orders affecting them before you’ve spoken to them. And people do that all the time, you know, and you say, “Yes, but...” You know, if you’re child repping something and the parties will come up with their lawyers and say, “Oh well, we’ve agreed and it starts next week”, and you say, “But it won’t. I mean have you rung them? It won’t start for maybe two months, so is your client prepared to wear the fact that there might be no contact happening for another two months?”

5.2 The types of orders made

Court orders for contact or changeover to be supervised at a CCS may be made by consent or by judicial determination, at the interim stage or as final orders. It appears that interim consent orders are the most common types of orders made. Final orders raise the issues of long-term or indefinite supervision, which are rarely considered appropriate.

5.2.1 Consent orders versus judicial determination

Referral agents agreed that many or most orders for supervised contact or supervised changeover are made by consent. One judge claimed never to have imposed an order for supervised contact upon a party. A referral agent commented that the availability of a CCS in a regional area had reduced the number of contested interim hearings in the local Magistrates Court, as parties were

350 Transcript 244, paras 61 and 65.  
351 Transcript 276, paras 75 and 79.  
352 Transcript 264, paras 174 and 175.  
353 Transcript 275, para 871.  
354 Transcript 261, para 41.
now able to agree to use the CCS rather than having to wait a considerable period of time even to get an interim hearing. 355

As noted earlier (at 5.1.2), lawyers had various ways of persuading their clients to consent to an order. In the case of a contact parent, a lawyer explained:

So you’ve got your violent situation, you’ve got your estrangement situation, you’ve got your recalcitrant, you’ve got your no contact. Well you can sit them down in the Magistrates Court and say, ‘Listen,’ you know, ‘you’ve got court time today. You’ve got a very good chance it’s going to be ordered. You don’t have control over how much there is or where it happens or how, but if we do it in this controlled fashion, we can put it that he doesn’t mind. We’ve got concerns about your behaviour. You can disprove our concerns by agreeing to this controlled contact’. And you can sell it. You can sell it to a party against whom accusations have been made and he’s indignant about it, by saying, ‘Listen, if it’s not happening it won’t be seen to be happening and it will take the weapon out of the other party’s hands. You’ll be right’ 356

And in relation to a residence parent:

You see it when you’ve got one party not, you know, not wanting the other party to have contact to force a no-contact situation, and then, it is incumbent on the court system and the lawyers, I think, to make extremely clear to the recalcitrant parent that this isn’t acceptable, and that they’d better get used to the idea. And then if they don’t consent to contact being ordered then it will be ordered over their heads and they will then not be able to control the amount of time and contact which is involved… So it behoves the lawyers to make that abundantly clear before the parties turn up to…allow contact under supervision. 357

Other referral agents were more neutral, or actively critical of the fact that residence parents had little option but to consent to supervised contact:

And the reality of it is, I think, more and more lately, is that you cannot advise residence parents that the other party, you know, this person is so bad they probably won’t get contact. In fact you almost have to advise them, I think, that especially in the interim stages, that they’re better off, even where there are allegations of abuse and so on, that in order not to lay themselves open to suggestions that they’re being difficult, or that they’re trying to prevent contact, you almost have to suggest to people where there is abuse that they should allow contact. 358

Some judicial officers indicated that they would not question minutes of consent orders involving supervised contact or changeover that were handed up to them. 359 Others were prepared to be more interventionist if they considered the orders might be unworkable either due to procedural or substantive concerns with the proposed orders, with the latter including concerns such as whether the referral has been properly made or whether there should be an order for no contact:

I have a checklist, which is in my mind which every time you get a consent order on children’s matters, as soon as you see them making these referrals out, the first question you ask is:

1. Have you contacted the appropriate centre?
2. Are they aware of the order that you’re making?
3. Do the times that you’re asking for this supervision to occur actually fit in with their operating hours?
4. Is there a waiting period? …

If it’s a lawyer who says, “Well this is the contact centre the clients will accept because we’re recommending it, but no one’s approached them yet,” I’d be saying, “Well look, I’m hesitant about making the orders. Would you like to make a phone call and check with them as to what you’re asking is appropriate and they are the appropriate place to go?” 360

355 Transcript 244, para 387.
356 Transcript 268, para 628.
357 Transcript 268, paras 599 to 603.
358 Transcript 251, para 76.
359 E.g. Transcript 267, para 47; Transcript 277, para 61.
360 Transcript 265, paras 61 to 72.
I refused to sanction a consent order on an interim basis because I was so concerned about the matter, and it was one where the parties, no doubt with much misgiving, had agreed to contact at the contact centre, and I didn’t have a problem with the contact centre, I had a problem with the contact. And it’s a case where there’s going to be psychiatric assessment done on everybody in the family and I just did not think it was appropriate in those circumstances to be ordering contact before that assessment was done.361

Referral agents suggested that orders for supervised contact or changeover determined by the court following a contested hearing are less frequent than consent orders. This is probably not surprising given that consent orders outnumber judicial determinations in family law proceedings in general. The survey data, by contrast, showed that similar proportions of orders were made by consent (47%) and by judicial determination (45%). This data may be unreliable, however. In cases in which minutes of consent orders are handed to the court on a scheduled hearing date (which appears to be very common), the orders are technically made by a judge, but are the product of agreement between the parties. Thus, the distinction between a consent order and a judicial determination may not always have been obvious.

5.2.2 Interim orders

Several referral agents contended that the majority of contact orders were made on an interim basis. For example, a Federal Magistrate could not recall ever having seen final orders made for supervised contact.362 The predominance of interim rather than final orders was variously attributed to the court’s reluctance to make supervision orders on a final basis (see below at 5.2.3), and the incapacity of CCSs to supervise for long periods of time. Despite this reputed reluctance on the part of the courts to order long term supervised contact, parents and children use the CCS for an extended period of time, 1.5 years on average and ranging from one month to nine years. (See further 10.3.5)

The length of time that interim supervised contact can last attracted some comment from referral agents. One noted that in the Federal Magistrates Court, interim orders tended to be in place for only a short time, with matters coming back for final hearing relatively quickly.363 In the Family Court, on the other hand, interim orders could be in place for 12 to 18 months. A solicitor complained that:

Sometimes children are going there for too long and it’s not necessary. ..It’s a very easy fallback position for a residence parent and what should be a very temporary situation becomes a long-term thing, and that’s a problem. I mean I’ve had contact parents who have been going to the contact centre for two years.364

Similarly, another stated:

The problem is that the Family Court is always so banked up, so I know one of my cases…we didn’t get those interim orders until well into the piece, and then the matter was adjourned off to be put in the trial notice list. Now the trial notice list didn’t come back for, I think it was over six months, so he had all of his contact at [CCS], and because we were so far down the track, it was awfully difficult to bring on a Form 8 application to have that changed.365

A third solicitor observed that when the Magellan project was running, cases were getting to final hearing in four to six months. In that kind of time frame, where there had been serious allegations of physical or psychological violence, the court could make the decision not to allow contact during

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361 Transcript 259, para 59.
362 Transcript 267, paras 403 to 413.
363 Transcript 269, para 321.
364 Transcript 244, paras 221 to 225.
365 Transcript 264, para 111.
the interim stage without causing irreparable damage. But if the interim period took between 12 and 18 months, suspending contact was not an option.366

A fourth solicitor, however, presented a different perspective. She noted that the period of 18 months after separation was the most dangerous time for women and children, and that coincides with the approximate length of interim orders. So the result of interim contact orders, even for supervised contact, was that children were being forced to have contact with a violent perpetrator at the time when he was at his most aggressive.367

5.2.3 Final orders

While some referral agents considered that interim supervision orders are far more common than final orders, others gave various instances in which final orders had been made, either by judicial determination or by consent, or claimed that there was no predominance one way or the other as between interim and final orders.368 The quantitative study found almost twice as many interim orders (52.%) as final orders (28%), which is probably a fair reflection of the general picture.

Even where final orders were made, however, there was general agreement that supervised contact must be ordered for a finite rather than an indefinite period. This is in contrast to other perspectives identified elsewhere in this report which indicate that supervision can take place for extended periods of two years or more. (See further Chapter 9) Some respondents referred to Full Court authority to support the view that if indefinite supervision is contemplated, then it is doubtful whether contact should occur at all.369 More often, however, any period of supervision included in final orders will be limited. A range of reasons were given for this, including the impossibility of binding a third party indefinitely,370 the fact that contact centres offer a time-limited service and lack the resources to supervise for long periods,371 the impracticality of a child having supervised contact for the whole of their childhood,372 and the potentially damaging effects on the child and the parent-child relationship for contact only to take place in a contact centre:373

…most contact services will not get involved if it was considered to be a final situation.

*Oh really? Okay.*

Most of them consider that they… Most of them will say ten visits maximum.374

We have actually requested ongoing supervision of the contact as the final orders in that one. But I can see there is going to be a major issue because the contact centre cannot just give endless supervised contact so there’s the

366 Transcript 249, paras 422 to 442.
367 Transcript 263, para 405.
368 E.g. Transcript 246, paras 275 to 283; Transcript 256, paras 197 to 203; Transcript 260, paras 376 to 380; Transcript 262, para 113; Transcript 270, paras 95 to 97, 111 to 113; Transcript 277, para 63.
369 E.g. Transcript 262, paras 107 to 111. In *B and B* [1993] FLC 92-357, Fogarty, Baker and Purvis JJ held that “Supervised access is not appropriate as a long term measure”. This view has not commanded universal assent, however. See e.g. *M and H* [1996] FLC 92-695; and *C and J* [1996] FLC 92-697. In the latter case, Fogarty and May JJ in their joint judgement stated that “Ultimately the determinant is the best interests of the child. That discretion should not be circumscribed by absolute rules which appear to exclude one of the otherwise available possibilities.”
370 Transcript 264, para 144.
371 Transcript 255, paras 373 to 377; Transcript 260, para 380; Transcript 263, paras 197 to 199; Transcript 269, para 255; Transcript 271, para 81.
372 Transcript 246, paras 279 to 283; Transcript 258, para 269 to 271; Transcript 269, para 263.
373 Transcript 269, para 255; Transcript 272, paras 345 to 347.
374 Transcript 255, paras 373 to 377.
whole issue of who could even do it basically. … It’s really hard to get it as final and when you do get it as final orders it’s got a cap on it and you’ve still got to come up with another solution.375

…so you might get some court orders that are laid down when children are quite young, you know, three or four, but those court orders have to be carried through till that child gets to an age where they’re no longer practicable and it can encroach on their social lives to the extent where the child then starts to really resent having to go.376

…if we use them for too long, after the need for them has objectively evaporated, then we can do damage I think, because we can teach the child that there’s something in the relationship with that parent which is unsafe and which needs intervention… Sometimes the child has to learn that, but I think we have to be careful about long-term orders.377

The impracticality of long-term supervised contact raises the question of what happens after supervised contact is discontinued? Other arrangements may be phased in, for example moving from supervised contact to unsupervised contact, perhaps with changeover in a neutral location, but at least one referral agent argued that after the period of supervision, “there are a lot of children going into unsafe contact”.378

Circumstances for making long-term orders for supervised contact

Various circumstances were suggested in which it might be appropriate to order supervised contact for an extended period of time.379 A number of judicial officers mentioned cases in which the contact parent has serious and permanent problems, such as brain injury, intellectual disability or psychiatric disorder, which mean that they will never be able to cope with the child or guarantee the child’s safety unsupervised.380 This does not mean that contact can always occur at a CCS, however. According to one referral agent, clients would be able to make a maximum of ten or 12 visits to the CCS, after which:

…. maybe they’ve got a very good mother or partner, she would be the one who would do the backup just to make sure that the nappies are changed, just to make sure kids get to bed on time and those sorts of things.381

A judge considered that a lengthy order for supervision could be made in sexual abuse cases:

…once you determine that the abuse has occurred, I mean you can sometimes make a supervised order, but once you’ve determined – I won’t say you’ve determined that the abuse has occurred, but there’s an unacceptable risk, yes, you could make a lengthy supervised order and report back to see what the relationship was. … But they’re very difficult. You tend at that point to say, “Well sorry, but that’s the end of it”.382

By contrast, a solicitor reported a case in which contact had been supervised for 12 months, there was evidence of unacceptable risk to the child, and the father consented to a further 18 months supervision, after which unsupervised contact would be phased in. By that time, the child would be seven or eight and “it was felt that…if there is an issue with Dad, she could express her opinion”.383 This seems to place an extraordinary burden on the child to protect herself in the absence of protection from the family law system.

Graduated orders may be made:

375 Transcript 263, paras 197 to 199.
376 Transcript 258, para 269.
377 Transcript 272, para 345.
378 Transcript 263, para 207.
379 For an example of an indefinite supervision order, see T and N [2003] FamCA 1129 (4 November 2003).
380 Transcript 262, para 115; Transcript 267, para 429; Transcript 272, para 83.
381 Transcript 255, paras 379 to 387.
382 Transcript 271, para 175.
383 Transcript 278, paras 193 to 197.
…especially if there’s been a history of alienation or estrangement for one reason or another and there is a need for one or other parent to get to know the child again, and the child to get to know the parent, and there’s just as much need for the residence parent to become confident that the other parent isn’t going to be silly or neglectful.384

In these circumstances, contact may be ordered to be supervised at a CCS for a period of time, and then may move to supervision by a family member.

_Circumstances for making long-term orders for supervised changeover_

A few respondents noted that final orders may be made for supervised changeover as well as for supervised contact. One referral agent considered that for a minority of parents, changeover would always need to take place at a contact centre,385 and another expressed the view that long-term changeover at a contact centre would be preferable to long-term changeover at a police station for families and CCSs.386 It was also considered that long-term supervised changeover presented less of a resource problem than did long-term supervised contact.387

A barrister gave an example of final orders that say: “changeover [is] to be at the contact centre for as long as the centre is available and thereafter at such place to be agreed”, thus leaving it to the CCS to determine how long they would be available to supervise the changeover.388 On the other hand, a judge considered that if parties were likely to fight at changeovers indefinitely, the continuance of any contact should come into question.389

5.3 Contents of Orders

Referral agents were asked whether there were particular matters that they would specify in orders for supervised contact or supervised changeover. This question elicited a wide variety of responses. Some of the most common categories of responses are identified in this section.

5.3.1 Specifications relating to the contact service’s intake procedure

According to a child representative:

…when [CCSs] first came in, lawyers on interim hearings would just get together and simply say, “Contact shall be at [CCS]”. They hadn’t even asked [CCS]. They didn’t know about the intake program...

…

_Do you think that’s still the case today?_

I think it’s lessening, and it’s really lessening thanks to judicial intervention and the careful judicial eye going over orders, as distinct from probably input from the profession.390

Most referral agents interviewed for the study were aware of the intake procedures in CCSs, which involve the completion of an application form by both parties, and an assessment by the CCS, sometimes including an interview, before the case will be accepted. A judge noted that this means that court orders should not require the CCS to accept the parties concerned, as they may not

384 Transcript 270, para 107.
385 Transcript 259, para 315.
386 Transcript 269, paras 269 to 273.
387 Transcript 267, paras 473 to 475.
388 Transcript 256, paras 193 to 203.
389 Transcript 271, paras 99 to 103.
390 Transcript 243, paras 27 to 33.
complete the screening process or meet the service’s criteria. Another considered that the contact order must always be expressed to be subject to the CCS assessing the family as appropriate.

A solicitor recounted a case in which:

We had to wait four months before the other side filled in her application. She was simply using it as a stalling mechanism and therefore my client was not getting any contact for that period of time. Now that’s a huge period of time that we lost because she wouldn’t fill it in. I ended up having to threaten bringing a Form 8 application and bringing her in contempt, for her to do that. But that’s something that needs to be addressed. I don’t know whether the practitioners need to look at having the assessment forms there and getting them filled in and attaching them to the orders, and then they are simply sent to [CCS].

This solicitor described such stalling tactics as “a huge problem”. Other referral agents, however, reported a variety of well-developed strategies that they use to ensure that parties do in fact complete the intake procedures in a timely manner:

I try to have that application form at court with me, on the date when I’m hoping to get the orders for [CCS], so I can have my client fill in the form. I’ll try and organise that there be another form for the client on the other side, so that everybody fills the forms in.

[I get] a court order that says along the lines that the mother and father must participate in the process…must fill out an application form, must attend an interview, must be assessed…

I make a paragraph that the parties deal with things within a certain period of time when they get to the centre, so when I prepare the documents I usually put within seven or 14 days. … But I always put a paragraph in that the parties have got to deal with it and sign the documents within a set period of time, because a lot of residence parents just fail to do those documents, and then the whole lot just doesn’t happen.

As noted above (at 5.1.1), if a party fails to comply with such specifications, they can be taken back to court for enforcement.

5.3.2 Frequency of contact, dates and times

Referral agents agreed that specific dates and times for supervised contact or changeover should not be included in orders unless the CCS had been contacted and agreed to those times. Otherwise, it was unlikely that the particular dates and times specified would be able to be met by the CCS. Because, as discussed earlier (at 5.1.3), it is sometimes not possible to contact the CCS before orders are made, the orders might instead provide that the particular times for contact or changeover are to be as determined by the CCS. This allows contact services to slot people in according to their own timetable and current bookings. One barrister, on the other hand, gave an example of orders specifying that changeover would take place at specific times, or as close to such times as could be arranged with the CCS, or otherwise at McDonalds. But such orders focusing on the time rather than the venue for changeover call into question the reason for using the CCS in the first place.

391 Transcript 271, para 71.
392 Transcript 262, paras 272 to 276.
393 Transcript 264, paras 150 to 152.
394 Transcript 268, paras 174 to 176.
395 Transcript 252, para 175. See also Transcript 243, para 125; Transcript 260, para 118; Transcript 272, para 35; Transcript 278, para 95; Transcript 278, para 95; Transcript 270, para 297; Transcript 255, para 89.
396 Transcript 255, paras 89 to 91. See also Transcript 270, para 297.
397 Transcript 246, paras 63 to 67; Transcript 255, paras 89 to 91; Transcript 260, paras 118, 126; Transcript 270, para 293.
398 Transcript 256, para 75.
Orders were more likely to specify the frequency of contact (e.g. two or three hours once a fortnight, or two hours every other weekend), but this again was usually based on knowledge on the part of the judicial officer, solicitors or child representative of the service that the relevant CCS was able to offer.399

### 5.3.3 Empowering the CCS

One solicitor said that they always specify in orders that the parties must cooperate with the CCS.400 Apart from this, it was judges who tended to speak about including conditions in orders to empower the CCS:

> Well first of all the order has got to be made subject to the contact centre assessing the family as appropriate for the centre. I can’t require them to take the matter. Secondly, I require the family to comply with all reasonable directions of the contact centre. Thirdly, I will normally give some degree of autonomy to the contact centre to terminate contact if the matter goes outside the orders or their rules.401

> …the parties agreed ultimately that the parent needed to provide clear [drug] screens to the manager of the contact centre before contact could start, and I gave the contact centre the power to stop contact if the screen wasn’t provided or it returned a positive result.

> Is that something that contact services are comfortable with doing ...?

> I specifically enquired from this contact service and the manager of this contact centre gave evidence that it was okay. I was a bit iffy about it but they were prepared to accept it, and if they were prepared to accept it, then I was comfortable with it, because I was confident enough the contact centre knew, was professional enough to be able to cope with it.402

> I think sometimes you need to make it absolutely clear that it’s at the discretion of the staff that if they ask a person to leave that person is to leave forthwith and those sorts of matters. So I have on occasion had quite detailed orders or rung one of the centres to ask do they have a policy about alcohol. What did their protocols that they had people sign say about if they formed a view that someone was alcohol or drug affected and those sorts of matters? … [I] try and tailor orders if I thought it needed more than a bare order, to really empower in a way the contact centre. …You need to make it very clear, it seems to me, to that person that it’s going to be at the discretion of management of the service. If they form the view that person is affected they’re not going to proceed and there’s an end of it, you know. Because you’re dealing with some loony suggestions from lawyers and parties sometimes about arranging a breath test before they get there and whatever. It’s not doable.403

Another referral agent also raised the issue of situations in which children appear distressed at the prospect of contact, and argued that:

> I guess if they were aware of sometimes the things that can happen with regards to the children’s reactions, they maybe could put some direction in the court orders to compensate for that. And by saying that I don’t mean that they should put in the court orders that every time little Billy decides he doesn’t want to go and he cries, that he doesn’t have to go, because we all know that that’s not possible. However, there should be some certain amount of flexibility, should I say, that’s placed in the court orders to give the contact staff that flexibility and discretion as to whether the children should go or not.404

While orders may empower the CCS staff to make decisions in relation to the facilitation of contact at the service, they are unable to bind the service. As demonstrated in Chapter 4, contact services can and do vary arrangements in response to children’s distress at having contact.

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399 Transcript 244, para 125; Transcript 260, para 118; Transcript 263, paras 177 to 179; Transcript 275, para 331.
400 Transcript 255, para 89.
401 Transcript 262, paras 272 to 276.
402 Transcript 262, paras 378 to 382.
403 Transcript 272, paras 35 to 41.
404 Transcript 258, paras 215 to 219.
5.3.4 Duration of orders

A few referral agents mentioned that they would place limits on the duration of orders. For example a federal magistrate said they would generally make orders for supervised contact for six months, after which the order may be reviewed, while another federal magistrate explained that their orders would generally specify supervised contact for two hours a fortnight for a specified period of months or weeks.

Two referral agents saw a need for orders to be time-limited, either because orders made when a child is quite young can be inappropriate where carried on when the child is older, or because in their experience, the services of a CCS would only be available for a limited time, such as one year. The second referral agent raised the question, however, of how orders could then be reviewed. In sexual abuse cases in particular, it would be inappropriate to simply move to unsupervised contact:

... if the child representative’s still in it, it might be able to be reviewed by the feedback from the contact centre. There might be sort of like an implicit agreement that if all goes well and the contact centre says it’s okay, that it might go to non-supervision, but that it’s not actually included in the order because people aren’t prepared to commit to it. Another option is it might go back to court again. I mean the court is very reluctant at the moment to do that, but that’s an option.

Some referral agents refrained from including a time limit in the orders, in order to enable clients to establish a routine of fortnightly contact and to give them as much time as possible to make the contact regime work.

5.3.5 Phasing out of supervised contact/changeover

The issue of the duration of supervised contact orders is related to that of the phasing out of supervised contact or changeover, in accordance with the received wisdom identified above (at 5.2.3) that long-term supervision should not be ordered. To what extent, then, is the phasing out of supervision provided for in contact orders which are expected to be final orders?

Respondents suggested that the Federal Magistrates Court has adopted a practice of judicial supervision of moves to self-management, which involves bringing parties back to court after a specified period of time at a CCS, in order to make further arrangements.

This practice does not appear to be common in the Family Court, however. The phasing out of supervision may occasionally be left directly under the control of the CCS. For example a child representative cited a case in which:

... we had six months at the contact centre for contact… It worked well for six months, and then on the certificate of the contact centre, this is what the order said, the certificate of the contact centre to me, that the worker thought it appropriate. We then moved to the contact centre being for changeover, but they went to a major shopping centre nearby the contact centre for a movie and a meal.
But more often, supervision orders appear to be open ended, and phasing out is left implicitly to the CCS or to the parties themselves. For example:

…if you’ve got children who are under 12 months, we generally have supervised contact for a start for Dad if there’s been no real hands-on parenting. So at the end of 12 months it might be that Dad now has the skills in changing nappies and feeding and those sorts of things and we move out of the contact centre.412

…when you make an order for a contact centre, generally it’s an open-ended order, and times change, the circumstances change. So whilst you might start off with a contact centre when you’ve got a three-year-old, very quickly in two years time they’re a five-year-old and off to school, and there’s not the necessity for the people to have to go back to the contact centre. But generally that’s agreed between the parties and we mightn’t know that they’re still at the service, because our files would be closed and until they come back to us to change it, we don’t necessarily keep tabs on all of those people going through. It’s just impossible.413

Another referral agent put a less positive spin on this process of making open-ended orders and leaving the duration to the discretion of the CCS:

... in the case of the violence directed to the mother, I mean we see a lot of those cases and the reality I think is that in the long term they do move on to manage their own contact but it’s usually not their choice. It’s usually more because the service cannot keep going for them and it just has to happen. And they’re the ones that will often, the contact changeover will be at McDonalds, or it will be at the police station, because that’s the only place the woman feels safe…414

5.3.6 Other contents of orders

While orders will often specify which particular CCS is to be used, this is not always the case. In order to avoid potential difficulties if a specific service is unavailable, some orders simply state that contact is to take place at “a contact centre”, and it is left to the parties or the child representative to determine where.415

Two referral agents were concerned that as well as empowering the CCS, orders should also empower the child representative, for example by allowing the CCS to contact the child representative if necessary,416 or allowing the child representative to exercise discretion to provide relevant material to the CCS, and discuss the case generally with the CCS.417

One deputy registrar advocated the need for orders with a degree of flexibility built in, which allow parties, their lawyers and the CCS to make appropriate alternative arrangements if those specified in the order turn out to be unworkable, without having to come back to court every time.418

Unworkable orders appear to be made less frequently than might previously have been the case, however. In the survey, the CCS was unable to provide the contact as specified in the order in only 12% of cases. The major reasons for being unable to provide the contact specified were that the CCS did not provide the specified type of service (33%), the CCS was not open at the specified time (30%) and the CCS was unable to provide the service for the specified length of time (16%).

412 Transcript 246, para 81.
413 Transcript 246, para 189.
414 Transcript 263, para 421.
415 Transcript 276, para 103; Transcript 277, paras 49 to 55, 65, 77.
416 Transcript 272, paras 269 to 271.
417 Transcript 243, paras 119, 123.
418 Transcript 265, para 380.
5.3.7 Judicial guidelines and pro forma orders

While one solicitor was concerned that there was still a haphazard approach and a lack of clear processes for ordering supervised contact or changeover, deputy registrars and judges of the Family Court referred to pro forma orders and guidelines on referrals to CCSs that have been developed by a committee headed by Justice Boland. The pro forma orders have been incorporated into the Family Court’s electronic bench book. At the time of writing, the guidelines were still in draft form.

The guidelines will cover the three areas of intake procedures, use of the CCS, and moving on from the CCS’s intervention. Their purpose is to raise awareness and improve the knowledge of court personnel about CCSs and to ensure that up to date information about CCSs is available to the court. They draw the attention of judicial officers to the following matters in considering orders for supervised contact or changeover at a CCS:

- CCSs’ intake procedures;
- the availability of the proposed CCS, and its hours of operation;
- the capacity of the CCS to provide age-appropriate facilities for the children, as well as to deal with any issues relating to culture or disability;
- the reason for referral to a CCS;
- the level of supervision required and/or who may be present during supervision;
- whether the orders are interim or final orders;
- the role of the child representative;
- any special restrictions or arrangements;
- fees;
- the ability for the CCS to terminate its services; and
- the anticipated duration of use of the CCS, and any need for flexibility in duration.

The current version of the pro forma orders, however, do not deal with all of these matters. In particular, the pro forma orders do not contain any specifications concerning duration or phasing out of supervision, although they do include an order to enable the CCS to recommend parties to participate in programs and for either party to re-list the matter for mention should that occur. A pro forma order is also included to require parties to participate in courses or primary dispute resolution facilities.

The pro forma orders contain:

- detailed specifications concerning compliance with the CCS intake procedure in a timely manner;
• if the parties are accepted by the CCS, specifications as to the frequency of contact and how it shall occur – assuming at least some knowledge about the days of operation and services provided by the CCS, although incorporating sufficient flexibility to enable alternative arrangements to be made if those specified in the order are unachievable;\textsuperscript{423}

• directions as to the payment of fees;\textsuperscript{424}

• provision for the matter to be returned to court if, following its intake procedure, the CCS is unable or unwilling to take the family; and

• provision for the matter to be returned to court if the CCS declines or is unable to continue to provide its services, if the director of the CCS recommends in writing to the parties that the orders be varied, or if the parties agree in writing to vary the orders.

As is discussed in 4.6 and 9.7, the ability for matters to be fast tracked back to court was identified as an important option for families using CCSs.

In terms of the discussion above, it is also notable that the pro forma orders do insist on the specification of a particular CCS, rather than leaving the choice of CCS open. Whilst there are some provisions empowering the CCS in the pro forma orders, additional provisions could be included regarding the interaction and exchange of information between the child representative and the CCS.

\begin{itemize}
  \item[(b)] attend the assessment;
  \item[(c)] comply with any appointments made by the Contact Centre for supervised [contact/changeovers]
  \item[(d)] comply with all reasonable rules of the Contact Centre; and
  \item[(e)] comply with all reasonable requests or directions of the staff of the Contact Centre.
\end{itemize}

\textsuperscript{423} If after assessment the parties are accepted by the Contact Centre as suitable for supervised [contact/contact changeovers], [name] is to have contact with [the child/children’s name(s) and date(s) of birth] each [specify e.g. day of week/weekend/each second (weekend or specified day of the week)] at times nominated by the Contact Centre and such contact is to [occur at the Contact Centre] /be implemented by (name) collecting the child/ren from the Contact Centre at the start of contact and returning (child/ren)to the same place at the end of contact.

In the event that the Contact Centre offers supervised [contact/changeovers] only at times which are less regular than specified in the order [number] then contact shall occur at the times which are offered by the [name of the Contact Centre].

[Name must [cause some other responsible adult known to the child and nominated beforehand in writing to the Contact Centre, the other parties and the child’s/children’s representative to] deliver the child/ren to and collect the children from the [Name of Contact Centre] at the times specified by the [Name of Contact Centre] and on each occasion promptly leave the building and the vicinity.

[Name of contact parent] must not attend the Contact Centre or its vicinity before the time contact is to start and must promptly leave the Contact Centre and the vicinity at the time contact is to end.

\textsuperscript{424} [For supervised contact] Contact under order [order number] is to be supervised by the Contact Centre and [(name) must pay the reasonable fees for the supervision on each occasion of supervision OR each of the parents must pay one half of any reasonable fees for the supervision on each occasion of supervision OR each party must pay the reasonable fees charged him or her by the Contact Centre for each occasion of supervision OR (specify the proportion of fees each party is to pay)]
5.4 Factors affecting the ordering of supervised contact

When referral agents were asked to identify factors that they consider have affected the ordering of supervised contact and supervised changeover in the past ten years, they expressed a range of views on the extent to which the Family Law Reform Act 1995 (Cth) (FLRA) had impacted on contact orders. They also referred to a wide range of broader social factors that they considered relevant to the increased use of orders for supervised contact and supervised changeover.

5.4.1 Impact of the FLRA

Some respondents were firmly of the view that the enactment of the FLRA had increased the likelihood of orders, especially interim orders, for supervised contact and supervised changeover being made. Of particular relevance was section 60B(2) of the Family Law Act 1975 (Cth), inserted by the FLRA, particularly paras (a) and (b) which refer respectively to the child’s right to know and be cared for by both their parents, and to have contact with both parents and others significant to the child’s care:

I mean look I think a lot of it comes back, and again there are really good statistics out there, which I can never remember the numbers, but a lot of it comes back to, the whole attitude change comes back to the ’95 or ’96 amendments to the Family Law Act, when they brought in the child has the right to have contact with both parents, because what happened was that’s actually been skewed. In the way that it’s used in the court and the way that it’s argued, it’s been skewed into a right to have contact with your child, on that interim, oh, you know, immediately basically. And what it’s done is, and I mean even though the idea behind it is great, what it’s done is it’s created this situation where it’s almost seen as the parent’s right overrides what is in the best interests of the child …I mean before they brought all that in, there used to be a lot of no-contact orders made on an interim basis.425 (solicitor)

I’ve got to say that since the recent changes to the Family Law Act, the general view amongst solicitors is that you can rarely if ever advise people that the non-residence parent won’t get contact, that he won’t get contact if they push hard enough.426 (solicitor)

One judicial referral agent cited the research of Helen Rhoades, Reg Graycar and Margaret Harrison427 to support this view:

I think as the Graycar/Harrison study shows, it actually did probably lead to more interim orders being made and perhaps questionable interim orders in relation to that. That’s the only objective evidence of that. I doubt if judges would have subjectively thought that they were often doing that but it may be that the effect and emphasis of the Family Law Reform Act did have that effect.428

Other referral agents (especially judges)429 were of the view that the FLRA had no impact at all on ordering of supervised contact and supervised changeover:

I can’t see any difference in the last ten years. In my view the amendments from 1995 did not make the slightest bit of difference. They were just words without substance.430

I think the majority of people, particularly the majority of practitioners, see the 1996 amendments as being simply moving deck chairs but providing no real change to the way in which they practise.

A confirmation of the previous position?

It simply meant you’ve got to draw your orders differently to take account of the legislation but…

425 Transcript 263, paras 473 to 475.
426 Transcript 251, para 74.
427 Rhoades, Graycar and Harrison, above n 9.
428 Transcript 271, para 17.
429 See also Transcript 254, paras 265 to 367.
430 Transcript 277, para 225.
Not a practical change?

I don’t think there’s been a practical change at all.431 (judge)

5.4.2 Changes in judicial thinking, and in the approach of courts and lawyers more broadly

Referral agents (particularly judges and magistrates) often noted that changes in judicial thinking in the High Court and the Full Court of the Family Court had preceded the FLRA, and had had an impact in terms of increasing orders for supervised contact and supervised changeover:

I’m inclined to think that… I think a lot of the running was being done by the Full Court of the Family Court and the Reform Act tended to reflect what the Full Court was already doing.432

To support this view, referral agents cited a number of well-known family law cases, namely: Re K433 and P v P434 (on the appointment of a child representative),435 M v M436 and B and B,437 (on the ‘unacceptable risk’ of child abuse for determining whether contact should occur),438 and JG and BG439 (on the relevance of family violence in the determination of children disputes, whether or not the children are subject to or witness that violence).440 Respondents also mentioned individual judges of the Family Court who they viewed as being influential regarding the rights and protection of children, in particular: Justice Fogarty (as a strong proponent of the right of the child);441 Chief Justice Nicholson (in raising awareness regarding child sexual abuse);442 and Justice Chisholm (on the need to protect children from domestic violence, including violence that they do not witness).443

Referral agents also noted other changes related to the court and the legal system that had encouraged use of supervised contact and changeover arrangements. These changes included: “the increase in the number, in the last decade … of cases involving allegations of child abuse, particularly child sexual abuse”;444 the enactment of domestic violence legislation;445 “the pro-contact culture of the Family Court”;446 the trend for more contact to be sought and given;447 and lawyers’ and clients’ increasing belief in the need to preserve some form of contact between parent and child as a holding position pending final determination of the case.448

431 Transcript 262, paras 334 to 342. See also Transcript 267, para 571; Transcript 269, para 397; Transcript 252, para 475; Transcript 256, para 265.
432 Transcript 270, para 333; Transcript 276, para 269.
435 Transcript 270, paras 333 and 337.
437 [1993] FLC 92-357.
438 Transcript 271, para 21; Transcript 249, para 450.
440 Transcript 270, para 327.
441 Transcript 249, para 478.
442 Transcript 489, para 454.
443 Transcript 270, para 327.
444 Transcript 271, para 9; Transcript 259, para 389.
445 Transcript 259, para 389.
446 Transcript 245, para 287.
447 Transcript 274, para 350.
448 Transcript 250, para 499.
5.4.3 The relevance of broader social changes

Some referral agents saw the FLRA as part of, or a contributor to, a broader societal change in attitudes to contact over the past ten years:

Well I don’t know that it’s legislation. The legislation is part of a societal change, so to that extent it’s relevant, but I think it is part of a broader society, you know, including lots of traditional education and consciousness-raising at all levels about these things.\(^{449}\)

I think it’s more reflective than anything else. But, after it … there were little bits of publicity that came out in the paper about a proposed change. The next day, people would be ringing up saying, “Now I’ve got, you know, now I can have equal time with my children” or they would just tell their spouse that’s what they’re going to do because they read it in the newspaper or something.

Yes.

So I’ve no doubt that the Reform Act bolstered that movement, so there was a bit of the ‘chicken and the egg’ in it.

The perception that there was a change in rights as such.

Yes, and it amplified the pressure for change too.\(^{450}\) (solicitor)

Most referral agents also identified broader social changes that they considered relevant to the increased use of supervised contact and changeover, as follows:

- increased community awareness of the need to protect children from domestic violence and sexual abuse,\(^{451}\) including violence witnessed by children;\(^{452}\)
- increased awareness of children’s rights,\(^{453}\) (including the United Nations Convention on the Rights of the Child);\(^{454}\)
- increased awareness (including media) of the importance of children having contact with their non-residence parent\(^{455}\) (including parental alienation syndrome);\(^{456}\)
- increased lobbying by fathers’ rights groups to local MPs who put pressure on Governments to act on their concerns\(^{457}\) (including reducing their child support liability);\(^{458}\)
- increased drug and alcohol abuse;\(^{459}\)
- increased community acceptance that some parents need assistance with parenting skills;\(^{460}\) and
- an increasing level of family breakdown, along with increasing consideration of the risk factors for children associated with that\(^{461}\) and public debate regarding family life.\(^{462}\)

\(^{449}\) Transcript 272, para 317.

\(^{450}\) Transcript 274, paras 356 to 364. See also Transcript 257, paras 425 to 437; Transcript 271, para 21.

\(^{451}\) Transcript 272, para 317; Transcript 276, para 265; Transcript 279, para 248; Transcript 261, para 327; Transcript 259, para 389; Transcript 261, para 425; Transcript 258, para 378; Transcript 254, para 363.

\(^{452}\) Transcript 272, para 313; Transcript 262, para 310; Transcript 270, para 325; Transcript 264, para 428; Transcript 276, para 265; Transcript 253, para 383.

\(^{453}\) Transcript 260, para 402; Transcript 247, para 446.

\(^{454}\) Transcript 260, para 406.

\(^{455}\) Transcript 173, para 11; Transcript 246, para 347; Transcript 267, para 723; Transcript 271, para 429; Transcript 252, para 487; Transcript 250, para 503.

\(^{456}\) Transcript 250, para 493; Transcript 263, para 457.

\(^{457}\) Transcript 251, para 86.

\(^{458}\) Transcript 251, para 406.

\(^{459}\) Transcript 243, para 319; Transcript 264, para 418; Transcript 240, para 231; Transcript 254, paras 363 to 367.

\(^{460}\) Transcript 243, para 319.

\(^{461}\) Transcript 240, para 231; Transcript 247, para 444.

\(^{462}\) Transcript 247, para 442.
5.5 Impact of CCSs on legal practice

Most referral agents thought that the existence of CCSs had impacted on legal practice in terms of more orders for supervised contact and changeover being made. CCSs were generally viewed as providing a viable, convenient solution for lawyers and the courts, especially in high-risk cases where contact would not have occurred previously:

I think it creates a viable option that didn’t exist before.\(^{463}\) (judge)

I think the implications of not having their service are fairly profound in terms of, in many cases, it really is a question of using the contact centre or there being no contact.\(^{464}\) (solicitor)

They provide an option when options don’t exist.\(^{465}\) (psychologist)

At a practical level, the very existence of CCSs had also had an impact, providing a new (and perhaps easier) option for lawyers and courts:

But it’s a race to supervised contact just because it’s available.\(^{466}\) (solicitor)

But since they’ve been available, I mean I think… I mean judges and, you know, federal magistrates and registrars are very happy to look at it and if there’s an argument about who’s going to supervise, suggest a contact centre every time. So they’re very happy to make the order because it gets it off their problem sheet.\(^{467}\) (solicitor)

I think it’s like building a highway. No one drives from here to there unless there’s a highway and suddenly everyone drives there. So once the service is available, people will use it. But I know it is the sort of service that has been needed for a long time. And after all, some sort of contact, supervised, handover, changeover you know, it may be better than no contact at all.\(^{468}\) (solicitor)

We didn’t know how necessary they were until they were established and they’ve proved their point.\(^{469}\) (registrar)

So do you think the very existence of contact services then has enabled more contact orders to be made?

In my view unquestionably. There are cases where you’d find it very difficult to order contact because of the high level of dispute between parents unless you have the availability of a contact centre. But I mean certainly there were cases where contact wouldn’t have been as frequent because of the difficulties in having an appropriate safe venue. You often had to find people willing to do it and that wasn’t always easy and sometimes it was impossible. It didn’t happen or it broke down because we couldn’t find appropriate people. And if there was a level of hostility that was too great you just would never find anyone to do it. So contact I think in those cases wouldn’t have happened.\(^{470}\)

CCSs were also said to have encouraged lawyers to view the option of supervised contact more positively:

*What sort of factors do you think have affected the ordering of supervised contact and changeovers over the past decade or so?*

Whether or not there’s a contact centre. I think that’s a biggy. If there’s no contact centre and you can’t arrange private supervision, well contact [won’t take place] I suppose.

\(^{463}\) Transcript 276, para 273. See also Transcript 262, paras 346 to 350; Transcript 277, para 229; Transcript 278, para 321; Transcript 256, para 269; Transcript 281, para 256.

\(^{464}\) Transcript 250, para 365. See also Transcript 267, para 97; Transcript 278, para 151; Transcript 245, para 295.

\(^{465}\) Transcript 254, para 153.

\(^{466}\) Transcript 255, para 365.

\(^{467}\) Transcript 275, para 783. See also Transcript 243, para 317.

\(^{468}\) Transcript 278, para 352.

\(^{469}\) Transcript 265, para 555.

\(^{470}\) Transcript 173, paras 23 to 35. See also Transcript 264, paras 242 and 430; Transcript 268, para 523; Transcript 279, para 23; Transcript 261, para 21; Transcript 271, para 25.
Yes, so you think that existence of contact services has had a significant impact on practice?

I think it has, yes. It’s certainly changed how we thought about supervised contact. (PDR expert)

Some referral agents emphasised that the high quality of the service provided by CCSs was also a relevant factor:

I personally think that contact centres provide a fantastic service, and gave an easy option, not easy but gave an option to judges and registrars and magistrates about re-phasing contact, and that’s why I think they’re so valuable. But it wasn’t just the practitioners and child representatives. I think the court was saying, “Well that’s an option we’ve now got”, rather than having family members who may not be independent etc. (solicitor)

I think that the contact centres have behaved so professionally. There has been broadly speaking within the court, we believe, the professional acknowledgement of them and a desire to use the services now.

So the very existence of contact services has had an impact?

Absolutely. It’s had an impact because it provides a good result so then it’s seen as a very useful thing for the families…

I get a lot of consent orders using contact services now, and that’s because the solicitors are comfortable with them and tell their clients about them. (judge)

Even if a CCS was not actually accessed, the possibility of doing so was useful for referral agents in their discussions with clients, and could ultimately empower clients:

People will come to us and say, “There is no safe way I can see my children” or “There is no safe way I can allow my children to be seen by the ex”, you know, the ex-partner. Having in existence contact centres in the region, relatively close, actually means that no one can actually say that. We can say, “Well actually there’s a contact service. … It’s not the fact that there is no way. There is actually a way … even if people don’t use the service, the fact that we use it a lot in our conversation with clients, about the reality of the fact that it’s there, the possibility of using it and what it can provide for the family, like safe handover and stuff, can make a big difference in the work we do with people. …that whole thing women get into about blaming themselves and we say, “Well actually no. He can actually use the contact service but in fact he wants to keep doing it with you because it’s a way for him to get to you and if he has that removed by seeing the kids at the contact service, he no longer has that power”. So it’s very powerful for us in terms of even if they don’t end up using it, the fact that we can talk about what it would mean if they could use it, is a very empowering thing for them. (counsellor)

Some lawyers also viewed contact services as providing peace of mind to judges, and judges thought the same about lawyers:

So I think the court sees supervised contact as the perfect solution, really, because they are so loath to give zero contact because of this whole pro-contact culture that’s happening. But they do recognise that there may be a risk to the child, so, supervision. That’s the solution. (solicitor)

…referrals to contact centres, in my experience…have been in an interlocutory phase of the case, where it’s basically ordained by the parties …and the rationale to that I think is safety, because it’s the interlocutory phase and you just can’t undertake any risk, even though it may be, in the result, unnecessary. (judge)

CCSs could also have a number of practical advantages for lawyers and the courts, in terms of assisting them to resolve conflicts more quickly and easily:

We don’t argue as much. … I think it gives you a degree of certainly about your client’s position, because if they’ve been accessing the service for a while, it gives you an opportunity to check the records to find out. We

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471 Transcript 269, paras 375 to 385. See also Transcript 244, para 387.
472 Transcript 274, para 321.
473 Transcript 272, paras 319 to 327. See also Transcript 275, paras 793 to 795; Transcript 257, para 433.
474 Transcript 247, paras 434 to 438; Transcript 280, para 257.
475 Transcript 263, para 459.
476 Transcript 261, para 277.
can get a report from the service. … I think that the contact service cuts down on court time, one way or the other. It cuts to the chase.\textsuperscript{477} (solicitor)

It (CCSs) just makes my job so much easier. In the past I would have been perhaps tearing my hair out thinking of some appropriate independent person, where that person might not have even existed, and we might have had to try a number of stop-start regimes to try and get something happening, whereas these days we just simply pick up the phone and book them in and it’s just so easy for us. It’s just marvellous.\textsuperscript{478} (solicitor)

While there was a broad level of agreement among referral agents that the existence of CCSs had positive impacts on legal practice, there were some distinct points of disagreement. In particular, the convenience of CCSs led some referral agents to think that sometimes, CCSs were being over-utilised:

\ldots sometimes it’s too easy a solution and I believe there are cases where it’s used when it’s not necessarily required.\textsuperscript{479} (solicitor)

This view, however, was not consistently held. In contrast was the view that CCSs were a last-resort option:

I would like to sort of leave our interview on the basis that from my point of view I see the service as being fundamental to the salvation of family relationships in the most extreme of circumstances.\ldots It’s almost the last port-of-call and if that fails, ask yourself: Where do you go from there? It’s the last port, and therefore it should be given the greatest of respect from people.\textsuperscript{480} (judge)

Referral agents were also divided on whether CCSs served children’s best interests, especially whether they protected children. Some referral agents were firmly of the view that the best interests of children were served and children were protected:

With high risk I think the option is you have some supervision, so the contact centres have been important in creating an environment where there can be contact that is appropriate, but without risk to the children.\textsuperscript{481} (judge)

It might be overcautious and it might give us an easy way out, but at least, I think the bottom line is, it protects the kids.\textsuperscript{482} (solicitor)

In contrast, other referral agents had concerns about whether children were being protected. This was often related to the concern that CCSs were being too readily resorted to by judges and lawyers, especially at the interim stage of cases involving allegations of child sexual abuse or parents with serious problems:

I think this happens a lot with very inexperienced lawyers: “Oh well,” you know, “they’re going to get contact eventually so we’ll bung them off to a contact centre” and maybe there’s no child representative or whatever, and I mean that can be absolutely destructive for the child. So I think there’s probably been over the years quite a lot of those, where they should never have, you know, there just shouldn’t be any contact occurring at all of any sort, but they’re forced off to a contact centre.\textsuperscript{483} (solicitor)

Whether the contact centres exist or not, we’re always faced with the dilemma of … I mean in most cases of sexual abuse, we don’t know whether it really occurred or not, and the court gives the benefit of the doubt generally in a situation where the allegations have been made.

But if you’ve got a child who genuinely believes his [mother] or thinks that the court hasn’t looked after him, or a mum or a dad who believes that it’s happened but is forced into a contact situation, I think that’s a really hard

\footnotesize{\begin{itemize}
\item 477 Transcript 244, paras 393 to 397 and para 403. See also Transcript 254, para 157.
\item 478 Transcript 246, para 355.
\item 479 Transcript 278, para 383. See also Transcript 256, para 127; Transcript 279, para 256.
\item 480 Transcript 261, paras 434 to 438. See also Transcript 281, para 38.
\item 481 Transcript 276, para 17.
\item 482 Transcript 278, para 383. See also Transcript 280, paras 265 to 267; Transcript 247, para 274.
\item 483 Transcript 275, para 767.
\end{itemize}}
issue, and I don’t think a contact centre addresses that problem. … But I don’t think the court addresses that problem either.  

So they really need to be having a bit of a think about the alcohol and other drug stuff. And also unmanaged mental health where you’ve got major bipolar and major personality disorders stuff. Often that’s not appropriate to be referring straight off to the contact service. Get that stabilised and then let’s have a look at the issue with the contact with your children. … I almost think, where the two parties are willing and they’re prepared to abide by the conditions, almost any case is appropriate for a contact centre. But it’s realistically whether or not Mum or Dad can manage it at the time they’re being ordered to by the court, because all this other stuff is going on for them. That’s why I think the court just misses it a bit.  

Some referral agents also emphasised the limits of CCSs to resolve the significant problems often faced by the families who accessed them:

The problems that are problems now are going to remain problems. The problems that I think are intractable are going to remain problems, and they are: clients who lack insight or maturity or intelligence or stability. Not much you can do about that. Those who are intractable in that regard are going to remain intractable and they, I’m sorry, are going to be the people who are going to be found not suitable for contact services like this, because either their attitude is going to stand out like a sphinx right from the beginning, and they might get through the interview process but the moment they hit the contact, their agenda’s going to show. It’s going to be picked out and got rid of.  

It’s a very useful bandaid, but we just need to know it is a bandaid.

5.6 Conclusions and recommendations

The advent and growth in the numbers of CCSs has had an undoubted impact on legal practice. CCSs are perceived by lawyers, courts and other referral agents as presenting a viable option for enabling contact that did not previously exist. The questions of whether CCSs are resorted to too readily, and how useful they are in all cases, remain in dispute among referral agents, however. These disagreements are related to broader differences of opinion and emphasis concerning the FLRA, related judicial developments, and broader social changes that have resulted in an increased focus on maintaining contact between parents and their children. Some see contact as always in the child’s best interests, others are concerned to weigh up pros and cons. Some see the current “pro-contact culture” as appropriate and beneficial, others see it as unbalanced and potentially dangerous for some children.

Despite these philosophical differences of approach, some clear patterns emerged from the referral agent interviews regarding the process of referral to CCSs, and good practices in relation to referrals to CCSs via court order. The extension of these good practices would have implications for the resourcing of CCSs, the role of the courts, and their own resourcing.

The fact that the great majority of referrals to CCSs are made by court order puts the courts in a position to monitor the referral process and to enforce good practices. However, the majority of court orders for supervised contact and supervised changeover are made by consent. This means that such monitoring and enforcement by the courts has not occurred systematically. We would argue that courts ought to undertake a monitoring and enforcement role, involving, among other things, greater scrutiny of consent orders in order to effectively implement Recommendations 1 and 2 of this report, relating to measures for the appropriate exclusion or withdrawal of cases from CCSs. This role may be facilitated by the further development of judicial checklists, guidelines and

484 Transcript 278, paras 335 to 341. See also Transcript 251, para 414; Transcript 258, paras 255 to 259.
485 Transcript 247, paras 408 to 410.
486 Transcript 268, para 714.
487 Transcript 239, para 450.
pro forma orders, and the dissemination of these to all relevant courts (the Family Court, Federal Magistrates Court, State Magistrates Courts and Children’s Courts), and to solicitors, barristers, child representatives and community legal centres.

The Family Court’s current pro forma orders appear to deal effectively with the need to ensure that parties comply expeditiously with the CCS’s intake procedures, the possibility that a family may be rejected by the CCS, the fact that it is necessary for the CCS to determine what times are available for contact, and the need to provide flexibility in the event that the frequency or other timing of contact as specified in the order is unable to be met by the CCS. To this list may be added a requirement that lawyers be aware of whether the relevant CCS currently has a waiting list or is able to take families immediately after assessment. At the same time, it is arguable that federally funded services need to be sufficiently resourced so as to be able to meet demand as it arises rather than having to operate waiting lists.

Interim orders for supervised contact or changeover are usually expressed to apply until further orders are made (although, according to the pro forma orders, with liberty to apply if the CCS terminates its services or recommends a variation in the orders, or the parties agree to a variation of the orders, or if the CCS recommends that either or both parties participate in a program). The duration of interim orders is dependent on the backlog of cases awaiting trial in the particular court. There appeared to be quite a disparity between the duration of interim orders in the Federal Magistrates Court and the Family Court, although time delay in the Family Court has also been reduced in some instances, such as under the Magellan Project. The crucial difference between a relatively short interim stage (six months or less) and a longer one (12-18 months) is that a short interim stage increases the options available to the court in making interim orders in the best interests of the child. In appropriate cases (e.g. those involving serious allegations of sexual abuse) a short interim stage gives the court a real choice between no contact and supervised contact, whereas a long interim stage reduces that choice, because the consequences of suspending contact for 12-18 months are potentially much more damaging. If the Family Court was sufficiently resourced to enable it to process cases more quickly, it could make more considered referrals to CCSs at the interim stage.

The duration, review and possible phasing out of final orders for supervised contact or changeover are not adequately addressed by the current pro forma orders, but are the issues most contested among the referral agents we interviewed, and apparently most inconsistently dealt with in current practice.

**Recommendation 8:** A good referral practice solution to the issue of phasing out of supervised contact or changeover included in final orders should incorporate the following:

1. recognition that final orders for use of a CCS are appropriate in some cases and may be made;
2. specification in final orders for supervised contact or changeover of a fixed duration for supervision, or a regime for phasing out supervision, as appropriate to the particular case;
3. if a fixed duration is specified, provision should be made for the matter to return to court at the end of that period (or if the CCS terminates the service or recommends variation at an earlier date) for formal review and continuation or variation of orders;
4. if the parties have agreed to an alternative arrangement by the end of the specified period, this can be embodied in consent orders, but there should be no expectation that parties must do this or pressure exerted on them to do so; and
5. provision of legal aid for parties needing to return to court to review supervision orders.
**Recommendation 9:** Provisions that recognise and reinforce the power of the CCSs to give reasonable directions to parties and to exercise discretion to stop contact, on a particular occasion or permanently, should form part of standard orders. There should also be greater judicial scrutiny of consent orders involving referral to CCSs. This is particularly important in ensuring that recommendation one of this report is achieved.

**Recommendation 10:** In cases involving a child representative, it may be appropriate to include provisions enabling the child representative to provide information to and receive information from the CCS.

Recommendation 10 pertains to an issue that the working group who developed the Family Court of Australia, *Draft Guidelines for Referrals from Family Courts to Children’s Contact Centres* (September 2004) had foreshadowed as an area for future work. They envisaged that following on from the development of referral guidelines, there was a need for the development of reporting guidelines that would make better use of information from the CCSs to the courts.
Chapter 6
Factors that Facilitate and Impede the Functioning of Contact Services: The Referral Process

This chapter seeks to identify the aspects of the referral process that facilitate the functioning of CCSs and those that impede their functioning at a practical level.

The data considered in this section were collected from interviews with referral agents CCS coordinators and staff, members of auspice organisations, management committees, Government and industry representatives.

The issues dealt with in this chapter relate primarily to the impact of the knowledge of CCSs held by referral agents and their clients, the levels of communication between referral agents and contact services, the contents of court orders made involving CCSs and service accessibility.

6.1 Knowledge of contact services

Referral agents’ knowledge of the existence of CCSs and the nature of the services provided emerged as a significant factor facilitating referrals and the wider functioning of these services. Conversely, lack of such knowledge was recognised as a factor impeding the referral process and ongoing service provision by CCSs.

After examining the periods of time over which referral agents have known of CCSs and how they came to be aware of them, the accuracy of that knowledge will be discussed, followed by the importance of imparting accurate information to clients, and in turn referring well informed clients to CCSs.

6.1.1 For what length of time have referral agents been aware of contact services?

Although recollections were ‘hazy’, most referral agents with approximately 20 years experience as family law practitioners indicated that they became aware of CCSs ‘about ten years ago’ or ‘in the mid 1990s’, and many referred to the one of the oldest funded services that was included in our study as the first CCS that they knew to be in operation. Referral agents with less practice experience tended to have become aware of CCSs through more senior practitioners in their field, during the early stages of their time in practice.

Of the 40 referral agents interviewed, 23 provided estimates of the period of time over which they had referred clients to CCSs. Four referral agents said they had been referring clients to a CCS for a period of nine years or more. Seven referral agents said they had been referring clients to CCSs for between six and eight years, and ten referral agents said they had been referring clients to CCSs for between three and five years. One referral agent indicated that they had been referring clients for a period of between twelve months and two years and another for a period of less than twelve months.

488 Transcript 281, para 22; Transcript 272, para 45; Transcript 277, paras 13-31; Transcript 274, paras 40 and 52; Transcript 276, para 33; Transcript 247 para 36; Transcript 271, para 57; Transcript 246, para 29; Transcript 249, paras 26 and 66; Transcript 254, paras 17 and 19.
489 Transcript 281, para 22; Transcript 247, para 36; Transcript 279, para 34; Transcript 271, para 57; Transcript 252, para 73; Transcript 246, para 21; Transcript 249, paras 26 and 66; Transcript 254, para 17 and 19; Transcript 260, para 46; Transcript 250, paras 25 to 27, para 31.
490 Transcript 280, para 19.
6.1.2 How have referral agents become aware of contact services?

A number of referral agents indicated that they became aware of CCSs when searching for alternatives to arrangements for contact changeover at public venues, contact supervision facilitated by family or friends, or unsupervised arrangements where these arrangements were regarded as insufficient to protect the interests of their clients and children.\(^{491}\)

Some referral agents indicated that they became aware of CCSs through word of mouth through other practitioners or even through clients, or when opposing practitioners in relevant cases made the suggestion to use a service.\(^{492}\)

One solicitor heavily involved in the CCS movement assisted awareness amongst some Victorian practitioners, as did the involvement of practitioners with legal associations such as those auspiced by law societies or institutes.\(^{493}\)

In terms of judicial officers, one federal magistrate, and one Family Court judge thought that they had first heard of CCSs when asked to make consent orders providing for contact to be facilitated by a CCS.\(^{494}\)

Other judicial officers indicated that they were well positioned in terms of information relating to the location of CCSs and the services they provided because the court was supplied with such information, and this information was made readily available to them.\(^{495}\) As one judicial referral agent stated:

…our Chief Justice has given us a list of all the contact centres in the area. It’s Australia-wide and you just print the list that refers to [state name]. So if parties don’t know you can quickly say “Well look, in this area, here’s the appropriate group; …”…So I’ve got the capacity and I know that there are quite a few in the metropolitan area.\(^{496}\)

One federal magistrate said that they were provided with such voluminous amounts of information generally that it was not possible to wade through and familiarise oneself with it all.\(^{497}\) For this reason the preference was for the legal representatives to make the enquiries regarding the appropriate service, with the court’s involvement regarding this issue only arising should there be a dispute as to the appropriate service.\(^{498}\)

6.1.3 Are referral agents well informed about contact services?

The investigative role undertaken by informed referral agents regarding available CCSs emerged as a significant factor facilitating referral to these services. The absence of informed referral agents

\(^{491}\) Transcript 263, para 53; Transcript 265, para 19; Transcript 272, para 19; Transcript 269, para 65; Transcript 270, para 39; Transcript 274, paras 38 to 48; Transcript 279, para 30; Transcript 253, paras 23 to 25; Transcript 245, para 17; Transcript 259, para 39; Transcript 243, para 21.

\(^{492}\) Transcript 275, para 73; Transcript 277, paras 31 to 35; Transcript 274, para 42; Transcript 279, para 30; Transcript 258, para 57; Transcript 260, para 26.

\(^{493}\) Transcript 262, paras 15 to 25; Transcript 265, para 21; Transcript 268, para 35; Transcript 274, para 40; Transcript 271, para 57; Transcript 252 para 77; Transcript 244, para 25; Transcript 246, para 21; Transcript 243, para 23; Transcript 249, para 26; Transcript 254 para 17.

\(^{494}\) Transcript 267, para 35; Transcript 261, paras 23 and 29.

\(^{495}\) Transcript 261, para 450; Transcript 265, para 108.

\(^{496}\) Transcript 265, paras 108 to 110.

\(^{497}\) Transcript 277, para 49 to 55, paras 73 to 79.

\(^{498}\) Transcript 277, paras 73 to 79.
who were able to investigate whether CCSs were appropriate for their clients was in turn regarded as impeding the referral process. This investigative role was also seen as important in terms of legal representatives fulfilling their responsibilities to their clients.

One federal magistrate indicated that in order to do their best for their clients, it was incumbent upon practitioners to make thorough inquiries, to find out about the availability of services before the orders are made and to “come up with constructive suggestions” as it was not possible for the court to fulfil this role.499

However, a range of views emerged from the qualitative data regarding the level of knowledge that had actually been demonstrated by referral agents. There were differing points of view amongst coordinators, referral agents and other categories of interviewees as to the accuracy of referral agents’ knowledge. These differences may in part, reflect the fact that coordinators were interviewed up to 12 months prior to referral agents and it may be that the knowledge of referral agents had improved since then.

General knowledge of contact services

Some judicial officers considered that most family law practitioners, particularly child representatives, were aware of CCSs and the processing time frames,500 as they were usually heavily involved in negotiating a resolution involving the use of a CCS and this often became involved in liaising with the service.501

However, other judicial officers stated that in general, lawyers were not sufficiently educated about CCSs, with one indicating that she was still “disappointed in the number of lawyers who don’t know what CCSs are all about”.502 This referral agent emphasised the importance of keeping one’s knowledge of the available services up to date:

I keep saying to lawyers these days, you go to university and you get a law degree. That doesn’t mean that you should hang up your shingle and say “I’m an expert in family law”. In family law more particularly than in any other [area of] law you’ve got to be aware of the wider group of people that you’re dealing with and the affiliated organisations that you work hand-in-hand with, and make sure that your clients are aware of those other organisations and when and how to access them.”503

This judicial referral agent also raised concern about those family law practitioners who simply resolved that if you had a difficult client or difficult case, then supervised contact was the answer, and that that was what CCSs were there for, holding the attitude of “that’s all I need to know”.504 She said:

…people who make referrals, whoever they may be, lawyers, social workers, whatever, they need to know the centre and what services they offer.505

Another referral agent acting as a child representative agreed that family law practitioners still lacked appropriate knowledge about the role of CCSs and the importance of taking a discerning approach when referring clients:

499 Transcript 270, paras 301 to 305.
500 Transcript 267, para 53; Transcript 265, paras 118 and 358.
501 Transcript 267, para 365; Transcript 262, paras 93 and 306; Transcript 277, para 53; Transcript 250, para 105; Transcript 249, para 134; Transcript 256, para 79.
502 Transcript 262, para 224; Transcript 265, para 623.
503 Transcript 265, para 194.
504 Transcript 265, para 358.
505 Transcript 265, para 386.
There’s always been that sort of slight presumption that the contact centres are just available to take anything and so you just whack them into the orders and it becomes their problem.\textsuperscript{506}

Some other solicitors agreed that they were obliged to become aware of CCSs. One said:

I mean I think if you’re involved in this sort of work, there’s an onus on you to have some idea of how these things operate.\textsuperscript{507}

The interviews with CCS staff indicated that some coordinators were dissatisfied with the level of referral agents’ (particularly legal referral agents’) knowledge regarding CCSs.\textsuperscript{508} One coordinator explained that:

Solicitors turn around and…say… “Oh yes, the contact centres can do this, the contact centres can do that”. No they can’t. See they think that all they’ve got to do is go to court, put an order in place, and the contact centre will do it. Not always can they do it … \textsuperscript{509}

Another coordinator identified similar problems:

Solicitors are the ones that have got to be educated, yes. They’ve really got to be educated about contact centres. Because they think, oh well, we can do this, we can do that. Bang it will happen. No it won’t.\textsuperscript{510}

One coordinator said of legal representatives:

Their expectation is that we can do a lot more than we can. If we did what they wanted, it would compromise why we’re here.\textsuperscript{511}

Another coordinator felt that general awareness was lacking amongst referral agents more generally:

I’d like the courts and the counsellors to know more about who we are and what we’re doing, because all too often neither one of them seems familiar with what we’re doing, what we are really about, and how we’re really helping.\textsuperscript{512}

Two members of industry representative bodies indicated that legal referral agents needed to know more about the practical issues facing CCSs.\textsuperscript{513} One stated that:

…the legal practitioners, the courts and that, a lot of them have got unrealistic expectations of what the service can deliver…it’s not an instant [solution], they have waiting lists.\textsuperscript{514}

Consistent with this, some members of industry representative bodies also suggested that referral agents were not sufficiently informed:

[they]… don’t know what individual services provide and what they don’t provide. They don’t know how many supervisors will be present when a particular child is going through a handover [or supervised visit], how many other children will be present, how many families they’re concurrently supervising, and those are things that are very important in some cases.\textsuperscript{515}

\textsuperscript{506} Transcript 250, para 133.
\textsuperscript{507} Transcript 275, para 867.
\textsuperscript{508} Transcript 123, paras 608 and 630; Transcript 117, paras 1187 to 1201; Transcript 247, para 328; Transcript 278, paras 137 to 145; Transcript 250, para 173; Transcript 123, para 357; Transcript 120, para 367.
\textsuperscript{509} Transcript 123, para 630.
\textsuperscript{510} Transcript 123, para 634.
\textsuperscript{511} Transcript 105, para 760.
\textsuperscript{512} Transcript 201, para 109.
\textsuperscript{513} Transcript 120, para 367, Transcript 122, para 53.
\textsuperscript{514} Transcript 120, para 367.
\textsuperscript{515} Transcript 231, para 111.
Knowledge of Appropriate cases for referral

Some coordinators emphasised that it was important for referral agents to understand what the CCS could and could not do and whether in light of this families were suitable for referral to the service.\(^{516}\) One stated:

> I’ve had a couple of…rather firm calls from solicitors: “Why did you refuse it? The Family Court ordered that”…It sort of comes across in a way as: “look how dare you refuse a contact order!” That’s because a court order is a very powerful entity. But we not only have that child we have other children. We have parents, we have staff members.\(^{517}\)

When asked what she would like referral agents to keep in mind when making the decision to refer clients to CCSs, one coordinator stated:

> …Be aware of what we can and can’t do. As simple as that. And only refer families that you think are…going to be absolutely suitable to having contact facilitated in this environment.\(^{518}\)

Nevertheless, this coordinator also provided positive feedback in relation to this issue:

> …generally I think it’s fairly widely understood what to expect. [But] perhaps in terms of waiting periods to get into the service, intake process, the length of time parents can stay to use the service, there’s all sorts of different expectations around that.\(^{519}\)

Some legal representatives recognised themselves that they needed to be more informed about CCSs before recommending them as the appropriate option for some of their clients. One solicitor indicated that “a lot of practitioners have got no idea of how these things actually operate”, and that they needed to in order to communicate this accurate information to their clients.\(^{520}\)

One judicial referral agent emphasised the importance of, and indeed obligation on the part of practitioners who refer clients to CCSs, to check that the service meets their needs and this included making appropriate enquiries and ensuring that they are familiar with the services offered, such as the days they are open and their operating hours.\(^{521}\)

Knowledge of referral agents interviewed

The interviews with referral agents suggested that, consistent with the interviews with CCS staff, their level of knowledge varied. Some referral agents interviewed demonstrated through their discussions that they had accurate and up-to-date knowledge of CCSs and how they operated, which in turn facilitated the progression of their clients’ cases at the CCSs. This ‘knowledge’ included knowledge about:

- the location of CCSs;
- the nature of the services provided by the services;
- intake procedures;
- hours of operation; and
- duration of service provision.

\(^{516}\) Transcript 203, paras 574 and 288; Transcript 202, paras 225, 227 and 381; Transcript 117, paras 1187 and 1201.

\(^{517}\) Transcript 101, para 335.

\(^{518}\) Transcript 203, para 574.

\(^{519}\) Transcript 203, para 286.

\(^{520}\) Transcript 275, para 695; Transcript 278, paras 137 to 145.

\(^{521}\) Transcript 265, paras 386 to 390, 394.
These five areas of knowledge are discussed in detail below.

Knowledge of the CCSs and their locations was generally accurate, although a number of referral agents discussed the difficulty experienced in gaining knowledge about the locations. One solicitor located in the CBD indicated that the staff at her law firm were initially aware of the location of only one CCS, becoming acquainted with other services only when they were required to search for a service in particular clients’ localities. She said:

> The others, certainly no one here knew about and we just found them by pure chance as much as anything else... A bit of an issue about knowing where they are and how to get to them.

Another solicitor indicated that difficulties were experienced because they were unfamiliar with some suburbs and unsure as to which CCS was the closest to particular suburbs.

One child representative called for “better centralisation of information” with regular “updating from each service about exactly the hours they provide” because previously she had only received such information from those services with whom she had established a relationship. Another solicitor indicated that she had experienced trouble finding out about the location of CCSs and felt that a centralised place for gaining this information, such as a website listing the services in the locality and the services provided, would be of great assistance, as would their representation at legal education events or the availability of their brochures at court.

As referred to at 5.3.1 and 5.3.2, and as noted above, some referral agents demonstrated accurate knowledge of the nature of the services provided and their limitations. These included the existence and nature of the intake process and of waiting lists, the common limitation of supervision of contact sessions to a period of two hours per visit, and that services were often unable to accommodate clients requiring intermittent assistance. Some referral agents were also aware that the rules differed between services.

However, there appeared to be a lack of knowledge on the part of some referral agents relating to the form that the intake process would take and the induction and information sessions provided to family members, with this lack of knowledge impeding the referral process and ultimately the efficient delivery of services.

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522 Transcript 262, paras 61 and 69; Transcript 263, para 59; Transcript 265, paras 108 to 110, para 386; Transcript 272, para 19, para 31, paras 85 to 92; Transcript 267, para 39; Transcript 270, para 39, paras 43 and 51; Transcript 274, paras 36 to 48; Transcript 251, para 66; Transcript 275, para 863; Transcript 264, paras 35 to 39, 162 to 176; Transcript 255, paras 95 to 99 and 71 to 81; Transcript 261, paras 87 to 97; Transcript 256, para 17; Transcript 243, paras 23, 41 and 147; Transcript 249, paras 64 to 82, para 192, paras 196, 204 to 221; Transcript 254, paras 17 and 19; Transcript 260, paras 46 and 134; Transcript 250, paras 143 to 149.

523 Transcript 280, paras 199 to 199; Transcript 263, paras 59 to 61; Transcript 265, para 108.

524 Transcript 263, para 59 to 61.

525 Transcript 255, para 71.

526 Transcript 260, para 444.

527 Transcript 280, paras 199 and 281.

528 Transcript 255, para 71; Transcript 249, para 196; Transcript 173, para 53; Transcript 252, para 175; Transcript 268, para 182; Transcript 259, paras 323 to 329.

529 Transcript 265, paras 386, paras 623 to 627; Transcript 255, paras 263 to 269.

530 Transcript 255, para 423; Transcript 260, para 164.

531 Transcript 247, para 328; Transcript 278, paras 137 to 145; Transcript 250, para 173; Transcript 123, paras 197 and 357.
In support of this finding, some coordinators referred specifically to intake procedures, saying that referral agents were not sufficiently aware of the nature of these procedures, including the nature of the interviews and assessment protocols and the impact of the waiting list:532

[Even] as recently as yesterday, a barrister was really upset about that. You know: “Can’t you just make a time?” Well no, because … people moving in (is) dependent upon other people moving out… and it’s not as straightforward as that.553

However, another coordinator explained that:

...some of our regular solicitors who contact us a lot have lots of clients in the Family Court situation, they’re getting better as well, because they’ll let their client know that a week in advance or at least a couple of days in advance we could have an interview and …all the things we need done.534

One member of an auspice organisation indicated that greater education was required of referral agents regarding intake procedures, to ensure sufficient time for the assessment and orientation to take place.535

Whilst one coordinator expressed frustration at the lack of knowledge of the days and hours of operation,536 as noted at 5.3.2, such knowledge was generally accurately known amongst those referral agents interviewed.537

The duration of orders was discussed at 5.3.4. However, an important point to reiterate is that there seemed to be some common misconceptions in relation to the period over which a CCS may be used in any given case, with some referral agents believing the services were only available for a fixed maximum period of three months or six months.538

In summary, solicitors acting as child representatives, together with most regional and rural solicitors interviewed, appeared to be particularly well aware of the available support services including CCSs situated in their locality and how they operate.539 In fact, the regional and rural referral agents interviewed seemed to have greater awareness and stronger relations with their local CCS, in some instances becoming involved directly with their operation by participating on advisory committees or assisting in a less formal way.540

As one solicitor stated:

…we’re familiar with how it works now. It’s not a new concept anymore to us and we’ve seen the successful results that have been generated by it…541

One judicial referral agent aptly summarised as follows:

532 Transcript 123, para 357; Transcript 120, para 367; Transcript 200, paras 468 to 470.
533 Transcript 200, paras 468 to 470.
534 Transcript 105, para 310.
535 Transcript 208, para 373.
536 Transcript 123, para 395
537 Transcript 265, paras 386, 623 to 627; Transcript 274, para 148; Transcript 244, para 65.
538 Transcript 255, para 263.
539 Transcript 265, para 118; Transcript 264, paras 35 to 37, para 45, paras 162 to 176; Transcript 268, para 35; Transcript 252, para 77; Transcript 239, para 438; Transcript 244, paras 27 to 33; Transcript 259, para 97.
540 Transcript 265, para 118; Transcript 264, paras 35 to 37, para 45, paras 162 to 176; Transcript 268, para 35; Transcript 252, para 77; Transcript 239, para 438; Transcript 244, paras 27 to 33; Transcript 259, para 97.
541 Transcript 246, para 249.
The contact centres are … getting better in advertising themselves, even though not everyone hears about it, and the good lawyers who know them are also getting better, and…when they’re dealing with new solicitors, [they] are letting the new solicitors know.542

6.1.4 The importance of referring well informed clients to contact services

Clarification of the roles and purposes of CCS’s and communication of these roles and purposes to clients, emerged as an important factor facilitating the referral process, and ultimately the smooth operation of CCSs. Failure to refer clients with realistic expectations of contact services and their staff was recognised as impeding referral and ongoing service provision.

One member of a CCS management committee stated that:

The court may say, as they often do, well they should have three visits a week and we’re just not open. It’s just not practical…Those kinds of issues come up fairly regularly.543

…simple things about instructing their [referral agents] clients about what the service is and how to use it, and simple things like saying, “It’s a user-fee-paid system”… [because] when they [parents] come along and they have a court order and they get very upset because they have to pay for everything, …[and] they’ve been court ordered to go...544

Providing the benefits of accurate knowledge to clients enabled them to commence their interactions with the CCS with a realistic understanding and expectation of the service and staff, and in turn, what would be expected of them as clients. Indeed, some referral agents interviewed spoke of how they would provide information about CCSs to their clients, in order to prepare them for attending the CCS so that they may be aware of ‘what to expect and what they can achieve’.545

Concern was expressed by a number of referral agents as to the misconceptions held by clients regarding their understanding of what it is that CCSs do. These referral agents acknowledged that this presents the CCS staff with the task of correcting these misconceptions (for example that the CCS operates on behalf of either the residence parent or on behalf of the contact parent) or battling the results of such views. These misconceptions and concerns expressed by parents who use CCSs are explored further in Chapter 4.

One family law practitioner working in the CBD also noted the importance of parents having access to information provided in plain language, and considered that if parents were provided with clear information about the aims of CCSs and how they operated, then they were more likely to be in a position to accept and benefit from the services offered, thus assisting the CCS staff.546

The importance of referral agents conveying their knowledge about CCSs to clients therefore emerged as a key theme. Engaging in continuing legal education and attending seminars and functions assisted in this process.547 One judicial referral agent reflected explained that if the lawyers kept up to date and were knowledgeable about the availability of CCSs and how they operated, and if they relayed this knowledge to their clients, then this would assist with the successful transition of a matter through the service. She felt that:

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542 Transcript 265, para 539.
543 Transcript 116, paras 489 to 491.
544 Transcript 116, para 505.
545 Transcript 246, para 193; Transcript 244, paras 243 and 255.
546 Transcript 279, para 186.
547 Transcript 263, paras 224 to 226; Transcript 272, paras 189 and 201; Transcript 265, paras 541, 547 to 549.
...if the lawyers don’t know then the clients don’t know and everyone’s expectations are not going to be met because they don’t know…hopefully whoever sets up the arrangements knows that they are setting up and have explained it and checked that the clients are aware of it.548

She also indicated that where possible, when matters came before her, she would check that adequate information had been communicated to clients, however, when consent orders were lodged with the court by mail, she lamented that she was unable to make these checks.549

One solicitor explained that she felt that the solicitor’s responsibility extended to rendering their client suitable for the CCS:

…the responsibility of making sure they [the clients] know what to expect is on us at first to introduce the concept to them…as a possibility to resolve or help to resolve their situation. And so I certainly don’t recall…either resident or not resident parent, ever having a client come back to me after…doing the intake interview and saying “Oh you told me something different about this place. It’s not that at all.”…Certainly I try to give them a realistic expectation. They see the form they’ve got to fill in, they get an idea from that as to where the place is coming from, where the organisation is coming from.550

One child representative spoke of how he prepared parents for entry into the CCS. He indicated that if he had an opportunity to speak to the parents, he tried to give them guidance on explaining the orders to the children, or if he spoke to the children directly he would endeavour to explain the nature of CCSs and how their contact will take place there.551

One federal magistrate regarded the obligation to ensure that clients had reasonable expectations of the CCS as falling on the court as well as on the shoulders of the parties’ legal representatives.552 This federal magistrate discussed the court’s role in terms of the responsibility to communicate to clients what may be expected at a CCS:

I think some of it is down to us and I think that we’ve got to make it clear to the parties that there are limitations and that this might be the best for the time being that either party can expect to get…if you want to keep your relationship with the child, this is something that you might have to do…So some of it is down to us; some of it, too, falls on the shoulders of the parties’ legal representatives.553

One rural solicitor felt that if the Family Court was able to become involved in the recognition of CCSs and their role, that this would assist in wider social knowledge of CCSs.554 Consistent with this view, one Family Court judge felt that they should be more involved in acknowledging in the media the important role of CCSs.555

Suggestions were made by some referral agents regarding possible ways to inform clients about CCSs. Information sessions conducted by CCSs556 and making brochures available were raised by some as a positive means of communicating information about contact services to clients.557 One judicial referral agent pointed out that you could:

548 Transcript 265, paras 350 and 352.
549 Transcript 265, paras 352 and 354.
550 Transcript 268, paras 384 to 388.
551 Transcript 243, para 65.
552 Transcript 270, paras 243 to 245.
553 Transcript 270, para 243.
554 Transcript 264, para 468; Transcript 268, paras 670 to 672; Transcript 278, paras 137 to 145, paras 369 and 377.
555 Transcript 263, para 672.
556 Transcript 265, paras 400 to 404.
557 Transcript 278, para 31; Transcript 265, paras 404 to 406; Transcript 261, paras 450 to 452; Transcript 252, para 77; Transcript 258, para 57.
.... pick up any brochure from a contact centre, it…(would) answer all the questions you need to know about what services they provide. However, she was concerned that even if people were gaining access to these pamphlets, “Are people reading it? Are people listening?” A solicitor also raised similar concerns and felt that thrusting pamphlets upon clients may not be the most effective manner in which to disseminate this information.

Another solicitor spoke of the invaluable nature of the photos of the interior and exterior of the CCS at their local court in visualising the CCS for clients. One solicitor also suggested that, although more expensive, perhaps a video demonstrating what the CCS was about would be of assistance in effectively communicating the nature of the service offered.

If referral agents are able to take a proactive role in educating their clients this will hopefully counteract the often difficult attitudes that CCS staff are faced with when ill-informed and therefore “terribly disappointed and disgruntled” parents begin with their service.

6.2 Communication between referral agents and contact services

Good communication between referral agents and CCSs was identified by referral agents, coordinators, auspice organisations and Government and industry representatives alike as an important factor facilitating the referral process, and in turn, the ongoing functioning of CCSs.

After some general reflections on the issue of communication, the issue of consultation between referral agents and CCSs taking place before orders are made will be discussed. Next the issue of consultation undertaken through informal methods of communication and feedback will be considered. Finally, the role of the child representative as an intermediary between the CCS sector and the family law system will be examined.

6.2.1 Strong Relationships between contact services and referral agents

Solid relationships and open lines of communication were identified as significantly facilitating the referral process and the ongoing operation of the CCS, by referral agents and coordinators alike.

As some coordinators stated:

I think if the communication is open and everybody’s aware of…what services can do…and very clear from the very beginning as to what to expect and what not to expect…would almost eliminate any of that tension or false expectations.

Most communication I have with legal professionals is very positive and they are also very supportive and understanding of what we do.

…what makes it easier to operate this type of service is having a really good rapport with solicitors, if you build up that relationship, because…we’re receiving a lot of referrals from solicitors. And I think if you present the

558 Transcript 265, paras 404 to 406.
559 Transcript 279, para 190.
560 Transcript 246, paras 197 to 199.
561 Transcript 252, para 325.
562 Transcript 240, para 159; Transcript 275, para 243.
563 Transcript 203, para 349; Transcript 101, para 425; Transcript 202, para 225; Transcript 117, paras 1206 to 1221; Transcript 105, para 313.
564 Transcript 203, para 356.
565 Transcript 203, para 350.
service in a professional manner to the solicitors and be consistent with the messages that you’re giving out to solicitors, that makes it easier to work, because the solicitors also talk to the parents. So if they’ve got faith in the service, when the parents...they just don’t want contact to be happening. So they look for any little thing they can, and they’ll go back to the solicitors and they’ll say: “This is happening...it’s not right. This shouldn’t be happening”...If you’ve got a good relationship with the solicitors they know that you’re offering a professional service. It just makes it easier. You don’t have the solicitors sort of getting on your back as much. They may make a courtesy call but it won’t be any big drama. So working really well with solicitors is important.566

We’d like the solicitors and Legal Aid and people like that to listen very clearly to what our referral process is and what we can offer...Hopefully we’re going to build stronger links with the legal community ...so that we can actually offer a better service as well.567

Likewise, referral agents spoke of the benefits to be gained from good working relationships and open communication with the CCSs. For example, one solicitor discussed the benefits of collaboration between the CCS coordinator and local solicitors to enable discussions about appropriate case referral. The aim was to resolve the problem of long waiting lists by reviewing the types of cases they were referring to the service.568 She explained that the solicitors had to be “guided by them in relation to how well contact works at the centre” and the solicitors could then have some input in resolving the growing backlog of cases.569

Some practitioners interviewed stated that it was important for CCSs to clearly communicate the nature of their service provision so that as identified at 6.1.4, realistic information could in turn be relayed to clients.570

One rural practitioner felt that the information exchange was vitally important and indeed a “two way process”.571 She felt that greater exchange of information would enable “real understanding between the contact centres and the family lawyers” and clarity regarding the services offered and what will take place during the supervision, which can then be relayed to the client.572 More frequent contact would also enable solicitors to be kept up to date with issues such as staff changes.573 She noted that although she had established a good relationship with the previous coordinator at the CCS where she referred most supervision cases, she was unsure of who was the new coordinator at the time of our interview.574

A number of referral agents felt that the lines of communication could be improved:

Well I’d like better communication, absolutely. I’d prefer to be able to speak to people more regularly, like because they’re weekend based services, often you can’t speak to anyone between Monday and Thursday...So I’d prefer better communication...I like being able to get a written report and sometimes that’s a bit like trying to pull hen’s teeth. It’s really hard...I’m child repping in a few cases where...(they) are ready for final hearing and we want to get a report and it’s been like, “Oh well, we’ll do it closer to the hearing date” and you say, “You’re not allowed to. The Family Court insists documents be filed by a certain date”.575

Coordinators also recognised the need to improve communication and consultation:576

566 Transcript 202, para 225.
567 Transcript 105, para 313.
568 Transcript 246; para 63, paras 179 and 181.
569 Transcript 246, para 189.
570 Transcript 253, para 265; Transcript 252, paras 509 to 511.
571 Transcript 252, paras 323 to 325, paras 509, 509 to 511.
572 Transcript 252, paras 323 to 325, paras 509, 509 to 511.
573 Transcript 252, paras 323 to 325; Transcript 260, para 444.
574 Transcript 252, para 341.
575 Transcript 255, paras 255 to 261.
576 Transcript 123, para 415, Transcript 100, paras 410 to 412.
...are there any issues with consultation?

What consultation?...That says it all. What consultation?577

One coordinator also agreed that a ‘two way process’ was required:

A lack of communication. Communication and understanding are an essential part of anything. It has to be a two-way street...it can’t be all one-sided. It has to be a two-way street. There has to be an understanding on both parties’ sides, that yes, we can only do so much, and yes we have to be able to accommodate them as well. But you know it’s got to be a two-way street. It can’t be all one sided.578

At a very basic level, one coordinator pointed out that better communication could start with better efforts to communicate directly without relying on the CCS to make repeated attempts to contact them:

I am not interested in doing a lot of running around because I don’t think we should have to, because we’re not funded. Phone calls cost money...We’re happy to provide the services, but they’ve got to communicate with us.579

Some industry representatives considered that a lack of communication between the courts and CCSs had led to a discrepancy between the referrals made to the services and the ability of contact services to accommodate those referrals.580

At a broader level, one Family Court judge also considered that there was a need for courts and CCSs to improve communication and to engage in the free exchange of information:

The court has probably got a role to play...we need to probably be more specific in talking about why this [engaging the service] is being done and what can be achieved. The services can play a role in providing clear material to families.581

We need, and so do the solicitors, to know what they need from us in terms of orders...I’d like to have access to information about the protocols that operate in centres.582

On a more positive note, the Chief Justice’s initiative of establishing a working group with court and CCS representatives (discussed further at 5.3.7), was recognised as enhancing the Family Court’s knowledge and was aimed at streamlining the orders made in referring clients to these services.

6.2.2 Consultation between referral agents and contact services before court orders are made

The benefits of consulting with staff prior to making orders involving their CCS were discussed in Chapter 5. As noted at 5.1.3, whilst many referral agents stated that they preferred to and usually did get in touch with the CCS at the outset when negotiating or drafting orders for supervision by the service, they said that it was not always practicable to speak with the staff beforehand and negotiations were at times unpredictable and fast moving.583

577 Transcript 117, paras 1206 to 1215.
578 Transcript 123, para 415.
579 Transcript 100, paras 410 to 412.
580 Transcript 122, para 53; Transcript 121, paras 182 to 188; Transcript 210, para 236.
581 Transcript 272, para 235.
582 Transcript 272, paras 351 to 353.
583 See for example: Transcript 275, para 871, paras 325 to 329, 331, 885; Transcript 255, paras 71 and 255; Transcript 274, para 146.
A number of the CCS coordinators interviewed emphasised the importance of referral agents liaising with them before applying for or making orders involving their service, indicating that this facilitated the referral process.\(^{584}\) One coordinator stated:

> Well I think every solicitor on the morning of court or the day before, needs to ring up and refresh their memory with availability, prices, you know, frequency of contact. And when people ring… I say to them: “These are the costs. This is what happens. The more flexibility you can have in visit times the better… And people are very disappointed… No they don’t ring. And here we do two hour blocks. We don’t do four hour blocks. So no, they don’t ring and people come in …and say “I was told my visit would cost me $5”. And they are very disappointed when they find out it will cost them $15.\(^{585}\)

One member of an industry representative body supported this general approach of consultation taking place before orders were made, noting that lack of communication could result in orders being made that were inconsistent with the services provided by the contact service.\(^{586}\)

Particular difficulties were also recognised in terms of referral agents attempting to contact the CCS staff from court:\(^{587}\)

> And people come out of court rooms and ring and if all our lines are busy it goes to message bank and if you ring them back on their mobile, they’re back in court. It’s not always successful. The homework has to be done first…\(^{588}\)

Other coordinators identified similar difficulties:

> …rather than when people are in there, cut and thrust, whether you are a judge or a barrister or a parent or whatever, the cut and thrust of that adversarial system and then you ring up the contact service: “Get on the phone now quick! We’re having a 20 minute adjournment. Get it fixed up”. And judges will do that. They’ll say: “We’ll have 20 minutes adjournment while the parties nominate one of the barristers to ring the contact service and get the child in and report back to the court.” Just like that. They expect it to happen in 20 minutes.\(^{589}\)

> I need to be contacted… what’s happening is we’re getting a lot of contact from solicitors when they’re in the court and it’s not a good way to go. They need to contact us before they go to court. Because they ring from court [and] I work here alone, and if I’m not in the office they’ll ring and get the voicemail and they need the response then… so that doesn’t work well for them and it doesn’t work well for me. If I am here to take the call, fine. But if I come back and there’s a message: “I’m at the Family Court, ring me” and you’ll ring them and their mobile will be turned off because they’ve probably gone back into court. So I get frustrated with that because I know this is a family that may want to use our service and I haven’t been able to give them that message. So yes, solicitors need to contact us before they go to court, not on the day.\(^{590}\)

Nevertheless, the latter coordinator indicated that she felt that she had “educated the solicitors” and “liased with them enough [for them]… to realise they need to ring us…” to confirm appropriate times for the supervision of the changeover or contact session to take place, before having specific orders made in this regard.\(^{591}\)

One coordinator however, had no difficulties with legal representatives contacting her from court:

> Most of the solicitors who refer here are very, very good. They might ring me from the courthouse and say: “…we’ve got a case going ahead. Can you facilitate a visit at these times or on this day?” and I can say: “No we

\(^{584}\) Transcript 101, para 421; Transcript 202, paras 411 and 871; Transcript 102, para 354; Transcript 203, para 580; Transcript 117, paras 1217 to 1227; Transcript 121, paras 182 to 188.

\(^{585}\) Transcript 101, para 421.

\(^{586}\) Transcript 121, paras 182 to 188.

\(^{587}\) Transcript 100, para 425; Transcript 101, para 427; Transcript 202, para 871; Transcript 200, paras 466 to 470.

\(^{588}\) Transcript 101, para 427.

\(^{589}\) Transcript 200, para 616.

\(^{590}\) Transcript 202, para 871.

\(^{591}\) Transcript 202, paras 409 to 411.
can’t do it at that time but we can do it at this time” and they’ll ring before the order goes through so that is fantastic.592

Some coordinators also expressed frustration at court orders being made involving their service without their consultation or notification because this sometimes led to clients attending at their service for changeover or supervision, expecting the service to nevertheless facilitate the visit.593 As one coordinator stated:

They expect miracles and they expect us to read their minds…We have had a number of clients who’ll ring up and say (it’s happened several times): “I’m supposed to have a visit with your firm…at your place this afternoon”…“The court said you would get in contact with us and make appointments for us to see my child.” I said “Sorry we knew nothing about it.” [and they said] “But the court said…” I said: “I haven’t heard anything about it. You can come in and have an interview but we knew nothing about it”.594

Other coordinators also explained how this conflicted with their own assessment process which would determine whether the family was accepted:

The courts have sometimes put in an order that contact is to happen at the service…And the parents think that it has to happen here no matter what, but we’ve got our own assessment process and we can say no at the end of that assessment process. So if we have a parent that we feel is a real risk to the staff and other families using the service, we can say no…so parents have the wrong message, because the court order is saying contact will happen at this service.595

I’ve even had people show up here on a Saturday afternoon or Saturday morning saying, “I am here for changeover”. [And we say] “You’re not one of our clients”. [And they say] “Oh yes, the court has sent me here”. And they haven’t even had their interview.596

Now the fact of the matter was, nobody rang to find out whether or not we could fit them in…Solicitors are the ones that have got to be educated…They’ve got to be educated about contact centres. 597

In turn, the pressure that this places on the CCS staff is significant:

Well we have some orders that are made…without consultation…often they’re orders from outside [capital city], for people needing to come down and want a block of time and they make ludicrous orders that we can’t possibly fulfil and…they’re not telling people that they need to contact us beforehand, and not just turn up here. And some people have travelled from half way up the [state] coast to have contact, believing that they’re having a whole week of contact on some basis. We’ve never heard of them, no knowledge of the other party, and obviously can’t do that. And these are people who are paying for getting here, and so they’re dealing with a lot of anger and disappointment and then [we are] having to help them work through that and they’re not even clients. So there’s a lot of pressure.598

Some coordinators spoke of the effort they would go to when faced with such orders, in terms of arranging alternative times for the contact or changeover to take place, but unfortunately alternative arrangements were not always possible and parents and children had to miss out on contact as a result.599

592 Transcript 204, para 712.
593 Transcript 102, paras 346 and 348; Transcript 202, para 409; Transcript 100, paras 374 to 394; Transcript 117, paras 116 to 131, paras 149 to 151; Transcript 123, para 357, 387 and 411; Transcript 201, para 67.
594 Transcript 100, paras 374 and 386.
595 Transcript 102, paras 977 to 979.
596 Transcript 123, para 411.
597 Transcript 123, para 387.
598 Transcript 102, paras 346 and 348.
599 Transcript 105, paras 406 to 431, Transcript 202, para 409; Transcript 100, para 425, Transcript 117, para 131.
Some coordinators spoke of additional benefits that could be gained from consulting the service prior to making the orders, whereby orders could be tailored towards catering for the special needs of their clients with the assistance and input of the contact service staff.600

Similar views were expressed by two industry representatives who stated that greater communication was needed between CCSs and referral agents before orders were made.601 One in particular articulated, consistent with the discussion earlier at 6.1, the importance of being familiar with the facilities and services provided by particular CCSs and checking with the particular service before making orders.602

6.2.3 Informal consultation – feedback and interaction

Some referral agents and coordinators recognised that engaging in consultations with each other and receiving greater feedback would facilitate the appropriate referral of clients to these services, and in turn, the successful functioning of the service, and that the absence of interactive relationships would impede this goal.603

Face to face interaction with staff

One coordinator stated that referral agents did not understand what went on at CCSs and lamented that in her experience, referral agents were not prepared to visit CCSs to gain first hand knowledge of how they operate.604

However, some of the referral agents interviewed recognised that their knowledge of CCSs could be assisted by making the effort to attend the services in person and liaising with the service staff.605

One Family Court judge indicated that he was going to go to one and that he thought attending a service should be part of judicial education.606

One metropolitan solicitor also stated:

…it’s very helpful to actually go to one of these places and talk to [them] and they’re more than happy to do it. But people just don’t do it and I think once you see how they actually operate, that that’s really helpful because if you’ve been in that situation, you can communicate that to your client. I mean people just say to their clients, “Oh okay, it’s at this contact centre” and they don’t even explain what it is and it’s really appalling.607

One judicial referral agent noted that as the court utilises the same premises as one of the rural CCSs when on circuit, she has been able to liaise with the CCS staff. She said:

…when I’m up there I’m normally asking, “How’s the contact centre working on the weekends? Do you have any problems? Do you have any security issues? How has it been going with the families? And I get feedback which I just like to know for my own personal benefit and knowing that when you’re referring people there, that

600 Transcript 105, paras 1459 to 1461; Transcript 201, paras 65 to 69, para 610; Transcript 200, paras 979 to 985.
601 Transcript 121, paras 182 to 188; Transcript 210, paras 236 to 238.
602 Transcript 210, paras 236 to 238.
603 Transcript 275, para 641; Transcript 101, para 501; Transcript 123, para 387; Transcript 265, para 150; Transcript 278, paras 129 and 365; Transcript 272, paras 85 to 92, paras 201 and 207; Transcript 275, paras 695 and 863; Transcript 261, para 23.
604 Transcript 123, para 387.
605 Transcript 278, paras 129 and 365; Transcript 272, paras 85 to 92, paras 201 and 207; Transcript 275, paras 695 and 863.
606 Transcript 261, para 23.
607 Transcript 275, para 695.
the centre works. And if they’ve had any problems…make sure that you don’t make an order that will create a similar problem for them the next time round.\(^\text{608}\)

Although not involved with the day-to-day running of the CCS, one industry representative also considered that greater liaison with the “legal fraternity helps because generally that’s where things go astray” \(^\text{609}\).

**Feedback between referral agents and contact services**

Coordinators and referral agents alike recognised the benefits of engaging in feedback both at the general and case specific level.

One coordinator and one member of an industry representative body highlighted the benefits of engaging in exchange of information and receiving feedback.\(^\text{610}\)

Some referral agents recognised the benefits to be gained from providing and receiving feedback from the CCSs.\(^\text{611}\)

One federal magistrate, for example, stated that:

…I suppose knowledge about what they’re doing, maybe even meetings between the profession and the courts so you know who you are dealing with…As much information being available from the contact centres to the courts as they can give. Some feedback from us and I’m happy to get feedback as well…If we hear from the contact centre, “Look these orders. I’m not sure what that means” or “Can we have some explanation?” We’d be happy with some feedback.\(^\text{612}\)

One referral agent indicated that they would engage in regular discussions with her local CCS about how the service was progressing, and generally engage in a useful exchange of information.\(^\text{613}\)

As one solicitor suggested:

…they have to feed back, and they have to keep the feedback coming. They have to indicate whether they feel there could be more cases which will benefit from these [services] and where and in what circumstances, whether there are any special needs being thrown up that these centres can address.\(^\text{614}\)

At a more specific level, a number of referral agents also sought feedback from the CCS in the context of the progression of particular clients’ cases.\(^\text{615}\)

Lack of such interaction and feedback was seen by one referral agent as particularly problematic. This solicitor spoke of a client with an acquired brain injury using the CCS. She had expected this client’s matter to be progressing well at the service and as the client had not advised her that the residence parent had cancelled the three most recent contact sessions, she remained unaware.\(^\text{616}\)

\(^{608}\) Transcript 265, para 150.
\(^{609}\) Transcript 210, para 256.
\(^{610}\) Transcript 121, para 152; Transcript 202, para 225.
\(^{611}\) Transcript 247, para 466.
\(^{612}\) Transcript 173, para 253.
\(^{613}\) Transcript 247, para 466.
\(^{614}\) Transcript 268, para 732.
\(^{615}\) Transcript 264, paras 322 to 330; Transcript 260, para 298; Transcript 250, para 129.
\(^{616}\) Transcript 264, paras 322 to 326.
On a broader note, one Family Court judge suggested that some feedback and assistance could be provided to CCSs to assist in their appropriate interaction with referral agents, specifically the court, particularly in relation to the provision of reports and the giving of evidence.617

The child representative as an intermediary

Some coordinators highlighted the significant role that child representatives could play as an intermediary between their service and the family law process through the free exchange of relevant information.618

As noted above, child representatives were generally regarded as particularly well informed about CCSs and that as a result, their referrals tended to be the most appropriately made.619 As one coordinator stated:

…I think the referrals coming from them [child representatives] tend to have more sense of that, for want of a better word, multidisciplinary approach. There’s a sense that we’re all professionals in this. We want these outcomes.620

Two coordinators indicated that the child representative could not only provide a voice for the child in family law matters, but also provided an avenue to exchange information regarding the progression of the case and any concerns that they may have, particularly regarding the welfare of the child. 621

Some coordinators expressed satisfaction with their interactions with child representatives:622

And child representatives, I find, are just so good. I find their referrals and their ongoing involvement in the service to be really open…I’ve even had one…[who] said: “Look, I’m just a dumb solicitor. I know nothing about this psycho-social stuff. Tell me!” So lots of real respect. He’s identifying himself clearly: “I’ve got legal expertise but I want to know, what do I need to know about these children from…your observations…”623

At 5.6 a recommendation was made in cases involving the child representative, for provisions to be made in court orders to enable them to provide information to and receive information from the CCS. A number of referral agents also recognised that child representatives had emerged as playing an increasingly significant role as intermediaries between the CCS sector and the family law sector.624 One child representative attempted to facilitate this role through court orders:625

[I] almost as [a matter of] course, get an order which says (a) give a copy of the order to the contact centre, (b) a copy of any report that I’ve received to the contact centre and that I’d be at liberty generally to discuss.626

One judge explained:

If I’m sending [a matter] to a contact centre, I have decided that there is a risk that needs to be protected by that. Therefore, my expectation of a contact centre is that they will protect against the risk, which I’ve evaluated. And

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617 Transcript 272, para 175.
618 Transcript 101, paras 235 to 237; Transcript 103, para 145; Transcript 204, para 714.
619 Transcript 200, para 859; Transcript 267, para 365; Transcript 262, paras 93 and 306; Transcript 277, para 53; Transcript 250, para 105; Transcript 249, para 134; Transcript 256, para 79.
620 Transcript 200, para 859.
621 Transcript 101, paras 235 to 237; Transcript 204, para 714.
622 Transcript 103, para 145; Transcript 200, paras 857 to 859.
623 Transcript 200, para 857-859.
624 Transcript 262, para 202.
625 Transcript 272, paras 269 to 271; Transcript 243, paras 119 and 123; Transcript 262, para 202.
626 Transcript 243, para 119.
I will usually provide, or get the child representative to provide, the contact centre with a copy of my reasons for judgment, which specify what the risk is and what I’m expecting.627

From the perspective of child representatives, problems were sometimes encountered with CCSs due to their lack of family law expertise and lack of understanding of the child representative’s role. As one child representative stated:

They’ve [some contact services] got such knowledge of family law so they work with the child representative, rather than trying to restrict information and being confused about your role. And that’s incredibly frustrating [with some services when] they…haven’t been properly advised and trained in that, so they’re confused about the different legislation, so the privacy legislation versus the Family Court. It’s a real problem.628

However, positive experiences seemed to be more common. As one child representative reported:

…I mean they ring me. What do I think? And it’s you know, we liaise about it. What is the presentation of the child? Is there any way to break it? Would the child agree to shorter [periods], so perhaps just for dinner that night, and put it off for that week? Would the father agree to that? So its negotiating, which I’m sure they, some of the good centres do in their own way anyway, and what they’ll do is ring me to get my imprimatur.629

6.3 Appropriate and inappropriate referrals

As noted at 6.1.3, screening for appropriate cases facilitated the process of referral to CCSs, and in turn, their service delivery. It is acknowledged that the definition of ‘appropriate referrals’ may vary according to the category of respondent or perspective taken by the individual respondent. As such, the definition of ‘appropriate referrals’ employed in this report attempts to accommodate these perspectives by referring to cases that comply with the CCS’s intake policies, in situations where contact is deemed to be in the best interests of children and where children have not expressed clear and consistently-held wishes against contact taking place.

Some coordinators spoke of the importance of consulting with CCSs prior to orders being made to ensure that inappropriate matters were not referred.630 One explained that if contact had been ordered and their service was nominated, yet they assessed the risk to be “too great for contact to start”, they were placed in “a very vulnerable position” and so it would make more sense for them to be briefed before the referral was made to their service. She spoke of a case where:

…the father had…said on the mobile phone to this child that he was going to devote himself in effect to finding them, and he was going to kill the parent, the mother, her family and the kids. Now this was a person that was ordered by the courts to be having supervised contact, and that’s not a stand-alone case. So we have some concerns about contact even happening in some cases.631

One coordinator expressed concern that referral agents were referring cases to CCSs in lieu of making the difficult decision to order no contact, particularly at the interim stage:

… contact is being almost automatically ordered at an interim stage of an order, … pending a return date, and during that time more information and evidence is gathered as to whether or not contact should or shouldn’t happen. My concern is that contact is being ordered at an interim stage prematurely … because you have contact services out there. So: “Oh well, it’s supervised so it’s okay”. It’s not okay. … spend a bit more time in assessing the suitability of the contact service for that particular family, rather than just referring them ad hoc ….632

627 Transcript 262, para 202.
628 Transcript 260, para 228.
629 Transcript 260, para 174.
630 Transcript 102, paras 226 to 230; Transcript 117, paras 1217 to 1227.
631 Transcript 117, paras 1217 to 1227.
632 Transcript 203, paras 300 to 306.
Three Government representatives expressed concern regarding the impact of inappropriate referrals:

That’s part of getting the court to understand that there might be people who just are not appropriate to use those services and...if this is an inappropriate referral from the court then the centre should be able to say so, that it’s inappropriate.633

Coordinators also raised specific concern in relation to orders made regarding very young children. One coordinator expressed alarm at situations “when you get these orders for the most ridiculous...amount of contact time for tiny little babies”.634 Another stated:

...if it’s a...tiny baby, I mean a baby under 12 months...or even under two, an hour at the start with them might be long enough...They should look at the age of the child.635

Some coordinators pointed out that the length of contact for older children under supervised conditions should also not be too long. This was because the supervised environment made the contact too focused and intense:

Length of time is something that I was going to bring up and it may be worth looking into. We used to have one to four hour visits and now we’ve changed it to one to three hour visits ... we decided to change that because we found four hours was exhausting! You could not concentrate on a conversation and what was going on and who was where, and what are the dynamics and what are the things we need to look out for, for four hours! ... Even with your children at home, you don’t sit here for four hours, constant hours, with them, focused on them, doing nothing else ... it’s very hard for the children.636

As one coordinator explained, orders that were inconsistent with the developmental needs of young children could cause problems for the service. Some services in these circumstances would seek to change the arrangement or refuse to accept the referral:

[R]ecently we had a court order that said four hours a week. Mum gave me a story about this baby that I didn’t feel that it would last four hours a week so I said to Dad: “We will start with one hour and build up from there”. And it took her about five or six visits to get to half an hour.637

Some coordinators suggested that valuable information regarding the needs of children could be provided to assist referral agents in drafting orders if they discussed the suitability of the arrangements for facilitated contact with the designated service before making the orders referring families to their service.

Nevertheless, some referral agents also recognised that inappropriate referrals could be made and raised concerns about the impact of inappropriate referrals on CCSs. One judge acknowledged that referring inappropriate cases to CCSs jeopardised the broader goals of contact services to keep the waiting list as low as possible, and to provide a high quality facility with timely service delivery.638

One referral agent recognised that when orders were made for contact to be facilitated by the CCS in circumstances where such contact was inappropriate, that this could pose concerns for CCS staff:

They haven’t checked it out thoroughly enough...And they’re making determinations often too early, so that there is alcohol and other drug stuff with Dad and they’ve said...A typical thing would be: Dad, go off and get alcohol and drug counselling, go to a men’s behaviour change group, use the children’s contact service all at once, where in fact what they need to be saying is, “No supervised changeover and no supervised access, until

633 Transcript 121, para 348.
634 Transcript 120, paras 527 to 531.
635 Transcript 100, para 762.
636 Transcript 105, paras 444 to 453.
637 Transcript 101, para 311.
638 Transcript 262, para 280.
you can demonstrate that you’re doing something about these two” because in fact behaviour is not going to shift and change in the short term and it puts a whole lot of stress on everybody. So I think some of the court stuff is very inappropriate.639

Another referral agent expressed concerns about the nature of arrangements referred to CCSs:

Well I suppose the level of changeovers sometimes, you know, is just ridiculous and there appears to be no consideration at any point in time about the age of the children and whether it would be appropriate for that to happen…And I think sometimes they just see it as a panacea to remove it from the court, you know?…sometimes there are some really inappropriate orders.640

Consistent with coordinators, and as noted at 5.3, some referral agents recognised the benefits of involving CCSs in the process of making arrangements for appropriate referrals and screening to ensure inappropriate cases were not referred.641

6.4 The contents of court orders made involving contact services

As noted at 5.3, referral agents focused on the potential problems of inappropriate court orders and how the making of over-specific arrangements in orders may impede the referral process and the effective functioning of CCSs.642 However, clarity in the form of orders emerged as an important factor from the interviews with coordinators.

Whilst the clear drafting of orders was recognised by some referral agents as an important factor, the lack of clarity in the terms of orders emerged from the interviews with coordinators as a significant factor impeding the referral process. This issue surrounding the drafting of orders was also raised as a significant issue by CCS staff. It was noted that when orders were not clearly written, this could result in disputes between the parties as to the correct interpretation of the order, which in turn raised problems for CCS staff. This could not be regarded as surprising given that many of the parties who needed to use the CCSs were in high conflict with each other. Any ambiguity in the order could easily become a topic for dispute:

How do you interpret an order? This has been a big issue but the courts don’t think so. But if Dad’s access weekend falls on a long weekend, he has the child the extra day. Okay, that’s fine. How do you define a long weekend? Dad’s rostered day off? Is it a public holiday? It is a free day?…Okay it’s not a gazetted holiday but could little [child] or little [child] visit with us? How do you define the weekend? That causes trouble.643

I guess it frustrates me that people go to the court system because they’re unable to agree, okay? Primarily they cannot agree on these arrangements so they go to court for the order, I suppose to document what the arrangements will be. And they’re often documented in a way that needs agreement. So it’s just crazy. When I read out court orders that say “half the school holidays” I cringe. Which half? … And you would not believe the difficulties that creates for us. So any orders that are written in a way that still requires an agreement between the parents is not helpful, not to the parents, certainly not to us.644

However, while clarity and indisputable specifications in orders may be helpful for services resolving disagreements between parents, coordinators also reported being reliant on orders that

639 Transcript 247, para 392.
640 Transcript 245, para 171.
641 Transcript 272, paras 35, 41 and 351; Transcript 246, paras 179 and 315 to 317; Transcript 276, para 79; Transcript 262, para 382; Transcript 272, para 277; Transcript 244, para 121; Transcript 260, para 320; Transcript 275, para 787; Transcript 264, para 266.
642 Transcript 270, para 293; Transcript 267, paras 455 and 459; Transcript 267, para 455; Transcript 268, para 174; Transcript 275, paras 329 to 333; Transcript 249, para 130; Transcript 260, para 118; Transcript 269, para 317; Transcript 276, para 75; Transcript 276, para 75; Transcript 244, para 125; Transcript 246, para 75.
643 Transcript 100, para 834.
644 Transcript 204, paras 979 to 983.
gave them the flexibility to make minor changes to the contact arrangements without the matter returning to court.

At 5.3.2 it was noted that some referral agents recognised that a flexible approach to the arrangements made in the orders could go some way towards resolving these issues. Some coordinators also agreed with this approach. One coordinator noted that the ‘catch all’ paragraphs contained in some orders enabled the service to vary the contact arrangement:

I guess one of the very good things is most court orders that come to our service have a clause in it that says “Or at times available at the contact service” which is very fortunate because we’re very busy and we often have to vary times from the order to fit into our booking book. 645

Furthermore, these ‘catch all’ clauses were also recognised as providing some legal protection to the services when varying arrangements within the given parameters of an order:

I see that the potential threat of legal action to coordinators around contravention of orders is to have a huge impact on how we might move these families to self-management. Unless there’s a condition in there that says: “… or other times as agreed by the parties”. Then this would give us a bit more flexibility. 646 (Coordinator)

6.5 Service accessibility

Accessibility of CCSs emerged as a significant issue impeding the referral process.

6.5.1 Operational factors

A number of referral agents noted that the demand for CCSs amongst their clients far exceeded the places available in existing services, leading to substantial waiting lists arising at many contact services. 647

They’ve got a seven-month waiting list and they’re not taking referrals… 648

What sort of level of demand do you find there to be for contact services?...

More than the services can cope with, there’s no question about that. We are inadequately resourced in the area. No question. There are… I’ve dealt with matters in both Tasmania and Victoria in the last six months or so in which there’s had to be a waiting time for the contact centres of two or three months at times. 649

The difficulty of course at the moment is sometimes you have to wait six months to get in. And the contact centres don’t like supervising for more than six months, so that’s another problem as well. 650

Service accessibility due to the costs of undertaking contact through a CCS (the cost of a visit can range between $3 and $20 per visit depending on the CCS and the type of service provided) were also raised as an issue:

…they shouldn’t be charging or that they charge everyone the same and I just don’t think that’s fair… Particularly if they have to spend $20 on train fares and everything to get there as well. 651

645 Transcript 202, para 230.
646 Transcript 200, para 709.
647 Transcript 262, para 53; Transcript 268, para 340; Transcript 240, para 141; Transcript 275, paras 847 to 855; Transcript 278, paras 77 and 97; Transcript 276, para 95; Transcript 244, paras 129, 145 to 149; Transcript 254, para 173; Transcript 260, paras 94 and 98; Transcript 250, para 141; Transcript 277, para 19.
648 Transcript 260, para 98.
649 Transcript 262, paras 51 to 53.
650 Transcript 278, para 77.
651 Transcript 275, paras 903 to 911.
Days and hours of operation were also nominated by some referral agents as a significant factor inhibiting referral and service delivery more broadly.\footnote{Transcript 270, para 409; Transcript 247, para 282; Transcript 252, paras 77 to 87; Transcript 253, para 189; Transcript 244, para 175; Transcript 245, para 91; Transcript 268, para 334; Transcript 253, para 189; Transcript 243, para 209.}  

Well the reality is that they’re confined to weekends, generally speaking, and when you have very young children, … I mean normally (we’re making huge assumptions) but often for example the mother might not be working [when] they’re very young children and often Dad, I mean even if he is working, … I mean a lot of people are in a position where they can say, “…. There’s no magic about Saturday. I can do it on Tuesdays. It’s only for two hours. We’re talking about two or three hour gaps here. I can do it Tuesday morning”. But they’re not open then…And so then of course they have this huge build-up of cases because everybody wants Saturday and Sunday, whereas if they were able to offer other days, which some of them do I know, but if that were more common, and that was promoted, and lawyers didn’t have this magic formula about weekend contact with young children. Yes look when they’re at school let’s change it, but that mightn’t happen for another three or four years when you’re talking about little kids … Things like that might even assist in their backlogs…\footnote{Transcript 275, paras 847 to 855.}  

Most people cannot exercise contact during the week. It’s a rarity. Whether they’re working or not, they seem to want it on weekends, particularly with school-age children. I think that any contact centre has got to look at increasing its facilities on weekends, and that is from after school Friday, up until I would suggest about seven o’clock on a Sunday night.  

Weekends are what parents consider to be the quality time that they spend with their kids, and that cannot be facilitated by a contact centre, you’ll never consider referring it, because it is not fair on the contact parent.\footnote{Transcript 264, paras 276 to 278.}  

On the other hand some solicitors referring to a particular rural service indicated that the days and hours of operation catered well for their clients’ needs:  

…it provides after-hours services, and that’s really important, where you get… It’s important for parents to see the children on Christmas Days and Eassters and special times and Father’s Day and Mother’s Day and all those sort of things, and the after-hours where some parents might travel hundreds of miles to see their children, and they know that the service is going to be open when they get there.\footnote{Transcript 240, para 129.}  

Another referral agent stated:  

I think they’re tremendous, and I know that [the coordinator] is such a supportive person to people. She will go in almost at times when it’s in her own time, to help people have that extra time that otherwise wouldn’t be available to them if they’re booked out…I think they’re very good. They make themselves available Christmas Day, to do changeovers for parents on Christmas Day, which really is a bit above and beyond the call. They have their weekends on a Monday and Tuesday, so they really are very good in accommodating hours and regimes.\footnote{Transcript 246, paras 89 to 93.}  

There is no simple solution to the problem of extended opening hours. Many CCSs report experiencing difficulty in paying penalty rates to staff who work during the weekends and on public holidays.  

It is around staffing and it’s around the fact that people in New South Wales, we pay by the SACS award which has penalty weekend rates, so it makes it very expensive because these services are run over the weekend. … you either don’t pay and are in breach of the employment or SACS award. How do you keep your service going?\footnote{Transcript 210, paras 270 to 272.}  

(Industry representative)  

At the moment we’re not in a position to able to pay penalty payments. So that’s an industrial issue.\footnote{Transcript 203, para 138.}  

(Coordinator)
6.5.2 Geographical location

A significant problem identified by referral agents related to the location of CCSs, with large geographical areas and metropolitan centres not catered for by a CCS, and this problem was exacerbated by the fact that services were not readily accessible by public transport.659

There’s not enough of them, and it’s terrific if you live near [suburb name] and if you don’t it’s a disaster. There’s not enough of them in terms of the location, and numerically, because we are often faced with people who can’t get in…660

…because there are whole areas of [capital city name] that are just not catered for. The whole of the east…It’s horrendous and one of the other difficulties, particularly in that area where there’s a very high degree of poverty and unemployment and major dysfunction of all sorts, is that the people don’t even have enough money for the train ride, and the train service and the public transport systems are quite inadequate. So that that makes getting to contact centres from any distance very difficult. Often they can’t afford the petrol for the car. And I don’t think society really appreciates how difficult it is.661

The impact on families of these geographical issues associated with travelling to CCSs were discussed by referral agents:

I am aware of situations where people have had to come from [rural town] for contact and so they’re traveling four hours on the train for contact and they have to catch the same train. The parents catch the same train. And the idea of the supervised contact was because of the intervention orders to try to keep the parents apart, and they’re put at risk just by…

Being on the same train.

Yes. And they have to do that. There [are]… no other trains available because of the irregularity of public transport in [rural town]… there are two trains a day. One in the morning, and one back in the evening, on the weekend. So if it were during the day they’d be getting [rural town]. But I just think there’s not sufficient service there for a big area like [rural district].662

… a lot of women just aren’t mobile so… I mean I know of a case of a woman who, she had to drive… driving six hours to provide the child for the two hours of contact and she’d go and sit somewhere, and then six hours back.663

The geographical location of CCSs was also raised as a matter of concern by respondents from groups other than referral agents. Some respondents suggested that CCSs needed to operate in areas of high population density, while others considered that they should be situated in areas of high need.

One CCS staff member stated:

I honestly think that in every major centre there should be a children’s contact service because there is the need. … There should be one within a certain radius that people can actually access, based on the kind of population there.664

Some parents also raised concerns regarding the time and money spent travelling to and from the CCS. One residence parent indicated that she drove “a 30 km round-trip each time” and that she did this four times per contact weekend in order to deliver and collect the children from the service.665

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659 Transcript 262, para 73; Transcript 275, paras 249 to 261, paras 847 to 855; Transcript 276, para 95; Transcript 243, para 217; Transcript 277, para 263.
660 Transcript 276, para 95.
661 Transcript 262, paras 74 to 89.
662 Transcript 253, paras 189 to 193.
663 Transcript 263, para 301.
664 Transcript 117, paras 1326 to 1332.
The distance that parents had to travel to use CCSs also increased the cost for them to use such a service. As one contact parent stated:

I can’t afford it. By the time I pay for petrol, pay for the two toll bridges, and pay for the contact centre. …I understand that it’s a service that needs to be paid for, but I think they just really need to means test them or something.666

The quantitative data obtained through the client survey provides a more comprehensive picture of the distances parents and children travelled to use CCSs (see Table 6.1).

Table 6.1 Proportion of residence and contact parents who travel various distances to use a contact service (n = 338)

<table>
<thead>
<tr>
<th>Distance travelled</th>
<th>% Residence</th>
<th>% Contact</th>
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<tbody>
<tr>
<td>Less than 15 km</td>
<td>56</td>
<td>39</td>
</tr>
<tr>
<td>15 km - 49 km</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>50 km - 99 km</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>100 km or over</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

This data indicates that the majority of residence and contact parents travelled up to 50 km to use a CCS. Approximately one half of the residence parents (56%) and only 39% of contact parents travelled less that 15 km to use a CCS. Contact parents were more likely to travel considerable distances to use CCSs than residence parents. Almost one third of the contact parents (29%) travelled more than 50 km to use a CCS. Not surprisingly, the distances that parents and children had to travel to use a CCS differed for those families using a rural service compared with those families using a metropolitan based service (see Table 6.2).

665 Transcript 211, para 304.
666 Transcript 133, paras 221 to 233.
Table 6.2 Proportion of residence and contact parents who travel various distances to use a regional or metropolitan contact service (n = 338)

<table>
<thead>
<tr>
<th>Distance travelled</th>
<th>Service location</th>
<th>Contact parents</th>
<th>Residence parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional CCS</td>
<td>Metropolitan CCS</td>
<td></td>
</tr>
<tr>
<td>Less than 15 km</td>
<td>52</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>15 km - 49 km</td>
<td>15</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>50 km – 99 km</td>
<td>7</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>100 km or over</td>
<td>27</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Missing cases = 4. Contact parents: χ²(4)=68.8, p<.001; Residence parents: χ²(4)=40.12, p<.001. The categories less than 5 km and 5-14 km were preserved for this statistical analysis and collapsed for the table.

The data presented in Table 6.2 demonstrate that parents attending a regional CCS are significantly less likely to travel medium distances to use the service than those families attending a metropolitan service. However, contact parents attending regional services were significantly more likely to travel long distances (100 km or more) to attend the service than contact parents attending a metropolitan centre (27% v. 7%) service. The greatest burden of travel to use a contact service appears to be carried by contact parents who use regional CCSs with approximately one in five of these contact parents travelling more than 100km for contact visits.

6.5.3 Private supervision arrangements

The limitations existing as a result of insufficient service accessibility motivated some referral agents to utilise private supervision arrangements in lieu of what was often perceived to be a higher standard of supervision through a CCS, and sometimes in circumstances where children and parents were placed at risk:667

Some people have arranged for private supervision because they cannot get to a contact service, because it’s absolutely physically impossible for them and so that is often a problematical private…supervision but it’s the only way it’s going to happen.668

667 Transcript 260, para 192, Transcript 244, paras 377 to 379; Transcript 252, para 101; Transcript 272, paras 47 to 49; Transcript 270, para 309; Transcript 277, paras 19 to 27; Transcript 268, paras 274 to 278, 505; Transcript 274, paras 60 to 64, 86; Transcript 264, paras 394 to 396. For references regarding the referral agents that considered service provision through the contact service to be of a higher standard, see Footnote 190.

668 Transcript 268, para 505.
Some solicitors spoke of clients who were required to agree to unsafe arrangements for changeover at McDonald’s or supervision by family members because they are unable to find a conveniently located CCS or where through lack of transport they found it impossible to travel to a service.669

I had one case where contact changeover was occurring at McDonald’s. However there was an incident of violence at McDonald’s where the police were called. That was a situation where we considered using … [the contact service]. However, my client couldn’t travel to … [the contact service] so it was a situation where the contact was set up at the police station, rather than at … [the contact service], because she simply did not have the independent means of transport and did not want to have herself at risk on any public transport.670

Another solicitor spoke of a case concerning a child only 14 or 15 months old, where the father was potentially dangerous to the child due to his volatile temper. At this time, the relevant service was unable to take bookings and as a result, the father’s sister supervised contact. Initially she did not believe there to be any difficulties with his behaviour. However, when she realised that there was a risk to the child, she supervised more stringently, at which point the father ceased contact. This case was identified by the referral agent as one where it would have been preferable for contact to have been supervised by a contact service from the outset.671

One solicitor spoke of a case where an extended period of supervised contact had been ordered. As the CCS could only facilitate this contact for a period of six months, supervision then had to be facilitated by a private supervisor in circumstances where continued supervision by the service was the preferred option.672

The use of private supervision arrangements in circumstances where the preferred option of a CCS was unavailable is of particular concern given that many referral agents regarded private supervision arrangements as inadequate and in some cases, hazardous.673

Some referral agents discussed how private supervision could often be difficult to arrange as it was not easy to nominate a supervisor with whom both parties were happy, and who would be prepared to supervise with the appropriate level of vigilance.674 Family members or friends were not always regarded as having the appropriate level of skill to assess and protect against risk to children, and as such, CCSs were commonly regarded as preferable as they were generally seen to employ objective third parties with appropriate training.675 The use of public venues such as McDonald’s and police stations were also regarded as problematic and insufficient in terms of protecting the safety of residence parents and children.

Ultimately, in some instances, the lack of a local CCS or suitable private arrangement could mean that contact could not take place:

669 Transcript 263, para 187; Transcript 274, paras 60 to 64.
670 Transcript 264, paras 394 to 396.
671 Transcript 244, paras 377 to 379.
672 Transcript 278, para 197.
673 For example: Transcript 262, paras 33 to 37, paras 39 to 43; Transcript 269, para 153; Transcript 272, paras 47 to 49; Transcript 275, paras 115 to 117, 269; Transcript 250, paras 69 to 77, paras 257 to 265; Transcript 254, paras 177 to 185; Transcript 249, paras 34 to 38, paras 60 to 62; Transcript 254, paras 61 to 65; Transcript 240, paras 119 to 123; Transcript 239, paras 122 to 130.
674 Transcript 269, paras 145 to 147.
675 Transcript 247, para 254; Transcript 250, paras 257 to 265.
In one case there was no contact centre in the vicinity. I wasn’t prepared to order unsupervised contact, so I made a ruling that if a suitable contact supervisor could be found, as agreed upon by the child representative, or a federally funded service, then they should be used. But otherwise, unsupervised contact would not be allowed.676

Despite their disadvantages, private supervision arrangements were sometimes preferred over CCSs. Whilst CCSs were considered by many referral agents to be the preferred option where supervision was required, some referral agents regarded the delays involved in utilising CCSs to outweigh their benefits, opting in some cases for the flexibility available through private supervision arrangements.677 As some referral agents explained, these delays and other limitations with CCSs such as the provision of only two hours per fortnight, meant that where increased hours of contact were sought, other private supervision arrangements could be preferable.678

As some referral agents stated:

So because … [the contact service] is such a limited service, we don’t sort of refer clients often there …because the operating time is limited…It’s not necessarily appropriate to use it even though it would probably be an ideal service. So then you look for your next port of call.679

I tend to avoid contact centres for changeover…because they’re busy, so what we always use is a police station, which I don’t like either, but there are two reasons I don’t often use contact services for that: one is the delay now, and two is the cost, whereas if you go to a police station it doesn’t cost you anything.680

Another referral agent spoke of a private supervisor who could supervise from 9:00am until 6:00pm for two days per week, in addition to facilitating one mid-week evening of contact, together with supervising overnight contact.681

Some referral agents also regarded the arrangements made with private supervisors to be in more naturalised settings and considered that they were less disruptive for the children concerned, also making available a broader range of activities.682

As one referral agent explained, private arrangements between parties were preferred:

…because they take the load off public services…if private arrangements can be made to work, they should be…there’s a level of dignity which is preserved.683

In summary, the data from referral agent interviews demonstrates that many referral agents considered that current service accessibility was not satisfactory. An expansion of the CCS sector through an increase in the number of CCSs in a greater number of locations, together with the provision of a more extensive and flexible range of services, would facilitate the referral process and ongoing service delivery.

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676 Transcript 262, para 93.
677 Transcript 247, paras 210 to 222; Transcript 246, paras 131 to 133; Transcript 254, paras 39 to 45, 87 to 95; Transcript 240, paras 105 to 108, 219; Transcript 277, paras 19 to 27, 59; Transcript 253, para 161; Transcript 264, paras 196 to 198, 410; Transcript 250, para 513; Transcript 247, para 248 to 250; Transcript 244, paras 363 to 369; Transcript 260, para 186; Transcript 280, para 245; Transcript 274, para 68; Transcript 268, para 511; Transcript 260, paras 54 and 402; Transcript 280, paras 51 and 55; Transcript 278, para 269; Transcript 275, para 149; Transcript 249, paras 54 to 56; Transcript 254, paras 39 to 45; Transcript 252, para 101.
678 Transcript 249, paras 60 to 62; Transcript 277, para 59.
679 Transcript 252, para 101.
680 Transcript 278, para 269.
681 Transcript 250, para 221, 245, 309.
682 Transcript 254, paras 39 to 45; Transcript 277, para 59; Transcript 249, paras 54 to 56; Transcript 240, paras 105 to 108, 219; Transcript 246, paras 131 to 133; Transcript 270, para 309; Transcript 264, para 410; Transcript 250, para 513; Transcript 280, para 245.
683 Transcript 268, paras 274 to 278.
6.6 Conclusions and recommendations

The data demonstrated that views varied as to the accuracy of the knowledge that referral agents had of CCSs and the steps taken to ensure that well informed clients were referred to CCSs. It was recognised that knowledgeable referral agents making appropriate referrals of well informed clients in a manner that catered for the intake procedures of CCSs facilitated the referral process and the wider functioning of CCSs. Conversely, the absence of these factors was seen to impede the process of referral and ongoing service provision.

A cooperative attitude on the part of referral agents, together with solid relationships and open lines of communication between referral agents and CCSs, emerged as vital to the smooth referral of cases. This approach involved the exchange of appropriate and accurate information, that is, from referral agents to CCS staff regarding the cases they wish to refer to the service, and from CCS staff to referral agents regarding the nature of their service and their requirements, which in turn could be communicated to prospective clients.

Consultation between referral agents and CCS staff prior to the making of orders or arrangements for supervision by the service was highlighted as a key factor facilitating the referral process. Similarly, informal consultation through face-to-face interaction with CCS staff and through personal attendances at CCSs, together with engaging in a process of regular feedback regarding the progression of particular cases and issues more generally, were recognised as assisting cooperative working relationships between referral agents and CCSs. The role that child representatives could play as intermediaries between the family law sector and the CCS sector was also evident from the interviews with referral agents and CCS staff. Workable, clear orders for supervision by the service together with provisions for review were also important factors facilitating the referral process and ongoing supervision of contact/changeover through the CCS. Consultation between referral agents and CCS staff prior to the making of orders or arrangements for supervision would be facilitated by the implementation of Recommendations 1 to 3 of this Report, which relate to measures for the appropriate exclusion or withdrawal of cases from CCSs, and would be enhanced by clear delineation of the CCS’s role as suggested in Recommendations 4 to 6.

Whilst CCSs sought greater communication with referral agents, better centralisation and dissemination of information about CCSs was sought from contact service staff by referral agents more generally, to encourage accurate knowledge of CCS amongst both referral agents and clients and the making of appropriately drafted orders. This could be achieved by making the list of contact services available on the websites of the Family Court and Federal Magistrates Court.

Recommendation 11: To encourage accurate knowledge of CCS amongst both referral agents and clients and facilitate the drafting of orders an up-to-date listing of contact services, their opening hours and the services that they can provide should be made available on the websites of the Family Court and Federal Magistrates Court.

Of great significance were the difficulties posed by the inaccessibility of services. Large geographical areas and city centres were recognised as not being adequately catered for by a service. Transportation was often not practicable and delays through waiting lists also exacerbated difficulties with referral. Days and hours of operations were also regarded as inadequate. It is particularly important to redress this issue of service accessibility, given that private supervision arrangements are being made in circumstances where the preferred option of a CCS is unavailable, thereby placing residence parents and children in vulnerable and potentially unsafe situations.
**Recommendation 12**: The CCS sector should be expanded through the Australian Government funding a greater number of services in regional areas and metropolitan centres, together with additional funding of existing CCSs to allow an extension of their current services.
Chapter 7
Service Provision in the Best Interests of the Child

When determining the best interests of the child in relation to contact arrangements where there are significant risk factors, the benefits that may accrue for children’s long-term wellbeing and identity when a child has an ongoing relationship with a contact parent must be weighed up against the adverse impact of further exposure to domestic violence, high conflict and ongoing disputes, and in some cases, the risk of further child abuse and neglect. Children’s contact services are one way of balancing these risks in an attempt to protect the child from harm while at the same time allowing them to have ongoing contact with a parent. By definition, families are generally referred to CCSs because they have already reached a point where privately arranged contact cannot take place safely, or without significant trauma for the child. Given this context the risks to children of using such a service could be significant.

This chapter draws on data from interviews with Government and industry representatives, CCS staff, referral agents and parents, and presents an analysis of whether the use of CCSs as a means of maintaining an ongoing relationship with a non-residence parent is in the best interests of the child. In particular, the positive and negative consequences of using CCSs as perceived by Government and industry representatives, referral agents, CCS staff, and by parents, are discussed. It concludes with a brief assessment of policy and practice issues that might better ensure children’s best interests. The views of children are considered in Chapter 8.

7.1 Using children’s contact services - the positive effects for children

Professional stakeholders (i.e., Government, industry representatives, referral agents and CCS staff), residence and contact parents were generally in favour of the use of CCSs as a means of maintaining the contact parent-child relationship via a process that was inherently safer, more stable and less conflictual than private contact arrangements. A number of respondents also noted the benefits of having professional staff available to assess the impact of contact on children and any changes to the level of risk for the child or residence parent, and to support parents to develop better conflict resolution and parenting skills.

7.1.1 Safe and enjoyable environment for children

One of the key functions of CCSs was to provide a safe environment for children and parents at changeover or for supervised contact. The majority of parents perceived that CCSs enable a safer and more enjoyable contact process.

It saves any conflict between parents and by doing that, then the children obviously feel happier. (Contact parent)

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684 Risk factors such as a history of domestic violence in the family, or other factors that may negatively impact on a child, such as a history (or alleged history) of child abuse and neglect, the possibility of abduction, exposure to parental substance abuse or the inability of a parent to adequately care for a child because of a disability. See Chapter 3 for further details.
685 Strategic Partners, above n 2; Aris, Harrison and Humphreys, above n 8.
686 For example: Transcript 113, paras 375, 387, 392; Transcript 129, paras 375, 379, 435, 439, 443; Transcript 135, paras 297 to 303; Transcript 211, para 138; Transcript 212, para 188; Transcript 215, para 147; Transcript 216, para 358; Transcript 226, para 207.
687 Transcript 129, para 443.
Other parents noted that the contact process was now more enjoyable for the children and also less stressful.688 A number of CCS staff689 and referral agents made similar comments.690 As noted, CCSs can assuage a residence parent’s fears for their child when on contact and this has positive follow on effects for the children:

…I think also they can be positive because if a residence parent, mother let’s say, can be led to understand that nothing appalling is occurring, she can be assisted to be a bit more positive about the parenting role of the other parent. And I think that’s very valuable.691 (Auspice organisation)

A coordinator noted that the presence of a CCS worker is a visible reminder of safety for children:

…where the child is feeling unsafe and hesitant towards the contact, the benefit for them is a worker will be present at all times. That does come through that the worker will be there at all times and the worker will support them.692

7.1.2 Reduces children’s exposure to parental conflict

The use of CCSs was perceived to reduce children’s exposure to parental conflict. The reduction in parent conflict was explicitly noted by a number of residence parents.693 For example:

And how do you think your kids feel about using the service?

I believe they find it a lot better because you haven’t got conflict in front of the children, so the children have got to be kept out of it. So if the parents aren’t there, there’s no possibility of conflict.694

Similarly, contact parents noted that:

Oh I think if they know they’re coming here all the time, they know that we’re not going to be arguing or things like that and they’re comfortable with that.695

When you’ve got the service you’ve got a way round it. You’ve got a way where you can diffuse the situation.696

Reduced conflict was identified as a clear benefit to the children by many of the Government and industry representatives, CCS management committees and auspice organisations697 who noted the potential of supervised contact (and CCSs) to provide a conflict-reduced environment for contact. For example:

I think what they can take away is the child can see that a changeover or interface between his or her parents does not have to be something that’s violent or ugly or argumentative but can be a transition that hopefully is done smoothly.698 (management committee)

688 Transcript 129, paras 331, 335, 339, 411, 415, 435; Transcript 131, paras 181 and 185; Transcript 133, para 607; Transcript 238, para 185; Transcript 126, paras 288, 292, 296.
689 Transcript 100, paras 738 and 744; Transcript 101, para 457; Transcript 102, para 487; Transcript 120, paras 511 and 545; Transcript 173, paras 201, 205; Transcript 202, para 321; Transcript 203, para 240; Transcript 210, para 511.
690 Transcript 245, para 73; Transcript 246, para 97; Transcript 257, paras 191 and 441; Transcript 258, para 293; Transcript 259, paras 93, 97, 113, 141, 143; Transcript 263, paras 533 to 535; Transcript 265, para 180; Transcript 275, paras 577 and 777.
691 Transcript 207, para 399.
692 Transcript 202, para 359.
693 For example: Transcript 128, para 411; Transcript 129, paras 439 to 443; Transcript 132, paras 354, 360, 513; Transcript 213, para 151; Transcript 215, para 507; Transcript 216, para 358; Transcript 217, para 305.
694 Transcript 132, para 354.
695 Transcript 237, para 417.
696 Transcript 215, para 507.
697 Transcript 108, para 463; Transcript 120, para 515; Transcript 121, paras 715, 733, 738, 741; Transcript 209, para 348; Transcript 210, para 503; Transcript 233, para 317.
698 Transcript 233, para 317.
Many referral agents\(^{699}\) also commented that CCSs reduced family conflict and this was of direct benefit to the children.

So as well as helping the contact, an aid to the contact taking place, it eliminates that possibility of conflict, which is terrible for the children.\(^{700}\)

Well it takes the anxiety away for the short term with the children when they go from one parent to the other, usually listening to one parent berate the other one and really not understanding what their mum or their dad has done but knowing that the parent that they’re with is really, really angry. … It takes away the anxiety of the children, and sometimes it lessens the anxiety too between the parents.\(^{701}\)

Similarly, some of the CCS staff noted the potential for a reduction in conflict\(^{702}\):

I think even though they’re not always able to articulate it, I think for a lot of kids they’ll be thinking: “Thank goodness Mum and Dad don’t have to argue any more. Thank goodness I can come and see Mum or Dad and feel safe about it because I still really want to see them”.\(^{703}\)

Overall, although a number of parents reported a view that parental conflict can decrease via the use of CCSs, this view was more evident for the professional stakeholders (i.e., the referral agents), reflecting previous research findings.\(^{704}\)

### 7.1.3 Maintains and develops a relationship between the child and contact parent

One of the primary functions of CCSs that emerged from the data was to enable a child to maintain and develop a relationship with a non-residence parent (refer to 4.2). As would be hoped, many parents and professional respondents indicated strong support for this CCS role in terms of the services’ positive impact on the relationships between contact parents and their children. Perhaps not surprisingly contact parents were more likely than residence parents to identify a benefit in using CCSs, yet a few residence parents did identify improvements in the relationship between the child and the contact parent.\(^{705}\) As one noted:

Yes he’s enjoying seeing his father and I mean why wouldn’t he be? He’s getting really heaps of attention from him. I think things would change if he was seeing more of him but I can’t help that. It’s going to happen.\(^{706}\)

A greater number of contact parents identified the ability of CCSs to enable them to develop and/or maintain relationships with their child.\(^{707}\)

*Would you say your time here at contact services influenced your relationship with your kids in any way?*

Well it has kept our relationship.

*Kept it going?*

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\(^{699}\) For example: Transcript 239, para 88; Transcript 240, para 243; Transcript 244, para 159; Transcript 245, paras 75 and 119; Transcript 246, para 97.

\(^{700}\) Transcript 267, para 121.

\(^{701}\) Transcript 240, para 243.

\(^{702}\) Transcript 100, paras 738 and 744; Transcript 101, para 457; Transcript 102, para 487; Transcript 173, paras 25, 63, 65, 163; Transcript 202, para 321; Transcript 203, para 240; Transcript 236, para 211; Transcript 245, para 75.

\(^{703}\) Transcript 203, para 240.

\(^{704}\) Jenkins, Park and Peterson-Badali, above n 37; Peterson-Badali, Maresca, Park and Jenkins, above n 37.

\(^{705}\) Transcript 113, para 295; Transcript 114, paras 155 to 161, 268 to 271, 285; Transcript 212, para 194; Transcript 217, para 305.

\(^{706}\) Transcript 113, para 295.

\(^{707}\) Transcript 115, para 402; Transcript 126, para 529; Transcript 129, paras 477 to 479; Transcript 131, paras 503, 507 to 510; Transcript 215, paras 163, 483, 487, 491, 495, 507; Transcript 238, paras 197, 223 to 233; Transcript 311, para 129. Two contact parents considered that CCSs could also enhance relationships with an estranged extended family: see Transcript 243, para 85; Transcript 262, paras 370 to 374.
One contact parent also noted that in the longer term the children would have a greater appreciation for the role of the centres, and potentially, would think more positively about their residence parent in facilitating contact with non-residence parents:

... I think the benefits that will come for the kids in time ... if a child is, say, eight years old and it sees a parent for a year or something in the contact service and prior to that, wasn’t able to, the parent wasn’t able to see the child, and then sees the child and then that kid gets to eighteen, they can look back because kids are so impressionable as young children, when they look back at eighteen they can say “Oh Mum wasn’t a bitch. She did let us go and see Dad and we were able to go to this place, this contact service, and if it wasn’t for that, geez Mum wouldn’t have let us see Dad” so the appreciation for the place will be felt in the children when they’re older and mature [enough] to understand.

In 12 cases, data from both the residence and contact parent for each family was collected and directly compared. While many of the ex-partners’ views on CCSs were divergent, overall most of these ex-couples acknowledged that the child had formed a more positive relationship with the contact parent as a result of CCSs.

There was substantial recognition on the part of Government and industry representatives of CCSs’ ability to facilitate contact parent-child relationships. Four key representatives identified the potential to maintain and develop relationships with a contact parent. Similar views were reported by most referral agents and CCS staff:

I think it permits the development of a relationship to be sustained at some small level for the child which I would think from what I understand about this is helpful to the child. So I think the maintenance, or the ability for that child to be able at some level to say: I have a father and I know my father or I’ve met my mother.

Well how does it achieve the best interests of children?

It achieves the best interests of children by going back to the question right at the start, by encouraging a situation where the child knows, or knows better, the contact parent, because that is the right of the child.

(solicitor)

Even if the contact was only of brief duration, it was still seen by one coordinator as beneficial (provided the child wanted the contact):

If the child really wants to see that parent, I am sure in the long term it has some value for that child to have had two precious hours a week or fortnight with that parent and they adore him. I believe it might do and I’ve kept that consistency.

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708 Transcript 131, paras 507 to 510.
709 Transcript 126, para 529.
710 Transcript 238, para 197.
711 Transcript 237, para 85; Transcript 216, para 430; Transcript 238, paras 117 to 121; Transcript 211, paras 130 to 134.
712 Transcript 108, paras 463, 466; Transcript 120, para 515; Transcript 120, para 304; Transcript 121, paras 715, 733, 741.
713 For example: Transcript 101, paras 349, 351 673; Transcript 117, paras 647, 649, 655, 657, 659, 661; Transcript 123, para 718; Transcript 173, paras 205, 209; Transcript 200, paras 426 and 1021; Transcript 202, paras 151 and 153,159, 161, 911.
714 Transcript 207, para 397.
715 Transcript 253, para 309.
716 Transcript 101, para 461.
A number of service staff also noted the particular benefit of maintaining the paternal relationship (most commonly the contact parent) for both the parent and child:717

Well I think there has been some research that has shown that kids that don’t have contact with their fathers can have all sorts of higher statistics in lots of problem areas later on and if that sort of thing can be proven, then I think it’s just really important not to have fathers dropping out or just saying it’s all too hard - which it is a lot of the time I think.718

When I saw this little girl build her relationship with her dad, if it hadn’t been for the contact centre, Dad would never have got to know her.719

### 7.1.4 Other positive effects

A number of other benefits were reported to accrue from use of CCSs. First, it was clear that a number of respondents (CCS staff,720 residence parents721 and contact parents722) believed that attending a CCS could be an enjoyable ‘fun’ experience for children.

It’s a fun place to go, you enjoyed going, you did some activity or you saw something that you wouldn’t see at home.723 (Industry representative)

Second, a number of contact parents noted that the CCSs offer (relatively) stable contact arrangements that can enable the development of a comfortable routine for the children.724

And they know they’re going to see me.725

Third, CCSs were perceived to enable parents to modify or change their behaviour towards their child or ex-spouse, via the monitoring of contact and the modelling of appropriate behaviour by staff.726 Further, staff could also model appropriate behaviour for the children.727 One Government representative referred to a number of long-term benefits for children that may derive from successful contact centre involvement, such as the potential for an intergenerational parent education effect:

So I think there are benefits down the track and not only benefits for the child, but benefits also for the child in role modelling of parenting. That child is going to grow up one day and might become a parent one day, and, you know, they need to have some idea of role modelling. Contact services I think can provide a bit of role modelling for the parents too.728

In summary, there was general support for CCSs as an effective means of enhancing the contact parent-child bond through the provision of a safe and enjoyable environment for changeover or

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717 Transcript 100, para 730; Transcript 103, paras 322, 414, 416; Transcript 117, paras 647, 649, 655, 657, 659, 661; Transcript 122, para 304; Transcript 123, para 718.
718 Transcript 122, para 304.
719 Transcript 100, para 730.
720 Transcript 100, para 738; Transcript 102, para 422; Transcript 105, para 1374; Transcript 129, paras 335, 339, 411, 435; Transcript 202, para 359; Transcript 245, para 139.
721 Transcript 211, para 134; Transcript 213, para 163; Transcript 216, para 304; Transcript 219, para 369; Transcript 222, para 135.
722 Transcript 126, paras 288 to 296; Transcript 129, paras 335, 339, 411, 435; Transcript 131, paras 181 and 185; Transcript 133, para 607; Transcript 238, para 185.
723 Transcript 230, para 377.
724 Transcript 129, para 375; Transcript 221, para 417; Transcript 229, para 301; Transcript 237, para 121.
725 Transcript 221, para 417.
726 Transcript 210, paras 503, 505, 511; Transcript 231, para 215.
727 Transcript 105, paras 1356, 1359, 1386, 1388; Transcript 120 2nd speaker, paras 511 and 561; Transcript 122, para 304.
728 Transcript 122, para 304.
supervised contact. There is also support for CCSs leading to a reduction in parental conflict, particularly in the level of conflict witnessed by the child.

7.2 Using children’s contact services - negative effects for children

Despite the high level of conflict often present in families referred for supervised contact or handover, a lot of benefits can accrue for many children and families from using CCSs. There were, however, some particular negative effects of service use on children that were identified by respondents. These are described on some detail below.

7.2.1 Failing to hear children’s voices on contact matters

A number of respondents identified a failure of the courts in the process of referring children to CCSs to adequately consider children’s views with regard to enforcing contact arrangements:

…if there are substantiated allegations of abuse in the past with a parent, they’re major issues because a child may decide that they really do not want to take that big step of seeing that parent. So it’s a matter of really looking [at the] feelings in it, from a child’s perspective and how important it is to them. Because as adults we can minimise and not understand what the experience is from a child’s perspective, because we see the outcome at the very end as perhaps being positive, but we really need to. It is a hard process. The court is still about the parents, even though it is still supporting the best interests of the child it is still for adults, it’s an adult medium let’s face it.729 (Representative from an auspice organisation)

And I don't think that sometimes the children have enough say, because I mean we have children who are in our service who are quite articulate with what they're wanting, they can verbalise what they're wanting at an early age, and yet, well I know I can't change the Family Court legislation but sometimes I think there should be a little bit more consideration given to those children that can say what they want and who are obviously not being persuaded by the other parent to say these things.730 (Domestic violence service worker)

I think they [children] see it as being that they don't have any rights at all, especially younger children. They feel like they don't have any rights. They don't have any say in court as to the outcome; they don’t have any rights, they don't have any say as to which parent they’re going to live with. So I think sometimes children see it that at the end of the day that they’re just a number in this fight between Mum and Dad and they don't have any really specific rights, or should I say needs, that are covered.731 (Domestic violence service worker)

In contrast, although acknowledging the importance of the child’s views being heard and taken into account, one Government representative noted that having the child choose between ‘contact’ or ‘no contact’ may in itself be harmful:

Yes. I mean it’s good for the child’s voice to be heard but that sounds a bit to me like the parents giving them the responsibility which they themselves have. I don’t know what to do about those sorts of families.732

7.2.2 In some cases centre procedures and staff fail to protect children

By definition, cases referred to CCSs will have the potential for harm to the child, given the violence and other concerns that have led to the need to use a supervised service in the first place. Despite this, relatively few CCS staff and parents indicated that children were harmed by being forced to attend contact at CCSs.

This is perhaps not surprising given that CCSs have exclusion criteria that they use to assess families when they come to use the service. Staff at many of the centres involved in this study used

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729 Transcript 208, paras 263 to 276.
730 Transcript 258, para 267.
731 Transcript 258, paras 321 to 323.
732 Transcript 122, para 480.
these criteria to identify those families who they believed would be a safety risk to children, staff and other families using the service, and at times excluded them from the service. Staff also acted to stop contact visits when children became distressed and fearful, or where parents broke the service rules (refer to 4.5).

Only a few residence parents noted the need for staff to monitor visits for the occurrence (or recurrence) of child maltreatment and/or identified their children as having been emotionally abused or traumatised while attending the centre.733

A number of contact parents also noted the detrimental effect of observing other children experiencing conflictual, traumatic handovers:734

> When you see kids that don’t want to go with the other partner and the other kids sometimes see that here. You know, some of them don’t want to go and they’re kicking and screaming and carrying on. … and you see that and the kids are sort of shocked, you know.735 (Contact parent)

An assessment of the paired family data (n=15 cases) provided some evidence that both contact and residence parents could continue to involve their children in ongoing relationship conflict while the children were at the centre. For example:

> And [the child] got a view of me that was his mother’s. And so he brought up situations and arguments that we’ve had, fights in the past, where [the child] was never involved.736 (Contact parent)

> I know he gets stressed out about his father pumping for information and asking about me.737 (Residence parent)

Only a limited number of Government and industry representatives, referral agents, and representatives from the CCS management committees and auspice organisations noted that CCSs may fail to protect children from harm while they attend the centre.738 However, there was some concerns expressed about ongoing child abuse and neglect outside the centre environment,739 and post-traumatic stress disorder and trauma for children made to have contact against their wishes:740

> Do you think there are any aspects of the contact service which have a potential to cause long-term harm to children?

> Yes, I think that there’s a risk that handled inadequately or inappropriately, whether it’s because of violence or abuse or just the level of acrimony between the parents or whatever it may be, that pushing the contact, even through a facilitation arrangement, too hard, too fast, or at all sometimes, can be harmful. And that again falls to the importance of the role of the actual intake, and how that’s handled and how that’s assessed and it doesn’t stop there.741 (management committee)

> Maybe since then I’ve just seen a lot more situations where children are being retraumatised and made incredibly unhappy by sort of force-feeding, so to speak, and I’m just more concerned about it. …But I do really feel for

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733 Transcript 114, paras 309, 313, 317; Transcript 124, para 185; Transcript 128, paras 271, 275, 279; Transcript 135, para 177, 239 to 241, 436; Transcript 229, para 99.  
734 Transcript 121, para 753; Transcript 125, para 325; Transcript 126, paras 521 to 525; Transcript 133, paras 609 to 613; Transcript 134, paras 583 to 592.  
735 Transcript 226, para 211.  
736 Transcript 111, para 97.  
737 Transcript 113, para 412.  
738 Transcript 233, para 321; Transcript 247, para 388, 392 to 396; Transcript 251, para 104 to 114, 500; Transcript 253, paras 73 to 75; Transcript 255, para 295; Transcript 257, paras 111, 305 to 307; Transcript 270, paras 373 to 375.  
739 Transcript 233, para 321.  
740 Transcript 253, paras 73 to 75; Transcript 255, para 295; Transcript 257, paras 111, 305 to 307.  
741 Transcript 233, para 321.
people who are in situations where the contact is a huge trauma every fortnight for the children.\textsuperscript{742} (Referral agent)

In addition, two referral agents\textsuperscript{743} noted the potential for harm as being greater as the duration of mandated contact increases. One of these two referral agents noted that:

If a contact service needs to be used for a period longer than six months then contact seriously needs to be looked at. I think if an agreement can't be come to, or other situations can't be worked out and the child still needs to go through the contact centre, be it just to actually have contact with the father or whether it be supervised contact, after a period of six months then one would have to question whether that child should still have contact with the father or, you know, look at other options.\textsuperscript{744}

\subsection*{7.2.3 Some children have been forced to have contact against their wishes}

A number of residence parents considered that their children had a degree of anxiety or reluctance to attend contact visits;\textsuperscript{745} some noted that the children were forced to attend contact in order to satisfy the courts;\textsuperscript{746} while other children were reported to look forward to being able to cease contact as they got older.\textsuperscript{747} Two contact parents also noted that their child displayed anxiety or ‘acted up’ when forced to attend contact.\textsuperscript{748}

In what appears to be a quite extreme example of ‘forcing a child to do something against their wishes’, a contact parent describes how his daughter (aged 12 years) was forced to leave the CCS to go on outings with him\textsuperscript{749}:

So a few weeks ago, or a couple of months ago now, the psychologist decided that we should try and get [the child] out of that habit [not wanting to leave the contact centre], so we went to the centre one day and just told her, I just said to [the child], “We’re going for a drive somewhere today”.

\textit{You and the psychologist?}

Yes.

\textit{Okay.}

Because he’d interviewed her and the other a few times before this so she knew him pretty well. And I said, “We’re going somewhere today [child]”, and I said, “do you want to walk to the car or do you want me to carry you?” and she said, “I’m not going anywhere” so we just had to, the psychologist and I just held her hands and walked her to the car, and she struggled all the way. Poor kid. It’s really hard to, you know, to see your child like that just because she thinks she’s got to show loyalty to the other parent.

\textit{And what happened? Did you go for a drive?}

Yes straight down to a park and we sat there and she said she was just going to run away so we had to hold her hands the whole time and she was struggling all the time. It wasn’t a very good day. So we went back to the centre after a couple of hours.

Referral agents also expressed concerns about children being harmed by having been pressured into having contact visits against their wishes.\textsuperscript{750}

\begin{thebibliography}{99}
\bibitem{742} Transcript 251, para 500.
\bibitem{743} Transcript 258, para 404; Transcript 277, para 241.
\bibitem{744} Transcript 258, para 404.
\bibitem{745} Transcript 128, paras 263 to 271, 291 to 303; Transcript 130, paras 315 and 319; Transcript 135, para 175; Transcript 212, para 113; Transcript 218, para 159; Transcript 229, paras 113, 119, 161; Transcript 236, paras 253 to 255.
\bibitem{746} Transcript 110, paras 99 and 105; Transcript 130, paras 315 and 319.
\bibitem{747} Transcript 229, para 114.
\bibitem{748} Transcript 131, para 297; Transcript 130, paras 73 and 77.
\bibitem{749} Transcript 127, paras 159 to 183.
\end{thebibliography}
If you’ve got a 14-year-old child who has been sexually abused by this parent, and he’s now being forced to go and have contact with them, I mean that’s going to have quite serious repercussions for them, even if it’s supervised by someone else. … So, you know, on the one hand yes, it’s great to have them because they’re needed, but on the other it gives people an out.751 (Solicitor)

I don’t think that it’s appropriate that [the children] be forced in those circumstances … I’m talking about where there have been issues perhaps all through the marriage and they continue now and the child is being traumatised. … Kids break out in eczema and rashes and they vomit and they, you know? Just at the thought of having to go. And where you’ve got to put a child through that, it’s just totally unsuitable, no matter how much supervision you’ve got.752 (Solicitor)

Yet as one referral agent noted, determining when it is not in the best interests of the child to enforce contact is often not an easy decision:

So yes I mean I think forcing the .. in some cases forcing the contact is detrimental but you need the wisdom of Solomon to know when to do it and when not to do it and, you know, the court tends to rely on people like me to give them the wisdom of Solomon and I have no more wisdom than anybody else.753 (Referral agent)

7.2.4 Attending a contact service sends the message that child abuse and domestic violence are acceptable

Although as identified above some referral agents recognised the long-term effects of inappropriate contact and the risk of further harm to the child, the focus of many referral agents was on the so called ‘right’ of a non-residence parent to have contact.754 In contrast, there was very little comment relating to the impact of the use of supervised contact upon children and specifically whether it sent the message that ‘child abuse and violence are acceptable’. A number of CCS staff did note, however, that children were at times expected to maintain a relationship with a violent or abusive parent:755

But even where there’s been severe domestic violence between Mum and Dad, the court is indicating that the child is separate to that and the child and parent can still have a healthy relationship outside of what happened to Mum and Dad. But for those children, my belief is if they saw that parent be physically abused, you know, it was an injustice to them and I think it was a failure of parenthood, so I’m not sure that the courts recognise that even though it can happen between two parents, it’s going to alter the relationship with that child.756 (Coordinator)

Some of the referral agents also noted that using a CCS could, at times, legitimise family violence and send the message that such behaviour was not relevant to considerations about the best interests of the child.

And that’s where a lot of the times that the mother especially finds it difficult to cope with that, that the child is on an intervention order but she doesn’t have to have any contact with the partner, the child, because she’s on the intervention order and he’s not allowed near her and he’s not allowed to do this and he’s not allowed to do that, to her. The child is on the intervention order and yet the court orders are saying the kid has to go with their father, whether it be for supervised or unsupervised access.757

750 Transcript 247, paras 452, 456 to 458; Transcript 251, paras 500 to504; Transcript 258, paras 31 to 35; Transcript 263, paras 525 to 527.
751 Transcript 263, paras 525 to 527.
752 Transcript 251, paras 500 to 504.
753 Transcript 239, para 434.
754 For example, Transcript 260, para 370.
755 Transcript 100, paras 131, 134, 137; Transcript 101, para 229; Transcript 102; paras 487 and 491; Transcript 103, paras 59, 324, 364; Transcript 203, paras 540, 542, 544; Transcript 204, paras 1026, 1028, 1030.
756 Transcript 101, para 229.
757 Transcript 258, paras 309 to 311.
…we quite often have children who are ordered by the Family Court to have contact with their father whilst at the same time are actually on an intervention order. So it’s a contradiction of terms sort of thing and … it’s really difficult sometimes. . . The child is on the intervention order and yet the court orders are saying the kid has to go with their father, whether it be for supervised or unsupervised access.758 (Domestic violence service worker)

7.2.5 Service use may de-legitimise children’s fear of their contact parent

Does supervised contact or changeover further traumatising a child who has been maltreated or traumatised, and does it de-legitimise children’s fear? Is being forced into a frightening situation a further betrayal of trust, following on from the betrayal previously experienced at the hands of a violent or abusive parent? A small number of CCS staff and referral agents indicated that contact could de-legitimise children’s fear.759

In fact we had one child who specifically said: “The question is, how can I know he’s changed? Can you guarantee that I will be safe?” Well can we? And what have we done to recognise there was a problem, there was violence? The violence was perpetrated against the child and after a short period of supervised contact they’re now expecting that the child is going to be confident and feel trust in that parent to go away from the centre, with a supervisor, and move on and feel safe.760 (CCS staff)

I don’t think that it is in the child’s interest to force very unhappy and scared children to spend two hours a week sitting across a table from somebody who is trying to be manipulative then avoids scrutiny of that manipulation. It just isn’t [fair]. It’s unnatural, it’s uncomfortable and it’s unfair to the child.761 (solicitor)

Like some children just get to the point where they just totally lose faith in the legal system and all that and they go from being distressed all the time to just not doing anything.762 (psychologist)

7.2.6 Contact service use may restrict children and fail to meet their needs

Few adult respondents raised issues or concerns with regard to contact arrangements constraining or compromising children’s developmental needs. Where concerns were raised, they were generally not of a severe nature. The children did, however, raise such concerns (refer to 8.4).

A small group of residence parents noted that supervised contact may constrain or affect a child’s social life or routine (e.g. playing team sports on the weekend).763 Four referral agents and CCS staff noted that an extended period of supervised contact may be harmful for children.764

A small number of contact parents, one residence parent, and three referral agents noted that the CCS environment could be an alien or artificial one for children, particularly when a supervisor was present.765

The majority of comments with regard to the constriction of a child’s life concerned the suitability of CCSs as places to meet the needs of adolescent children.766

758 Transcript 258, paras 309 to 311.
759 Transcript 101, paras 215, 217, 559, 561; Transcript 102, paras 208, 210, 212, 214, 232, 234, 499; Transcript 251, paras 418 and 504; Transcript 255, para 395; Transcript 263, para 543.
760 Transcript 102, para 208.
761 Transcript 251, para 418.
762 Transcript 257, para 305.
763 Transcript 113, para 430; Transcript 124, para 227; Transcript 131, para 172; Transcript 236, paras 195, 199, 203.
764 Transcript 102, paras 274, 280, 282; Transcript 105, paras 447, 453, 459, 462, 465, 476, 485, 491, 494; Transcript 173, paras 225 to 233; Transcript 240, para 29.
765 Transcript 111, paras 179 to 193; Transcript 116, paras 732 to 738; Transcript 125, paras 173 and 181; Transcript 220, para 359; Transcript 228, paras 100 and 156; 258, paras 352 to 360, 275, 815 to 817; Transcript 277, para 113; Transcript 311, paras 190 to 193.
older children being forced to attend a centre designed for young children, the potential embarrassment of attending contact, and a lack of stimulation for older children. For example:

Oh look I think that, particularly for some of these older children, I think there is a level of social embarrassment. I mean in terms of: “I’m still coming to the contact centre because my parents can’t get their act together”. And there is certainly that aspect of it, and particularly if you happen to be the eldest sibling in a group.767 (Representative from an auspice organisation)

7.2.7 Staff and children may play down the risks of having contact as a coping strategy

As has been discussed above, at times a maltreated and traumatised child was be forced to have contact with a violent parent.768 Contact may occur even where the child may be displaying a range of emotional and behavioural problems.769 A number of accounts have been offered that explore the Family Court’s management (and, at times, minimisation) of family violence.770 An account that draws on child protection research is used here to discuss the potential for the minimisation of violence by the courts and CCSs.

In the late 1980s, papers began to be produced that attempted to investigate the effects of client violence (implicit or explicit) on professionals working with children and violent parents.771 These papers were focused on child protection workers’ perceptions of the effects that dealing with violent, or potentially violent, clients (and perpetrators) produced in them. In 1988, Goddard proposed the Hostage Theory, based on studies reporting the reactions of hostages to their captors (often termed the ‘Stockholm syndrome’) as a possible explanation for workers’ responses to the violence they encountered in child protection work.772 Goddard hypothesised that workers employed hostage-like defence mechanisms in order to minimise risk to themselves when dealing with violent clients and/or families.773 It was contended that when workers were threatened, or were attacked, (especially in a home visit situation where the worker was isolated in the family’s territory), the need for self-preservation would become paramount. Workers would unconsciously act to minimise the abusive concerns or violence, over-identify with the perpetrator, and as a result, minimise their intervention. Although this was thought to be an unconscious defence mechanism, the outcome was assumed to be a failure to adequately protect the child.

Stanley 774 produced additional support for a hostage-like response in workers, reporting that child protection workers appeared not to be consciously aware of the degree to which violence was

766 Transcript 131, para 161; Transcript 133, paras 293, 297, 301, 339; Transcript 206, para 440; Transcript 246, para 215; Transcript 249, para 282.
767 Transcript 206, para 440.
768 Transcript 100, paras 131, 134, 137; Transcript 101, para 229; Transcript 102, paras 487 and 491; Transcript 103, paras 59, 324, 364; Transcript 203, paras 540, 542, 544; Transcript 204, para 1026, 1028, 1030.
769 Transcript 102, para 491; Transcript 103, paras 360, 362, 364.
771 Goddard and Carew, above n 903.
772 Ibid.
773 J P Stanley, Child Abuse and Other Family Violence: An Exploratory Study of this Association and How it may Effect the Child Protection Worker Unpublished Masters Thesis, Department of Social Work & Human Services,
occurring in their cases. Stanley found that workers consistently minimised the violence when asked to report on it. The minimisation was also evident through the lack of emphasis given to violence in the reports, the practice of returning children or maintaining them in violent households, and the failure to adequately address the violence issues in the families. Stanley concluded that workers’ intervention strategies appeared geared to minimising the risk to workers, contact with the perpetrator and any actions that would provoke the perpetrator.

Given that a large proportion of cases referred to CCSs involve family violence and to a lesser extent child abuse where significant violence has been perpetrated (refer to 3.4), it is worth exploring how Hostage Theory might provide an understanding of some of the elements of the CCS experience. That is, are workers affected by the ‘dangerousness’ of the parents they have to work with? In some instances, might their judgement be affected with regard to ensuring the best interests of a child?

Clearly, some parents are too dangerous for CCSs. In one case, despite serious violent behaviour and a pattern of ongoing extreme stalking of the residence parent and child, there was an order for contact to take place at a CCS. The case raises issues around what precisely is the ‘best interest of the child’ and could almost be taken as evidence that the Family Court itself was affected by a hostage-like response, given the severity of the concerns and the determination made:

- We’ve got one who, there’s an order for the [contact parent] to use the contact centre but it hasn’t happened. Right? And the reason why it hasn’t happened is we actually don’t think [contact centre] has the appropriate level of security. There’s an order there that the father have contact with the child for one hour per week. …We actually don’t think [contact centre] would have the facilities to protect if he decided to get it in his mind to do another siege incident or do a runner with the kid. And so that’s a case whereby we actually don’t … well my client and I must admit I don’t have too much confidence in [contact centre] being able to deal with that situation. (Solicitor)

Thus, when confronted with such clients, were CCS staff always able to control the situation and protect children from harm? The answer may be that occasionally, they cannot:

- It was a non-residential parent and he was extremely violent and he had an expectation that the centre would do whatever he wanted them to do and made incredible demands. My suspicion is he was controlling the situation so that the contact centre would [exclude] him and I think there is some of that behaviour, especially with violent men. (Referral agent)

- She came in the back way, through the back car park, which the other person didn’t know existed, and she said to me, “Oh he’ll probably leave. He’s been waiting for my car to show.” … He said, “Well I want to see her then”. You know, so he had been waiting for her to drive up … (Coordinator)

- Well if they’re [parents] being difficult, if their behaviour is difficult, then I have to talk to them. If they get angry and irate then we expel them. … However, some of the people who we deal with, there’ll always be a fear of them coming back most of the time, just to take revenge out on us. … So that’s our main anxiety as far as that goes… (Coordinator)

Overall, there was little evidence that the hostage effect operates in the CCS environment. It is, however, possible in some cases that the child becomes a ‘hostage’ in this environment. Child victims may also suffer from an over-identification with a violent perpetrator in order to minimise

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775 Stanley, above n 906 at 112.
776 Transcript 252, paras 127 to 129.
777 Transcript 269, para 239.
778 Transcript 105, para 380.
779 Transcript 102, para 115.
the risk to themselves of further abuse.\textsuperscript{780} Thus, a child who is extremely fearful and reluctant to spend time with a violent, abusive parent may rush into that parent’s arms with a happy demeanour when actually in the presence of the parent. The desire to please the violent adult, and to avoid harm, translates into over-identification with the abuser and a focus on satisfying their needs (i.e. by being the perfect, loving child), as a means of avoiding harm.\textsuperscript{781}

However, determining if such an effect is occurring is not easy. When addressing the, at times, divergent views of residence and contact parents as to the nature of the contact experience for children,\textsuperscript{782} it may be that part of the disparity is the result of children genuinely behaving differently before and during contact visits. This may occur in part as a result of the child’s desire to satisfy both parents’ overt or covert desires with regard to contact. There are many examples in the data where a child is reported to have ‘acted out’ at some stage before, during or after contact in order to remain ‘loyal’:

Whichever way it is, a sense of safety and security for kids is what you’re hoping for. What I hope for anyway. And then hopefully they enjoy it. Kids will often come in and tell you they hated contact but that’s not the experience that you find out from the contact centre. They’ll say, “Oh no they were very happy about it” and when you ask, you know, kids are just a bit like that sometimes. It depends who brings them in, to be quite honest, and whether Mum’s [revving] them up, “Now you tell her! You tell [solicitor] all about what went wrong!” and you know that they’re going to start by telling you that everything was a disaster and sometimes it is and sometimes it isn’t.\textsuperscript{783} (Solicitor)

And I can’t believe that this particular contact centre is accepting his mother, because contact happens, when it happens it’s very successful and the child doesn’t want to leave the father and enjoys it, and the mother is saying, “He didn’t want to come, DID YOU?” you know. And all this, like… And then the child recently said, the worker said, “Oh do you want to see your daddy?” and the kid said, “Yes” and the mother said, “You didn’t ask that question clearly enough. You don’t want to see your father, DO YOU?” And the kid said, “Noo”. And they then accepted that as a child refusal, “No”. Even though the child had openly said to the worker he wanted to see the father, when the mother put the question in a really bossy way and then, you know, the child… They accepted that as a child refusal.\textsuperscript{784} (Referral agent)

Yet in some instances, the changed behaviour (where the child’s great reluctance to attend contact is replaced by much enthusiasm) may be occurring as part of a hostage effect. Correctly identifying such circumstances requires suitable training in interpersonal power dynamics. For example, is it reasonable to assume (as is demonstrated in the case example below) that a child will feel empowered enough to report breaches of safety or assaults?

I suppose primarily if there was a conviction, yes, you would say you would have grave concerns about unsupervised, but then it would depend on the timeframe and the age of the child then too, because it may be that a child gets to 16 and says, “No, that’s fine and I’ll tell straight away. I’ll do something. I’ll call the police”. You know, they might be very empowered. It would depend on a whole range of factors. So I wouldn’t like to say,


\textsuperscript{781} Residence parents may also, at times, be affected by a ‘hostage’ effect, and find themselves agreeing to contact arrangements they are uncomfortable with, in order to minimise the potential for violence from an ex-spouse who has already proved themselves willing to commit assaults since the relationship breakdown. This may be more likely in cases where the system is perceived as failing to protect them and their child (e.g. Transcript 243, para 313). The hostage effect can therefore be seen as a form of ‘battered woman’ syndrome, see A M Tomison ‘Exploring family violence: Linking Child Maltreatment and Domestic Violence’, \textit{National Child Protection Clearinghouse Issues Paper no 13}, Australian Institute of Family Studies, Melbourne, 2000.

\textsuperscript{782} This was apparent in the 15 cases of grouped family data.

\textsuperscript{783} Transcript 244, para 293.

\textsuperscript{784} Transcript 255, para 205; see also Transcript 245, para 135.
even if there was a conviction that there was no hope for the family ever to be together. It’s dependent on the circumstances. 785 (Domestic violence service worker)

### 7.3 The role of CCS staff in monitoring and assessment of risk to children

Contact, particularly where the child may be reluctant and/or distressed by having to attend, may not always be in the best interests of the child and is likely to raise significant practice dilemmas for CCS staff. These include how to accurately determine when a child should, or should not, have a contact visit, and when to terminate a visit because it has become a traumatic experience for the child. This places staff in the role of an assessor of risk to the child – a difficult role that requires the requisite professional training.

Well I guess the biggest fear everyone expresses is “just when is the contact in the child’s best interest?” and there is no definitive answer and who’s in the best position to judge? …. It’s always the balancing act of you have to encourage and make sure that the contact happens, but at what point when the kids aren’t wanting to and they’re obviously upset? How long do you persevere? 786 (Government representative)

Assessment of risk to the child will involve determining if a child’s reluctance is a reaction to undue parental influence, or is a genuine reluctance or fear to meet with the contact parent:

When they’re older children and they can actually articulate that they don’t want to go and obviously it doesn’t happen, but you still question well why was it even ordered? But I think the most difficult one is when you’re actually facilitating it, the kids are there because they haven’t quite been able to articulate they don’t want to be there, or for whatever reasons, they aren’t displaying the behaviours that are necessarily obvious enough for you to not allow contact. 787 (CCS Coordinator)

Further, the referral of families to CCSs is often an interim step prior to a final determination of contact arrangements by the court system (see also 5.2.2). A number of respondents considered that CCSs therefore not only facilitate safe, harm-free contact and changeover, but additionally, enable the exploration of child and family issues, and the development of an independent assessment of the child’s needs. 788 For example:

If there are going to be issues re the children, one hopes the experts at the contact centre will pick it up, highlight it, and let the lawyers and/or the clients know. There are things we don’t see that show up on contact visits, and an expert needs to be there watching it and that expert doesn’t necessarily have to be a lawyer or a parent. It needs to be someone who’s got the appropriate skills and I have seen reports that have come back where issues have been identified by that expert at the contact centre. 789 (Referral agent)

Thus, CCS staff have to balance children’s interests, while facilitating court-ordered contact that may not always be in the child’s best interests:

So this is where the other tension is and we have talked about it, … the tension of the child’s best interest as interpreted by the court when they made the order, or interpreted by the worker at the time that the child is to be handed over. 790 (Auspice organisation representative)

Conversely, CCS staff have to be able to assess a child’s reluctance and determine if it’s a reaction to undue parental influence, or is a genuine reluctance or fear to meet with the contact parent, because:

785 Transcript 245, paras 205 to 207.
786 Transcript 120, para 513.
787 Transcript 203, para 544.
788 Transcript 246, para 103; Transcript 261, paras 117 to 129; Transcript 265, para 559.
789 Transcript 265, para 559.
790 Transcript 121, para 721.
... I mean if every time a child goes into a contact centre and decides for whatever reason that they don't want to have contact with that non-custodial parent for that particular time, that the workers say, “Okay that’s fine, we won't send you” then you would have this huge deluge of kids who perhaps can be persuaded by their parent, or by the mother - I’ll say mother in general terms because usually it is the mother - but can talk their children into saying that and the father doesn’t have the contact, which is in breach of court orders.\textsuperscript{791}

Yet even when a child does indicate verbally and/or behaviourally that they do not wish to have a contact visit, and this is supported by a CCS worker, the courts may still overlook this information:

So I just felt like the information was there, and it just wasn’t looked at.\textsuperscript{792}

As discussed at 5.6, orders for supervised contact and changeovers should be worded to formalise the discretionary power of the CCS staff to stop a contact visit or withdraw service altogether when required:

... And by saying that I don't mean that they should put in the court orders that every time little Billy decides he doesn't want to go and he cries, that he doesn't have to go, because we all know that that’s not possible. However, there should be some certain amount of flexibility, should I say, that’s placed in the court orders to give the contact staff that flexibility and discretion as to whether the children should go or not.\textsuperscript{793}

### 7.4 Conclusions and recommendations

Overall, parents and professional stakeholders support the view that CCSs generally operate in the best interests of the child. The services provide a safer, less conflictual, means of maintaining or developing a relationship between the contact parent and child.\textsuperscript{794} Many of the positive and negative effects noted by respondents are congruent with previous studies.\textsuperscript{795}

However, in a finding that also replicates previous work exploring the views of service staff, other professionals involved in the system, parents and children, there is clearly a subset of children and families where the use of CCSs, and access to any contact at all, is clearly not in the best interests of the child.\textsuperscript{796} The data suggested that in some ‘high risk’ cases the courts may be unwilling to make a determination to prevent contact at the interim stage of proceedings, even in cases involving severe child maltreatment, severe domestic violence or risk of child abduction. In such cases, supervised contact arrangements may have been put in place by the courts to determine over time, and in a controlled environment, whether the benefits of parent contact are actually outweighed by the harm (or risk of harm) to the child. Service staff therefore have an important role to play in providing an independent assessment of the contact arrangements, the quality of the parent-child relationship, and in determining what arrangements are in the best interests of the child.

To be able to do this effectively, staff need to be well trained in areas such as safety, effects of divorce and custody on family members, and crisis intervention.\textsuperscript{797}

**Recommendation 13:** Further education and training of CCS staff is needed to enhance staff skills at ensuring children’s voices are heard.

\textsuperscript{791} Transcript 258, para 125.
\textsuperscript{792} Transcript 204, para 103.
\textsuperscript{793} Transcript 258, para 219.
\textsuperscript{794} Jenkins et al. 1997; Peterson-Badali et al. 1997.
\textsuperscript{795} Jenkins, Park and Peterson-Badali, above n 37; Peterson-Badali, Maresca, Park and Jenkins, above n 37; Strategic Partners, above n 2; Aris, Harrison and Humphreys, above n 8.
\textsuperscript{796} Strategic Partners, above n 2; Aris, Harrison and Humphreys, above n 8.
\textsuperscript{797} Park, Peterson-Badali and Jenkins, above n 37 at 47.
Determining children’s best interests requires an ability to accurately assess children’s behaviour and their comments, and to identify and separate out how the child has been affected or influenced by residence and/or contact parents.

**Recommendation 14**: Specialist CCS staff training is needed that educates staff about family violence in a post-separation context, and the impact of very violent individuals’ behaviour on children, other parents and staff, in particular the dynamics of offender-victim relationships.

**Recommendation 15**: Additional training should also be undertaken to provide clearer standards for workers as to when the risk of harm, or actual harm to a child, is sufficient to stop contact at the CCS.

In conclusion, the concluding comment in the Strategic Partners report is worth replicating here:

> A parent’s ‘right to visitation’ cannot take precedence over a child’s exposure to a high-risk environment. Visitation is designed to build a supportive relationship and to allow a child to feel loved and cared for by a parent who will promote the child’s continuing development. Unfortunately, relationships do not grow and flourish in an environment of fear.\(^{798}\)

Allowing contact where families have a history of violence and conflict will never be easy. Children’s contact services are perceived to offer an effective, safer means of maintaining and developing the parent-child relationship. Given the nature of the families involved in supervised contact and changeovers, careful monitoring and early intervention by CCS staff to prevent further harm to the child is required, and training programs that assist staff in this role need to be supported.

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\(^{798}\) Strategic Partners, above n 2 at 92.
Chapter 8
Children’s Experiences of Supervised Contact and Changeovers

Children’s Contact Services are reputed to resolve the tension between the adverse effects on children of exposure to parental conflict and violence and the need for children to have an ongoing relationship with their contact parent. They do this by allowing children from predominately ‘high-risk’ families to have contact in a safe and supportive environment. This chapter will examine this proposition from the perspective of children who use CCSs for supervised contact and changeovers. Drawing on data from interviews with 24 mostly adolescent children aged between 5 and 15 years we explored children’s understanding of the role of the CCSs. Supplementing this interview data were detailed observations of a sub-sample of nine of these 24 children. Those aspects of CCSs that children are happy with, as well as those aspects that they would like to change are identified. This chapter also examines whether the CCSs have been successful in facilitating quality contact experiences for these children in a safe and supportive environment. This sample of children differs from that used in the Strategic Partners evaluation of CCSs in that the children involved in our study were older and had been using the CCS for a longer period of time.

8.1 Children identify the role of the CCSs as helping them to have contact in a safe environment that is free from parental conflict

The children interviewed conveyed a clear understanding of how the CCSs functioned to assist them and their parents. When asked what a contact centre does, the children were quick to say that it helped them to see their contact parent. Of the 24 children interviewed, 15 children identified this as the primary function of the contact centre that they attended. Ten of the 24 children went on to identify the centre as helping to keep their parents apart in order to stop them from fighting or to help their mother to feel safe.

Jane (aged 12 years) and her sisters were initially supervised at the centre. Her family had taken two years to move through the services to the point where they now self manage contact. Even though her mother reported using the centre to keep her daughters safe from sexual abuse by the contact father,799 Jane described the centre as functioning to protect her mother from her father:

Well it’s a centre where we can be, like if our mum and dad have split up, and well in my case, Mum doesn’t feel like safe being around Dad so she wanted us kids to come here and it’s just easier so she doesn’t have to see him at all. Like she can stay at one end and so he can be at the other, and we stay here and play and muck around for the time that we’re given.800

Sarah (aged 12) also described the role of the centre as one of stopping her parents from fighting. Sarah’s response is typical of the children we interviewed:

Oh well we just call it the contact centre and it is a place where, well, in my case it’s where we walk through to Dad and Dad takes us to his house, and so Mum and Dad don’t have to talk to each other and so they don’t fight.801

Like Jane, Sarah and her sisters were initially referred to the centre to have supervised contact. Her parents had a history of domestic violence and her father had ongoing problems with substance abuse. Sarah had been attending the CCS for three years and the family had moved to having

799 Transcript 211.
800 Transcript 301, paras 11 to 13.
801 Transcript 307, paras 19 to 20.
supervised changeovers for contact during the day. Sarah did not particularly like this arrangement because she wanted to spend less time with her father. 802 Below, Sarah described a second role of the CCS and staff as keeping her safe and controlling her father’s drunken behaviour:

Oh well they [staff] would just kind of like keep an eye on Dad and stuff and see if he, like come and check if he, like sometime he got drunk and they’d check on him.

Did that happen?
Well once.
Did it?
Once or twice.
Oh really?
Yes. And so that it wasn’t safe for him to have us.
Did you always feel safe when you came here?
Yes of course I did. And it is much better with another adult there, like Dad was saying that he didn’t like it. He just always knows that there was somebody there to help and to stop it if he’s been drinking and he didn’t like it. 803

Jane (12 years) also reported that at the time she was using the centre, she needed to be supervised at the centre to be safe from her father and that the staff were there to ensure her security. Unlike Sarah, Jane no longer attends the centre for her fortnightly contact visits and reported being happy with the her current self-managed contact arrangements:

What’s the best thing about visits here?
Well playing and all that. Like they’ve got cool games here and all that, and watching videos. And you also feel safer here. Like when we first started off, it was safer being supervised but now it’s like more fun when we’re over at his house. 804

The comments made by the children in relation to the primary role and functions of the CCSs appeared to be unrelated to the type of service the family was using (i.e., supervised contact or changeovers), or the reasons for the family’s referral to the centre. This may be, in part, a function of the length of time that these children had been attending the CCS. On average the children interviewed had been using the centre for two and a half years (range: 3 months to 5 years).

In contrast to Sarah and Jane’s experiences at the CCS, there were children who appeared to be completely unaware of the extent of security procedures and infrastructure in place to ensure their safety and that of the staff during contact visits. Below, Kate (eight years) described an incident where the police turned up at the centre in response to her accidentally activating the alarm during her contact visit. The police came quickly because the centre is strategically located next door to the police station:

Oh I got embarrassed once because like the little, this little white box thingy that’s in there, and I though it was like dental floss. It had a button on it. And I pressed the bottom and it called the police but I didn’t know that. It was so embarrassing. [laughs]

When did that happen?
Oh like ages ago really, it was so embarrassing. [laughs]
Did the police come?

802 Transcript 307, paras 255 to 277.
803 Transcript 307, paras 45 to 83.
804 Transcript 301, paras 95 to 118.
Yep.

Oh gosh!

Because I kept pressing it and they would come and it didn’t take them very long to come here.

Susan (12 years) did not understand the reason for the 15-minute waiting period between when she was dropped off at the centre by her mother and picked up from the centre by her father. The waiting period is designed to prevent parents from coming into contact with each other, and gives the residence parent a period of time to safely clear the centre before the contact parent arrives. This lag time also enables staff to debrief and calm children down in preparation for the contact visit.

*What do you do at the drop-off centre?*

We come in with our mum and then we go with our dad.

*Right. And then what happens at the other end?*

Um well we sit there for a while, because I think it’s 15 minutes or something like that, and then we go.

*And why do you do that?*

Um, I don’t really know. I think it’s because if we go straight away that they might pull up Mum or something like that. I’m not too sure.805

The apparent lack of awareness on the part of some children of the security infrastructure and procedures in place at the centres may, in part, reflect these children’s confidence in the ability of staff to provide a safe and supportive environment for contact visits. When the children were asked to give advice to a friend who is very worried about attending a CCS for the first time, the majority of the children interviewed (16 cases) told the interviewer that there was “nothing to worry about”. Not one of the children interviewed identified any issues or concerns about the centre and staff, or their own safety, in response to this question. Carmen and John’s comments are typical of the children’s response to this question:

Don’t really worry cos it’s not scary at all. It’s quite nice. They’ve always got heaters on when it’s cold and you can call someone if it’s cold, so it makes you feel good. The people are nice there and it’s easier, instead of Mum and Dad going at each other or fighting and stuff like that.806 (Carmen, 10 years)

I would tell him what it is all about. Like that you wait in this waiting room and you wait for whichever parent your mum or dad broke up with.

*Uh-huh. And what would you tell him about the centre?*

He’s going to meet people, um, that come here and go to the place the parents are waiting at and someone will tell you that someone’s here, or your mum or dad’s here at the other end.

*And does he need to worry about it?*

No.

*He doesn’t need to worry?*

It’s perfectly safe.807 (John, eight years)

Some of the children know that the centres are there to keep them safe, yet they are unaware of how that is achieved. Other children’s apparent lack of concern about their safety while at the centre may also be a function of the length of time that they have been using the CCS. In the Strategic Partners research, McIntosh observed that the considerable fear expressed by the children on their initial

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805 Transcript 312, paras 7 to 18.
806 Transcript 308, paras 331 to 332.
807 Transcript 306, paras 243 to 258.
visit to the centre became manageable over time as the children learned through repeated incident-free visits that they could trust the staff and that their parent would behave while at the centre. 808

8.2 Children have a limited understanding of the specific circumstances that led to their using a CCS

While the children interviewed had a clear understanding of the role of the CCSs, many did not understand why the family was referred to the CCS. When asked how they came to be using a CCS, only four of the children interviewed gave an account of the specific events that led to their using the centre. This is not surprising given that the majority of children referred to the CCSs in this study were referred when they were young (i.e., under the age of six years). Kate (eight years) was able to identify the alleged instance of child sexual abuse that led to her mother seeking a no contact order from the Family Court and the family’s referral by the court to a CCS. 809 The alleged abuse was investigated by the relevant child welfare authority. However, Kate appeared to have a very limited understanding of the meaning of this event for her and its seriousness from the perspective of her mother. She was four at the time of her referral to the centre for supervised contact and she continues to have supervised contact at the centre.

Well once I got, when I came home, I had this big red coat-hanger mark on my bum.

And what was that from?

I think from a coat hanger.

So how did you get the mark, do you know?

No. Like I just, I went to bed and when I woke up, I had this big red mark on my bum.

The (private) visits stopped then, did they?

Yes.

Okay. And so do you remember how you felt when they stopped?

Sort of not good because like then I wouldn’t get to see the horses anymore. 810

Tammy, who is five years old, identified a specific incident of domestic violence as the event that led to her coming to a CCS to see her father. Tammy was only one year old at the time this incident took place. 811 Tammy has been having supervised changeovers on the weekend for four years. Whilst Tammy was confident about the reasons she gave for having to attend a CCS, her story was, however, very different to that provided by her parents. 812

Mum likes it better here because Dad locked her up in a room, that’s why she doesn’t want him to come to her house.

Okay, and what do you like about coming here, Tammy?

It’s just that I don’t like him coming to my house because Mum doesn’t want him to so I let her don’t want him to, so we always come to this family centre.

And do you feel safe when you come here to the centre? And when you go with Dad?

808 Strategic Partners, above n 2 at 76.
809 Transcript 140, paras 363 to 397.
810 Transcript 140, paras 363 to 397.
811 Transcript 310, paras 388 to 426.
812 Transcript 237, paras 33 to 37; Transcript 237, paras 11 to 17; Transcript 216, para 82.
Uh-huh, because he always is nice to us. He doesn’t be nice to Mum. That’s why Mum broke up with him. Because Dad still wants to live with Mum but she won’t let him because he locked her up in a room.813

Alice (nine years) and her brother Ben (eight years) had recently been referred to a CCS and they had a very clear understanding of the reasons they had supervised contact. They were concerned for their safety because their father was physically and emotionally abusive towards them as well as to their mother. Below, Alice described why she uses a CCS:

Because like sometimes we didn’t feel safe. Like Dad would say, “Hurry up and eat your dinner” and that and I would get, I nearly got sent home. It’s like ever since [father’s new partner] has come into it, it’s like he fights, and like [father’s new partner] and Dad they keep on splitting apart and coming back together again.814

For Ben it was the physical abuse against himself and his sister that necessitated his having to use the centre for supervised contact:

Like, he’d ask me for a belt and if he didn’t hit us with the belt he’d hit us with his hand really hard.815

Unlike some of the contact parents interviewed, the children did not report feeling stigmatised by having to use a CCS. This may be attributable to the fact that many of the children did not understand, or were not aware of, the particular events that led to their being referred to the centre. It is also the case that attendance at a CCS is a greater reflection on the parents as individuals than it is a reflection on the children. Parents on the other hand, were painfully aware of what it means to be referred to a CCS and the stigma attached to using such a service (refer to 4.2.2).

Overall the children interviewed demonstrated a considerable lack of understanding or personal identification with the specific events that led to their using a CCS. This finding is consistent with the findings from an earlier evaluation of CCSs in Ontario where the majority (58%) of the children interviewed in this study could not give an account of why they came to the centre, and a further 17% had a minimal understanding of the reasons for their attending a contact centre. In both the Ontario study and the present study, this finding is likely to be a function of the children’s young age at referral to a CCS.816

8.3 Children report feeling safe and supported by the staff

Children were asked to identify those aspects of the centre and staff that they liked and those aspects that they disliked or wanted to change. The strongest theme in children’s responses to these particular questions was their recognition of the warmth and assistance they received from the staff. All but three of the children interviewed commented on how ‘nice’ the staff were to them. Children reported that the staff were interested in what they were doing and how they were feeling, and assisted them with activities or with problems when they arose. Sarah (12 years) captured this general sentiment best in her description of the staff at her centre:

They’re nice and friendly and they’re always there. Like when you’re waiting in the waiting room you can always talk to them and stuff, maybe have a bit of a laugh and then go off to Dad feeling nice.817

Anna (eight years) appreciated the sense of fun that the staff at her CCS brought to the otherwise serious nature of the changeover process:

Tell me about the people that work here, the staff. What are they like?

813 Transcript 310, paras 170 to 174; paras 320 to 322.
814 Transcript 319, paras 467 to 470.
815 Transcript 313, paras 326 to 333.
816 Jenkins, Park and Peterson-Badali, above n 37 at 59-60.
817 Transcript 307, paras 85 to 104.
They’re funny and they’re cool.

So what do they do that makes you like them?

Sometimes they play jokes and they’re funny, and sometimes when I say something like, “When we get home can I have a piece of chocolate?” and she would have said, “Yeah a piece of chocolate and I’ve got one in my pants.”

Tammy (aged five years), liked the staff’s kindness towards both her and her contact parent during visits:

So what do the staff do that you really like?

Hmm. Well I mean they read … [The supervisor] read a story to me. That’s what I like if I ask her nicely. [The coordinator] is very nice to Dad, and that’s what I like about them.

Some of the children (five cases) appreciated that the staff had the authority and the ability to intervene in difficult situations to control a parent’s aggressive or inappropriate behaviour. Ben (eight years) had been having supervised contact for three months and his family circumstances made vigilant supervision necessary. Below, he described how he liked the way the staff could control his father’s behaviour during the contact visits:

What makes them [the staff] good?

Um, like, the things that they do.

What do they do?

Um, like if he goes off at us they will make him calm down.

Alice (nine years) also appreciated the capacity of the staff to calm her father down when he got angry during contact visits. She had her own need to be calmed when her father lost control and she also liked the way the staff helped her to deal with her own as well as her father’s distress:

What are the good things about them?

Well most of them, because like, um, there’s, like with Dad he might do something, they can see what’s wrong and they just like take me outside and say something to me.

So they’re there to sort of help you to make the visit better?

Yes.

What other things do they do that you like?

They might tell Dad to like calm down a bit or something like that.

Ben and Alice no longer attended the CCS and have no contact with their father. In her interview, Alice was adamant that she did not want to see her father again “at all” while Ben simply wanted him to be “really nice” and for someone to make him “not yell at us”.

Sarah (12 years) liked the fact that the staff would stop the visit if she was distressed and wanted to go home. If the visit was not going well for her, the staff at her centre immediately arranged for her to be picked up by her mother and taken home:
There are people there that will look after you and if you feel bad just go and talk to them and then if you want to go home you can go home and if you don’t, well you can stay with Dad and have a good time.824

Other children recognised that the staff set behavioural boundaries for the contact parent and this included making the contact parent more ‘child focused’ during contact visits. Sarah (12 years) described her father as more attentive to her during supervised contact visits than he was during private visits, while Jason (13 years) liked the ‘order’ that was imposed on parents through the centre’s rules and procedures.

> How was it when you changed from going to see your father there [at home during private contact visits] to seeing your dad here [at the centre]?

> Um, at Dad’s it was more like, he didn’t really, like he didn’t talk to you or anything. He just did his own thing while we were at his house. And then like here he would actually talk to you and be nice to you.825  (Sarah)

> So what do you like best about what the staff do and what the centre does?

> I just like how it’s all orderly. Like it just stops all the arguments and stuff like that.826 (Jason)

8.4 Adolescents report feeling restricted by centre procedures and compulsory attendance

Overall children’s reported dissatisfaction with the CCSs was minor. A few of the adolescents interviewed, however, felt very strongly about the restrictions placed upon them and the lack of privacy afforded them during contact visits. Children commented that they liked the toys and activities available at the centre (nine cases), however, a smaller number of children commented that there were not enough activities or toys that were suited to them and other children in their age group (five cases). Importantly, though when prompted to talk about aspects of the centre and staff that they disliked or wanted to change, most children commented that there was nothing they would change about the service and there was nothing they didn’t like about the centre and the staff.

For some children, one-on-one supervised contact was viewed as restrictive and an imposition on their privacy. Below, Jane (12 years) described the way she felt having her interactions with her father observed closely by the staff during the early stage of her contact visits:

> Anything that you don’t like about coming to the centre?

> Oh well with the start of it when we finally got to see him, like we were all happy and all that and the people were just sitting there. Like I mean it’s good having people to supervise but sometimes like you couldn’t really do anything.

> You felt you were being watched?

> Yes. Like when you went to hug him you’d have all eyes on you.

> Oh of course.

> That’s right. And so it was kind of uncomfortable because we didn’t know them to start off. We didn’t know anybody here and like kind of you’ve just got someone staring at you the whole time that we were with our

824 Transcript 307, paras 375 to 378.
825 Transcript 307, paras 223 to 226.
826 Transcript 311, paras 199 to 202.
father, so that was a bit uncomfortable. But then we got used to it because we’d become friends with them and all that, so they’re pretty cool.827

Other children struggled with the lack of control they felt they had over what they could do during their supervised contact visits:

Here (at the centre) you felt like you were a little bit trapped as well. You could, like you’d think, “Oh I want to go down to the shops and do something. Oh no I can’t”. But then again, if you wanted to spend time with Dad.828 (Sarah, 12 years)

These feelings of being restricted were not specific to supervised contact arrangements. Tanya (11 years) found that the centre’s changeover procedures did not afford her the time and privacy she needed to say “hello” to her father before she left the centre for her contact visit:

Is there anything that you would like to say about the [centre] that maybe we haven’t talked about that would be important to know about?

Um, I should say and I think that we should have like a little room and we can go in and sit there with Dad for a little bit, a couple of minutes before we go.

Okay. So what happens now?

Um we just play in the toy room with mum for a while, and then we come through the little corridor and then we go through and we see Dad and we cuddle and kiss and go.

And then do you go straight away?

Yes.829

Of all the children who were interviewed, Simon (11 years) appeared to struggle the most with the restrictions that the centre procedures, and the court-ordered arrangements for supervised contact, imposed upon him. Simon reported being very frustrated with his visiting arrangements and he resented the lack of control he had over his contact visits. Simon and his sister Kate have been having one-on-one and group supervised contact with their father for over three and a half years (since he was seven years old). At the time of Simon’s interview he had been required to stay inside the centre for the duration of his contact visit because he had a cold and it was raining outside. He had also missed out on going to an important sporting tournament that was on at the same time as his contact visit. Below, Simon commented on the things he didn’t like about the centre and the staff:

Well the fact that like half the toys are for two year olds. Like it just gets me angry because, yes, the fact that, like part of the big kids’ toys have to be played with outside.

So are there things that are good about [the staff]?

Mm, not really.

So what would you like them to do that might be different that would make you feel a little bit better about [the centre]?

Mm, like just if they got some more toys for older kids and like, yes. I think that would make the older kids more happy and all.

So have you ever talked to [the staff] about that or have [the staff] ever asked you about that?

No, because once I also said, like I think asking, like because ah, I think it’s when you reach a certain age you can choose whether you want to come to the visits or not. Um, yes, and anyways, I asked [a staff member] that about three times in one visit and she said, “No, you can’t”. And I went, “Yes [I can]”.

827 Transcript 301, paras 215 to 226.
828 Transcript 307, paras 247 to 250.
829 Transcript 318, paras 261 to 272.
You kept asking [the supervisor] whether you could choose to come?

Yes. I asked her three times before Saturday because, like, because I said “These tournaments are on sometimes”.

And so what does that mean for you?

Well like if a martial arts tournament is on, like it is today, and I have to miss out on the martial arts tournaments, it’s kind of bad.

Right, so if you could choose, what would you choose?

If like you could reschedule the visit for, like next week … Or the week before.

You would like a bit more flexibility?

Yes.830

Children using the CCS for supervised changeovers also reported that their social life was restricted by having to visit the centre. Susan (12 years) had been attending the CCS for weekend changeovers for four years and it was affecting the time she could spend with her friends over the weekend:

Do you like to see your dad?

Yes. Sometimes.

Sometimes?

No I get sick of it.

What do you get sick of?

Oh well because I have to come over here every second weekend and I have to be home for Tuesday night phone calls and so I can’t really go anywhere, like on the weekends.

So that is a problem?

Yeah well because I normally go to Youth [Club] and like my friends always ask me and I miss out on a lot of birthday parties and things like that.831

Parents of older children also suggested that play areas and activities need to be expanded to accommodate the interests of older children. For example, one contact parent commented:

I think they need to try and, like with kindies and that, you’ve got different age groups, you know, whatever. Perhaps they could do that with contact centres, like because my girls are older, even if they went to a different room, see like little kids of, say, between one and four go into that room, four and seven. You know what I mean? So it’s a bit age appropriate maybe… 832 (Contact parent)

Complaints about toys designed for younger children, children feeling restricted, and wanting greater privacy during supervised contact visits and changeovers were echoed in earlier evaluations of CCSs.833 These findings highlight a dilemma for the CCSs: how do staff strike the right balance between ensuring that adolescents are safe and supported during contact visits yet allow them sufficient privacy and flexibility in their contact arrangements?

The survey data suggested that the courts, lawyers and parents were rarely called on to address these issues for older children during the referral process for the simple reason that adolescent children were infrequently referred to CCSs. The survey data demonstrated that the vast majority of

830 Transcript 139, paras 245 to 254; paras 331 to 374.
831 Transcript 312, paras 143 to 157.
832 Transcript 133, para 661.
833 Jenkins, Park and Peterson-Badali, above n 37 at 60; Aris, Harrison and Humphreys, above n 8 at 106-107; Strategic Partners, above n 2 at 78.
children using the CCSs were referred when they were young. The average age of children at referral was 5.6 years. Only 10% of the children surveyed were referred to the CCS when they were adolescents (i.e., older than ten years of age). However, one in four (26%) of the children surveyed were adolescents at the time that the survey data was collected. While few children were referred to a CCS as an adolescent, the length of stay at the centre for many families meant that a significant number of children, over time, came to use the CCS as an adolescent.

8.5 Children want to have contact and enjoy their centre facilitated visits

Children were asked to describe their best and worst contact visits since they started coming to the centre, as well as their most recent visit. Most of the children interviewed expressed a strong and unambiguous desire to spend time with their contact parent and reported enjoying their contact visits (20 cases). These children conveyed this in their descriptions of their favourite and most recent contact visits. A ‘good’ visit was often described as fun and frequently involved outdoor activities, or a trip away from the centre. The children also reported enjoying physical contact and ‘joking around’ with their contact parent.

Tammy (five years) had been having supervised changeovers every fortnight for four years. Tammy liked the physical contact she had with her father during contact visits:

*What sort of things do you like to do best when you see your Dad?*

I like giving him a kiss and a cuddle. I like playing with him because he’s got checkers at his house. I always win. …. And when we went on holiday Dad really missed me.

*Did he sweeten?*

And I missed him too.834

Jane (12 years) began having supervised contact two years ago and the family at the time of the interview was self-managing her fortnightly contact arrangements. Jane described how important it was for her to see her father:

*And did you like coming to the centre?*

Yes. It’s fun because there’s like there are games and all that we can play here and all that, and well we mainly just use it because we get to see our parents in it. So that would be the only way we’re allowed to see him.

*And is that important to you?*

Yes. Seeing him. And it doesn’t matter if we’re even at a police station. I wouldn’t care, just as long as we got to see him.835

Children also remarked on how much they enjoyed celebrating special occasions such as Christmas and birthdays with their contact parent at the CCS. For example, Jane (12 years) described a particularly enjoyable supervised visit around Christmas time:

*We had a Christmas lunch one year and we had turkey and orange [juice].*

*Did you have Christmas lunch here?*

Yes, they let us have it [here]. It wasn’t on Christmas day though.

*Oh right.*

Because we were at Mum’s, but we had, it was about a week before Christmas and they put the Christmas presents under a little tree they’ve got in there. And so it was a pretty good Christmas.

834 Transcript 310, paras 236 to 314.
835 Transcript 301, paras 75 to 82.
Right, so that made it really special.

Yes, that one, that was [special].

Some children described enjoying extended trips away from the centre with their contact parent. James (13 years) began having one-on-one supervised contact with his father two and a half years ago. The family then moved on to supervised changeovers for weekend contact and in the last few months prior to our interview the family had been self-managing contact. James described the things he liked to do when having contact with his father.

So what do you like to do when you see Dad?
Oh talk and go and have a game of tennis or go motorbike riding or build things together. Go for rides on the motorbike with him and stuff like that.

And can you remember an especially good visit?
Oh I think one of the holidays when we went to Broken Hill and then up to Coonabarabran, then to Tamworth to see his family and Broken Hill is pretty fun.

You must have spent quite a bit of time with him to do that, did you?
… Um I think we were with him for like two weeks or something.

Oh right. And how was that?
Oh it was good. 836

The children’s descriptions of ‘good’ contact visits indicate that they enjoyed engaging with their contact parent’s family and friends during extended off-site supervised visits or changeovers. Veronica (ten years) particularly liked to catch up with her stepmother’s niece during contact visits:

So tell me some of the good things about visiting Dad.
Well when he married my step-mum, she has a sister that has a daughter a bit younger than my age. She’s eight and I’m ten. And we both like horses and we play with each other. So that’s fun.

And do you see her most times when you go to Dad’s?
Yep. Every time. Because when I’m with my mum, she’s with her dad and when I’m with my dad she’s with her mum. 837

Carmen (ten years) enjoyed the company of her father’s friend while on contact visits:

What do you like to do best when you have visits with Dad?
Ah I like to go places … Um the movies. We’re going to the movies this weekend. He says he’s going to take us to his friend’s house. His friend’s called [name]. He’s very nice and it’s real fun because we get to see his animals. And his dogs and he’s got some other friends and they’re really friendly. 838

Anna (eight years) loved to see her new brother during her contact visits at the centre:

So what was the best thing about coming here?
So that I could see my dad and my little brother [brother’s name].

So what about the last visit that you had with Dad? How was that visit?
Oh it was all right. I liked it. I just really like seeing [brother’s name] and my dada, because [brother’s name]’s my brother and he likes playing with me when I’m at the centre. Nearly all the time when I’m gone, a weekend

836 Transcript 304, paras 163 to 195.
837 Transcript 316, paras 143 to 161.
838 Transcript 308, paras 137 to 152.
later and I’m at my mum’s, he says, “Where’s Anna gone?” and Dad says, “She’s at her mum’s” and he starts crying because he wants to see me.839

Anna’s comments highlight an important role for CCSs in connecting children with their extended family as well as the contact parent. The survey data presented at 3.1 demonstrated that in 19% of the cases surveyed other family members in addition to the contact parents were involved in the children’s visits to the CCSs for supervised contact or changeovers.

Contact involving new family members was not always a positive experience for children. Ben and Alice were very unhappy with their father’s new partner. Both children identified their father’s new partner and the fighting that occurred between their father and his new partner as a reason for them no longer having contact with their father,840 as described previously in this Chapter.

While having fun, and engaging in activities with the contact parent during visits was important to children, they also wanted their contact parent to follow the CCS’s routine and to be reliable when turning up for visits. Children reported being distressed when the contact parent didn’t show up for the visits, was late, or disorderly and angry on arrival at the centre. Carmen (ten years) reported liking the contact centre because it helped to ensure that her father would turn up for her contact visits:

*So what do you like about coming here then?*

Um, knowing that Dad’s going to be here, Like say if we didn’t have the service then I could just go to Dad’s house and he mightn’t be there.841

Tanya (11 years) reported being upset because her father had not turned up for contact for a couple of visits and she did not know why this was so:

*So how often do you have your visits with Dad?*

Um, normally every second weekend but for a while I haven’t been seeing Dad.

*And how do you feel about that?*

Um, kind of upset and I’m feeling a bit sad too.

*Do you know why you haven’t been seeing him?*

Not really. It’s kind of hard though. It’s hard to really get the answer because Mum will say one thing and Dad will say another thing, so it’s very hard.

*So you don’t really know what the real reason is?*

No.

*Are you missing seeing Dad?*

*Yep.*842

As noted at the start of this chapter, observations were made of nine of the 24 families involved in the children’s interviews (refer to 2.1.3 for details about how the observations were conducted). These observations were made during supervised contact visits and at changeovers. The findings generated from these observations are consistent with those derived from the interviews with the children. All of the children observed were recorded as being comfortable with the routine of their contact visits and appeared to be happy and comfortable seeing their contact parent. The children did not appear to be distressed at separating from the residence parent at the start of the visit, nor

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839 Transcript 314, paras 108 to 167.
840 Transcript 319, paras 302 to 320; Transcript 313, paras 467 to 477.
841 Transcript 308, paras 65 to 69.
842 Transcript 318, paras 43 to 65.
did they appear apprehensive when saying goodbye to their contact parent or reuniting with the residence parent at the end of the visit. Using the centre for supervised contact and changeovers appeared to be a routine exercise for this group of children. Their behaviour indicated that they were comfortable with the visiting process and using the centre appeared to cause them no stress. There was, however, one case where the residence parent was very anxious to leave the CCS as soon as possible. She conducted her changeovers very quickly and in a way that suggested to the observer that she may have feared running into the contact parent. Her children, however, appeared to be comfortable and happy with the changeover routine. The children who were the subject of observation were generally typical of the children who were interviewed.

None of the children who were interviewed spoke of being coerced into attending the CCS or coerced into seeing their contact parent when they didn’t want to. The observations also suggested that the visits were experienced as entirely voluntary by these children. There was no observable behavioural evidence on the part of the children of any reluctance to see the contact parent, irrespective of whether they were using the CCS for supervised contact or for changeovers. Sally’s (13 years) description of conducting changeovers at the CCS captures best the essence of what was observed:

_So how was it after a day like that to come back?_

_I don’t know. It was just like for ages it’s always been like that so we’re just used to it. Used to being like with Mum and then coming here to see Dad and then going back to Mum. We’re just used to it._

_So when you think that the visit is coming to an end, and you think, ’Now we’re going back to Mum’, are there any particular feelings that you have at that stage?_

_Oh just sort of the thought we’re going to miss Dad. That’s about it._

### 8.6 Some children want contact to be stopped

While the majority of the children interviewed reported enjoying their visits and wanted to see their contact parent, there was a small group of children (four cases) who were unhappy with their contact visits. The relationship between these children and their contact parent was clearly strained. The children reported disliking their contact parent for getting angry at them or their siblings, and hurting their feelings during contact visits.

Sisters, Carmen (ten years) and Rose (eight years) identified the same incident as their worst contact experience since they began using the centre for supervised changeovers. Their father lost his temper during a visit and upset and frightened them.

_843 Observation sheet 311._

_844 Transcript 300, paras 167 to 182._

**Interview with Carmen:**

_Do you remember any visit that was a bit hard for you?_

_Um, yeah._

_What happened on that visit?_

_Well Dad never yells because he wants us to feel good at his house and Tammy was there and she had face paint that was hurting her face and she wanted to get it off and she kept screaming and Dad yelled and I didn’t feel too good because I never heard him yell before so it sort of scared me a bit. But then I washed the paint off Tammy for Dad and then Dad made Tammy feel better. Like he said he was sorry and they just talked a bit out in the kitchen while me and Rose were sitting in the lounge room and Rose had her friend over._
And so was the whole visit not very nice?
Oh no just that little bit though.
So it was alright in the end though?
Yes.

Interview with Rose:

There was a visit once that was extra bad. It was a weekend and I had my friend over, and Tammy had her face painted and she wanted to get it off and she started crying and Dad got really cross and said, “Carmen, take this off” and started yelling and he called Carmen, and my friend and I went to the door and Dad was there with both and he said “Are you [enjoying this?]” “Are you [enjoying this?]” and he was pretty awful to us and he was really cross and well we picked up playing and my friend and I had to play mousetrap and we started to sob that we wanted to back to our own houses. … Later on he apologised and he felt sorry that I really felt scared when he was cross.

While Rose was clearly hurt by her father losing his temper during this visit, her description of her most recent visit revealed her father was more positive:

So what about the last visit you had with Dad? How was that?
Um, that was good, apart from the fact that the other rabbit died and he didn’t even tell me on the phone or anything. He just looked at me when I asked him, until I understood what he was saying and then he brang us some chocolate, nice chocolate. Um, then we watched [Spirit], my movie, my DVD actually and we, and while they were outside doing stuff with rabbits, I stayed inside and watched [Spirit].845

Sarah (12 years) is the third sister in this family of four girls. Of all the sisters, she reported struggling the most to cope with her father’s temper, and had a different contact arrangement to the other three sisters as a result:

So I’ve noticed that you haven’t gone [to have contact] today. So what’s that about Sarah?
Sometimes Dad can be a little bit mean to me.
Oh right. What does that mean?
Well he says mean stuff to me.
Can you give me an example?
Well he asks me a question, and when I say my answer he’s mean to me. He says it’s all bad and stuff.
Do you talk to Dad about it or do you talk to Mum about it?
I talk to Mum and tell the people here [staff at the centre]. Mum told the people here.
Uh-huh. And so do you decide when you want to go or what happens?
Well only because Dad said that I don’t have to go, he said, which is good, and um, he said that I get the choice of whether I want to go home, and so when I’m at Dad’s I sometimes go home again.
So it sounds as though you want to have time with him but you’re a bit nervous about it because you’re not quite sure how good it’s going to be.
Yes because when you’re thinking, ‘Oh yes I really want to go to Dad’s and then that bad thought comes into your head and it’s like, “Oh I really don’t want to see him”.
Okay. So do you have phone contact with Dad?
Um sometimes he asks on the phone can he speak to all the other girls and then he says do I want to speak to him and sometimes I say, “No thank you”. Like I tell him about, I talk to him a little bit on the phone. Like he says, “Put Sarah on the phone” and then I tell him a little bit about school and stuff. And then that’s our talk for like a little while. Yes.

845 Transcript 309, paras 173 to 176.
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Okay. Is that good?
That’s much better. I like it on the phone better.846

Sarah appeared to be confident that she could stop contact when she felt uncomfortable with her father’s behaviour and modify her contact arrangements to better suit her needs. The centre staff, her mother and her father all worked to accommodate her wishes regarding contact.

Two children in particular were not able to overcome their apprehension about contact visits. After three months of supervised contact Ben and Alice wanted no more contact with their father and stopped using the CCS. They reported feeling insecure and even fearful in the presence of their father during contact visits. They reported their father to be angry or insensitive to them during some of their contact visits and they reported disliking, even hating him for this. At other times during the interview the two children expressed ambivalence about their relationship with their father. They missed him and wished he would change so that they could have contact with him that was happy and stress-free. Ben and Alice appeared to be torn between wanting to have trouble-free contact visits and their anger at their father and his new partner for behaving badly towards them. Below, Ben described how he felt about not seeing his father for a couple of months and talked about what he would like to happen in the future:

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So where are you seeing Dad now?
I’m not seeing him yet.
You’re not seeing him at all?
No.
So, how so you feel about that?
Okay.
Would you like to see Dad?
Not really.
Not really. How come?
Because um, I’ve got no reason to see him.
No reason to see him. How come?
Because every time I go, he yells at me just because I eat my breakfast slow.
It’s good for you to be slow you know. So you haven’t seen him for a little while. Are you missing him?
No.
If we had a magic wand what would you wish for your family?
That I could get a dad.
That you could get a dad?
Mm. [soft agreement]
Okay. A new dad, or would you get your other Dad?
A new dad.
You’d like to have a new dad. Do you miss having a dad?
Mm. [soft agreement]
And what if you could wave a magic wand, what would you wish for your visits? If they start again what would you like them to be like?
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846 Transcript 307, paras 137 to 306.
Really nice to me and to make them [father and his new partner] not yell at us.\textsuperscript{847}

Alice was also ambivalent about her relationship with her father:

\textit{Is it a while since you've seen Dad?}
Yes.
\textit{And do you miss him?}
Sometimes.
\textit{So in the future what would you like to see happen with visits?}
I wouldn’t like to see Dad at all.
\textit{You don’t want to see him at all.}
No.
\textit{Even if you miss him?}
Yep.
\textit{Not at all?}
Not at all.
\textit{So if you had a magic wand and you could wish for anything you liked, what would you wish for your family?}
I would wish that Mum and Dad got back together and nothing happened, and that [father’s new partner] would just leave, just like, leave him.
\textit{And if that wasn’t possible, and Mum and Dad decided not to stay together, and we had a magic wand, how would you like your contact visits to be?}
Like happy. We’d be happy and Ben happy. And yes I would like to try and get some way to get them back together.
\textit{And where would the visits be?}
I’d like them here [CCS].\textsuperscript{848}

Ben and Alice’s ambivalence towards having contact with their father was further demonstrated by their descriptions of reuniting with their mother after a ‘bad’ contact visit. Below, Ben described how he felt when his mum came to pick him up early after a particularly ‘bad’ supervised visit. He also described how he felt being picked up after a ‘good’ visit:

The ‘bad’ visit:
\textit{So when it was time for the visit to finish, how did you feel about the end of the visit?}
I kind of felt like angry at Dad. … Because he was being real mean to Alice.
\textit{So when you thought that Mum was coming back and you were going home to Mum, how did you feel about that?}
I felt really upset because she was upset because she was meant to be going out.

The ‘good’ visit:
\textit{Okay. So most of the times when you’ve had visits and when you’re thinking about coming to the end of a visit and you’re thinking about going home to Mum, how has that been? What sort of feelings have you had then?}
Um, fine. Yes. I felt kind of happy.

\textsuperscript{847} Transcript 319, paras 362 to 428.
\textsuperscript{848} Transcript 313, paras 479 to 533
What made you feel happy?
That she wouldn’t be angry for a change.

So when you thought about going back home or going home with Mum, what were those feelings like?
Um, I felt sad but I didn’t want to show it.

You felt sad that the visit was coming to an end?
Mm. [soft agreement].

These comments by Ben suggest that he found it difficult to be honest with his mother about having enjoyed some of his contact visits at the CCS. His comments also suggest that he does not always feel supported by his mother when he wants to stop a ‘bad’ visit and go home.

Ben’s sister Alice was much less ambivalent than Ben in her expressed feelings about her father when she was reunited with her mother after a ‘bad’ visit. She has a strong loyalty to her mother. She also reported being angry at her father for not turning up to visits:

The ‘bad’ visit:

How was it when you were thinking about going back to Mum on that particular visit?
Glad.

Why were you glad?
Because I like Mum better than Dad.

The ‘missed’ visit:
I can remember like I think it was two or three weeks in a row Dad didn’t come. He wasn’t here.

Oh right, so you came sometimes and Dad didn’t come?
Yes. … But like I think Mum was going to use that against Dad.

And is that an uncomfortable feeling for you if you think that Mum or Dad are going to use things against each other?
No. If Dad does it against Mum, yes, but if Mum does it against Dad, no.

No? What’s the difference?
Like I don’t feel like Dad’s like part of the family.

The above reported sentiments on the part of Alice contrast with her description below of a good visit at the centre, once again highlighting the ambivalence towards the contact parent experienced by these Ben and Alice.

We played outside and we played cricket and my brother hit the ball and it went straight through Dad’s, Dad was like put his hands up and lifted it up and it went through.

Oh it went through, so he didn’t catch you.
Yes, It bounced off the fence and came back down halfway to me.

So what was it that made the visit so much fun?
Like Dad made this funny face and like I started cracking up laughing.

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849 Transcript 313, paras 140 to 183.
850 Transcript 319, paras 167 to 177 and 253 to 274.
851 Transcript 306, paras 131 to 154.
In both of these families (the four sisters and Ben and Alice) there was a history of domestic violence and mental illness on the part of the contact parent. In the case of the four sisters, the slow transition from supervised contact to supervised changeovers over a number of years appeared to have worked and the children were handling their contact arrangements with some assistance from the centre. In Ben and Alice’s case the contact has stopped altogether. A fundamental difference between these two families was not the reasons given for their referral to a CCS, or the nature of their parents’ personal and relationship problems, rather it appeared to be the children’s desire to have (or not to have) some form of contact with the contact parent and the extent to which both parents supported their children’s wishes in regards to having (or not having) contact, or modifying the current contact arrangements to a form that better suits the children’s needs.

8.7 Children believe that they choose whether or not to have contact

Children were asked to give advice to a friend about what to do in a situation where the child wanted to see their contact parent at the centre but the residence parent did not want them to have contact. Sixteen of the 24 children interviewed answered that going on a contact visit was the child’s decision to make and that the residence parent should not (or could not) interfere with the child having contact. Some of these children went on to say that if the child didn’t want to have contact, that was fine too, and no one would be able to make him or her visit the contact parent. These findings suggest the existence of a strong belief on the part of the children interviewed that they were entitled to have (or not to have) contact, and that decisions in relation to having contact should be made by them alone.

Simon and his sister Kate were adamant that it was their right to have contact with their father, irrespective of what their mother wanted them to do:

Just ignore what your Mum wants. It’s your life so you choose whether you see your dad or not.\(^852\) (Simon)

Like it’s okay if you want to see your dad or not. Like your mum can’t stop you and if you don’t want to go then your dad can’t stop you from [not] coming.

Uh-huh. But [the child] wants to go but she thinks her mum doesn’t want her to go. She lives with Mum.

Your mum can’t like make you not go if you want to go.\(^853\) (Kate)

For Simon, however, this view was at odds with his own experience. He was frustrated at having to have supervised contact at the CCS, and at times that were inconvenient to him, yet he was powerless to change his court ordered contact arrangements. His parents were planning to return to the Family Court in an effort to change the current arrangements for supervised contact. His mother wanted him to stop having contact altogether because she believed that he didn’t like it.\(^854\) His father would have liked to have had unsupervised contact with Simon and Kate but thought that this was unlikely to happen in the future.\(^855\) Both children reported wanting to continue their contact visits away from the CCS (refer to 9.6).

Sarah also reported that a child can have contact when and where she chooses. Sarah reported that her mother encouraged her to take this approach:

I’d say, “It would be your choice and you can do whatever you want. You’re the boss and you can do whatever you want because you’re the kid and you can do whatever you like”.

\(^{852}\) Transcript 139, paras 583 to 586.

\(^{853}\) Transcript 140, paras 461 to 466.

\(^{854}\) Transcript 130.

\(^{855}\) Transcript 131.
So have you ever had an experience like that?

Yes. Mum tells us all the time. … Mum doesn’t pressure me or my little sisters to going into Dad’s or not. … She doesn’t tell anything bad about Dad or tell anything good about Dad or tell anything about anything, she just goes, “What would you like to do?” and you have to tell Mum your decision. 856

Sarah’s sister Rose also believed that it was her right to make her own decisions about contact:

I’d say that well it’s your decision whether you want to go or whether you don’t. … My father told me that you should go to his house and if you think: “I don’t want to do this, I don’t want to stay here”, then all you have to do, you have to speak up and say, “I don’t want to stay here”. And I think that your mother shouldn’t be saying not to go because it’s your choice and it’s your decision and you should be confident about your choice. 857

Alice also thought that the child should be the one to determine whether or not she has contact at the CCS:

I’d say, “If you feel comfortable seeing your dad, just tell Mum that ‘I’m going to see Dad no matter what’. 858

There were, however, three children who suggested that the child should not be making a decision about contact without the residence parent’s approval. For example, Jane commented that the decision to have contact should be mutual:

If she’s happy about seeing him and if her mum doesn’t feel the same way then, well, she does not worry about it. I mean they’ve both got to feel the same for it to happen. Maybe she should have a talk to her mum and see what’s going on there. 859

Only Cathy (seven years) would advise the child to “leave it because her Mummy doesn’t like it”. 860

Of all the groups interviewed for the study, the children expressed the greatest degree of confidence that they could conduct their contact visits in a way that suited their own needs. We interviewed many contact parents who reported being frustrated and angry that their desire for greater contact with their children was thwarted by the residence parent and the court. We spoke with residence parents who described feeling powerless to stop contact from occurring at the centre when they believed it would place their children at risk of harm. Coordinators also reported feeling torn by situations where they were unable to stop unsupervised contact from occurring in ‘high risk’ cases. It is of note that in this system where ‘contact’ at the centre is often perceived to be beyond staff and parent control that a group of children report that they should, and do, have control over whether or not they have contact. Perhaps this confidence in their ability to exert some control over their contact arrangements is related to why so many of these children reported enjoying their contact visits and have been able to move through the services and on to self-managed contact.

8.8 Conclusions and recommendations

The findings presented in this chapter suggest that the majority of children interviewed enjoyed their supervised visits at the centre and were comfortable with supervised changeovers. It is likely that those children who didn’t feel this way would not still be using the CCS and would thus not have been included in the sample. The children generally reacted positively to the contact centre environment and the staff. In the case of one particular adolescent boy, however, the long-term arrangement for supervised contact was unable to accommodate his own needs and appeared to

856 Transcript 307, paras 351 to 372.
857 Transcript 309, paras 285 to 288.
858 Transcript 319, paras 575 to 577.
859 Transcript 301, para 371 to 381.
860 Transcript 138, paras 489 to 496.
cause him considerable distress. Our findings suggest that quality contact experiences that accommodate adolescents’ needs for outdoor activity and social engagement with peers cannot easily be generated in a long-term supervised environment.

**Recommendation 16:** Reviewing long-term supervised contact arrangements for families with adolescent children should be a priority for service provision and the courts.

Generally the children felt supported by the staff and were able to rely on the staff’s authority to control their contact parent’s behaviour while at the centre. Children reported feeling safe using the centre, yet only a few children reported that they needed to be using the centre to be safe from their contact parent. Children wanted their contact visits to be predictable, and their contact parent to be reliable. They also wanted flexibility to tailor their supervised contact arrangements and changeovers to better suit their own needs at the time, even if this meant stopping the contact visit and going home when they were upset or frightened. The children’s ability to exert some control over whether or not they have contact visits appeared to be an important coping mechanism in their management of contact visits, and they reported appreciating the assistance given to them by the staff in stopping the contact visits and arranging for them to be taken home.

**Recommendation 17:** When children don’t want to see their contact parent and are frequently distressed or frightened by their contact parent during centre-facilitated visits, the CCS staff and the courts need to act swiftly to stop contact visits altogether or modify existing contact arrangements to better suit the needs of the children.

**Recommendation 18:** Service provision that goes beyond the facilitation of contact to a more child-centred therapeutic model of intervention could be of particular benefit to children who have experienced abuse and neglect.

Most of the children interviewed appeared to have been successfully buffered from experiencing their parents’ anxieties about contact, inter-parental conflict, and their contact parent’s drunken and abusive behaviour while attending the CCS. The children’s reports indicated that they felt that staff had provided and enforced clear behavioural boundaries for parents while they were using the centre. Visits were structured and predictable, and the children reported that staff worked with the contact parent to ensure that the visits were ‘child-focused’. For these children, the CCSs appeared to have realised their primary role of facilitating quality contact experiences in a safe and supportive environment. The children’s reported experiences of their centre-facilitated visits suggested that using CCSs can successfully modify those aspects of the contact parent-child relationships that are well known to be problematic for children when parents separate – that is children acting as witnesses and mediators of parental conflict, and parents providing less structure and attention in their relationship with the child.861

The question that remains is whether these short-term gains can be maintained once the family moves on from the structure and control provided by the centre to self-manage contact. In Ben and Alice’s case, having supervised contact was not able to protect these children from their parents’ ongoing animosity towards one another, or their father’s abusive behaviour towards the children.

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Our analysis of this particular family also suggested that service provision that goes beyond the facilitation of contact to a more child-centred therapeutic model of intervention could be of particular benefit to children who have experienced abuse and neglect. Such an intervention may have assisted in reducing Ben and Alice’s distress in relation to the contact and their father’s past behavior towards them. The ability of the CCS to refer children to complementary therapeutic services for children would appear to be particularly important in such cases.

It is of note that our findings based on interviews with children were different in tone from the findings from the first evaluation of CCSs by Strategic Partners. The children interviewed in our study reported more positive experiences of the CCSs and their time spent with the contact parent during contact visits than did those children interviewed and observed for the Strategic Partners report. 862 There are a number of possible reasons for this:

- The children we interviewed and observed were on average much older than the children who were involved in the Strategic Partners research. McIntosh included children ranging from eight months to 13 years in her sample. 863
- The children we interviewed had been using the CCSs for a considerably longer period of time than those children who were involved in the Strategic Partners research. In the Strategic Partners research project children were observed attending the CCS for their very first time and then again three months later. 864 The children involved in our study would have gained considerably more experience with the visiting process at the time of their interview and possibly gained greater confidence in the CCS and staff as a result of regular use of the service over a number of years.
- The person who interviewed and observed the children in our study was ‘blind’ to the family’s particular personal and relationship issues, and the reason for the family’s referral to the CCS. This procedure was followed to ensure that the interviewer did not unwittingly influence the children’s responses based on her knowledge of the family’s circumstances. This procedure also ensured that the observations made of the children’s behaviour during contact visits were not coloured by what was known about the family’s circumstances. A ‘blind’ approach to interviewing and observing children was not followed in the Strategic Partners research.
- Finally, it is also possible that the provision of ‘child focused’ CCSs has improved since the Strategic Partners research was conducted.

By focusing our research on a sample of older children who have had an established routine of centre-facilitated contact visits, the study was biased towards children who were comfortable with using the centre and with having contact. Those children who did not want contact, and for whom contact was not working, would most likely have moved away from the CCS and thus would not have been selected for inclusion in our sample. It is also possible that families having significant problems at the time the fieldwork was conducted might not have consented to being involved in the project and the staff would not have passed their details on to the researchers.

The sample selected was not, however, biased in relation to the children’s ‘high-risk’ family backgrounds or reasons for referral. The children interviewed for our study were referred to a CCS because of the full range of serious issues including: the physical and sexual abuse of children, child abduction, a family history of extreme domestic violence, parental mental illness, parental disability

862 Strategic Partners, above n 2 at 70–91.
863 Ibid at 73.
864 Ibid at 72.
and substance abuse. The positive tenor of some of the findings presented in this chapter that emerged from these children’s reported experiences of CCSs suggests that our findings are, at least in part, a function of the quality of the service provided by the Australian Government funded CCSs,\textsuperscript{865} the extended period of time over which these services were provided, and these children’s remarkable resilience in the face of significant family dysfunction and trauma.

\textsuperscript{865} Interviews were not conducted with children from the unfunded services for ethical reasons.
Chapter 9
Moving on

The issue of self-management raises some important strategic and operational questions for CCSs, for their staff and for funding bodies. It goes to the heart of how CCSs see themselves, to the nature and scope of the services they provide and their linkages to other service providers. It also presents what is perhaps the greatest challenge for the parents and children who use CCSs – that of moving on. There remains considerable disagreement amongst the CCSs and at the level of Government and industry representation about the role of CCSs in facilitating this transition (refer to 4.3).

In this chapter both interview and survey data related to the self-management of contact are presented. Drawing on these two sources of data, the importance of self-management is examined and some of the conceptual and operational issues to which self-management gives rise are highlighted. An exploration of what is meant by the term ‘self-management’ is presented and the process that parents and children go through to be able to ‘self-manage’ contact is discussed. Finally, some of the family circumstances that are reputed to make self-management inappropriate are identified along with those factors that appear to facilitate a family’s movement through the CCSs and on to self-managed contact.

This analysis is primarily based on the questions relating to the self-management of contact that were asked of Government, industry representatives, referral agents, CCS staff and their management committees and auspice organisations. Respondents were asked to comment on whether moving families on to self-management was a role of the CCS, and what factors facilitate or inhibit this transition for parents and children. Referral agents were also asked questions about whether the cases referred to contact services were likely to move on to self-managed contact.

Parents were asked about their intentions in regard to self-managing contact in the future. They were also asked to identify any services that would assist them to move on from the centre, as well as any problems they might face in moving though services and on to self-managed contact. The analysis also draws on the children interviews for the project. Children were interviewed and asked about their experiences of moving through the centre’s services and on to self-managed contact. Children were also asked what contact arrangements they would like to have in the future.

9.1 The role of the CCSs in facilitating self-management

Self-management is recognised by some as an important operational objective for CCSs. For example, ACCSA’s Standards for Supervised Contact Services includes as one of the four purposes of CCSs, “where appropriate, to work towards the independent management of contact by the parties”. Similarly, Attorney-General’s Department tender documentation requires applicants to describe how they would move parties from supervised contact to changeovers. However, others remain uncertain about self-management as a core function of service provision and how best to facilitate the movement of families through the CCSs (see also 4.3) as evidenced in the following comments:

866 ACCSA, 1995, Standards for Supervised Contact Services at para 1.5.
867 FaCS, Applying for funding as a Children’s Contact Service under the FRSP: Round 2, Full Application: see in particular Case Study 3.
The government isn’t really clear on what it expects and the services don’t have a clear model of what that really means and I think we need to make some decisions around that, but do we keep families there? Admittedly some will never resolve or get to a point of self-management, but do we keep them forever? 

While the role of CCSs in facilitating self-management is unclear, what is certain is that self-management generates some strongly conflicting expectations about the CCSs. Aris et al., for example, found that:

... Views about moving on from a contact centre were characterised by an intensification of tensions and differences. In general terms, referrers considered contact centres as short-term provision, rather than a long-term arrangement. Contact centre staff experienced pressure of demand exceeding supply and sometimes inappropriate referrals. Fathers often saw the contact centre as unnecessary in any event, and wanted more contact and less surveillance. Mothers were often very fearful indeed about the prospect of moving away from the perceived safety offered by the centre.

Similarly, Strategic Partners found different expectations of CCSs between residence and contact parents – the former saw them as providing increased safety for them and their children and did not want to move on to self-managed contact, while the latter saw them as unnecessary milestones on a road to unsupervised contact. This suggests that different expectations about the purposes served by contact centres come into sharper focus around the issue of self-management.

Past research on CCSs has also made clear that some parents and children require considerable support in order to move on from the centre and self-manage contact. Other families may never be able to safely manage contact away from the centre. Families for whom self-management was feasible needed support aimed at improving the quality of communication between the parents, as well as support in developing the contact parent-child relationship. Strategic Partners found that lack of communication between the parties was a significant factor impeding a move towards self-management, but that most services were unable to provide parties with support in facilitating the parents’ relationship. This was reflected in our own data, which returns time and again to the point that parties are limited in their ability to improve their own relationship but this, along with building confidence in the contact parent-child relationship, is critical in moving families on from using the centre. This in turn raises the wider question of what CCSs’ objectives are in relation to the facilitation of the parents’ relationship with one another in a service designed specifically to keep parents apart for the protection of children and parents, and how CCSs are resourced (or not) to meet those objectives.

A final important question for policy makers, the referral system, CSSs and families is what happens to those families who are unable to ever reach a point where they can self-manage contact? One industry representative commented that in this situation CCSs should be terminating contact.

What they should be doing is terminating the contact and saying “We’re headed now at this point to have to put you on a course of self-management and we don’t see that as viable for you so we’re terminating now and you just go back to the court and talk to them about it”.

9.2 Self-management defined

The interview data suggests that there is a lack of clarity regarding the point at which a family can be considered to be ‘self-managing’ their contact arrangements. The definition of ‘self-

868 Transcript 120, para 120.
869 Aris, Harrison and Humphreys, above n 8 at 110.
870 Strategic Partners, above n 2 at 109.
871 Ibid at 103-4.
872 Transcript 231, para 177.
management’ employed in this chapter entails the parties safely managing their own contact arrangements away from the CCS, without any assistance or support from the centre and staff. This definition of self-management does not encompass families who are forced by circumstances outside their control to conduct contact on their own or with the assistance of family and friends, who would otherwise need the protection provided by a CCS.

According to some CCS staff the point at which a family is considered to be self-managing varies from this definition in that a family is considered to be self-managing when they are using the CCS for supervised changeovers and require little or no staff assistance. Changeovers are the cheapest and least labour intensive of the contact services:

They [the children] just come and they say, “Hi and they go through and you don’t have to sort of follow them along and make sure they feel comfortable and when you get that, that’s what I call self-management. … we’re just there, the building is here.”873 (Coordinator)

They stop coming in. They still come through the same, like different entrances, the set entrances, they’ll do that, but they’ll go around the side gates and the children will just go through by themselves or they’ll meet out the front. They’ll just park their car in front of each other and the child goes from one car to the other.874

(Coordinator)

9.3 Movement through centre services and on to self-management

For many of the parents interviewed moving through the centres’ services and on to self-management was reported to be a gradual process that can take a number of years. It includes periods of stabilisation within a particular mode of service (e.g. supervised changeovers or on-site supervised contact) and periods of change from one service offered by the CCS to another service. The transition towards self-management begins with the first visit to a CCS and, according to the definition above, it ends with the establishment of safe contact handled independently of the CCS.

9.3.1 Different types of services offered by the CCSs

Families can move through a variety of services offered by the CCSs from one-on-one supervised contact at the centre to supervised changeovers for daily or overnight contact visits. These services vary in the: (a) degree of staff vigilance required during the contact visit; (b) level of staff involvement in facilitating contact during a visit; (c) amount of time a child spends with the contact parent; and (d) the level of responsibility for the care of the child that the contact parent has during the visit.

Table 9.1 presents a summary of the various modes of contact that were on offer by the CSSs involved in the study by the level of staff vigilance and contact parent involvement during a contact visit.

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873 Transcript 105, paras 1189 to 1198.
874 Transcript 105, para 1018.
Table 9.1 Service type by the level of staff and contact parent involvement during a contact visit

<table>
<thead>
<tr>
<th>Service type</th>
<th>Level of staff vigilance during a visit</th>
<th>Level of staff involvement during a visit</th>
<th>Amount of time a child spends with the contact parent during a visit</th>
<th>Level of contact parent responsibility for the care of the child during a visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision of telephone conversations</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>One-on-one supervision at the centre</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>One-on-one supervision off-site</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Group supervision (on or off-site)</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Supervised changeover for contact during the day</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Supervised changeover for contact overnight</td>
<td>Low and at changeover points only</td>
<td>Low and at changeover points only</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

As Table 9.1 demonstrates, where a family is able to move through a centre’s services from on-site supervised contact to supervised changeovers, the level of staff vigilance and involvement during contact visits decreases. At the same time the contact parent’s responsibility for, and time spent with, the child increases.

Parents and children are required to cope with considerable changes in their contact arrangements when they make the transition from one-on-one supervision at the centre to supervised changeovers. In the case of one-on-one supervised contact the staff were vigilant and there to assist the child and contact parent for the duration of what was usually a short-term visit (e.g. 2 or 3 hours duration). In supervised changeovers there was no staff vigilance or involvement during the visit once the changeover at the CCS was complete and the children were taken away from the centre.

One centre provided a group supervision service designed specifically to assist parents in making this difficult transition between supervised contact and supervised changeovers. This group supervision service involved a group of contact parents and children going on group outings away from the centre, such as a barbecue or bowling. Staff were present during the outings and provide supervision and support to parents and children as needed. During these contact visits the contact parents and the children spent time together in a more normal context, they had a longer period of time together, and the children were free to play with other children and the contact parents
socialise with other parents. The manager for this and other services run by the CCS describes the purpose of this transition service as:

[Allowing] some longer-term contact but in a way that the parents can enjoy it more and can feel less on the periphery of the child’s life by having longer time involvement. So they are able to have, instead of two hours a fortnight, maybe four or five hours a week for example, but in a group supervision format. So they’re being given more rights, more responsibilities I suppose...it’s a bit of a testing time to see if that’s going well for the children, if they seem to cope with that longer time away from the residential parent, especially the little ones. And the parents are given the opportunity to build up their skills around managing the children and caring for the children over a longer time. A lot of the skills that we take for granted as parents we pick up over time, they may not have had [a chance to learn].

Not surprisingly, there are families who are unable to move through the centre services and on to self-managed contact. Some families remain reliant on one-on-one supervision while other families move to using the centre for supervised changeovers and remain there indefinitely. Staff commented that:

The length of time that you can use a changeover service is eternal. So if you never ever want to see that parent, we never say to people you need to self-manage your changeovers.

Once they get to that stage of doing overnight visits [with supervised changeovers] and things like that, once it gets to that level, it’s forever.

In the remainder of this chapter, the various factors that influence whether families can move through the centre services and on to self-managed contact are considered.

9.3.2 Parents and children can stabilise in a service

Some parents and staff reported that over time parents and children settled into their contact arrangements and feel comfortable and safe using the service. For example, one residence mother described her feelings about having supervised changeovers. It had taken over a year using the CCS to move from one-on-one supervision to having supervised changeovers for weekend contact, and she was finally comfortable with her children having contact through the CCS:

The other thing I’ve learnt in this as well, which has been a bit hard, but I’m enjoying it now, is taking time for myself ... The first few times when they were on actual weekend visits, I felt as if I had to stay here at home by the phone, just in case. I was actually feeding myself up with this mental, emotional agony all the time, until I got to the point when I thought, well heck you know, we’ve got all the provision in place. The court realises the past history, we’ve worked to progress to this point. ... And started to realise maybe it’s time I took some time for myself. So I do that when the children are away for the weekend.

Some families never stabilised within the service they were using, while others stabilised within one particular service but not in others. There were also families who stabilised using a service and intended to remain using that service indefinitely or until the courts or the CCS staff changed their contact arrangements. Below, a residence mother commented on having settled into having supervised changeovers at the CCS:

I don’t think I’d change them. I think they work really well just the way they are. ... It’s quick. There’s only a maybe 15-minute time span from when we get here to when they’ve gone and I’m gone. I wouldn’t change anything. It’s great. I think I’ve probably only seen [contact parent] once, when we rocked up here at the same time. He was early and he was just asked not to do that again. That was probably the only time. ... I feel

875 Transcript 102, para 156.
876 Transcript 102, para 141
877 Transcript 101, para 409.
878 Transcript 105, paras 902 to 909.
879 Transcript 135, para 233.
perfectly at home here. ... It’s providing the service it’s meant to, just a quick, happy changeover and a happy life for everybody. Professionally done. So it’s good.\footnote{Transcript 217, para 322.}

It is not only the parents who settle into a service and don’t want their arrangements to change. Below a coordinator described the dependence of a young boy on the centre for his supervised changeovers:

Children develop an attachment to the centre. Some of the children that come are okay about coming, are comfortable and love coming here, to the point where we have to get them to leave. We have a little changeover child interestingly, we were talking about moving people on, this little lad started as a toddler and, what would he be now? He’s grade two, he’d be about seven or eight, and his mother recently said, “I want you to tell the father he can pick him up from school (which would give him a lot more contact time) and take him back to school on the Monday”, and the child said “No” and he got really, really upset with Mum. He said, “I want to keep coming here”.\footnote{Transcript 102, para 422.}

Referral agents identified that the behaviour of some parents using CCSs may prevent stabilisation, in some cases resulting in the CCS withdrawing their services. Some referral agents suggested that the ‘no-contact’ position of some residence parents was such that the children could not settle into a routine at the centre or contact could not take place at all.\footnote{Transcript 264, para 121; Transcript 270, para 321; Transcript 278, para 241; Transcript 261, paras 237 to 245.} Contact parents could also behave in ways that made it impossible for the staff to provide a service. This particular issue is discussed in greater detail at 7.4.2. One referral agent, however, felt that in some cases difficult parental behaviour that had no discernable risk to children was a problem that could be overcome:

But then there’s the other group who are just plain difficult, and they’re there at the contact centre probably for the wrong reasons and could really grow up a bit and move on, but don’t for a number of reasons ... where probably the animosity of the separation is more of a factor than the genuine need for supervision. Those ones tend to be sorted out fairly quickly…and then they move into just contact changeovers as opposed to supervised.\footnote{Transcript 244, paras 85 to 89.}

Of the 44 parents interviewed, 15 residence parents and 9 contact parents commented that they did not want to self-manage their contact and had no intention to do so in the future. Only six of the residence parents and three of the contact parents interviewed expressed the belief that they would be able to move on to self-manage contact and intended to do so in the future. Of the 15 former couples that were interviewed, only two former couples were in agreement that they would one day move on to self-managed contact. As a group, the parents interviewed for the study had been attending a CCS for an extended period of time (average length of time using the service = 2.2 years; range: 3 months to 5 years), so these findings are unlikely to reflect families’ reluctance to move on from a service because they have only been using it for a short period of time. What these findings do suggest is that moving on to self-management can take a number of years, and the proportion of families who do not want to move on from the centre may be significant.

This apparent reluctance on the part of some parents to move on from the CCS is also reflected in the findings from the survey. Across the eight CCSs surveyed, only 11 of the 396 cases surveyed were families who could be identified by staff as having moved on to self-management during the survey period. While many more families stopped using a CCS in this time, very few could be clearly identified as having moved on to safely self-managing their contact arrangements. Moving away from the centre does not always mean that a family is managing their contact arrangements safely on their own.
Indeed a common theme that emerged from the interviews with the referral agents was that they did not equate moving away from the centre to manage contact independently with the successful resolution of a contact dispute. Sometimes families were moving on to self-managed contact in circumstances when it was not safe to do so.

I suppose certainly in the case of the violence directed to the mother, I mean we see a lot of those cases and the reality I think is that in the long term they do move on to manage their own contact but it’s usually not their choice. It usually happens more because the service cannot keep going for them and it just has to happen. And they’re the ones that will often, the contact changeover will be at McDonald’s or it will be at the police station, because that’s the only place the woman feels safe.

9.3.3 In some families children can be delegated responsibility for moving on

Of those parents who commented that they do not intend to move on to self-managed contact, some acknowledged that the time will inevitably come when they will have to stop using the centre. However, they reported that this time will be determined by their children and not by them. Two of these residence parents expressed the hope that they will stop coming to the centre when the children are old enough to stop contact of their own volition. Another residence parent expressed concern about the time when their children would be old enough to want unsupervised contact and move away from the CCS. There were some residence parents who expressed the belief that their children would determine their own contact arrangements when they reached their teenage years and had developed the requisite skills needed to manage these arrangements on their own. For example, one residence parent commented:

In six to ten years I would hope that they’re old enough and I’ve given them enough skills that perhaps even the service won’t be needed, or yes a case of okay, they can get on a train and meet Dad down at [town name] or vice versa or whatever, but do it without me being a third person but knowing that they’ve got skills to ensure their own safety, to say, “No Dad, I’m not going in the car”. Get on the mobile: “Mum, we’re at a party and I don’t want to be here. Come and get me”.

This was also the case for some contact parents who commented that the time to stop using the centre will come when the children are old enough to either manage the contact arrangements on their own or come and live with them full time. Below, a contact parent described how self-management will occur when his children are old enough to be able to manage the contact arrangements on their own, including dealing with any conflict between the parents that may occur:

I think the older the girls get, probably when, I don’t know, yes, three or four years time when they’re both, say, in their teens, early teens, eleven, twelve or whatever, I don’t think there’ll be any reason for us to go to the contact service then, because they’re old enough then to know what’s right and what’s wrong, and understand, they’ll understand that if Mum starts suddenly sniping at their dad, “Hey, hey, what’s going on Mum?” sort of thing, you know. When they’re that age, they’re not stupid … It’ll not be up to me to decide, I think it will be up to the children to decide. It’ll be a day when I’ll phone, say on a Sunday, to talk to the kids and then one day they’ll say “Oh well Dad instead of going there, can we just meet you at McDonald’s and then go to the pictures from there?”
These parents appear to be advocating the delegation of responsibility for self-management to their adolescent children. In some cases this may be generated by a sense of powerlessness on the part of the parent that they are themselves able to initiate such a change. In such cases the children may have to take responsibility for initiating changes to their contact arrangements. While this is consistent with children retaining a sense of control over their own contact arrangements, the additional responsibility making decisions of this nature could be a source of stress for some children.

9.3.4 Other catalysts for changing services and moving on from the centre

Once parents and children have stabilised in a service, staff, parents or children may attempt to facilitate change to another type of service or move away from the centre altogether. The ways in which this can be achieved are discussed later on in this chapter.

There appear to be two particular catalysts for change that are not entirely within the control of CCS staff, parents or children. These catalysts can trigger a family’s transition to using a service with a lower level of staff vigilance and involvement in the visit and a higher level of contact parent involvement during a contact visit. These same catalysts can also trigger a family changing to use a service with a higher level of staff vigilance and involvement in the visit and a lower level of contact parent involvement during a contact visit. The most obvious of these catalysts is a specification in a court order that a family will move on to using a different service type in a set period of time or after a set number of visits. In such cases, commented one coordinator, stabilisation may not have occurred prior to a family being ordered to move on:

A lot of people will come with orders that will say: six visits at [the centre], then unsupervised. Some might say unsupervised but for three hours every Saturday, for three months, then for six hours, and then after another six months, overnight. So they’ve got that progression laid out before them. They know what’s happening. But a lot of people are not aware of that. They come up with orders that say they’re supervised and they know they’ve got a review date in ten months or 12 months, and they’re just hoping [they] can stay here and it’s not realistically happening. And they’re not always prepared for that.

In cases where the court order did not provide for movement through the service, there did not appear to be a clear or uniform process of review of cases aimed at assessing risk in families and their readiness to move on to self-management. Such a review process appeared to be critical in ensuring that families are not moved on when it would be unsafe for them to do so. Referral agents and coordinators both noted that court orders made without provision for the facilitated contact arrangements to be reviewed were problematic, with this impacting not only on the family concerned (particularly the children as they grow older), but also upon the CCS as their case load grows, increasing delays for clients awaiting use of the service.

Unexpected events, such as the closure of the centre over a holiday break, can also trigger a family to change the service type they use or lead the family to move on from using a centre:

The problem, in some circumstances, if we’re not open, they have to go and find alternative places, right? And so they’ve tried it and they’ve found that in actual fact they can talk to one another without bringing up issues and all of a sudden they’ll say, “Oh well we don’t need to use the contact centre now as far as that goes” so they advise the contact centre and off they go, so that’s great! That’s good, you know. So it’s really good when you

892 For example, some residence parents reported that they would not attempt to obtain no contact orders for fear that they would be branded ‘no contact’ mothers and that this would compromise their residency status, see Transcript 219.
893 Transcript 101, para 399.
894 Transcript 258, paras 269 to 271; Transcript 270, paras 293 to 295; Transcript 269, paras 319 to 321; Transcript 275, paras 351 to 353; Transcript 102, paras 288 to 290, paras 322, 370 and 376.
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see that happen. But some take a bit longer but some won’t get over that stage, unfortunately too, and we’re not allowed to negotiate for them. That’s not our role. \(^{895}\) (Coordinator)

For some families, however, centre closures can lead to changeovers occurring at police stations, in parks and other public places where children and parents may once again be exposed to harm.

**9.3.5 Families can take a long time to move through the centre services and move on**

Movement through the centre services and on to self-managed contact appeared to take many families a considerable amount of time. Analysis of the survey data indicates that on average families had been using the CCS for 1.5 years (SD = 1.6 years; range = 1 month to 9 years) at the time of the survey. This is a much longer average time spent using the centre than has been reported in previous research on CCSs (see 1.4.3) and may be attributable to differences in the approach to sampling across the respective studies. Around half of the families surveyed (48%) had spent less than one year using the CCS, and one quarter (25%) of the families surveyed had used the CCS for more than two years. These figures indicate that one in four families are using a CCS for an extended period of time. Further, of the families who had stopped using the service in the survey period, very few were identified as having moved on to self-managed contact (11 cases). This finding is not surprising given the ‘high-risk’ nature of the vast majority of families using the CCSs. These survey findings are entirely consistent with the information derived from the interviews with parents and staff that indicate that many families continue to use the service, particularly for changeovers, for a number of years until the children reach an age where it no longer becomes possible for them to continue using the service.

The survey data also indicated that the point at which many families stabilise in a service is when they reach the point of having supervised changeovers. Table 10.2 presents the proportion of families who have moved through particular services by the length of time that these families have spent using a centre. There are three categories of movement through a centre’s services presented in this table: (1) families who started at the centre having supervised contact and continued to use this service; (2) families who began having supervised contact and moved over time to using the centre for supervised changeovers; and (3) families who began having supervised changeovers at the centre and continued to use this service.

\(^{895}\) Transcript 123, para 77.
Table 9.2 History of service movement by time spent using a centre (n = 389)

<table>
<thead>
<tr>
<th>History of service movement</th>
<th>Length of time using the CCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Less than 1 year (n = 187)</td>
<td>% Between 1 and 2 years (n = 104)</td>
</tr>
<tr>
<td>No change - supervised contact</td>
<td>51</td>
<td>29</td>
</tr>
<tr>
<td>Change - movement from supervised contact to changeovers</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>No change - supervised changeovers</td>
<td>39</td>
<td>47</td>
</tr>
</tbody>
</table>

Notes: Four cases are not included in this table because the families changed from supervised changeovers to supervised contact. \( \chi^2(4)=41.95, p<.001. \)

The data presented in this table demonstrated that those families who have been using a centre for more than two years were significantly more likely to be families who began using the centre for supervised changeovers and continued to do so, than families who began using the centre for supervised contact (63% v. 36%). This finding may reflect the pressure on CCSs to move families having one-on-one supervision on to supervised changeovers quickly,\(^896\) coupled with the apparent reluctance on the part of parents and staff to move families on from supervised changeovers to self-managed contact.

In summary, many families do tend to move on from the supervised contact service to changeovers within a reasonable period of time. However, a significant minority of families continue to use the service for many years once they reach the stage of having supervised changeovers. This finding is entirely consistent with the comments made by a coordinator that once a family has reached the point of having supervised changeovers they have effectively reached the stage of “self-management”, and “they can stay forever”.\(^897\) Our survey data also suggested that a small number of families will move on to self-managed contact every month. However, many more families than this stop using the CCSs for a variety of other reasons. For some of these families contact will have stopped altogether while for others the family may have reverted to private arrangements that place children and parents at risk of harm.

9.4 Families for whom self-management is inappropriate

The survey data indicated that in only five out of the 396 cases surveyed the families presented to the CCS with no serious personal or relationship issues. The majority of families presented with two or more serious problems including a history of domestic violence, mental illness, substance abuse

\(^{896}\) Those families who cannot move from supervised contact to changeovers may stop using the CCS. This could be instigated by the family, the staff or in accordance with an order of the court.

\(^{897}\) Transcript 105, paras 1189 to 1198.
and child abuse, alleged or substantiated (refer to 3.4). Below we explore these characteristics of the CCS clientele in the context of these families’ capacity to move on to self-managed contact.

Government and industry representatives, referral agents, along with CCS staff, their management committees and auspice organisations, were asked to identify those family characteristics that they believed would preclude a family from being able to moved to self-managed contact. The responses from each group were unanimous. The following categories families were nominated as being unable to ever move to the point of safely self-managing contact:

- Families where the contact parent is intellectually disabled; 898
- Families where one or both parents have a serious mental illness that remains untreated; 899
- Families where one or both parents suffer from chronic substance abuse; 900
- Families where the children have been physically and/or sexually abused by the contact parent; 901
- Families where the children fear the contact parent; 902
- Families where there is a history of extreme domestic violence; 903
- Families where there is evidence of ‘parental alienation’; 904
- Families where there is a fear of child abduction; 905 and
- Families where the conflict between parents is entrenched. 906

These family characteristics are an almost complete match to those characteristics of the vast majority of CCS clientele described at 3.4. Therefore it appears that those families who were identified as being unable to move to self-managed contact are those most likely to be using a CCS. This match was also identified by a Government representative who commented:

I actually had a session specifically to try and identify [cases where self-management would not work] and it was really funny, because what happened was, we ended up with a list of circumstances where it wasn’t appropriate. … and yet everyone [CCS staff from Government funded services] said: “We’ve got families in every one of those categories in our services.” 907

These findings highlight the extent to which additional services and support programs are required by the bulk of the families who use the CCSs. These findings also highlight the reality that not all service clients will be able to move on to self-managed contact.

The survey data and interviews with CCS staff and families indicate, however, that families with a presentation of serious problems can and do move through the centre services, and in some cases the families move on to self-managed contact.

898 Transcript 231 para 165; Transcript 208 para 438; Transcript 200, para 757; Transcript 117, para 973.
899 Transcript 122, para 484; Transcript 209, para 493; Transcript 103, para 260; Transcript 200, para 755; Transcript 269, para 277; Transcript 267, para 429.
900 Transcript 122, para 484; Transcript 103, para 280; Transcript 207, para 325; Transcript 269, para 277.
901 Transcript 103, para 260; Transcript 122, para 484; Transcript 101, para 323; Transcript 210, para 405; Transcript 200, para 1041; Transcript 201, para 415; Transcript 233, para 229; Transcript 251, para 346.
902 Transcript 230, para 315.
903 Transcript 102, para 206; Transcript 207, para 337; Transcript 208, para 438; Transcript 231, para 405; Transcript 209, para 491; Transcript 251, para 346; Transcript 269, para 277.
904 Transcript 204, para 854; Transcript 103, para 260.
905 Transcript 231, para 115; Transcript 206, para 328; Transcript 201, para 415.
906 Transcript 120, para 150.
907 Transcript 120, para 146.
Other such families are unable to make these transitions to self-managed contact yet they stop using the centre. These families may voluntarily stop using the centre or have the service withdrawn by the staff. These families may revert to private arrangements that are unsafe for the children and parents. Alternatively, contact may cease altogether until the family returns to court and the orders are changed, or they are able to access an alternative CCS.

It is also possible for those families who can never move through the centre services and on to self-managed contact to remain in limbo using a particular service for an indefinite period of time. This can place significant constraints on the lives of parents and children who are in effect made to attend a centre at set times, and at regular intervals, indefinitely. The rigidity of long-term court ordered use of a contact service leaves parents and children little room to make necessary and normal adjustments to their lives such as take extended holidays, attend children’s sporting tournaments or school camps. Parents are restricted from moving to an area where there is no contact service or to allow the children to attend a new school.

For those families who had safely moved through the centres’ services a number of factors were identified as having assisted them in making this transition. These factors are considered in detail below.

9.5 Centre, staff, parent and children factors that facilitate the transition to self-management

The interview data suggest that there are a number of factors that can facilitate a family’s movement through a centre’s contact services.

9.5.1 Factors related to the centre and staff

The following centre and staff factors appear to facilitate a family’s movement through the services and on to self-managed contact:

- staff actively negotiating changes in service use with the parents;
- staff establishing on intake an expectation that the family has to move on from using the CCS; and
- a centre’s position in a network of complementary programs and services that can be used to assist families to move through the services and move on from using the centre.

Centre staff can actively facilitate a family’s movement through the services by arranging for the family to trial periods of self-management:

“They’ll probably come to me and they’ll say, oh they want to go and try outside and I’ll say, “Well how do you feel about it?” I usually ask them how they feel about it. Do they feel confident enough to do it? And okay, if they want to, I’ll say, “Yes well give it a go and see how you go and then you’ve always got the centre to fall back on if you want to come back” and some of them have gone away and sort of done it one or two times and then they’ve come back a couple of times, and then they’ve gone away and we’ve never seen them again.”

(Coordinator)

The process by which these changes in service use are negotiated has been described by some staff and industry representatives as a form of mediation or ‘mini-mediation’:

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908 Transcript 123, para 474.
[It] is really a sort of little pocket of mediation about: “If we weren’t to have our contact here, where would we have it, when would we have it, how would it work, who would come where?” You know, and really get something pinned down, absolutely pinned down. Then allow them trial periods, allow them to come back to their support base. 909 (Industry representative)

While some staff acknowledged that ‘mini-mediation’ is necessary when trying to move parents through the services, they also expressed the belief that it is not their role to mediate with parents:

They [parents] go to the service, particularly when it’s time for moving-on-type arrangements and want us to mediate meetings between them, which is outside of what we’re set up to do but it’s a very valuable thing to do nonetheless because it may mean the difference between moving people on and having them in the system a lot longer. 910

Movement through the services may also be facilitated by establishing early on the expectation that the family will move through the service and on to self-management in a specified period of time. Court orders effectively provide time limits in some cases and firmly establish this expectation. One industry representative commented that such an expectation could also be established when a family first visits the centre through the use of individual contracts:

[Self-management can be facilitated by] setting them up from the very beginning, from the moment they come in, with the expectation that they will move through the service, that they will be moving onto self-management. And setting up time-limited contracts [and] obviously reviews about how they’re going and then of course we tap into the stuff that is assessed that is needed. 911

Given the characteristics of the vast majority of families who use CCSs, it is not surprising that our findings also suggested that it would place children and residence parents at risk of harm if they were to be made to move on from the centre before it was safe for them to do so. Some CCS staff were very reluctant to use time limits or establish a strong expectation that the family had to move on from the service in a specified period of time. Staff and some industry representatives were acutely aware of the dangers involved in moving families through services in ways that are beyond their capabilities:

If you say in the wrong case, “You’ve got three more weeks” then the effects could just be disastrous. I can imagine the effect of that being a mother or a father killing their children. …If the message went around to the community, you know: Here’s a service and the maximum use is two months, six months, anything, it’s a problem. 912 (Industry representative)

One coordinator was particularly concerned about the effects on children of fast-tracking families through the services before they are ready:

But children when they come into the system aren’t told: “This is just a resting place for a little while. You’ll be moving on”. So then I have difficulty dealing with those children when they come for changeover and I’m faced with a case of: I can’t protect you any more. You have to go. And so for me that creates a real dilemma as a worker, that I have built a relationship with this child and that they have learnt to trust me and they know that I won’t let that parent hurt them. And then they come in one day and I say: “You’re on your own”. And I personally find that difficult. So I think in that respect, we provide a safe place for children but it’s inevitable in most cases they will move on unless there’s been substantiated sexual abuse. 913

Despite these differing views on ways to facilitate movement through the centre services, our research findings suggest that any method employed to hasten movement through centre services before a family is ready will compromise the safety of children and parents.

909 Transcript 230, para 287.
910 Transcript 102, para 101.
911 Transcript 210, para 343.
912 Transcript 231, paras 135 to 137.
913 Transcript 101, para 217.
A second important theme that emerged from the above data was that families who were attempting self-managed arrangements for the first time or those families who have recently changed to supervised changeovers need to be able to return to the centre or return to their earlier supervised contact service if the safety of family members becomes a concern.

Another important factor nominated as facilitating movement through the centre services and onto self-managed contact is the extent to which a CCS can utilise a broader network of complementary programs and services to assist their clientele (e.g. individual counselling for parents and children, mediation, substance abuse and anger management programs, and parenting education). Government, industry representatives, referral agents, CCS staff and their management committees and auspice organisations all identified the importance of families who attend CCSs being able to access complementary services and programs. One industry representative commented on the network of services that they are able to provide which can assist families to move on from the centre:

We could never conceive of doing that [moving families onto self-management] if we didn’t have the multi-discipline service. We’d have a very good network of services so we could tap into other programs, whether it’s individual counselling for the child or whether it’s individual counselling for the adult, whether it’s going to the separation program, you know, a recovery program. Helping with financial counselling, whatever. Drug and alcohol support services. 914

The other two industry representative bodies also oversee a similar range of complementary programs and services.

However, having an established network of complementary support services does not necessarily mean that staff will refer families on to these services. Some CCS staff expressed the belief that it was not their role to refer families on to other services and doing so could compromise their neutrality (refer to 4.1.4). The interviews with service staff suggested that resistance to referral was a greater issue for staff from non-Government funded services where the CCS service model was one of ‘facilitate contact only’ than it was for the staff from Government funded CCSs.

In general, Government, industry representatives, referral agents, CCS staff and their management committees and auspice organisations all acknowledged that under the current model of contact service provision, CCSs had a limited capacity to move families on to self-managed contact. All groups recognised the important role of effectively networking CCSs to other complementary services in order to overcome this limitation. For example, one coordinator commented:

It’s fairly limited in what we can do to resolve some of their problems that they’re coming through with… We can certainly see the role for conjunctive services to work alongside us where parents are blocked by patterns of being or lack of communication skills or lack of insight, that you can’t overcome in the short term of just the visit sessions. 915

Some of the non-funded contact services involved in the study operated outside an established network of complementary programs and services. These CCSs tend to be staffed by volunteers with limited training and experience. This lack of staff training and experience further restricts these CCSs from being able to safely move families on:

I think our service is not geared at all for that [self-management], it’s just not. There’s no trained professional there. They are often young kids from TAFE or retired people simply giving a hand. Beyond good luck, while

914 Transcript 210, para 375.
915 Transcript 102, para 93.
An effective network of complementary programs and services, and a CCS culture of referral to other support services are needed to be able to safely move clientele on to self-managed contact. Models of linking the CCSs to networks of complementary support services and programs or alternatively developing this capacity within the CCSs are discussed in detail at 7.1.

9.5.2 Factors related to the parents

The following ‘parent’ factors appear to facilitate a family’s movement through a centre’s services and on to self-managed contact:

- the development of a strong ‘child focus’ on the part of the parents when engaging with their children, and when engaging with the other parent about arrangements for contact;
- parents having confidence in each other’s capacity to parent children unsupervised. This confidence appears to be, in part, related to the child’s expressed confidence in visiting their contact parent;
- parents resolving their own relationship issues to the extent that they can communicate about their children without conflict and violence; and
- parents resolving their own personal problems (e.g. managing anger, substance abuse and mental illness).

These four factors are considered in detail below.

Of crucial importance to parents and children being able to move through the services and on to self-managed contact was the development of a ‘child focus’ in the parents’ behaviour towards their children. The methods service staff employed to assist parents in developing this focus are covered in detail at 4.2. The two key factors required for parents to be able to move on from the centre were identified by one industry representative as parents being able to take the “focus off their own immediate needs and put them back on the child”, and the contact parent learning new ways of interacting with the child, so that the residential parent feels more confident and the non-residential parent feels more confident about the contact parent’s parenting capacity. 917

A coordinator commented that once parents had become ‘child-focused’, the work of the service is complete:

> So gradually over time we’re enabling them to start thinking about the benefits for the child or children, and gradually when they can see those benefits come to fruition, they can relax with the whole thing and therefore we’re no longer involved. 918

With this shift to ‘child focused’ parenting on the part of the contact parent, residence parents may become more confident that it is safe for the children to have unsupervised contact.

An important catalyst for parents in developing confidence in the other party’s ability to parent is the feedback about contact visits that they receive from their children:

916 Transcript 107, para 273.
917 Transcript 230, para 325.
918 Transcript 201, para 354.
Oh in the beginning I suppose I used to worry when they first left me because they’d been with me for so long, that how are they going? What’s happening on their weekend? Are they being looked after? And everything. But when they come back and they’re happy to go there you know everything’s fine.\(^{919}\) (Residence mother)

Another residence mother talked about gaining confidence in the contact parent’s ability to relate to his children by reading the family reports:

\[\ldots\text{we often get the reports from when we were going through the courts... we got the family reports and there was always things about initially when their dad was seeing the children the physical contact was awkward. Now that was to be expected because he’s that sort of person, but what I have read as we’ve gone through these number of reports from them is that physical affection or display of physical affection is more prevalent now. So that’s a good thing too. So you see I can sit here and say we’ve all progressed on this side, but he’s actually displaying hugs and kisses and pats on the head, that sort of thing to the children.}\(^{920}\)

Referral agents also recognised that the residence parent needed to be confident in the parenting capacity of the contact parent before a family could move on to self-managed contact.\(^{921}\)

Having to build up confidence in the other parent is not just an issue for the residence parent. Contact parents also reported needing to develop confidence in the residence parent that he or she will not stop them having contact and will not make allegations against them about harming their children:

So it’s just been a bit by bit process. … It’s me having to wait for confidence in [name] to know that everything’s okay.\(^{922}\) (Contact parent)

Some contact parents were adamant that they would never regain this confidence or repair the damage done. For example:

I’m not even thinking the next five years. I’ve been completely traumatised against all that. Never again. I can’t. Next time I see that woman, it will be damned too soon. That’s how bad it is. I can forgive what she says about me and what she’s done to me, it’s what she’s done to the children, involving them in this, I’ll never forgive her.\(^{923}\)

These same sentiments were echoed in the interviews with the residence parents.

The interview data also suggest that self-management required that parents engaged in entrenched conflict resolve their own relationship issues to the extent that they can communicate effectively about the children without an intermediary:

I think while people are still in the getting-even stage, [it’s] very difficult to even move to self-management. Things might move along very nicely provided they’ve got an intermediary negotiating on their behalf. As soon as that intermediary isn’t there, then they go back to the refusals of contact or it leaves it open to reigniting some of the issues from before.\(^{924}\) (Executive director of an auspice organisation)

Cases where there’s been high conflict between both parents, once they’ve been able to work through that conflict and they put that aside and they’re focusing on what’s best for the child, that can progress. There are many parents that come here and because of their bitterness towards that parent, can’t even see that that parent can have a quality relationship with the child or are not prepared to let them. I think when those differences are worked through and put aside, those people can progress.\(^{925}\) (Coordinator)

\(^{919}\) Transcript 213, para 163.  
\(^{920}\) Transcript 135, para 323.  
\(^{921}\) Transcript 272, para 245; Transcript 251, para 251; Transcript 281, para 182; Transcript 280, para 189.  
\(^{922}\) Transcript 238, paras 92 to 95.  
\(^{923}\) Transcript 134, paras 613 to 619.  
\(^{924}\) Transcript 206, paras 332 and 476.  
\(^{925}\) Transcript 101, para 407.
For those families attempting to move away from using the CCS altogether, the ability to be flexible around making arrangements for contact and the ability to communicate with one another without conflict appear to be important prerequisites for moving on. Below, one coordinator describes the importance of parents becoming flexible about their contact arrangements if they are going to be able to move on to self-managed contact:

Where they’ve become more relaxed around their time, their timing of coming in, where they’ve become more flexible around arrangements. For example the little one’s got a birthday party, the residential parent feels confident about saying: “Can we make it the other weekend?” the other parent says” “Yes that’s fine” or they might, say, come to some middle ground that satisfies the need for contact but is based on looking after what the child wants. 926

Residence and contact parents also described change over time in their ability to communicate more effectively and positively with their ex-partner.

But I can talk to him now. I rang him up yesterday and said, “Look, I’ve got this interview. Do you want to have her early?” and he goes, “Oh I’ve got to finish work” and I said, “Well what time can you be there?” and if he can’t make a decision about time, I’m like, “Some time today would be good”. But I don’t say anything and I don’t stir the pot. I just leave it and eventually I’ve got an answer. 927 (Residence mother)

So we do quite well for about 20 minutes and then after that it gets a bit.... I think it’s because we run out of things to say and it only has to be one of us bring up something from the past and it all goes whoosh. We try to avoid that. We just talk about [child] and we find that works. 928 (Contact father)

For parents with a history of family violence, moving through the centre services and onto self-managed contact is an extremely difficult and courageous exercise. In such families movement to self-managed contact may never be possible or advisable.

Below a residence parent with a history of domestic violence discussed the actions that she took after one and a half years using a supervised contact service to be able to move to using supervised changeovers. In this particular case, the actions that this residence mother took were described by her to be entirely of her own volition and reflected her growing sense of confidence and empowerment in dealing with her ex-partner. She was assisted in taking these steps by the service staff and by the ongoing counselling that she and her children received.

Recently, just to try and to rebuild some sort of a working relationship between us for the children’s benefit, I’ve had a further domestic violence order dropped, or revoked I should say. It was sort of a bone of contention with my solicitor, he wasn’t very happy about it, but I really did believe that somebody had to start making the first steps, offering the olive branch, that type of thing, and it’s actually been quite effective. It has started to actually assist the progression whereby we can kind of just take a step at a time in working with the children and settling them into the visits and they’re not so affected by animosity between mother and father sort of thing.929

It is important to note that in this case it was predominately the victim of domestic violence who took steps to “assist the progression” of the children’s contact arrangements. The residence mother communicated to the interviewer that this was a position that she was comfortable with. Nevertheless, movement through the centre services and long-term solutions should also be achieved when the perpetrator also takes responsibility for their actions through counselling and programs that address the issue of anger management and family violence.

926 Transcript 102, para 449.
927 Transcript 224, para 184.
928 Transcript 111, para 159.
929 Transcript 135, para 67.
Another residence mother using the service for protection against domestic violence described communicating directly and assertively with her ex-partner in a way that she was unable to do in the past.

Initially at the start it was an ongoing battle, but they [service staff] sort of gave me a bit of courage to face him and start to like nervously talk, but then get a little beyond that, that if there is an issue I will confront him and I won’t back down until I feel like I get it sorted. Or I’ve even rung him up and I’ve even left the centre and I’ve rung him up if I felt like I haven’t been heard properly.\textsuperscript{930}

The centre staff supported this particular residence mother in this process of empowerment, and at the time of the interview the parents were meeting face-to-face at the centre with the staff present. In this way the service continued to provide the family with a safe base from which this residence mother she could directly express her concerns and wishes in relation to the children and the contact arrangements.

This growth in confidence and empowerment of victims of domestic violence was not evident in all cases, nor would it be safe to adopt this approach for all parents who have been victims of domestic violence. For example, one residence mother believed that letting her guard down and attempting to resolve issues between her and her ex-spouse could have catastrophic results for her and her child:

We’ll we’ve been separated now for almost five years and I’m scared stiff of the man. He’s done nothing to gain any of my trust in that matter, in that way. He’s continually taking me to court and accusing me of things. … the only thing I can ever see in the future is that he will take [child’s name] one day and [child’s name] will end up dead one day and I’ll probably end up dead as well.\textsuperscript{931}

These comments by a residence mother highlight the potential danger involved in pressuring families where there has been family violence to self-manage contact. Adequate support needs to be in place to protect these parents and children if they decide to move on to self managed contact. Service practices and protocols related to self-management would need to recognise the coercive power of perpetrators particularly in the context of premature attempts at self-management at the perpetrator’s instigation. Staff training on the dynamics of violence and victim-offender power dynamics would be of particular benefit to CCS staff in managing the transition of families to self-managed contact (see 8.4 for further details on staff training).

The problems that parents need to resolve to be able to safely self-manage contact are significant and many families require interventions to assist both parties. For example, victims of domestic violence may benefit from counselling services for them and for their children, while perpetrators of domestic violence may benefit from involvement in anger management and violence prevention programs.

9.5.3 Factors related to the children

The following ‘child’ factors appear to facilitate a family’s movement through the services and on to self-managed contact:

- children need to want to have more contact with their contact parent and be confident that this parent will be sensitive to their needs during contact visits;
- a child’s age and developmental needs affect the degree to which they will want to move through centre services and then on to self-managed contact;

\textsuperscript{930} Transcript 224, para 123.
\textsuperscript{931} Transcript 113, paras 454 to 552.
children need to develop confidence in their own ability to exert control over their contact arrangements, and develop the ability to communicate their needs to parents and staff.

These issues were explored in depth in Chapter 8 where we examined children’s experiences of the CCSs. The following section continues this exploration of children’s experiences by focusing on children’s views on their movement through the centre services and then on to self-managed contact and the factors that appeared to facilitate this transition.

Children were asked to describe their experience of their most recent contact visit, and the contact arrangements that they would like to have in the future. The themes that emerged from the children’s responses to these questions provide important insights into the factors that facilitate children’s capacity to move through the centre services and on to self-managed contact. We also sought to compare the above experiences of children with their descriptions of contact visits that occurred prior to attending the CCS. This allowed us to develop a broader understanding of children’s perceived experiences of change to their contact arrangements over time.

The average length of time between these children’s parents separating and the children starting at the contact centre was 3.6 years (range: 6 months to 9 years). This means that for many of the families interviewed, the children had spent a considerable period of time having privately arranged contact (or no contact at all) before the family was referred to a CCS. All except four of the children interviewed had experienced privately arranged contact visits prior to attending the contact centre. Half (ten cases) of these children reported that their private visits were uncomfortable, unpredictable and conflict ridden. Mark (ten years) described his private contact arrangements in a way which was typical of the responses of this sub-group of children who had been having about contact visits before they came to the centre:

*Did you ever have visits that weren’t at the contact centre?*

Yes, when Mum and Dad first separated.

*Where were the visits then?*

Um, at Mum’s house.

*And how was that?*

Oh well, it wasn’t that… Sometimes it was okay but not that often.

*What happened?*

Oh well sometimes they like yelled at each other…

*And how did you feel then?*

Not that good. 932

Below, eight-year-old Ben describes his experience of a private contact visit fraught with conflict:

*We’ve been at Dad’s house on Christmas Day. We were supposed to stay there for four hours but it wasn’t even one hour. What happened?*

Um, my mummy started to have a fight with Dad and Dad ripped the front door of his house off and slammed it on her and [father’s new partner] came up to the car and started swearing at us. 933

932 Transcript 305, paras 51 to 69.
933 Transcript 313, paras 383 to 397.
The conflict, and in some cases violence, between parents that children experienced during private contact visits was not restricted to home based changeover arrangements. Rob (ten years) described his changeovers as they occurred at the police station:

Did you always have changeovers here?
Oh there was a time when we had it at the police station. We had it at the police station and the train station once.
And how were they?
Not so good.
Not so good because?
Well like Mum and Dad used to fight and they’d like, yell at each other and sometimes they might say it to you.934

These children’s descriptions of their private contact arrangements contrast starkly with their recollections of centre facilitated contact visits that were primarily described as safe, predictable, routine, and free of parental conflict and violence (refer to 8.1). Even Ben and Alice viewed their visits based at the contact centre in a more positive light than their private contact experience. The supervised visits were safer, and they could depend on the staff to step in and control their father’s behaviour when things got out of hand.

Not surprisingly, many of the children interviewed preferred their centre-facilitated visits to the private visiting arrangements that preceded their using the CCS (nine cases). Below Mark (ten years) compared his private visits to those facilitated by the contact centre:

How was that? [Private contact visits where he was picked up from his mother’s house.]
Sometimes it was okay but not that often.
What happened?
Oh well sometimes they like yelled at each other …
And how did you feel then?
Not that good.
And then when you came to start to use the centre, how did you feel?
Oh it was really a lot better.935

Privately arranged contact visits that took place during the period of time that the families were using the contact service could also be fraught with parental conflict and violence. These visits often came about when families had to arrange contact for special occasions such as Christmas and the centre was not open. If these visits went badly, children’s confidence in the contact process was affected. Rachel (eight years) reported on the tension that continued to characterise ‘drop offs’ away from the centre when the centre was closed:

Ah not every time, I have been here through the contact centre most of the time. Sometimes Dad wants to see us, like on a special day, and we don’t have to go to the contact centre.

So what do you do then?
Um Dad doesn’t pick us up. Mum drops us there.
Where does she drop you?

934 Transcript 317, paras 209 to 220.
935 Transcript 305, paras 51 to 73.
She drops us at, just out the front of this house and we get out and kiss her goodbye and she leaves immediately because she doesn’t want any trouble.

Even in the case of Ben and Alice who normally had supervised contact on-site, the family attempted to handle the contact visit themselves one Christmas when the centre was closed. While eight-year-old Ben’s description of the Christmas changeover is confusing there is no mistaking his disappointment at what happened that day:

*What happened then?*

Um, the centre was closed Christmas. Not the Christmas that just went past but the one before. We were at this place and then we had to come back to go to our dad’s… And I told [father’s friend] that I could go home whenever I felt like upset. He said your mum’s nothing but a big fat laugh and then Dad was angry and started to have a fight and he slammed the door at the front.

*So what happened then?*

We went home.

*How did you get home?*

He dropped us off.

*Did you ask to go home?*

No. He just told us to get into the car.

*And how did you feel then?*

I kind of felt sad… because I didn’t get to spend much time with him at Christmas. 936

These emergency arrangements could, however, go well for children as well as for the parents as discussed in section 10.3.4. If this occurs it can be a catalyst for the family moving on to self-managed contact or moving on from supervised contact to supervised changeovers. Some children commented directly on the transition from supervised contact to supervised changeovers, and from supervised changeovers to self-managed contact. Jane (12 years) described the circumstances that were a catalyst for these changes to her contact arrangements. 937 In this case it was a matter of her mother trusting her father to look after the children overnight, and then no longer wanting to travel the large distances to and from the centre to drop the children off for changeovers.

*So how did it get changed?*

Um, well Mum decided it because she thought everything was going fine because I think we’ve been doing it for about two years now, and she saw it was going fine and she decided to let it be changed to she decided to let us stay overnight in his house and all that, because she thought she could trust us kids, and she trusted him that nothing would really happen. So she trusted him so it all got changed.

*And has that been okay for you?*

… Yes it’s been fun going to his house and all that.

The reasons Jane gave for the change from supervised changeovers to self-managed contact a few months later were different again:

And then Mum had a big decision over it and decided to let us stay and we went [to Dad’s place]. So it was Dad’s Saturday night and then she, because we had to come here [the contact centre] she started to get really annoyed having to drive into [country town] two times every month. Like having to drive all the way in here and because he lives at […] he had to drive all the way here as well. …and like there was no point driving all the way to [country town] just to drop [the children] off because Mum had to drive in and he had to drive in too. So she decided to let him pick us up after school.

936 Transcript 313, paras 250 to 301.
937 Transcript 301, paras 39 to 59.
Okay

So it was just easier instead of Mum driving to [country town]. And she wanted us to see more of him so we went every two weeks. So like it’s all changed because it was once a month and it went to every two weeks.

And how has that been?

Good.

The children employed their own techniques in making adjustments to changes in their contact arrangements. When interviewed, the children were asked to provide advice to other children about how best to handle the first trip away from the contact centre and the first overnight sleepover. For those children who had had to make these transitions in their own contact arrangements, their advice to others provides an important insight into the coping strategies that children employ in making these difficult changes. Jane (12 years) described the emergency plan that she would advise others to have in place should anything go wrong on the first unsupervised sleepover with the contact parent:

If something happens to Dad, go call on the phone, call the ambulance or so on or whatever, and then I’d call my mum. And if he was doing something nasty to me I’d quickly go to the, like your closest friend or something, like at another house or something that he didn’t know about.

So that sounds as if it’s something that you’ve thought about.

Yes.

And has that been in your head, or have you talked about it with other people or with Mum?

Well [sister] and me just made it up a little bit.

Jane would also advise another child that it takes time to adjust to a new way of having contact and that over time things will get better:

Well she gets to spend more time with her dad, which is good, and she gets to stay overnight and maybe even have tea and all that so she shouldn’t worry, nothing should be really wrong. With my first visit I got a bit scared of being there the first night, being in his new house and all that, but as I settled in and I played games and all that I really got used to it, so she probably should get used to it too.

So give it time, is that what you’re saying?

Yes. Give it time.

Bruce (15 years) would advise other children that trusting your contact parent is the best way to handle the transition to an unsupervised visit away from the centre:

Well I hope you deal with the thing going all right and trust your dad to not be silly or whatever. Yes. You’ll be all right.

Tanya (11 years) identified that going to a place that you are familiar with will make this first unsupervised visit easier:

Um, I would say just be cool about it because normally it can be quite a bit of a change and sometimes it might be quite good to have a bit of a change, so you go to a spot that you normally do want to go to, and that if you’re worried about it, just don’t think about like, if you meet at McDonald’s or something, you can hope you might get McDonald’s.

938 Transcript 301, paras 253 to 279.
939 Transcript 301, paras 383 to 402.
940 Transcript 301, paras 415 to 421.
941 Transcript 303, paras 280 to 283.
942 Transcript 318, paras 313 to 315.
In her advice, Sarah (12 years) identified the role of sibling support as a mechanism for coping with the unsupervised visits and any difficulties that may arise during the visit:

Well it, from daytime if it’s a long period of the day then it would probably be okay, like it it’s, like if you were there from breakfast till teatime, you know, for instance, but like a sleepover is a very big thing. You’re also a bit excited but you’re a little bit nervous as well.

What’s the nervousness about?
Well because it’s the first time so something might happen or something bad happens.

Like what?
Well Dad, like would Dad be mean or like he might be rude about Mum or say, “Don’t go back there. Stay with me” and all that.

So have you [sisters] talked about that between yourselves?
Yes … Because seeing as they’re really friendly with Dad and I’m not too kind of friendly, … we talk about it with each other and we have like little giggles and stuff and we make it a fun thing to talk about.

How do you manage to do that?
Um, oh like we go “Oh what were you doing at Dad’s?” and I’ll end up saying what I was doing at home and we will say what we are doing at the same time and she goes, “Oh Dad said I had to walk up to the shop in the night time but I said no” and I said “Good girl. That’s what I did last time”.943

There was a small group of children who expressed a preference for their private arrangements over the centre-facilitated contact (three cases). Other children (five cases) liked both types of arrangement or didn’t see that there was much of a difference between the private and centre-facilitated contact. All but two of these eight children were having self-managed contact at the time of the interview.944 Some of these children remembered their initial private contact as fraught with parental conflict, while others have no recollection of their initial private visits because they were either too young or it was too long ago. Such a finding suggests that these children’s positivity towards private contact is, in part, a reflection of how well their self-managed arrangements are going. The two children whose parents were not self-managing contact and who expressed a preference for their earlier private contact arrangements were Simon and Kate. They have been seeing their father for supervised visits for 3.5 years and they miss having the freedom to leave the CCS when they want to. They also miss the activities they engaged in with their father during contact visits on the farm where he was living at the time.945

This next section examines children’s descriptions of their experiences of contact over time. The experiences of a small group of five children who have moved through the services in ways that they themselves considered to have been good for them, or bad for them, are examined. The diagrams below map the children’s descriptions of various contact visits and help the reader to better understand the nature of the transition from private visits to self-managed contact, or in some case no contact at all, for a small group of children. These experiences are recollections of past events and feelings and desires for future contact arrangements.

Some of the presented could be considered a ‘successful’ transition where the contact arrangements at the time of the interview appear to be consistent with the child’s wishes as identified by them

943 Transcript 307, paras 403 to 442.
944 Case 137 is included in this category. The children had supervised changeovers, however, the parents met face to face at the service and engaged in conflict free discussions about the children and their visiting arrangements. The service staff were there in the background should the parents or children need intervention or assistance, but did not directly supervise the changeover.
945 Transcripts 139 and 140.
during the interview. Where the child was unhappy with their then current arrangements and expressed a desire to significantly change those visiting arrangements the transition could be considered ‘unsuccessful’. Considered together these five cases highlight the complexity of the issues facing families and CCS staff in facilitating the transition to self-managed contact. No two families are alike in their capacity to make this transition or in the time that it will take them to reach a ‘successful’ outcome. These cases do, however, highlight problems for children in cases where families require a rapid response on the part of the courts and the centre staff in order to modify their existing contact arrangements to better accommodate children’s needs – even if this meant terminating contact.
Cathy (seven years) reported being happy with her contact arrangements.\(^{946}\) Cathy had visits privately for a year before her mother was referred to the CCS by the local domestic violence service for supervised changeovers. Cathy and her sister had contact with their father during the day on the weekend. The contact visits occurred once every fortnight. The parents met face-to-face at the CCS and were able to discuss the children and future visits without fighting. The centre staff were present for the changeovers and became involved only when needed. The boxes below represent a summary of Cathy’s descriptions of her various contact visits over time.

<table>
<thead>
<tr>
<th>Private visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>There was fighting between the parents at McDonalds where the changeovers occurred and this upset Cathy.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st visit to the centre:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cathy didn’t want to go the first time and she became very upset and was allowed to go home. She came back to the CCS for a changeover the following day.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparison between private and centre visits:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cathy preferred changeovers at the CCS because it stopped the fighting between her parents.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most recent visit to the centre:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cathy had a ‘good’ visit. She accompanied her father and sister to the local swimming pool for the day.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future visits:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cathy wanted her changeovers to continue at the centre in their current form. She was still worried about her parents fighting if she had changeovers away from the CCS.</em></td>
</tr>
</tbody>
</table>

\(^{946}\) Transcript 138.
Jane (12 years) had no contact with her father during the six months prior to using the contact centre. Her father had been charged with the sexual abuse of another member of her extended family and this was the reason given by her mother for their referral to the centre. The family began with supervised contact on site and moved to supervised changeovers with overnight contact over a two-year period. Recently the parents had been managing the contact visits on their own. The visiting arrangement at the time of the interview was considered to be successful from Jane’s perspective and she reported being happy with how the visits were going.947

947 Transcript 301.

**Private visit:**

*There were no contact visits post-separation prior to using the CCS.*

**1st visit to the centre:**

*Jane found the first and second visit scary because it was all new to her but she was keen to see her dad.*

**Most recent contact visit:**

*Jane reported that the visit was “pretty good”. She was picked up by her father at the end of her driveway.*

**Future visits:**

*Jane wanted there to be no change to the current arrangements. They were “working well” for her.*
Simon (11 years) reported being unhappy with his contact arrangement at the time of the interview. Simon’s family was referred to the CCS because of domestic violence and mother’s alleged of sexual and physical of the children by the contact parent. The relevant state child welfare authority investigated these allegations and his father was never charged and no protective order was put in place. The children had been having one-on-one supervised contact and attending group supervision for 31/2 years. They were seeing their father once a month for two hours. The children had contact visits privately for one year before they came to the CCS.

Private visit:

Simon remembers visiting his dad’s place for contact visits and riding horses when he was “very little”.

Comparison between private and centre visits:

Simon preferred the private visits to those at the centre.

Most recent visit to the centre:

On the day of the interview Simon was very frustrated at having to stay inside to play because of the rain. He was also upset that he had to miss his sporting tournament to come to the centre on that day.

Future visits:

Simon wished he could stay at his dad’s house for one day on the weekend. He would like his mum to drop him off and dad could take him home.

948 Transcript 139.
Alice (nine years) was at times ambivalent about her contact arrangements and it was unclear as to whether she would consider her current arrangement to be good or bad.\textsuperscript{949} The parents report that the family was referred to the centre because of the father’s mental illness and domestic violence. The children report that they were physically abused by their father. The children had been having on-site supervised contact for three months but had since stopped contact visits altogether. Prior to using the CCS, the children had been having private contact visits.

\begin{tabular}{|p{1.0\textwidth}|}
\hline
\textbf{Private visit:}  \\
\textit{Alice remembered a particularly frightening private visit when her father assaulted her mother at changeover.} \\
\hline

\textbf{Comparison between private and centre visits:}  \\
\textit{Alice reported that the centre was better than the private visits. She described a ‘good’ visit where she played sport with her father during a supervised visit. She felt safe with the staff present to help her if things got out of hand but she didn’t like the way her father treated her brother during visits to the centre.} \\
\hline

\textbf{Most recent visit to the centre:}  \\
\textit{Contact at the service was stopped and Alice had not had contact with her father for five months and couldn’t remember what the last visit with him was like.} \\
\hline

\textbf{Future visits:}  \\
\textit{Alice wished to not see her father again “at all”. She would also have liked to try and find some way to get the “family back together again” and wished that her father’s new partner would “leave him”. She thought the contact visits were much better when her father’s new partner was not on the scene.} \\
\hline
\end{tabular}

\textsuperscript{949} Transcript 319.
Tanya (11 years) reported being unhappy with her current arrangements for contact. The family was referred to the CCS because of the children’s resistance to having contact and the mother’s concerns about the father physically abusing the children on contact visits. Tanya began having supervised contact on site and moved to overnight supervised changeovers every second weekend and on the school holidays. This transition took one year. At the time of the interview Tanya had missed a number of contact visits and did not know why her contact with her father had stopped.

### Private visit:

*Tanya used to meet her father at the train or police station. Just before the family’s referral to the CCS her parents used the local police station for the changeover. This went badly for the family because her father didn’t turn up until very late and there was a fight between her parents.*

### Comparison between private and centre visits:

*Tanya liked the private visits when they were at the train station and she also liked the visits at the CCS.*

### Most recent visit to the centre:

*Tanya was not currently having contact visits and she didn’t know why. She was feeling “upset” and “a bit sad” about this and was missing her father.*

### Future visits:

*Tanya’s dad was living a two hour drive away from her home. She wanted to see her dad two weeks in a row. If her dad moved back to her home town or close by then she would like to spend one week with Mum and one week with Dad.*

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950 Transcript 318.
These five cases demonstrate that there is great diversity on the part of children in their desire to have contact in the future. Across the full sample of children (n = 24), six of the children expressed a desire to have more contact with the contact parent in the future, while nine children wanted the current contact arrangements to stay as they were. Only two children wanted the contact to cease or be reduced in the future. No child commented that they wanted to cease or reduce using the CCS because they disliked the centre or centre staff.

Overall, the analysis of data from the children’s interviews suggests that over time, children developed confidence in the staff and their contact parent. This confidence, along with specific events such as the closure of the CCS, were important precursors to parents and children changing their arrangements from on-site supervision to supervised changeovers or moving on to self-managed contact. However, a ‘bad’ privately arranged contact visit that takes place during the period of time that a family is using the CCS can destroy a child’s confidence in their contact parent - confidence that they have built up over a long period of time using the centre. A ‘bad’ visit at the contact centre would have similar consequences for children.

### 9.6 Conclusions and recommendations

Movement through a CCS’s services is facilitated at various levels (i.e., children, parents, staff and the referral system) by various factors. Specifically, this movement can be generated at the:

- **level of the child** through the development of the child’s relationship with his or her contact parent;
- **level of the parents** by the growth in a parent’s confidence in his or her own ability, and the other parent’s ability, to care for the children; and by the parents’ ability to resolve their own issues to the extent that they can communicate with each other about the children without an intermediary;
- **level of the staff** by staff mediating a family’s movement through the centre’s services and on to self-managed contact; and by staff facilitating ‘child focussed’ parenting and the development of the contact parent–child relationship;
- **level of the CCS** by active engagement with, and referral of families to, a network of complementary support services and programs; and
- **level of the referral system** by solicitors and the courts structuring orders to take account of the length of time required for movement through the centre’s services.

The exact point at which a family is considered to be self-managing their contact is not clearly defined by the CCSs, the Government, or the industry representatives. There exist in practice three different models of self-management. In the first model, the family moves away from the centre and safely manages contact independently. Achieving self-management under this model appears to necessitate some degree of resolution of issues in the relationship between the parents. In the second model, families move through a centre’s services to a point where they can conduct supervised changeovers. Self-management under this model can occur when issues between the parents remain unresolved. However, under both of these models of self-management, issues in the contact parent-child relationship must be resolved, along with any personal problems on the part of parents that would continue to put the child at risk.

There is a third model for families who are unable to safely move on to self-management. These families remain using the services for as long as they need to use the CCS. At the point at which it is no longer viable for the CCS to allow the family to use the service, or attending the service
becomes too onerous for the children, contact at the service is stopped. In these families both the contact parent-child relationship and parent-parent relationship issues may remain unresolved.

There are no clear guidelines for courts, CCSs or their clients on which model of self-management will apply and when, and whose responsibility it is to facilitate this transition to self-management or to withdraw service.

These different models of movement through centre services raise the fundamental questions of what CCSs are for. Are they simply to enable contact to occur between a contact parent and a child, or should they effect a change in the parties’ relationships, and resolve significant personal problems, such that the family might be able to safely move on to independence of the service? The philosophy of self-management and the views of many of the service staff regarding the primary function of the CCSs (see 4.2) suggests the latter, but the complex and ‘high-risk’ nature of the service clientele and limitations related to CCS funding may compel the former.

Our data suggests that there was a mixture of views and practices that could be described as leaning towards one or other of these models. In particular, while there is often a recognition of the desirability of working to improve parents’ relationships, and resolve their personal problems in order to move them to self-management, it is often thought that this would entail a paradigm shift in the work of CCSs – in effect they would be providing a different service from the ones they are currently funded to provide. For others, the challenge of moving parents on from positions of entrenched conflict requires the CCS becoming part of, and using, an effective network of complementary programs and services.

The analysis presented in this chapter gives rise to two recommendations.

**Recommendation 19:** Where it is safe to do so, CCSs should play an active role in moving families through their services and on to self-managed contact away from the centre.

Second, if CCSs are to take on this expanded role, then strategies and supports need to be put in place to assist them in achieving this outcome for the significant number of families who have difficulties moving through the services and on to self-managed contact. These strategies could include reinforcing the primary focus of the CCSs on the development and maintenance of the contact parent-child relationship and locating centres within established networks of complementary programs and services that can assist parents to resolve their own significant relationship and personal problems. While many of the Government CCSs are located within such networks, a number of Government funded and non-funded CCSs remain outside established service networks or under utilise the network within which they are based. The task would then be to establish a culture of referral by these CCSs to complementary services and programs. Alternatively, if CCSs are to be made directly responsible for assisting families to move on to self-managed contact then this service sector will need additional resources, and to employ specialist staff for this task to be able to achieve this outcome within their own service sector. Chapter 10 outlines in greater detail those recommendations related to the development of service provision models.

Finally, as our earlier findings suggest, the core business of the CCSs is facilitating contact for ‘high-risk’ families. Any movement by these families to self-management needs first and foremost to depend on ensuring the ongoing personal safety of parents and children. Not surprisingly, some of these families will never be able to safely self-manage contact and should not be pressured by the CCSs or the family law system to do so. Clear policy and practice directions on families in this situation are needed to prevent these families from reverting to alternative private contact arrangements that place children and parents at risk of harm. Those aspects of ‘good practice’
presented at 5.6 that are directly relevant to the families in this situation are presented again here for emphasis.

**Recommendation 20:** A good practice solution to CCS staff managing families who will never be able to self-manage contact should incorporate the following:

1. sufficient resourcing of Government funded CCSs to enable them to provide longer-term supervision services in such cases;
2. application of the principle by CCSs and courts that no family should be forced to move to “self-management” simply because time or the number of visits have run out at the CCS;
3. if a fixed duration of stay at the service is specified in an order, the family should return to court at the end of that period for formal review and continuation or variation of orders. This should also occur in cases where the CCS terminates the service or recommends variation at an earlier date.
Chapter 10
Future service development

This chapter explores the various models of service provision adopted by the CCSs and the capacity of the CCSs to connect their clients to additional support services and programs. The chapter also examines the extent to which the funding of CCSs and the professional training of staff are related to the particular models of service provision adopted by the CCSs. The analysis presented in the chapter draws on the interviews with government and industry representatives, referral agents, CCS staff and parents, as well as the survey data.

10.1 Models of service provision

The respondents endorsed two models of service provision. In the first model, CCSs were viewed as an integrated social service, while in the second model CCSs were viewed as an isolated service that functioned to facilitate contact only.

10.1.1 Integrated social service model

Respondents who took the ‘integrated social service’ view generally suggested that CCSs should be developed into service ‘hubs’ or central contact points, where separated families could access or be connected to a comprehensive range of support services and programs. According to this model, the CCS could help separated families with their contact arrangements, as well as helping them cope with other personal and relationship issues through the provision of counselling, support groups for men and women, parenting education and mediation.

Counselling services

A majority of respondents across the different groups (with the exception of referral agents) considered that counselling services needed to be integrated into the CCSs. Parents in particular considered that CCSs have a role to play assisting parents and children to gain access to counselling services. Some parents indicated that they and their children needed counselling to help them cope with the range of difficulties they faced and they viewed the contact services as a possible point of referral to counselling services. For example:

And by help I mean counselling or access to counselling and I think you get a bit lost when your family’s torn apart and you want someone to guide you and I really struggled for a couple of years … And somewhere your income’s gone and you’re on a pension and you’ve got children and you’ve got dangerous situations, you’ve got children that are distressed, and often when I sort of reached out for help they’d [CCS staff] have to always go, “Oh it’s not our place guide you, you know to tell you this or recommend anybody” … for me it was a safe haven and I felt a bit like they’d turned their back when I’d asked for help and where else do you go?951
(Residence parent)

Many service staff agreed that the CCSs needed to work in conjunction with counselling services for parents and children.

We can certainly see the role for conjunctive services to work alongside us where parents are blocked by … lack of communication skills or lack of insight, that you can’t overcome in the short term. If we had somebody who

951 Transcript 212, paras 152 to 155.
could work separately with the parents around what the children’s needs are, with more time for that.  
(Coordinator)

For some CCS staff the provision of CCS based counselling services was seen to be important because it would ensure that counselling was undertaken by professionals who are experienced with the issues raised in contact disputes and separation and divorce more generally.

The counselling that people get by counsellors who aren’t familiar with the issues around contact is actually not particularly useful because all it does is buy into already established, and might already be distorted, reality: black and white, inflexible judgements about the other parent’s worth and there’s no recognition of the dynamics that are around.  
(Coordinator)

Counselling for children who attend CCSs to help them with the issues arising from contact disputes and parental conflict was also regarded by parents and staff as useful.

… some form of child counselling or child psychology [should be] available so that instead of the children being used as pawns, not pawns but naturally if they’re going to stay with their mother they see all the anguish and hurt she’s going through, but don’t see what the father’s going through, so they tend to side with the mother and it’s then that they have to go to counselling or a child psychologist to see if it’s okay…  
(Contact parent)

Some respondents pointed out that a form of relationship counselling that helped the parents to resolve their disputes and communicate effectively would ultimately benefit the children.

What I would like to see with the contact service is some sort of counselling system set up adjacent to them where they can refer either children or parents, … because 95% of the problem between parents is the conflict between parents, so if you can get the parents to communicate on a civilised level, then that has got to flow onto the children.  
(Residence parent)

Some government representatives also supported the idea that CCSs could refer clients to counselling services.

**Support groups and parenting programs**

Many respondents, particularly the parents, considered that the development of support groups would be helpful to CCS clients. Some parents reported a preference for social support groups that could “empower them”, such as a men’s group and a women’s group. Other parents reported looking for groups that would support them in parenting (e.g. a residence parent group or a parenting course). Government and industry representatives, service staff and respondents from management committees and auspice organisations all suggested that parents using CCSs would benefit from the provision of parenting programs. For example:

… And I think the other critical thing that needs to be in the service system that there isn’t enough of, is parenting education and parenting support services…  
(Government representative)

… there was some value in engaging the parents through some of the contact services as we developed it, which was not simply about supervised access, but about parent educational training as well. It was providing some skill-based, hands-on knowledge of how to deal with, for example kids with challenging behaviours.  
(Auspice organisation)

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952 Transcript 102, para 93.
953 Transcript 102, para 527.
954 Transcript 215, para 83.
955 Transcript 132, paras 437 to 438.
956 Transcript 119, para 156.
957 Transcript 120, para 395.
958 Transcript 116, para 198.
Some of the referral agents reported that the CCSs’ role in ‘facilitating contact’ implies that the centre should also offer parenting programs.

You know, if no help is being offered in relation to improvement of parenting skills and the relationship with the child and an understanding of how their relationship with the child perhaps ought to be, then the child is better off without them, … There will be no improvement, you know, and the problems that gave rise to the need for it in the first place are still going to be there.959 (Referral agent)

Mediation

The CCSs were also regarded by some parents and CCS staff as an appropriate setting for a mediation service. Some parents expected the CCS to provide some form of mediation service to help them re-establish communication with their ex-partners and to settle contact related disputes.

Mediation I think would be a really good service, because in some cases it’s just a matter of getting people to talk.960 (Residence parent)

Staff reported that the length of time that families used CCSs could be reduced if the centre was able to provide mediation in addition to the facilitation of contact.

A lot of parents are really resistant to going outside of the service. They go to the service particularly when it’s time for moving-on-type arrangements and want us to mediate meetings between them, which is outside of what we’re set up to do but it’s a very valuable thing to do nonetheless because it may mean the difference between moving people on and having them in the system a lot longer.961 (Coordinator)

Some referral agents also considered that the CCS was an appropriate setting to provide mediation because the staff had developed a trusting relationship with the parents.

… I think it [mediation services] fits with children’s contact services … I think those workers do work very hard to actually establish a good relationship with both parents where they can, and knowing that there’s a monitoring and risk assessment role that goes on. … They can trust them, because they’re already entrusting their children’s safety to them. So I think emotionally and psychologically for people it’s a good fit to then say, “Well look, I can trust them to go into mediation at the same place or with the same group of people in a different way”. … you actually may get parents more involved, more prepared to make changes, and for those changes to be able to be sustained around their behaviour.962

Other ways to expand the existing services

Some parents suggested the CCSs should provide debriefing for parents and children after the visit. These parents thought it would be helpful to them if they could talk to the staff about their apprehension concerning contact. There were some parents who wanted staff to talk to the children about any issues arising from the contact visit.963 A number of the CCSs in the study already included the debriefing of children within their visitation procedures.

Some referral agents, parents and coordinators also identified off-site and group supervision as an important extension of the CCSs.964 Off-site supervision enabled the contact parent and the child to interact outside the centre in ways that are less restrictive and more natural. This was considered to be of particular benefit to older children and families who have been using the centre for a long time.

959 Transcript 251, para 316.
960 Transcript 229, paras 237 to 241.
961 Transcript 101, para 101.
962 Transcript 247, paras 200 to 202.
963 Transcript 219, paras 261 to 411; Transcript 236, paras 142 to 146.
964 Transcript 219, para 547; Transcript 102, para 141.
… for older children, two hours probably isn’t enough. The environment is artificial and there’s nothing you can do about that. … I know [a centre] has started their program of taking people off-site. …there are lots of parkland and barbeques and things like that and that’s what they do. I think it’s only for those cases that don’t require really close supervision and people who perhaps have older children and people who’ve been possibly in the system a little bit longer.965 (Referral agent)

Proportion of families with additional service needs

The range of additional service needs identified by respondents during the interviews (i.e., counselling, support groups and parenting programs and mediation) were also identified in the survey data. Contact service staff were asked to identify other support services or programs that they believed would be of benefit to each family included in the survey. Table 10.1 presents the proportion of families who staff nominated would receive benefit from a range of support services and programs.

965 Transcript 269, paras 189 to 197.
Table 10.1 Proportion of families identified by staff that would receive benefit from additional support services and programs (n = 396)

<table>
<thead>
<tr>
<th>Additional services and programs</th>
<th>%</th>
<th>n</th>
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<tbody>
<tr>
<td><strong>Counselling services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual counselling for parents</td>
<td>73</td>
<td>287</td>
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<tr>
<td>Relationship counselling for parents</td>
<td>13</td>
<td>51</td>
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<tr>
<td>Individual counselling for children</td>
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<tr>
<td>Financial counselling</td>
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<td>21</td>
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<td><strong>Group services</strong></td>
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<td></td>
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<tr>
<td>Parenting after separation education</td>
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<td>Parenting skills training</td>
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<td>Anger management programs</td>
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<td>Substance abuse programs</td>
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<td><strong>Mediation services</strong></td>
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<tr>
<td>Mediation</td>
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<td>185</td>
</tr>
<tr>
<td>Conciliation</td>
<td>10</td>
<td>41</td>
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<tr>
<td><strong>Other services and programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family identified as having no other service needs</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td><strong>Family identified as having no other service needs</strong></td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

Notes. Missing = 26 cases. These figures are not cumulative. The Other category contains other services such as disability and cultural support programs, programs for blended families, mental health support services and special programs for children’s health and special needs.

These findings suggest that the majority of families using CCSs have a range of support needs in addition to the supervision of contact visits and changeovers. In order of frequency, families were considered to require the following additional support services and programs, as nominated by the CCS staff:

- services and programs that address parents’ individual problems (eg. counselling and anger management programs);
- services and programs that focus on parenting skills and education;
- services focused on resolving disputes between the residence and contact parents (eg. mediation and conciliation); and
- services and programs tailored to assist children with individual problems (eg. counselling).

In the vast majority of cases (90%) the service staff identified that the family would benefit from the provision of at least two additional support services or programs. These findings are not at all surprising given the complex problems that these families present with when they attend a contact service and their reasons for referral (see 3.4 and 3.5).
Location of complementary services

The respondents who supported the ‘integrated social service’ model generally considered that these other support services and programs should be integrated into, or connected to, the CCS. However, they had different ideas about how this could be achieved. One option was to run the new services at the same location as the centre. That is, to create a ‘service hub’:

… again this question of a one-stop-shop is a very good one. If there could be counselling facilities and supervised contact and all the other things in the range, within the one or under the one roof it would probably be very positive. (Referral agent)

Parents indicated that they liked the convenience of having in-house services. Some parents said that they would prefer having the new services at the centre because the staff knew their background and they had built up a trusting relationship with the CCS. This view was shared by some auspice organisations:

I would very much like to have some access in-house to some form of counselling … I think if we had some sort of auxiliary - two or three people who could have those skills who could work with the parents on-site, as part of the overall program, we would get better results.

For those who were happy to have the additional support services and programs provided at the same location as the CCS, a further issue relating to who would provide the additional services was raised. Could contact staff with the relevant professional background provide counselling or support group services? Contact service staff and referral agents were particularly concerned about the conflicting roles that this overlap in roles could generate:

We can’t draw on our counselling qualifications or anything because we are here simply as contact service facilitators, so we need to be very clear about professional boundaries. (CCS coordinator)

It’s not always appropriate to offer both services in the centre because in some cases it can be a conflict of interest. … Well the conflict of interest would be basically because the women wouldn’t see any other counsellor than me. And because I ultimately make the decisions about what goes on in the children’s contact service then it would be a conflict. Yes I mean the ex-husband certainly didn’t see me as … impartial. (CCS coordinator)

Despite a general reluctance on the part of CCS staff to combine the provision of counselling services with their role in facilitating contact, professionally trained staff nevertheless tended to draw on their counselling skills when supervising contact. One coordinator believed that the CCS had a duty of care to the parents so she would give advice to parents if she identified something that was critical. Another coordinator used her counselling knowledge to facilitate the contact visits by helping a child who refused to see the contact parent to engage in dialogue with his father. She believed that the utilisation of these professional skills in the context of contact visits was justified:

I think you do need to be able to do those brief therapeutic interventions and if you can’t, you’re not going to be able to achieve anything in difficult cases.

Respondents identified two possible solutions to this perceived role conflict. First, a separate group of staff could provide the suggested support services and programs at the CCS:

966 Transcript 277, para 93.
967 Transcript 114, paras 477 to 478.
968 Transcript 238, paras 161 to 167; Transcript 114, paras 477 to 478.
969 Transcript 207, paras 295 to 297.
970 Transcript 203, paras 404.
971 Transcript 117, paras 591 to 617.
972 Transcript 202, para 251.
973 Transcript 200, paras 408 to 428.
974 Transcript 200, para 731.
I think for the convenience of the people involved, it would be nice if it took place at the same such venue, but I think that it should be people who are designated in that task. I suppose as good a reason as any is that it’s a different specialty to that of the contact workers, generally speaking, though you might of course have a contact worker who is very qualified in that area, just by coincidence. … I suppose taking one step further, there might be an objective aspect where if somebody’s engaging in counselling with someone it might be better if it’s stepped away and it’s someone else, so that then it doesn’t encroach on the contact worker performing a role that I would imagine has to be rather matter-of-fact in certain circumstances…  

Second, it was suggested that the proposed support services and programs operate from a separate location, such as in another part of the building, whilst nevertheless being functionally part of the CCS.

Well as an arm of the service but not as a direct … Not outside of the service but not directly right here with the contact. So somebody who was familiar with the issues around contact, and who could work with the family, not simultaneously.  

For those Government funded CCSs already situated within an existing social service organisation that provide a variety of support services and programs to the community, utilising these existing services was an option for clients. Many respondents including Government, industry representatives and referral agents reported that linking CCSs to other social service organisations was the most practical solution to providing these additional support services and programs to CCS clients.

… not necessarily a one-stop-shop, if I can use that expression, but perhaps some links there so that people can get, you know, there might be an allegation that a father has an anger management problem, referral off to an appropriate centre. … If you actually had those people there, I mean that might be good too…  

Yes, now that I would imagine, to have a bit of a partnership between those sorts of services and the contact services in the area, or in whatever catchment it is, would be really good and useful ...  

So I would like to see them becoming more a part of a range of services that are available and as I’ve said previously, I’d like them to be far more accessible to the wider community so that people can use them when they need counselling or mediation … I’d like the contact services maybe to be a bit more of a resource place for separating parents … you’re not only doing your own internal referrals and that sort of thing, but you’re really placed within your community ...  

This approach emphasises the utilisation of the existing social services and resources in the community rather than developing a new model of contact service provision. The CCS’s role would still be expanded compared with current practice to actively assess the needs of the parents and the children and to make referrals to relevant outside support services and programs.

10.1.2 Contact only model

The second model of contact service provision identified by respondents is to confine the role of CCSs to the facilitation of contact only. Respondents who preferred this model of service provision were not limited to any particular informant group. However, this view was more prevalent among referral agents and non-funded CCSs and was particularly unpopular with staff from Government funded services. Some of the referral agents raised concerns about the neutrality of the CCSs if their role was to be extended beyond that of supervising contact and changeovers:

975 Transcript 233, para 199.
976 Transcript 102, para 99.
977 Transcript 279, para 146.
978 Transcript 121, para 286.
979 Transcript 230, paras 381 to 383.
980 Transcript 108, para 226; Transcript 105, para 650.
The answer that comes off the top of my head is changeover full stop, … I would be hesitant about suggesting they get into counselling, because then I think they start blurring their role and what you almost inevitably find unless you’re very, very careful, people start assuming that you’re taking a side.981

A small number of the CCS staff from Government funded services also took this view. They believed that their role as contact facilitators would be jeopardised if they provided other services to assist clients in dealing with their disputes.

But sometimes there have been parents and you kind of think, “I have no idea why they’re here”. … But then we keep reminding ourselves all the time that it doesn’t matter. … Sometimes if there’s allegations they tell us sometimes that there are things that specifically we need to look out for, or be aware of … But sometimes we don’t necessarily know why and it’s not for us to know why.982 (Coordinator of a Government funded CCS)

Some service staff may decline to make judgements about the feelings and emotions of the children during the contact:

They’re here or they’re not here. Did they turn up? Yes they turned up. That’s it. Was there any separation anxiety? Yes/no. Or: did they cry for 10 minutes. Well I can tell you that they cried for 10 minutes, not that – but can’t tell you why. I can’t tell you if they’re happy.983 (Coordinator of a Government funded CCS)

The advantage of this ‘supervise contact only’ approach is that the parents cannot involve the staff in their disputes or accuse them of taking sides. Staff also perceived that it helped them to focus on the task at hand – facilitating contact for the children.

… one of the biggest concerns we have as a committee is that our staff remain totally unbiased and it really is the most debilitating thing if they don’t. If our material is subpoenaed and it contains comment by staff that is really partisan, it reflects very badly. …The people have to know they can come here and like they’re there to enjoy the kids and provide a stable changeover place.984 (Management committee of an non-funded CCS)

Despite a clear need on the part of the parents for counselling and other support services, some parents supported the view that the CCS should focus only on supervising contact and changeovers. A number of residence parents reported that they would not feel comfortable having counselling at the CCS:

… there are other places you can get that. … This should be kept separate from everything else and keep it purely as a visitation thing for the kids. … Because that way the kids don’t think of all the bad things as well. It’s only good. Whereas if they’re going to go to counselling as well, that to me I know it upsets me every time I even go and see my solicitors.985

While some service staff and many referral agents did not support the provision of counselling by CCSs, they did report being comfortable with the CCS referring clients to other support services and programs.986 Some Government representatives and parents also supported this view.987 For example:

I think they should have a referral role. I think that’s [a] given because they’re involved in an arm, in one of the many arms of the Family Court and counselling process, so it would be only be wise if they did say, “Look, we can see that this situation has occurred, good or bad. Perhaps if you would like to, here are a few associations or counsellors or otherwise if you wish to discuss whatever issues further.” I think that would only be best practice … 988 (Residence parent)

981 Transcript 239, paras 92 to 96.
982 Transcript 105, paras 383 to 385.
983 Transcript 105, paras 781 to 787.
984 Transcript 107, paras 81 to 83.
985 Transcript 211, paras 151 to 162.
986 Transcript 105, para 227.
987 Transcript 121, para 132.
988 Transcript 110, para 324.
It appears that referring families on to other support services and programs run by external organisations was viewed as being consistent with the facilitation of contact only model.

### 10.2 Funding

The findings presented in earlier chapters (Chapter 3 and Chapter 4) demonstrate that an important function of the CCSs is to facilitate the repair and development of the contact parent-child relationship for a predominately ‘high-risk’ clientele. Where it is safe to do so, CCSs must also assist parents and children to move on from using the centre (Chapter 9). This client profile and the various functions of CCSs have implications for the level of funding required to enable the CCSs to achieve these outcomes.

Before examining the views of CCS staff regarding funding it is important to note that the researchers were not privy to the specifics of the funding arrangements between the Australian Government and the funded CCSs. As such no firm conclusions can be drawn from our findings in relation to the adequacy of the current Australian Government funding arrangements, or the amount of funding required to address the various aspects of service development presented in this chapter. The issues explored in this section of the chapter include those areas of service provision that the respondents perceived were restricted or compromised as a result of limited Government funding to the funded CCSs, and the financial constraints experienced by staff of non-funded services.

Many respondents involved in Government funded and non-funded CCSs raised concerns about the level of funding of their CCS. Staff, members of management committees and auspice organisations commented that limited funding had a negative impact on both the CCS’s day-to-day operation and the provision of a professional and comprehensive service. Not surprisingly, these concerns were most pressing for those centres that were not funded under the Australian Government’s CCSs program (i.e., the ‘non-funded CCSs’). Government and industry representatives and some referral agents made similar observations. Some CCS staff considered that with the current level of Government funding and resources, CCSs are able to provide only the most basic service to the separated families.

… contact services were originally established to basically facilitate changeovers and supervise visits. Throughout the course of the years it’s becoming evident that families that are presenting, are presenting with more complex needs over and above what a contact service is actually equipped to be able to do. So in a sense I guess we’re really restricted and one of our restrictions is with funding.  

Credit: (Coordinator from a Government funded CCS)

The money just isn’t there. … We’re running people through in a superficial way in a sense … They move through to the other end of it and then go off on an unsupervised basis and then the problems re-establish because the residential parents have no more confidence once they are on unsupervised than they did before they started in many cases…  

Credit: (Coordinator from a Government funded CCS)

… on a shoestring budget, trying to deliver what we can deliver and recognising a need that we need to deliver more. So that’s a bit of a worry as to how we can continue to evolve and meet the needs we need to, given that, you know, politically it’s all cost driven and number driven and outcome driven. So my concern is that that’s going to compromise service delivery and compromise the capacity of the contact services to expand.  

Credit: (Coordinator of a Government funded CCS)

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989 Transcript 203, para 78.
990 Transcript 102, paras 175 to 179.
991 Transcript 203, para 78.
Some parents and referral agents also observed that CCSs were understaffed. As a result, the workload was becoming heavy for existing staff and waiting lists for the service were becoming unreasonably long.

… that quite often they are very tightly staffed and … put pressure on people and [it] could lead to an opportunity to allege a lack of care… 992 (Referral agent)

She [the contact coordinator] spends a lot of hours keeping this contact service operating. I don’t believe, even though she’s probably the most qualified one here …, I don’t believe she could find the time to fit in the mental stress and pressure involved in spending X amount of hours per week liaising between two parents that hate each other’s guts.993 (Contact parent)

Heavy workloads were perceived to have a negative impact on the staff turnover rate reducing the continuity of staff. Some parents and staff specifically commented that children need staff continuity to assist them to adjust to visits by allowing children to develop a trusting relationship with one particular supervisor.994

Whilst the effects of uncertain funding was reported to be a particular problem for the non-funded CCSs, some respondents working within the Government-funded services reported that by accepting Government funding their workload was significantly increased to a point where it became difficult to manage. This additional workload came in the form of administrative work, such as the reporting of client data for the Government, and the production of reports on contact visits for clients, their legal representatives and the courts.

As distinct from when we were totally unfunded? Oh right. Look the biggest impact has been around issues of data reporting, the stuff, which has placed a huge burden on the agency … to have a written policy for everything … So everything has to be written and even Committee of Management reporting, they will report each month, staff meetings, all that, they all now have to be typed up and kept in folders … I probably spend a day on a week on just paperwork.995 (Coordinator of a Government funded CCS)

The issue of report writing and the work that this generates for services was considered in detail at 4.1.4.

Children’s Contact Services received income from sources other than the Australian Government including private donations, the payment of fees by the clients, and in some cases the referral agents. For example, State authorities responsible for child welfare pay CCSs to supervise their clients at the centre. Some CCSs were supported by resourceful charitable agencies that provided valuable in-kind resources, such as a rent-free venue, toys or furniture. Others obtained additional funding by applying for small grants.

Oh they’ve also … because the church [the auspice organisation] has an opportunity shop which also supports this service … They have given us donations and they have provided us with furniture and things like that, so if we need something we can go down to them. They have furniture in their op shop and we can say: “Oh we need a little table” or something, “have you got anything?” and they’ll just give it to us.996 (Coordinator of a Government funded CCS)

We get some donations from the Mayor’s Fund. We write to government agencies every now and then and go on our hands and knees.997 (Management committee of an unfunded CCS)

992 Transcript 272, para 179.
993 Transcript 238, paras 255 to 259.
994 Transcript 203, para 610; Transcript 131, paras 267 to 271; Transcript 124, para 419; Transcript 238, paras 255 to 259.
995 Transcript 200, paras 167 to 195.
996 Transcript 202, paras 1005 to 1011.
997 Transcript 107, para 43.
However, the CCSs varied greatly in their capacity to attract this extra funding and additional resources. Where extra money could be raised, it amounted to only a small portion of financial support provided by the Australian Government and could not be considered a substitute for Government funding. Further, the CCSs could not rely on raising fees to expand and develop their services because their clientele are predominately from disadvantaged backgrounds (see also 3.3).

I think the expectation is that contact services are going to have to rely on their own means to generate whatever resources they can in terms of dollars to expand their services, and I – we just don’t have those means. Not in this organisation so perhaps some other larger umbrella organisation with the larger bodies may have other means to generate funds. But we certainly, we … our client groups is, it’s fair to say, come from a very low socioeconomic group. We can’t raise our fees. Our fees are very minimal now. I don’t want fees to become a barrier to using the service.998 (Coordinator of a funded CCS)

A Government representative commented that the continuation of funding was significant to the ongoing operation of the CCSs.

Yes, ongoing funding, continuation of funding and confidence in continuation of funding, has to be an obvious one. … just at the last minute had a bit of a reprieve for another year … Do we put off our staff? Do we take on these extra cases? You know, because they all have a long sort of lead up time and that sort of thing. So yes, I think that is actually a bigger issue than it seems.999

At the time the interviews were conducted the Government funded services were half way through their three-year funding contract (2001 –2004). The funding of these services has since been renewed.

In contrast to the Government funded CCSs, the non-funded services struggle to finance even the most basic of administrative tasks involved in the day-to-day operation of the service. With limited funds, staff from these services indicated that they were very conscious of avoiding any unnecessary expenses. For example, they could not afford to make phone calls to communicate with referral agents and clients.

Phone calls cost money. Half the time if they [referral agents from government departments] just returned the call and said, like if we just say in the matter of this, are you prepared to pay [for the phone calls]?1000

Some referral agents also reported that a lack of Government funding of their local CCS resulted in inadequate administration support that, in turn, made it difficult for clients and referral agents to communicate with the service.1001

10.3 Staff training, support and composition

10.3.1 Staff training

The professional qualifications and specialist training of CCS staff was a significant issue for all of the groups interviewed. A number of contact and residence parents reported that for staff to be able to intervene during the contact visit or make suggestions about how they should parent their children, the staff needed to be professionally trained:

It [the CCS] does need to look at more supervised, more supervisors there, and the quality of the supervisors, they must have some idea in regards to social work or children or things like that. Like I’ve had an experience up there and it was a non-qualified person, and in the end I suggested it would be far better if they were quiet

998 Transcript 203, para 742.
999 Transcript 122, paras 374 to 378.
1000 Transcript 100, paras 410 to 412.
1001 Transcript 244, para 187.
listeners instead of being involved in the problem between myself and the children.1002 (Residence parent attending an unfunded CCS)

One Government representative shared this view:

Well I think the funding acts because it means that they’ve got staff who are professionals, hopefully can staff at a higher level … I know they all think they don’t get enough money, which may be true, I don’t know. But at least the day-to-day survival stuff they don’t have to worry about and certainly they don’t have to rely on getting TAFE trainees to come and do the visits [supervisions] and things like that, and I think that’s what’s really important.1003 (Government representative)

Professional qualifications in psychology, social work, human services and work experience in the area of domestic violence, child protection and childcare were all regarded by the staff from funded and non-funded CCSs as relevant to their work at the CCSs. Based on their experience, many staff, members of auspice organisations and management committees believed that special training in resolving conflict and dealing with aggressive clients was also essential to the delivery of a quality service.1004 Refer to 8.3 and 8.4 for further discussion of the specific training needs of CCS staff.

Concerns about staff training and professionalism were predominately raised in the context of service provision at the non-funded CCSs where there is a reliance on volunteer staff to supervise contact visits and changeovers. The use of volunteers as supervisors in non-funded CCSs was raised as a significant concern by informants from all groups. One Government representative reported that the quality of the non-funded CCSs in particular would improve if a system of accreditation were to be introduced. This would provide guidelines on how to staff CCSs and recommendations about the professional qualifications needed by service staff:

... I’m quite confident that there’ll be more of them [CCS] as time goes on, and they’ll probably be more professional and whether, I mean ultimately, they get to the stage of having some form of accreditation and stuff would probably be fantastic. So you’re going to get more consistency across the board.1005 (Government representative)

Others expressed clear reservations in regard to volunteers supervising contact visits for ‘high-risk’ families and reported that utilising volunteers to undertake supervised contact was not in the best interests of children given the complex nature of CCS clients’ issues.

We really do seek in the contact service to have trained people and by that I mean people with three years welfare or an appropriate degree in social work or whatever. The notion that the frontline contact workers can be volunteers or really anyone is not and I believe, in the best interests of the children because there’s a lot of issues that happen and people need to be quite able to engage and able to have a theoretical framework to understand and reflect whether that is appropriate for children and what that significance is.1006 (Auspice organisation for a Government funded CCS)

You need professional people. You need trained people. Volunteers are fine for smaller things, but to even get them away from volunteers doing supervision. It’s too dicey. In this present day, we’re getting more and more people that are more violent. You need to be able to defuse situations and volunteers don’t know how to defuse it. … Volunteers could still be used, but on other tasks other than supervision.1007 (Coordinator of an unfunded CCS)

1002 Transcript 132, para 453.
1003 Transcript 120, paras 222 to 226.
1004 Transcript 203, paras 36 to 42; Transcript 202, para 55; Transcript 116, para 451; Transcript 204, paras 36 to 40.
1005 Transcript 120, para 571.
1006 Transcript 208, para 128.
1007 Transcript 123, para 816.
...There were some real quality assurance issues with a lot of the people who offered that service [unfunded service], often people of goodwill but with perhaps not the requisite understanding of the sensitivity of the work and what it might involve, and that is not to be enmeshed in the adult dynamics.  

... My own experience is, I’m fairly dissatisfied with the [unfunded] service that they’ve offered....I suppose question marks about their training and the level of professionalism, their understanding of the independence of their role …  

Domestic violence cases, child abuse cases or mental illness, all placed an additional burden on the centres. Such cases required specific skills and extra care and volunteer staff were not always equipped with relevant knowledge and skills to provide such attention.

Sometimes we have mental health services and agencies involved … support workers in the mental health field, they’re just not available to support parents after hours on weekends. … that’s also another area that presents a lot of complexity I suppose to a contact service … we don’t necessarily have the specific skills to be able to support those parents and it would almost be like putting them up in an environment to fail, setting them up to fail, without them having the appropriate supports in place.  

Somebody will get killed. It’ll probably be a worker. It may be a child. The ability of some of the [unfunded] services to understand how high-risk the endeavours are, I think is slim and there are some very well-meaning services out there who don’t have a strong understanding of professional practice …  

You get the odd agitator who waits out the back. Rallies the visitors against the visitees … So there are difficult questions for often young people who volunteered as contact workers.  

Despite the relative professionalism of the Government funded services, a number of service staff and members of management committees and sponsor organisations reported that they experienced difficulties in attracting staff with appropriate professional backgrounds, experience and skills because they were unable to pay competitive salaries:

Money. The services aren’t well resourced, and that is a huge issue. If we want quality staff and we need quality staff who are experienced when they come into the field, it’s very difficult to do that without being able to pay appropriate rates of pay.  

Ongoing training was also important to the professionalism of staff. The need for ongoing training was recognised by respondents from all groups interviewed and is relevant to both Government funded and non-funded services.

The need for training on an ongoing basis is high. Regardless of the skill levels of people coming in, there are so many areas they need to be familiar with and comfortable with that there is an ongoing need for training and around specific issues related to managing contact there’s a need for training.  

And sometimes when government funding means that they’re plugged into other networks because we can facilitate access to professional development opportunities, you know, like for forum, and promulgate best practice from overseas in a way that normal services wouldn’t necessarily have access to, because some of them are quite small and some of them are better networked than others.
That’s still a long-goal expectation which is still quite stressful given that when you’re working with volunteers … to be part of a team as huge as that, then they all need to be trained.  (Coordinator of an unfunded CCS)

10.3.2 Support for staff

The immediate work environment for staff, including professional supervision, team cohesion and the support of CCS staff by the management committee or auspice organisation, all emerged from the data as impacting on CCSs staff morale and service provision.

Some staff stated that they needed a very supportive work environment to protect them from burnout as they constantly worked under heavy workloads and dealt with difficult situations.

We’re going through lots of change at the moment with lots of pressures … she [the supervisor of the informant] is really very understanding if we bring an issue. So I think having a good supportive team is very important.  (Supervisor from a Government funded CCS)

Some members of management committees and auspice organisations stated that it was important to make the staff feel that they were a part of a team even though they worked separately when supervising clients.

Staff supervision was another essential element of a supportive team environment. Supervision enabled the staff to reflect on their work and receive feedback from qualified professionals. Funded CCSs were often able to provide professional supervision to staff through their access to professionals employed in other branches within the organisation or by funding access to external professional services for their staff.

I think one thing that makes it easier for me is just recently I’ve requested professional supervision, and we do that within the agency. … a psychologist here is providing me with some supervision. And that, for me, is very helpful, to question some of what I do and to get some feedback from him – from a psychologist who has done a lot of work with children. I think that certainly helps me to get that feedback from him.  (Coordinator of a funded CCS)

In funded services, professional supervision was mainly available to contact supervisors at the service coordinator level and was usually provided by the professionally trained coordinators.

Management committees were a further source of support for CCS staff. The coordinator and supervisor from one Government funded service spoke of very positive experiences with their management committee. They found the management committee supportive and willing to offer practical help when needed, but the committee did not try to control or interfere with the daily operation of the service.

We have a very supportive management committee, which is enormously helpful. … I think that our management committee is very approachable, so if we just e-mail or ring someone and they’re very open to pretty much: you do what you want to do. Run something past us if you have a problem or you’re not sure about it, … we have a very wide range of people in the legal profession, people in counselling, people in schools.  (Coordinator of a Government funded CCS)

1016 Transcript 117, para 441.
1017 Transcript 101, para 289.
1018 Transcript 209, para 226.
1019 Transcript 204, para 661.
1020 Transcript 105, paras 566 to 589.
The support and involvement of the management committee in the day-to-day operation of the service appeared to be more significant for non-funded CCSs than for the Government funded services. Funded services were primarily connected to large auspice organisations that provided the CCS with guidance and support as required. In contrast, the non-funded CCSs were heavily reliant on their management committees for advice and assistance in the management of the CCS. For two non-funded CCSs in particular, conflict between the coordinators of the CCSs and the management committees had created considerable problems for the CCS staff.

In these services the management committees supported a ‘contact only model’ of service provision for the CCS where the role of the CCS was simply to enable contact to be carried out as ordered by the courts. In contrast, the coordinators of these services approached service provision from the perspective a community service and welfare models where the role of the CCS was primarily to facilitate the relationship between the contact parent and the child. When this could not be achieved, or where it was unsafe for contact to take place, the CCS coordinators believed that contact visits should be stopped and service withdrawn.

… the reality is the committee really knew nothing about the professional practice. … The committee is made up of solicitors, accountants and members of the public that have professional business acumen if you like … their expectation was only that we did it [enable contact to occur].1021 (Coordinator of an unfunded CCS)

They’re [members of the management committee] good. Individually they’re nice people but just sometimes, they’re trained in the adversarial model as lawyers. We come from a community and welfare model and we handle people differently.1022 (Coordinator of an unfunded CCS)

In both of these CCSs conflict between the coordinator and the management committee came to a head over the issue of stopping contact visits and withdrawing service in cases where clients were verbally abusive towards CCS staff or where the contact visits were distressing to children. The coordinators of these two services reported that they requested the support of the management committee to be able to withdraw service in these cases and were directed by the committees to continue to provide service.

We blame the committee. The committee says if you do this and that, we can stop it [clients being abusive towards the staff]. But we don’t have the authority sometimes. The agreement forms say if they have to, stop it, but then they might come back and say it so we’ve got to be very diplomatic as to how we do it. … But at times I don’t think it’s fair that we should have to put up with the abuse and they’re saying we’ve just got to work with it. Instead of saying, well, why can’t we get rid if them?1023 (Coordinator of an unfunded CCS)

…But this child didn’t want to come but everyone said, the police said, she had to come and so in the end she would just fight and … I had to ring Dad on his mobile … “Look, you’ve got to put a stop to this. It’s not good for your daughter, it’s not good for the mother, it’s not good for the workers, it’s not good for other clients”. But we’re not allowed to directly stop it. 1024 (Coordinator of an unfunded CCS)

Whilst too much control over case management from the committee made the staff feel restricted and resentful, a ‘hands off’ management style was also not welcomed.

Well, I’ve been really dumped here. The management committee just say, “your role at the children’s contact service, that’s wonderful.”1025 (Coordinator of a regional unfunded CCS)

1021 Transcript 117, paras 377 to 423.
1022 Transcript 100, para 503.
1023 Transcript 100, paras 155 to 497.
1024 Transcript 100, paras 143 to 149.
1025 Transcript 117, para 907.
The dissatisfaction of non-funded CCS staff with their management committees was, in part, a reflection of the voluntary nature of both the staff and the committee membership, coupled with a general lack of expertise in running a service of this nature for such a ‘high-risk’ client group. The non-funded services also operated under a ‘contact only’ model of service provision, which in theory does not require professionally trained staff and is less resource intensive. In practice, however, this model is inappropriate given the ‘high-risk’ nature of their client base and the complex realities of CCS provision.

10.3.3 Staff composition

Concerns were raised by parents, CCS staff and industry representatives that more men needed to be employed, along with staff from CALD backgrounds. Contact fathers, staff and referral agents consistently reported that they wanted there to be more male staff working at the CCSs. For example:

Even though they were friendly, it was an all-female place and it seemed to be, I don’t know, everything was new and fresh, my wounds were new and fresh, and it was like being in a prisoner-of-war camp you know, being guarded by the enemy. ... There should be a lot more men ...  

1026 (Contact father)

I’d like to see greater diversity of staff. … Men we don’t have. I would really like to see more men getting involved because it is an issue for a lot of men who come here that they are yet again dealing [with] a whole bunch of women, and they don’t like it. And so I would really like to see it develop into a role that it was attractive for men to work in this area but it’s very, very difficult to get male staff.

1027 (Industry representative)

The lack of CALD and Indigenous staff was also identified as an issue of service provision. 1028 Industry representatives, referral agents, members of management committees and staff also expressed concern that the CCSs should be more accessible to Indigenous people and people from CALD backgrounds. 1029 Interpreters were rarely available to help contact staff to communicate with families from non-English speaking backgrounds:

And we’ve had difficulty with him [an Arabic contact parent] because Dad doesn’t speak much English and it’s been hard to get an interpreter to interpret for him. … the supervisors can’t understand [the father’s language]. …How do the contact services deal with interpreters and things like that? 1030 (Referral agent)

10.4 Conclusions and recommendations

The respondents endorsed two different models of contact service provision. According to the first model, CCSs were constructed as an integrated social service where the role of the CCSs was to facilitate the repair and development of the parent-child relationship. The second model constructs CCSs as an isolated service for the supervision of contact and changeover only. Respondents from all groups, with the exception of referral agents and some of the management committees overseeing non-funded CCSs, favoured the ‘integrated social service model’ over the ‘contact only’ model. The strengths of the integrated social service model are that it can provide comprehensive care to separated families and such care is essential to the effectiveness of the CCSs in helping their clients, where possible, to repair and develop the contact-parent child relationship, and to safely move on from using the centre to self-managed contact.

1026 Transcript 112, para 479.
1027 Transcript 207, paras 431 to 437.
1028 Transcript 216, paras 222 to 240.
1029 Transcript 233, paras 387 to 391; Transcript 259, para 429.
1030 Transcript 278, paras 299 to 303.
There is a range of possible modes of integration that would suit different types of CCSs. Most of the Government funded CCSs had the capacity to operate as an integrated social service as they were auspiced by multi-service organisations and were well placed to help their clients by making (or in some cases continuing to make) intra-organisation referrals to complimentary support services and programs such as counselling for parents and children, support groups, parenting skills training and mediation. Stand-alone funded CCSs could draw on complementary social services from community organisations by forming service networks or drawing more heavily on their existing networks. The Government may, however, need to play an active role in initiating the formation of networks and reinforcing their use via referrals from the existing CCSs.

The location of these complementary services should be situated in the same community as the CCSs but not necessarily within the same premises. Professional staff with relevant backgrounds and training, such as social work, psychology and counselling, who are not involved in contact facilitation, could be employed to conduct intakes, make referrals, provide brief counselling, and professional supervision to CCS staff. The connection between these staff members and the service would need to be sufficiently close to enable the former to understand the operation of the CCS and other specific needs of CCS clients whilst maintaining a reasonable distance to ensure the neutrality of both the professional staff and the contact staff. While a number of the Government funded services clearly had this infrastructure and access to professional services at their disposal through their auspicing organisation, the direct referral of families to other services through via the CCS did not emerge from the interview data as a central function of the CCSs, nor did it appear to be a standard practice in the day-to-day operation of the CCSs.

The ‘contact only’ service model also received support from some respondents, particularly those who had expressed concern about the neutrality of the CCS. In theory, this model would be more suitable than the integrated social service model for cases that are less complex and low risk where parents simply need a temporary buffer to avoid exposing children to their conflict. However, as demonstrated in Chapter 3, very few CCS clients would meet these criteria.

**Recommendation 21**: All CCSs should operate on the integrated model, but it would be a matter for parents to decide whether they wanted to seek referrals to other services, or take up any referrals offered to them.

The amount and stability of funding for CCSs emerged as one of the crucial factors that impacted on the quality of service provision. The respondents reported that without Government funding some CCSs have been understaffed and staff turnover has been high. These services have had to rely on volunteers to supervise contact in ‘high-risk’ cases. Given that the nature of the problems and issues that the clients bring to the CCSs are often very complex and serious, the reliance on inexperienced or partially trained staff and volunteers by non-Government funded services is a problem for the staff of these services and their clients. In particular, the lack of staff training in conducting risk assessment and handling conflict and aggressive behaviour appeared to have placed the personal safety of staff, parents and children at risk in some of these services.

In the absence of Government funding and professional training for service staff, the ‘contact only’ non-funded CCSs require policies and procedures that clearly delineate when clients’ are beyond the service’s capacity to safely supervise. In addition, these non-funded CCSs need exclusion and withdrawal policies that staff are able to employ as required. These measures are critical to ensuring staff and client safety in the non-funded services. Further, the limited capacity of these services to safely supervise cases that involve serious risk of child abduction, abuse or domestic violence needs to be communicated to the referral system when legal practitioners and the courts are engaged in the process of referring particular families to non-funded CCSs. Despite limited resources and the
associated problems the non-funded CCSs nevertheless provide a much needed service to separating and divorcing parents and their children.

**Recommendation 22**: Non-funded CCSs need to develop polices and procedures that enable them to clearly identify those clients who are beyond the capacity of the CCS staff to safely supervise. These families must be excluded from using the non-funded CCSs.

**Recommendation 23**: The staff and management committees of non-funded CCSs need to work together more closely to ensure that staff are supported in stopping contact visits or withdrawing service in circumstances where the staff and/or the clients’ welfare is perceived to be at risk. Clear practice guidelines relating to service withdrawal would assist in this process.

Across all services, the quality of teamwork, supervision and support from the management committee and auspice organisation appeared to have an indirect impact on the quality of the service delivered by the CCSs and should continue to be fostered in any model of service provision adopted. Recruitment of male staff and staff from a range of gender and ethnic backgrounds was also a clearly identified CCS need.

**Recommendation 24**: Recruitment of male staff and staff from a range of gender and ethnic backgrounds should be a priority for the future development of the CCSs.
Chapter 11
Discussion and Conclusions

Overall our findings demonstrate that CCSs in Australia provided an invaluable service that was viewed positively by Government and industry representatives, referral agents, CCS staff, their management committees and auspice organisations, and by the parents and children who use them. Despite this generally positive view there were conflicting usages and expectations of CCSs, and under certain circumstances the facilitation of contact appeared to compromise children’s well-being and that of their parents.

11.1 Service provision in the best interests of children

Our findings indicate that parents and professional stakeholders considered that CCSs generally operate in the best interests of the child. The CCSs provided a safer environment for the facilitation of contact. Most of the children interviewed reported feeling safe and buffered from experiencing their parents’ conflict and violence while using the CCS. Generally CCS staff were viewed by both child and adult respondents as being able to provide and enforce clear behavioural boundaries for parents while they were using the CCS. The majority of children interviewed reported that they enjoyed their supervised visits at the CCS and were comfortable with supervised changeovers. The children generally reacted positively to the CCS environment and the staff. This finding was consistent with both the Ontario Pilot Project and the Strategic Partners Study that found that generally, children appeared to be satisfied with their experiences at contact services.1031

Our findings also suggest, however, that in some cases there was a conflict between the stated child-centred focus of CCSs and the reality that CCSs operate to facilitate contact in high-risk situations. This is also consistent with previous research where the Ontario Pilot Project and the Strategic Partners Study, together with the study by Aris et al, raised serious concerns regarding the facilitation of contact in certain cases.

There emerged four categories of cases where using the CCS was not considered to be in the child’s best interests:

- Circumstances where contact was in the child’s best interests but the service could not cater for the child’s needs;
- Circumstances where a particular supervised contact visit or changeover visit was not in the child’s best interests at the time the visit was scheduled;
- Circumstances where it had been established over a number of visits to the CCS that supervised contact or supervised changeover was not in the child’s best interests;
- Circumstances where no contact should have been ordered.

In relation to the first category, our findings suggest that the CCSs had difficulty catering for the needs of adolescent children. Adolescents interviewed reported that they wanted flexibility to tailor their supervised contact visits to better suit their own needs. Quality contact experiences that accommodated adolescents’ needs for outdoor activity and social engagement with peers could not easily be generated in a long-term supervised environment. In such cases, contact visits conducted at the service may no longer have been in the child’s best interests. As such, reviewing long term

1031 Access II, above n, 59; Strategic Partners, above n, 77-78.
supervised contact arrangements for families with adolescent children should be a priority for service provision and the courts.

In relation to the second category, there was clearly a subset of families where the child had been distressed and anxious at the prospect of having contact, or where the contact parent was unable to safely visit with the child. In these cases going ahead with a CCS facilitated visit was clearly not in the best interests of the child and generally CCS staff acted to stop the visit from taking place. The children’s ability to exert some control over whether or not they had contact visits appeared to be an important coping mechanism in their management of contact visits, and they appreciated the assistance given to them by the staff in stopping a contact visit that was going badly for them and arranging for them to be taken home.

There were also cases in relation to the third category where supervision through the service was unable to alleviate the child’s distress and fear at contact visits, protect the children from their parents’ ongoing animosity towards one another, or protect the children from the contact parent’s abusive behaviour towards the children. Our data suggested that in these circumstances, CCSs generally acted to stop contact visits and withdraw service altogether. However, in a minority of such cases the contact visits went ahead and the service was continued.

These particular findings suggest that there is a need to ensure that, when children consistently indicate that they do not want to see their contact parent and are frequently distressed or frightened by their contact parent during centre facilitated visits, or when CCS staff believe that the centre is unable to ensure the safety of parents and children, the CCS staff and referral system act swiftly and decisively to terminate contact or modify existing contact orders to better suit the interests of the children. Careful monitoring of children and early intervention by CCS staff to prevent further harm to this group of children is required. Specialised training in risk assessment would be of assistance to staff in conducting these monitoring and intervention tasks.

These findings also suggest that there is a need for a longitudinal outcomes study to assess the long-term impacts of service-facilitated contact on children. Such a study could help to define for parents, CCS staff and the courts the point at which the harm caused to children by having contact in these circumstances outweighs the benefits of maintaining a relationship with the contact parent. Such a research question was beyond the scope of our study.

In relation to the fourth category, there was a common view that there existed categories of ‘high-risk’ cases where a CCS would be unable to ever protect the interests of the children and no contact should have been ordered. This included among others cases involving severe child maltreatment, severe domestic violence and risk of child abduction. There was evidence that CCSs were facilitating contact in such cases. In these ‘high-risk’ cases the concern was not generally with regard to the CCS but rather whether contact should take place at all. The data suggested that in some of the above ‘high risk’ cases the referral system (i.e., courts, lawyers and parties) could have been unwilling to make a determination to prevent contact at the interim stage of proceedings. Supervised contact arrangements may have been put in place by the courts to determine over time, and in a controlled environment, whether the benefits of contact were actually outweighed by the harm (or risk of harm) to the child. Our research suggest that in such cases sending children to a CCS in order to determine whether the risks to children associated with contact outweigh the benefits may of itself be harmful to children.

In summary, our findings demonstrated the existence of a tension between children’s interests and the reality of contact service provision, which was to enable contact to take place in ‘high-risk’ families. This reality was primarily generated by the expectations on the part of contact parents and
the referral system that contact should be facilitated by the service in ‘high-risk’ circumstances when the matter has not yet proceeded to final determination.

11.2 Expectation and experience of the referral process

As discussed above in some cases CCSs experienced inappropriate expectations of the service by the referring agents, involving ‘high-risk’ cases being referred. Our findings suggested that these expectations were, in part, generated by a ‘pro-contact’ culture in the referral system. The findings also suggested that CCSs experienced unrealistic expectations with regards to service provision and this gave rise to a series of operational difficulties.

11.2.1 ‘Pro-contact’ culture led to inappropriate referrals

Our findings indicated that generally referral agents thought that the existence of CCSs had encouraged the referral system to utilise these services in circumstances where contact might otherwise not have taken place. The CCSs were regarded as providing a viable, safe and convenient solution for lawyers, courts and parties.

The question of whether CCSs were resorted to too readily remained in dispute among referral agents. However, the research findings suggested that this might indeed be the case. Our findings indicated that interim consent orders were the most common type of order for supervised contact or changeovers. Almost twice as many interim orders provided for facilitation by a CCS than did final orders. These findings suggest that the referral system was generally hesitant to stop contact at the interim stage in cases where a child and/or parent were perceived to be at risk of harm. It may also mean that some families no longer needed the CCS and were able to move on from the service.

It is of note that we were unable to trace the final outcome for those matters described as interim orders in the client survey data. This means that the extent to which we can make the point that there is a ‘pro-contact’ culture is limited to our analysis of the interim stage. Contact (supervised or unsupervised) may or may not have been ordered at the final hearing.

In response to the ready referral of cases where a child and/or parent was perceived to be at risk of harm, contact services have developed a standard practice of withdrawing access to the service where staff perceive there to be a significant risk to the welfare of the children, parents and staff. This took the form of generally excluding what the particular CCS considered to be ‘high-risk’ families from entry into the service, or withdrawing service for those families already using the service, where they were perceived to be ‘high-risk’ or became a danger to the staff and other clientele. As noted above at 11.1, our findings also demonstrated that the CCS staff would generally stop contact visits from going ahead when children became distressed and it became clear that it would be harmful to the children to proceed with the visit. The development of protocols and practice across the majority of CCSs involved in the study and their regular use by the services is highly suggestive of a family law system where services not infrequently receive inappropriate referrals.

These particular actions taken by service staff also reflected the central function of the CCS as perceived by the majority of service staff, namely that they were there to repair and develop the contact parent-child relationship in a safe environment, as opposed to simply ensuring that contact took place as per the orders or arrangements. Where this could not be done the value of using the service, or having any contact at all, was generally questioned by the service staff.
To reduce the potential risk of harm to children and parents who can no longer access a CCS, the referral system and CCSs need to work together to ensure that families who meet the service exclusion criteria are not referred to the CCS in the first place. A standardised set of service protocols for excluding clients should be developed for use by all CCSs. These protocols need to be made available to potential service clients and referral agents. In cases where a family is accepted by the service and the service is later withdrawn, procedures need to be put in place to fast track the family back to the referral system to modify the family’s order or arrangement or in some cases to provide for contact to be stopped altogether.

11.2.2 Unrealistic expectations led to operational issues

Our findings also provided evidence of unrealistic expectations placed upon CCSs that gave rise to a series of operational difficulties in ensuring that the types of cases and the specification in the orders were consistent with that which the service could accommodate. The findings suggest that this could be overcome by:

- referral agents being knowledgeable about the CCSs and clients being well informed about the nature and rules of the services provided;
- referral agents liaising with contact service staff prior to finalising orders or arrangements involving the service; and
- orders being made in general terms to allow flexibility to accommodate that which the service could provide.

The mismatch between the demand for CCSs and the capacity of the contact service system to meet this demand was another important area where expectations of service provision were not consistent with reality. The findings demonstrated that the inaccessibility of services posed great difficulties for referral agents and parties alike. Large geographical areas such as regional and rural Queensland and rural areas of western and eastern Victoria were recognised as not adequately catered for by a service, along with central inner city locations. This general scarcity of contact services led parents and children to engage in time consuming and financially resource intensive travel in order for contact to occur. Restricted days and hours of service operation were also generally regarded by referral agents and parents as inadequate. This was not a new concern; both the Thoennes and Pearson Study and the Strategic Partners Study raised concerns about demand outweighing the services available. The contact service sector should be extended through the funding of a greater number of centres.

Additional funding of existing centres is also needed to allow an extension of their current services. For example, our findings suggested that CCSs could be extended to include services on public holidays of particular importance to children such as Christmas. Families would also benefit from group supervision services that assist parents and children in making the transition from supervised contact to supervised changeovers. The current role of some CCSs in providing clients, legal practitioners and the courts with reports of contact visits could be formalised and expanded to meet the demand from the referral system. The time taken by staff and other service resources expended in generating these reports should, however, be taken into account in the funding model for service provision.

In summary, there was evidence that at times the referral system expected CCSs to facilitate contact in circumstances where it was in fact inappropriate or unrealistic to do so.

1032 Thoennes and Pearson, above n 34 at 469; Strategic Partners, above n 2.
11.3 The role of contact services in moving families on to self-managed contact

The findings demonstrated that Government and industry representatives, referral agents, CCSs, and parents all agreed that the central role of contact services was to provide a safe environment for children to have contact. This finding was consistent with the previous research conducted by Strategic Partners. Our findings suggest, however, that CCSs experienced pressure to move families through their services and on to self-managed contact. This appeared to be an expected outcome on the part of referral agents, and of service provision more generally and generated a number of tensions in the CCS system, as well as exposing some children and parents to risk of harm.

11.3.1 The definition of self-managed contact

The exact point at which a family was considered to be self-managing contact was not clearly defined in Government policy or service practice. The findings demonstrated that for those who could safely conduct contact visits, there were two stages at which a family was considered to be self-managing their contact.

In the first stage, families moved through a centre’s services to a point where they could conduct supervised changeovers at the centre without relying on the assistance of staff. This stage demanded little from the centre in terms of staff time and resources. It also required that issues in the contact parent-child relationship be resolved to the extent that the children were safe and comfortable having contact away from the service, and that both parents were confident in the parenting ability of the contact parent. In the second stage, families moved away from the centre and safely managed contact independently. Achieving this stage of self-management necessitated the resolution of issues in the relationship between the parents to the extent that they could communicate without an intermediary, in addition to the resolution of issues in the contact-parent child relationship.

- The extended period of time and resources required for families to reach a stage where they can safely self-manage contact created problems for the CCS. On average it took families in excess of one year to safely move on from supervised contact to supervised changeovers, and on average it took even longer for families to move away from the centre and safely manage contact independently.

- Consistent with previous research, our findings also demonstrated that there were families who would never be able to safely move through the centre’s services and on to self-managed contact.

For families in this category our findings suggested that there were generally three outcomes:
(i) families remained at the contact service indefinitely;
(ii) the contact centre withdrew service at the direction of a court order or otherwise; or
(iii) the residence or contact parent stopped coming to the centre for contact visits.

For those families in the first situation who were exercising supervised contact, the indefinite use of the CCS created significant problems for parents and children, particularly adolescents. Some families in the second and third situations continued to have contact, albeit, in unsafe circumstances. For others in these situations contact ceased altogether. It was, however,
beyond the scope of this study to be able to accurately quantify the proportion of families who moved on from the centres to arrangements that were unsafe, or where contact stopped altogether. There is to our knowledge no information available on this potentially vulnerable groups of parents and children.

- Clear policy and practice directions regarding self-management for families in the above categories are required. Those families that are unable to safely move on must be afforded the necessary protection of and use of the CCS for such time as it is required, or alternatively the contact should be stopped by the contact service and referral system. For those families who have the capacity to safely self-manage contact clear guidelines are required for CCSs and their clients regarding the way in which self-management will be facilitated by the CCS.

11.3.2 Families need additional support to be able to self-manage

Our findings would suggest that CCSs should play an active role in moving families through a centre’s services and on to safely self-managed contact. This finding was consistent with the recommendation made by the authors of the Strategic Partners Study that CCSs could assist in establishing, where appropriate, the skills to move forward to self-management.1035

The findings from our study further suggested that to be able to reach the various stages of self-management outlined at 11.3.1, families required additional support services and programs. The complex and serious nature of the majority of clients’ problems, limitations related to CCS funding, and the philosophy of individual services in regards to self-management, generally made it unrealistic for CCSs to provide such support in a structured way within the current service model.

The challenge of moving parents through services and on from the centre requires the adoption of an integrated social service model. For some of the CCSs this would require that they become part of an effective network of complementary programs and support services, while for others it would require them to make greater use of their existing networks by referring families to other support services and programs.

The alternative model would be the supervision of contact only model. However, the serious nature of the clients’ problems suggests that access to complementary support services and programs would be required for the majority of CCS clients if they are to be able to safely move on from using the CCS. The ‘contact only’ model was the dominant approach adopted by the non-funded CCSs and, in part, reflected their limited financial resources, their disconnection from established social service networks and their reliance on non-professional volunteer staff.

If CCSs generally are to take on this expanded role of facilitating the transition to self-managed contact then this service sector will need clear policy direction to do so. If this task is to be dealt with internally by the services, they will require additional resources and specialist staff to carry out the additional support services and programs. Alternatively, CCSs will need to continue to develop a culture of actively referring parents and children to other support services and programs within their auspice organisations or immediate service network.

1035 Strategic Partners, above n 2.
11.3.3 Types of additional support services and programs needed

Our qualitative data indicated that the families using CCSs have a wide range of support needs in addition to the supervision of contact visits and changeovers. Our research indicated that there was a general view that parents required the following additional support services and programs to be able to safely move through the centre’s services and away from the centre: counselling, support groups, parenting education and mediation. These support services and programs were identified by the client survey as being of potential benefit to a large proportion of the families using the CCSs. Specifically, staff nominated the following support services and programs as being potentially beneficial to a significant proportion of their clientele:

- individual counselling for parents (73%);
- parenting after separation education (57%);
- individual counselling for children (47%);
- mediation (46%); and
- anger management programs (38%).

In the vast majority of cases (90%) the service staff identified that the family would benefit from the provision of at least two of these additional support services or programs.

In summary, there were tensions between the reality of long-term service provision for the majority of families with serious and complex problems and the pressures on contact services to move families on. Children’s contact services were unable to resolve this tension whilst operating within the current service models that focus on the facilitation of safe contact or on the repair and development of the contact parent-child relationship. Contact service provision needs to develop to become a fully integrated service that expands its focus to encompass the resolution of the parents’ individual problems and relationship issues in addition to developing the parent-child relationship. The issues may best be addressed by the referral of families to a range of complementary support services and programs based within the CCS’s auspice organisation or their immediate service network. Such an expanded model is needed to make safe self-management a reality for a greater number of families.

Considered together, the research findings presented in the report and summarized in this chapter suggest that a ‘pro-contact’ environment exists in relation to contact disputes involving ‘high-risk’ families, and in this context the Government, the family law system and the CCS sector all support the use of CCSs as a way of enabling contact to take place in a safe and secure environment for children. The research findings also suggest that the operation of the CCSs was generally consistent with this expectation. However, as our data demonstrated, the clientele of CCSs are predominately ‘high-risk’ and are referred to the CCSs with a multitude of serious personal and relationship issues including histories of family violence, substance abuse and mental illness. The nature of this client base necessitates a broader based adoption by the CCS sector of an ‘integrated service model’. Such a model will enable families to access a range of complementary support services and programs via referrals through the CCSs. This approach to service provision may also assist services to move families on to self-managed contact where it is safe to do so. An Australian Government financed expansion of the CCS sector that increases the number of services operating and expands the nature of the services provided would assist the CCSs to achieve these goals.
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Appendices

Appendix A: Table of non-funded services

Table A.1: Rural non-funded contact services that were approached to be involved in the study and declined to be involved.

<table>
<thead>
<tr>
<th>Service location</th>
<th>Nature of the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalby (QLD)</td>
<td>The service is associated with the Dalby Crisis Support Association. Supervised contact is provided for at the Stuart St Centre and the staff are present for supervised changeovers at the Dalby police station. At the time that this service was contacted by the researchers the service received funding through the Queensland Department of Family Services.</td>
</tr>
<tr>
<td>Roma (QLD)</td>
<td>This is an ad-hoc service which is used on an as-needed basis and which was set up in response to the needs of clients from the Roma Community Legal Service. The legal service serves as a supervised changeover point by appointment.</td>
</tr>
<tr>
<td>Warwick (QLD)</td>
<td>This fledgling service is being mentored by a funded contact centre.</td>
</tr>
<tr>
<td>Gympie (QLD)</td>
<td>A service is in the process of being set up by a funded contact centre.</td>
</tr>
<tr>
<td>Mt Isa (QLD)</td>
<td>The ‘Outback Arts Centre’ and the Uniting Church have provided ‘one off’ supervised contact services to families in need. There are, however, no established services for non-aboriginal families in the area. A key referral agent in these cases is Legal Aid Mt Isa. The Mt Isa Aboriginal Child Care agency provides supervised contact services for aboriginal families in need.</td>
</tr>
<tr>
<td>Bundaberg (QLD)</td>
<td>The Bundaberg Neighbourhood Centre offers supervised contact at the request of the QLD Department of Family Services. The services are primarily provided in cases referred by the Child Protection Agency. The Neighbourhood Centre provides the venue for the contact and Queensland Department of Family Services staff supervise the contact visits.</td>
</tr>
<tr>
<td>Warrnambool (VIC)</td>
<td>This is an ad-hoc service that will be used in response to the needs of clients from the Warrnambool Community Legal Service (a legal service associated with the organisation Community Connections). This service was not in operation at the time of the study.</td>
</tr>
</tbody>
</table>

A number of important issues emerged from our search for non-funded services in Queensland and Victoria. State Government funding through state child welfare authorities appear to have an important role to play in the financial support of non-funded contact services. This funding may come indirectly from the parent organisation or flow directly from the department in the form of payment for supervising parent-child contact in cases where a parent has a severe disability, or where the clients are referred by a child protection agency. Australian Government funded contact services also take on such cases.
In both Queensland and Victoria, fledging contact services are predominately generated by a need on the part of rural based community legal services or Legal Aid to provide supervised contact and changeovers for the clients. These services begin as an extension of the basic services that the legal centre provides.

There are marked state differences in the existence of non-funded contact services. There are a relatively large number of non-funded contact services operating in remote and regional areas of Queensland. In comparison, the researchers found no operational non-funded services in rural and regional Victoria. This may reflect state differences in the ratio between the number of Commonwealth funded services in operation and the size of the State. With the exception of the Toowoomba Children’s Contact Centre, non-Indigenous families in rural Queensland have no other option but to travel to the coast to access a funded service. In contrast, Victoria has three rural based commonwealth funded services – one located at Morwell in the South East, one at Mildura in the North West and a third services located in Albury-Wodonga in the North East corner of the State (New South Wales).

In Victoria, and particularly in Queensland, a number of the Australian Government funded services have begun to involve themselves in the operation of the non-funded services. This has taken the form of funded services mentoring select non-funded services that are operating in their own catchment area, or in some cases the funded services are in the process of setting up satellite services or absorbing the non-funded services into their own programs of service provision.
Appendix B: Sample Diagram

Figure B.1: Categories of participants at each level and the number of participants interviewed within each category (N = 142)

Level 1: Regulatory and other bodies involved in the provision and use of contact services and related policy development

- Key representative from ACCSA N = 1
- Industry Representative Bodies N = 3
- Key representative from DfaCS N = 2
- Key representative from AGD N = 3

Level 2: Service providers, organisational support, and referral agents

- Referral agents N = 40
- Contact service staff (supervisors, coordinators, program managers) N = 14
- Auspice organisation N = 5
- Management committees N = 3

Level 3: Contact Service clientele

- Families
  - Contact parents N = 23
  - Children aged 6 to 15 years N = 25
  - Resident parents N = 23

Notes on matched pairs included in the sample:

- Parent/s and their referral agents interviewed (N = 9 cases)
- Contact and residence parent from the same union interviewed (N = 15 cases)
- Parent/s and their children interviewed (N = 11 cases)
Appendix C: Interview schedules

GOVERNMENT REPRESENTATIVES

Office Use Only:

Subject ID

Background information: Funded contact services program

To begin the interview could you tell me about the work you do (or have done in the past) that relates to the provision of Children’s Contact Services.

- what work was done
- which department/section conducted the work
- division of responsibility between departments
- reasons for the policy or program
- duration of the work or program
- reasons for continuation/changes/cessation of policy or program.

How would you say the contact services program of funding has influenced the development of contact services in Australia?

- standards of service provision,
- access to services,
- links with other family services,
- development of representational bodies and support structure (probe for effectiveness of the contact service IRB’s and ACCSA, and ask whether there is anything that the government would like to change about this system of representation for the services)
- financial support
- OHS issues for service providers

Is there anything that you think is particularly good about the program? Why?

- benefits to the department
- benefits to the centres/services
- benefits to the Family Court
- benefits for client child and parents (vs other or no system)

Is there anything that you would like to change? Why?

How would you like to see the government’s role in the provision of these services develop in the future?

- involvement of other government departments/sections
- state government involvement
- services becoming self-supporting
DOMAIGN 1: Perceived role of funded contact services, and how services fulfil this role

What do you think is the central or most important role (or function) of the funded contact centres/services? Why

How does the program assist the funded services in realising this particular role?

Is there anything that concerns you, or that you would like to change, about the program? Why?

Is there anything that you think is particularly good about the program? Why?

Has the role of contact centres/services changed over time since the government first funded the pilot program in 1995? If so, how has it changed?

DOMAIGN 2: Identify factors that facilitate and/or impede the realisation of these roles

Is there anything that you know of that makes it hard for these centres/services to fulfil this role?

Is there anything that you know of that assists these contact centres/services to fulfil this role?

What services, if any, would you like to see the funded contact centres/services provide that they don’t currently provide?

What do you think is preventing the contact centres/services from providing this service?

DOMAIGN 3: Perceived tension (if any) between the service contact centres are expected to provide and the service they do provide.

Are there any tensions between what the funded contact services do and what the department would like (or needs) them to do? Please describe this/these tensions?

How is/are this/these tension/tensions currently being dealt with?

How do you think this/these tensions should be resolved?

Are there any other tensions associated with the program?

How are these tensions being dealt with?

How do you think this could be resolved?

DOMAIGN 4a: Self-management:

What does the program require or expect the centres/services to do in relation to moving families to self-management?

What makes it hard for the centres/services to do this?
What support does, or could, the department/section provide to the centres/services that would assist them in moving families towards self-managing contact?

Can such support be provided by the other government (or non-government) services or programs? If so, how? If not, why not?

In what circumstances do you think self-management is an unreasonable goal for the families who use the centres/services? What alternatives are there for these families?

In what circumstances do you think self-management is a reasonable goal for the families who use the centres/services?

What are the benefits for the department/section, if any, in moving families on to self manage contact?

What are the problems for the department/section, if any, in moving families on to self manage contact?

**DOMAIN 4b: Types of referrals and Orders of the Court.**

Do you have some idea of the referrals the funded centres/services are receiving?

- types of referrals and types of referral agents, nature of the referral process

Are you aware of any problems with the referral process? What are the problems? How can these problems be addressed?

Are you aware of any problems with the specifications made in the orders for supervised contact/changeover? What are the problems? How can these problems be addressed?

What sort of cases do you think are well suited to using the centre/service? And why are they well suited?

What sort of cases do you think are not well suited to the centre/service? And why are they not well suited?

What do you think is the best way to support these families?

**DOMAIN 4c: Service provision that is in the child’s best interests.**

In what ways, if any, do you think the funded contact centres/services serve the best interests of children?

What aspects of the funded contact centres/services, if any, do you think have the potential to provide long-term benefits to children?

What aspects of the funded contact centres/services, if any, do you think have the potential to cause long-term harm to children?
What is the effect of the funded program of child contact services on child and parent safety?

DOMAIN 5: Expectations for future service delivery

How would you like to see the funded contact centres/services develop in the future?

More generally, who do you think the future holds for contact centres/services in Australia?

DOMAIN 6: Perceived role of contact services/centres that are outside the government program, and how these services fulfil this role

Do you have some knowledge about contact centres/services that operate outside the government’s funding program? Can you tell me what you know?

Is there anything that concerns you, or that you would like to change, about these centres/services? What concerns you/would you like to change? Why?

Do you think the government has a role to play in the operation of these particular centres/services? If yes, what role?

Has the role of these contact centres/services changed over time since the government first introduced its program of funding contact services? If so, how has it changed?

How would you like to see these centres/services change and/or develop in the future?

What kind of organisations/bodies/groups do you think are best suited to running contact services?

CLOSURE

We have now finished all the interview questions. Is there anything that we haven’t covered that you would like to add?

Are there any questions you have about the research we are doing?

CONSENT TO BEING RE-CONTACTED

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
INDUSTRY REPRESENTATIVE BODIES

Office Use Only:

Subject ID

Thank you for agreeing to speak with us about (name of Industry Representative Body) and the contact services that you represent. As a (title) of the (name of Industry Representative Body) your views on the role of contact centres/services are very important for planning better support services for families who have experienced separation and divorce.

This research is being conducted by researchers from Griffith University in Queensland, and researchers in Victoria from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Government Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t go any longer than two hours. You may choose not to answer some questions and you can end at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions about the nature of (name of the Industry Representative Body), and its relationship with the contact centres/services it oversees.

Probe: What do you do, and what does the IRB do?

What services are provided for families, particularly for separating families?

Orientation and/or general philosophy?

What does the IRB do for contact services in particular—funding, policy development, representation to Government?

What role does the IRB play in linking contact centres with other organisations (other services under the IRB, DFaCS, AG’s, courts, community)

NEW DOMAIN: Relationship between the IRB and the centres/services

How long has the (name of the IRB) been associated with centres/services? How did this association come about?

How would you say the (IRB) has influenced the development of contact services? (probe for level of integration of the contact service with the IRB, degree of influence over the operation of the contact service, assistance with attracting funding, representing service needs to DFaCS).

Is there anything that you think is particularly good about the role that you play in relation to the provision of contact services? (Probe for benefits to the IRB and benefits to the centres/services)
What do you think is particularly good and why?
Is there anything that you would like to change?
What would you like to change and why?
How would you like to see this role develop in the future?
Is there anything that you think is particularly good about your relationship with DFaCS as it relates to the provision of contact services? Why
Is there anything about this relationship that you would like to change? Why?
How would you like to see this relationship develop in the future?

DOMAIN 1: Perceived role of contact services, and how services fulfil this role

What do you think is the central or most important role (or function) of contact centres/services (probe for practical information as well as for philosophical information)?
Why do you think this is the most important role?
How does the body assist the services in realising this particular role?
Is there anything that you would like to change about the operation of the contact service?
What would you like to change and why?
Is there anything that you think is particularly good about the way the service/centre operates?
What do you think is particularly good and why?

DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles

Is there anything that you know of that makes it hard for the centres/services to fulfil this role? (eg., case load, funding, facilities)
Is there anything that you know of that assists the contact centres/services to fulfil this role?
What service, if any, would you like to see the contact centres/services provide that they don’t currently provide?
What do you think is preventing the contact centre/service from providing this service?

DOMAIN 3: Perceived tension (if any) between the services contact centres are expected to provide and the service they do provide.
Are there any tensions between what the contact service does and what the IRB would like it to do? Please describe this/these tensions?

How is/are this/these tension/tensions currently being dealt with? (Ask in reference to each point of tension identified)

How do you think this/these tensions should be dealt with?

Are there any tensions between what the government (DFaCS) would like the services to do and what they do?

How are these tensions being dealt with?

How do you think this should be resolved?

**DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; tensions surrounding the provision of services that are in the best interests of children)**

**DOMAIN 4a: Self-management:**

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that the contact services can play in facilitating this transition to self-management.

What does the IRB expect the centres/services to do in relation to moving families to self-management?

What support does, or could, the IRB provide to the centres and to families that would assist the contact centre/service to move families towards self-managing contact? (probe for services that enhance parental communication and parenting skills, contacts for referral to outside services, other direct services that are provided by the organisation)

What sort of support do you think should be provided to assist families to move to self-management? (probe for specialised support for families that are able, and those that are unable, to move to self-management)

Can this be done by the other services associated with your IRB? If so, how? If not, why not?

In what circumstances do you think self-management is an unreasonable goal for the families who use the centres/services?

In what circumstances do you think self-management is a reasonable goal for the families who use the centres/services?

What are the benefits for the contact centres/services, if any, in helping families to move to self-management?

What are the problems for the contact centres/services, if any, in helping families to move to self-management?
DOMAIN 4b: Inappropriate types of referrals and orders of the court.

Do you have some idea of the referrals the centres/services are receiving? (probe for information on types of referrals and types of referral agents).

Are you aware of any problems with the referral process?

What sort of cases do you think are well suited to the centre/service? And why are they well suited?

What sort of cases do you think are not well suited to the centre/service? And why are they not well suited?

What do you think is the best way to support these families?

DOMAIN 4c: Service provision that is in the child’s best interests.

In what ways, if any, do you think the contact centres/services serves the best interests of children?

What aspects of the contact centres/services, if any, do you think have the potential to provide long-term benefits to children?

What aspects of the contact centres/services, if any, do you think have the potential to cause long-term harm to children?

DOMAIN 5: Expectations for future service delivery

How would you like to see contact centres/services develop in the future?

More generally, who do you think the future holds for contact centres/services in Australia?
CONTACT SERVICE STAFF

Office Use Only:

Subject ID

Thank you for agreeing to speak with us about your experiences of the contact centre/service. Our focus is on hearing about the sort of service you provide, and your experiences in working with the families who use the service. We are also interested in your views on any expectations the clients and the referral agents may have of the services the centre provides. As the coordinator of a contact centre/service your views on the use of contact centres are very important for planning better services for families.

This project is being conducted in Queensland by researchers from Griffith University, and in Victoria by researchers from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t take any longer than two hours. You may choose not to answer some questions and you can end the interview at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

DEMOGRAPHIC AND OTHER BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions about your background, training and past experience working in contact centres/services.

Name?

Sex?

How did you come to be interested/aware of/involved in this sort of work?

What is your experience working in contact centres/services and/or related fields?

Do you think there is a need for specialised training for people working in the area?

What courses or training have you done that you think has been helpful to you in working in contact centres/services? (Probe for level of education and type of degree)?

DOMAIN 1: Perceived role of contact services, and how services fulfil this role

I would now like to talk with you about what the contact centre/service does, and the role that the centre/service plays in facilitating contact between parents and children.

Can you describe for me what the contact centre/service does for the families who come here? (e.g., what services are provided, how the visit or changeover is structured.) (Probe for special favours or one off cases where they provide a service that is not standard, and probe for what the standard
service is. Need to get a sense of the variation in what services provide and the extent to which they accommodate the expectations of referral agents and others).

If federally funded ask: In what ways has the government funding, and any associated requirements and regulations, changed or influenced the services that you provide? (eg. not as flexible in what they can do.)

What do you think is the central or most important role (or function) of the contact centre/service?

Why do you think (specify most important role here) is the most important role of the contact centre/service?

Do you think your centre differs in any way from other centres? If so – How?

DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles

What, if anything, makes it difficult for the centre/service to provide the services you currently provide for families? (eg: absence of a network.)

What, if anything, makes it easier for the centre/service to provide these services to families? (eg: presence of network.)

What service, if any, would you like to be able to provide that you are currently unable to provide?

What is preventing you from providing this service?

DOMAIN 3: What services contact centres/services are expected to provide.

Contact centres/services must work with a variety of different stakeholders such as the Family Court and other referral agents, the parent (or sponsor) organisation, and in some cases government departments, and of course the families who use the centre/service. The next few questions are about the expectations that these various stakeholders may have about the services that contact centres/services can provide

Clients:
What services do families expect contact centres/services to provide? (Probe what the different family members expect – resident parents, non-resident parents, and children.)

What benefits do families expect to get from attending contact centres/services? (Probe what the different family members expect – resident parents, non-resident parents, and children)

What, if anything, makes it hard for you to provide families with such a service? (Explore each issue identified and ask in reference to particular family members.)

What, if anything, makes it easier for you to provide families with such a service? (Explore each issue identified and ask in reference to particular family members.)
Repeat this set of questions for:

(a) Referral agents in the legal system: Judges, Magistrates, Registrars, family lawyers, Child Representatives.

(b) Other referral agents: social workers, psychologists, court counsellors

(c) Funding body and sponsor organisation

If clear tensions are identified between what is expected of contact centres/services by the various stakeholders and what the centres/services can provide, these tensions need to be clarified with the following questions:

How does the centre/service deal with this tension? (Ask in reference to each point of tension identified)

How do you think this tension should be resolved?

DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; the provision of services that are in the best interests of children)

DOMAIN 4a: Experience of self-management

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that the contact centre/service plays in facilitating this transition to self-management.

What does the centre/service do to assist families to manage contact on their own (i.e., provide or refer to services that enhance parental communication and parenting skills)? (Probe for the different forms of assistance for different family members – resident parent/non-resident parent/children.)

If services are provided ask: What are the problems for the centre/service staff, if any, in providing such assistance? (Probe for effects of inter-personal violence on service delivery.)

What are the benefits for the centre/service staff, if any, in providing such assistance?

What are the problems and benefits for families, if any, in providing such assistance? (Probe in reference to resident parents, non-resident parents and children.)

What sort of support would you need to be able to better provide this sort of assistance to families? (e.g., a sponsor organisation that provides these services.)

If no services provided ask:

Why doesn’t the centre/service assist family to self-manage contact?

Are there any circumstances in which you think self-management is an unrealistic goal for families? If so, what are they? (Probe for effects on resident parent, non-resident parent and children.)
Are there any factors that limit or prevent families who use the centre/service from being able to manage contact on their own? If so what are they? What is the main one? (Probe for the different categories – resident parent/non-resident parent/children.)

What are the expectations being placed upon you in relation to preparing families for self-managed contact?

Do you and your staff have any problems meeting these expectations?

What do you think is the best model (or approach) to managing contact post-separation and divorce for the families who visit the contact centre/service?

**DOMAIN 4b: Inappropriate types of referrals and orders of the court**

Can you describe for me the sort of cases that are being referred by the Courts, to the contact centre/service?

Can you describe for me the sort of cases that are being referred by lawyers to the contact centre/service?

What sort of cases do you think are well suited to the services that the centre/service provides? And why are they well suited?

Can you describe for me the sort of cases that you think are inappropriate for the services that the centre/service can provide? Why are they inappropriate?

Have you ever been in the position of having to provide services to a family where you felt that facilitated contact between the child and his/her contact parent should not be taking place? (Probe: describe such a case, and talk about the reasons why contact was inappropriate?)

What did you do in this case?

What do you think is the best way to respond to these families? (Probe what sort of support would be needed to respond in the best way.)

Have you been involved in cases where you felt there should have been facilitated contact between the child and his/her contact parent but contact didn’t occur? (ie., was prevented, or no such service was available.)

What do you think is the best way to respond to these families? (Probe what sort of support would be needed to respond in the best way.)

When lawyers, the courts and others refer families to the centre/service what sort of things do you want them to take into account? (e.g., time limits and graduated orders, changeovers or supervised contact.)

At what stage in the negotiations over supervised contact/changeover do you want or need to be consulted? (e.g., before the orders are made.)
What sort of information on families and their behaviour whilst at the contact centre/service are you comfortable providing to the Courts?

DOMAIN 4c: Service provision that is in the child’s best interests

In what ways, if any, do you think contact centres/services serve the best interests of children?

What aspects of contact centres/services, if any, do you think have the potential to provide long-term benefits to children? (Probe for cases with happy endings.)

What aspects of contact centres/services, if any, do you think have the potential to cause long-term harm to children? (Probe for cases with sad endings and ask what could have been done to change the outcome.)

DOMAIN 5: Expectations for future service delivery

What factors, if any, do you think have affected the practice of supervised contact and supervised changeovers over the past decade? (Probe for issues of availability, the Family Law Reform Act, centres/services becoming more established, changes in social attitudes to fathering, post-separation parenting and domestic violence.)

How would you like to see the centre/service develop in the future?

How would you like to see the relationship between the family law system (ie., legal professionals and the courts) and the contact centre/service develop in the future?

How would you like to see the relationship between (name of sponsor organisation) and the contact centre/service develop in the future?

More generally, what do you think the future holds for contact centres/services in Australia?

CLOSURE

We have now finished all the interview questions. Finally is there anything else that I haven’t asked that you think is important for me to know?

Are there any questions you have about the research we are doing?

CONSENT TO BEING RE-CONTACTED
On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
Thank you for agreeing to speak with us about (name of the contact centre/service sponsored). As a (title) for the organisation that supports the (name of contact centre/service) your views on the role of the contact centre/service are very important for planning better support services for families who have experienced separation and divorce.

This research is being conducted by researchers from Griffith University in Queensland, and researchers in Victoria from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Government Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t go any longer than two hours. You may choose not to answer some questions and you can end at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions about the nature of (name of organisation/committee), and its relationship with the (name of contact centre/service).

Can you tell me a bit about the type of organisation/committee that (name of organisation/committee) is? (probe for services provided in general and for separating families particular, child focussed orientation and/or philosophy, management structure/style in context of the contact service, input into staffing policy and procedures in relation to the contact service, links with - community, Family Court and other Court links and government (state and federal) links).

NEW DOMAIN: Relationship between the organisation/committee and the centre/service

How long has (name or organisation/committee) been associated with (name of contact centre/service)?

What sort of support does the (name of organisation/committee) provide to the contact centre/service? (probe for administrative support, financial support, facilities, access to a network of broader services outside the organisation/committee, access to other services within the organisation/committee, staff support such as training, debriefing, case management assistance, publicity)

How would you say the (organisation/committee) has influenced the way in which the centre/service has developed over the years? (probe for level of integration of the contact service...
with the sponsor, degree of influence over the operation of the contact service, assistance with attracting funding)

Is there anything that you think is particularly good about the relationship you have with the contact service? (Probe for benefits to the organisation/committee and benefits to the centre/service)

What do you think is particularly good and why?

Is there anything that you would like to change about the relationship you have with the contact service?

What would you like to change and why?

How would you like to see the relationship between the organisation/committee and the contact centre develop in the future?

**DOMAIN 1: Perceived role of contact services, and how services fulfil this role**

What do you think is the central or most important role (or function) of the contact centre/service (probe for practical information as well as for philosophical information)?

Why do you think this is the most important role?

How does the organisation/committee assist the service in realising this particular role?

Is there anything that you would like to change about the operation of the contact service?

What would you like to change and why?

Is there anything that you think is particularly good about the way the service/centre operates?

What do you think is particularly good and why?

**DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles**

Is there anything that you know of that makes it hard for the centre/service to fulfil this role? (eg., case load, funding, facilities)

Is there anything that you know of that assists the contact centre/service to fulfil this role? (eg., funding, caseload, facilities)

What service, if any, would you like to see the contact centre/service provide that it doesn’t currently provide?

What do you think is preventing the contact centre/service from providing this service?
**DOMAIN 3: Perceived tension (if any) between the service contact centres are expected to provide and the service they do provide.**

Are there any tensions between what the contact service does and what the organisation/committee would like it to do? Please describe this/these tensions?

How is/are this/these tension/tensions currently being dealt with? (Ask in reference to each point of tension identified)

How do you think this/these tensions should be dealt with?

**DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; tensions surrounding the provision of services that are in the best interests of children)**

**DOMAIN 4a: Self-management:**

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that the organisation/committee can play in facilitating this transition to self-management.

What does your organisation expect the centre/service to do in relation to moving families to self-management?

What support or services does the organisation/committee provide that would assist the contact centre/service to move families towards self-managing contact? (probe for services that enhance parental communication and parenting skills, contacts for referral to outside services, other direct services that are provided by the organisation)

What sort of support do you think should be provided to assist families to move to self-management? (probe for specialised support for families that are able, and those that are unable, to move to self-management)

Can this be done by your organisation/committee? If so, how? If not, why not?

If no services are provided ask: Is there something that the organisation/committee could do to assist the contact service to move parents to self-manage contact?

In what circumstances do you think self-management is an unreasonable goal for the families who use the centre/service? (probe for factors related to families’ capacity to manage contact)

In what circumstances do you think self-management is a reasonable goal for the families who use the centre/service? (probe for factors related to families’ capacity to manage contact)

What are the benefits for the contact centre/service, if any, in helping families to move to self-management?
What are the problems for the contact centre/service, if any, in helping families to move to self-management?

**DOMAIN 4b: Inappropriate types of referrals and orders of the court.**

Do you have some idea of the referrals the centre/service is receiving? (Probe for information on types of referrals and types of referral agents)

What sort of cases do you think are well suited to the centre/service? And why are they well suited? (Probe for functionally appropriate aspects of referrals such as times of day, type of service needed, and psychologically appropriate aspects of referrals such as beneficial to the child, non-resident parent capable of developing a relationship with the child, safe for the service staff, developmentally appropriate contact ordered)

What sort of cases do you think are not suited to the centre/service? And why are they not suited? (Probe for functionally inappropriate aspects of referrals, and psychologically inappropriate aspects of referrals)

What do you think is the best way to support these families?

**DOMAIN 4c: Service Provision that is in the Child’s Best Interests.**

In what ways, if any, do you think the contact centre/service serves the best interests of children?

What aspects of the contact centre/service, if any, do you think have the potential to provide long-term benefits to children?

What aspects of the contact centre/service, if any, do you think have the potential to cause long-term harm to children?

**DOMAIN 5: Expectations for future service delivery**

How would you like to see the contact centre/service develop in the future?

More generally, who do you think the future holds for contact centres/services in Australia?

**CLOSURE**

We have now finished all the interview questions. Is there anything that we haven’t covered that you would like to add?

Are there any questions you have about the research we are doing?
CONSENT TO BEING RE-CONTACTED

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
Thank you for agreeing to speak with us about your experiences with contact centres/services. Our focus is on hearing about the experiences you have had in referring clients to contact centres/services. We are also interested in your views on the sort of contact centres/services that would best meet your needs and those of your clients. As a (type of legal professional) that refers families to contact centres/services your views on the use of contact centres/services are very important for planning better support services for families.

This research is being conducted in Queensland by researchers from Griffith University, and in Victoria by researchers from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Government Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t take any longer than two hours. You may choose not to answer some questions and you can end at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

**DEMOGRAPHIC AND OTHER BACKGROUND INFORMATION**

To begin the interview I would like to ask you a few questions about your experience in the area of family law, and your knowledge of contact centres/services.

Name

Sex

Can you tell me a little bit about your legal background and experience, particularly in the area of family law? (probe for experience in domestic violence issues, children’s issues and property/financial matters, and child representative work)

Perhaps if you could tell us a little about your background in the family law area?

How did you first become aware of contact centres/services and /or private supervised arrangements? And for how long have you known about such services?

What role have you played in referring/drafting orders clients to contact centres/services?

For how long have you been referring, or drafting orders for clients to attend contact centres/services?
What would you say was your client base in these contact matters? (probe for Legal Aid, SES groups, pro bono, professional clients)

Can you tell me about your experiences in representing resident parents, nonresident parents and children in supervised contact or changeover cases?

What sort of demand is there for contact centres/services?

Can you tell me a bit about the availability of these services in your area? (eg., too few services for the demand, enough services to meet the demand, distance and difficulties with transportation and time it takes to get kids to the service)

DOMAIN 1: Perceived role of contact services, and how services fulfil this role

I would now like to talk with you about the sorts of services that contact centres/services provide for your clients, and what sort of services you would like contact centres/services to provide.

What is it that contact centres/services do for the families who are referred to them? (e.g., what services are provided)

What services would you like contact centres/services to be able to provide? (probe for information regarding contact sessions and quality of bond between parent and child and success at contact changeover, increase in hours, assisting families to self-manage contact)

What do you think is the central or most important role (or function) of the contact centre/service?

Why do you think (specify most important role here) is the most important role of the contact centre/service?

Can you tell me a little bit about your experience with private supervision arrangements?

Under what circumstances would you use a private supervision arrangement?

Under what circumstances would you recommend a private supervision arrangement?

What are the benefits and draw backs of using this sort of arrangement?

DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles

What is it about contact centres/services that you are most satisfied with? (probe for information on staff, facilities, centre rules, safety, neutrality).

What is it about contact centres/services that you are most dissatisfied with? (probe for information on staff, facilities, centre rules, safety, neutrality, report writing).

What are the problems for you, if any, in referring/ordering clients to attend contact centres/services?
What do you think is preventing contact/centres/services from providing this service?

What do you think contact centres/services can reasonably be expected to provide for the families who are referred/ordered to attend contact centres/services?

**DOMAIN 3: What services contact centres/services are expected to provide?**

What are the sorts of things that your clients are looking to get out of going to a contact centre/service? (e.g., period of time in which to let emotions settle, a safe solution until the final hearing) (probe for differences between resident parents, nonresident parents and children)

What are the sorts of things that you are looking to get out of referring/drafting orders for clients to a contact centre/service?

If tensions are identified between what referral agents expect of contact centres and what the centres can do pursue these issues with the following line of questioning:

Which of these sources of tension is of the greatest concern to you, and why?

How would you go about resolving this tension?

**DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; tensions surrounding the provision of services that are in the best interests of children)**

**Domain 4a: Experience of self-management**

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that the Family Court and legal practitioners, and contact centres/services can play in facilitating this transition to self-management.

Do you think self-managed contact is a realistic or reasonable goal for the families who you refer/or who are ordered to attend a contact centre/service? Why/Why not?

What do you think contact can centres/services can or should do to assist parents to manage contact on their own (i.e., provide services that enhance parental communication and parenting skills)? (probe for different services/needs on the part of resident parents, nonresident parents and children)

What do you see as the factors limiting or preventing families from being able to manage contact on their own? (if more than one factor identified probe for the main or most important factor).

**DOMAIN 4b: Types of referrals and orders of the court**

I would now like to talk about the relationship between the courts and legal system and the contact centres/services. I understand that legal practitioners and the courts refer many families to contact centres/services.
Can you describe for me the sort of cases that you have been involved in where the family was referred to a contact centre/service? (probe for a typical case, an extreme case, and a case where it would be unusual for such a service to be involved)

How have the matters you have been involved in been referred? (probe for information about court orders – by consent or hearing, interim orders, by passing the system to make referrals on the basis of a private agreement between the parties).

When you refer clients or when clients are ordered to attend a contact centre/service, what sort of specifications do you or the court make surrounding the use of the services (time limit, changeovers or supervised contact)? Why are these particular specifications made?

What would you say are the core characteristics of cases that involve supervised contact and changeovers?

What sort of cases do you think are well suited to the services that the centre/service can provide? Why are they well suited? (give examples of such cases)

Can you describe for me the sort of cases that you believe are inappropriate for the services that the centre/service can provide? Why are they inappropriate? (give examples of such cases)

In your experience, do cases of this nature ever get referred/ordered to attend contact centres/services?

What do you think is the best way to deal with these cases?

Can you describe for me a case where you think there should have been facilitated contact between the child and his/her contact parent but contact didn’t occur?

Why didn’t contact take place?

How would you suggest that this issue be resolved?

What factors, if any, do you think have affected the ordering of supervised contact and changeovers over the past decade? (probe for issues of availability, the impact of the Family Law Reform Act, 1995, changes as a result of centres becoming more established).

**DOMAIN 4c: Service provision that is in the child’s best interests**

In what ways do you think that contact centres/services serve the interests of children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to provide long-term benefits to children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to cause long-term harm to children?
DOMAIN 5: Expectations for future service delivery

How would you like to see the relationship between the family law system (ie., legal profession and the Courts) and contact centres/services develop in the future?

How would you like to see the services that contact centres/services provide develop in the future?

More generally, what do you think the future holds for contact centres/services in Australia?

CLOSURE

We have now finished all the interview questions. Is there anything that we haven’t covered that you would like to add?

Are there any questions you have about the research we are doing?

CONSENT TO BEING RE-CONTACTED

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
REFERRAL AGENTS: MAGISTRATES, REGISTRARS, JUDGES

Office Use Only:

Subject ID

Thank you for agreeing to speak with us about your experiences with contact centres/services. Our focus is on hearing about the experiences you have had in referring clients to contact centres/services. We are also interested in your views on the sort of contact centres/services that would best meet your needs and those of your clients. As a (type of legal professional) that refers/orders families to contact centres/services your views on the use of contact centres/services are very important for planning better support services for families.

This research is being conducted in Queensland by researchers from Griffith University, and in Victoria by researchers from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Government Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t take any longer than two hours. You may choose not to answer some questions and you can end at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

DEMOGRAPHIC AND OTHER BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions about your experience in the area of family law, and your knowledge of contact centres/services.

Name

Sex

Perhaps if you could tell us a little about your background in the family law area? (time at the bench, types of cases heard, legal experience before coming to the bench)

How did you first become aware of contact centres/services and /or private supervised arrangements? And for how long have you known about such services?

What role have you played in ordering clients to attend contact centres/services?

For how long have you been ordering clients to attend contact centres/services?

Can you tell me about the characteristics of the litigants who come before you in disputes involving contact services? (probe for legal aid, litigants in person, SES groups, pro bono, professional parties)

What sort of demand is there for contact centres/services?
Can you tell me a bit about the availability of these services in your area? (eg., too few services for the demand, enough services to meet the demand, distance and difficulties with transportation and time it takes to get kids to the service, time it takes all up to visit service, distress to kids in travelling, expense of getting there)

**DOMAIN 1: Perceived role of contact services, and how services fulfil this role**

I would now like to talk with you about the sorts of services that contact centres/services provide for your clients, and what sort of services you would like contact centres/services to provide.

What is it that contact centres/services do for the families who are referred to them? (e.g., what services are provided)

What services would you like contact centres/services to be able to provide?

What do you think is the central or most important role (or function) of the contact centre/service? Why?

Can you tell me a little bit about your experience with private supervision arrangements?

Under what circumstances would you recommend private supervision arrangement?

What are the benefits and draw backs of using this sort of arrangement?

**DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles**

What is it about contact centres/services that you are most satisfied with? (probe for information on staff, facilities, centre rules, safety, neutrality).

What is it about contact centres/services that you are most dissatisfied with?

What are the problems for you, if any, in ordering clients to attend contact centres/services? (probe on issues of availability, meeting demand, neutrality, services for special groups (ie., such as people in jail who are trying to re-establish a relationship with the child or continue the relationship while in jail, parents with disabilities)

What do you think is preventing contact/centres/services from providing this service?

What, if any, supports do you think contact centre/service staff need to help them provide the services they do? (ie., training, time out, funding, better pay)

What do you think contact centres/services can reasonably be expected to provide for the families who are referred/ordered to attend contact centres/services?

**DOMAIN 3: What services contact centres/services are expected to provide?**
What are the sorts of things that families (parents and children) are looking to get out of going to a contact centre/service? (ie., period of time in which to let parent emotions settle, a time to settle children, a safe solution until the final hearing) (probe for differences between resident parents, nonresident parents and children)

What are you trying to achieve by ordering parties to attend a contact centre/service?

If tensions are identified between what is expected of contact services and what services can do pursue these issues with the following questions:

Which of these sources of tension is of the greatest concern to you, and why?

How would you go about resolving this tension?

DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; tensions surrounding the provision of services that are in the best interests of children)

Domain 4a: Experience of self-management

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that the Family Court and legal practitioners, and contact centres/services can play in facilitating this transition to self-management.

Do you think self-managed contact is a realistic or reasonable goal for the families who you refer/or who are ordered to attend a contact centre/service? Why/ Why not?

What do you think contact can centres/services can or should do to assist parents to manage contact on their own (i.e., provide services that enhance parental communication and parenting skills)? (probe for different services/needs on the part of resident parents, nonresident parents and children)

What do you see as the factors limiting or preventing families from being able to manage contact on their own? (if more than one factor identified probe for the main or most important factor).

DOMAIN 4b: Types of referrals and orders of the court

I would now like to talk about the relationship between the courts and legal system and the contact centre/service. I understand that legal practitioners and the courts refer many families to contact centres/services.

Can you describe for me the sort of cases that you have been involved in where the family was ordered to attend a contact centre/service? (probe for a typical case, and extreme case, and a case where it would be unusual for such a service to be involved)

What sort of orders are made?(probe for information about court orders – by consent or hearing, interim orders and/or final orders).
When parties are ordered to attend a contact centre/service, what sort of specifications do you make surrounding the use of the services (time limit, changeovers or supervised contact)? Why are these particular specifications made?

What would you say are the core characteristics of cases that involve supervised contact and changeovers?

What sort of cases do you think are well suited to the services that the centre/service can provide? Why are they well suited? (give examples of such cases)

Can you describe for me the sort of cases that you believe are inappropriate for the services that the centre/service can provide? Why are they inappropriate? (give examples of such cases)

In your experience, do cases of this nature ever get referred/ordered to attend contact centres/services?

What do you think is the best way to deal with these cases?

Can you describe for me a case where you think there should have been facilitated contact between the child and his/her contact parent but contact didn’t occur?

Why didn’t contact take place?

How would you suggest that this issue be resolved?

What factors, if any, do you think have affected the ordering of supervised contact and changeovers over the past decade? (ie., issues of availability, the impact of the Family Law Reform Act, 1995, changes as a result of centres becoming more established).

**DOMAIN 4c: Service provision that is in the child’s best interests**

In what ways do you think that contact centres/services serve the interests of children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to provide long-term benefits to children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to cause long-term harm to children?

**DOMAIN 5: Expectations for future service delivery**

How would you like to see the relationship between the family law system (ie., legal profession and the Courts) and contact centres/services develop in the future?

How would you like to see the services that contact centres/services provide develop in the future?

More generally, what do you think the future holds for contact centres/services in Australia?
CLOSURE

We have now finished all the interview questions. Is there anything that we haven't covered that you would like to add?

Are there any questions you have about the research we are doing?

CONSENT TO BEING RE-CONTACTED

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
REFERRAL AGENTS: OTHER PEOPLE WORKING WITHIN THE FAMILY LAW SYSTEM (COURT COUNSELLORS, SOCIAL WORKERS, PSYCHOLOGISTS)

Office Use Only:

Subject ID

Thank you for agreeing to speak with us about your experiences with contact centres/services. Our focus is on hearing about the experiences you have had in referring clients to contact centres/services. We are also interested in your views on the sort of contact centres/services that would best meet your needs and those of your clients. As a (type of referral agent) who refers families to contact centres/services your views on the use of contact centres/services are very important for planning better support services for families.

This research is being conducted in Queensland by researchers from Griffith University, and in Victoria by researchers from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Government Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t take any longer than two hours. You may choose not to answer some questions and you can end at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

DEMOGRAPHIC AND OTHER BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions about your referral experience in the area of families and family law, and your knowledge of contact centres/services.

Name

Sex

Can you tell me a little bit about your professional experience, particularly in the area of families and family law?

How did you first become aware of contact centres/services and/or private supervised arrangements? And for how long have you known about such services?

What role have you played in referring clients to contact centres/services?

For how long have you been referring clients to contact centres/services?

What would you say was your client base in these contact matters?

Can you tell me about your experiences in working with resident parents, nonresident parents and children in supervised contact or changeover cases?
What sort of demand is there for contact centres/services?

Can you tell me a bit about the availability of these services in your area? (eg., too few services for the demand, enough services to meet the demand, distance and difficulties with transportation and the time it takes to get kids to and from the service)

**DOMAIN 1: Perceived role of contact services, and how services fulfil this role**

I would now like to talk with you about the sorts of services that contact centres/services provide for your clients, and what sort of services you would like contact centres/services to provide.

What is it that contact centres/services do for the families who are referred to them? (e.g., what services are provided)

What services would you like contact centres/services to be able to provide? (probe for information regarding contact sessions and quality of bond between parent and child and success at contact changeover, increase in hours, assisting families to self-manage contact)

What do you think is the central or most important role (or function) of the contact centre/service?

Why do you think (specify most important role here) is the most important role of the contact centre/service?

Can you tell me a little bit about your experience with private supervision arrangements?

Under what circumstances would you use a private supervision arrangement?

Under what circumstances would you recommend private supervision arrangements?

What are the benefits and draw backs of using this sort of arrangement?

**DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles**

What is it about contact centres/services that you are most satisfied with? (probe for information on staff, facilities, centre rules, safety, neutrality).

What is it about contact centres/services that you are most dissatisfied with? (probe for information on staff, facilities, centre rules, safety, neutrality).

What are the problems for you, if any, in referring/ordering clients to attend contact centres/services? (probe on issues of availability, meeting demand, neutrality, services for special groups)

What do you think is preventing contact/centres/services from providing this service?

What do you think contact centres/services can reasonably be expected to provide for the families who are referred/ordered to attend contact centres/services?
DOMAIN 3: What services contact centres/services are expected to provide?

What are the sorts of things that your clients are looking to get out of going to a contact centre/service? (e.g., period of time in which to let emotions settle, a safe solution until the final hearing) (probe for differences between resident parents, nonresident parents and children)

What are the sorts of things that you are looking to get out of referring/drafting orders for clients to a contact centre/service?

If tensions are identified between what is expected of contact services and what they can pursue these issues with the following line of questioning:

Which of these sources of tension is of the greatest concern to you, and why?

How would you go about resolving this tension?

DOMAIN 4: Explore the three points of divergence identified in the literature (tensions surrounding moving families to self-management; inappropriate referrals and orders by the court and others; tensions surrounding the provision of services that are in the best interests of children)

Domain 4a: Experience of self-management

The next few questions are about families moving on from using the contact centre/service to managing contact on their own, and the role that those who refer families to contact services can play in facilitating this transition to self-management.

Do you think self-managed contact is a realistic or reasonable goal for the families who you refer to attend a contact centre/service? Why/Why not?

What do you think contact centres/services can or should do to assist parents to manage contact on their own (i.e., provide services that enhance parental communication and parenting skills)? (probe for different services/needs on the part of resident parents, nonresident parents and children)

What do you see as the factors limiting or preventing families from being able to manage contact on their own? (if more than one factor identified probe for the main or most important factor).

DOMAIN 4b: Types of referrals and orders of the court

I would now like to talk about the relationship between the courts and legal system and the contact centre/service. I understand that legal practitioners and the courts refer many families to contact centres/services.

Can you describe for me the sort of cases that you have been involved in where the family was referred to a contact centre/service? (probe for a typical case, and extreme case, and a case where it would be unusual for such a service to be involved)
How have the matters you have been involved in been referred? (probe for information about court orders – by consent or hearing, interim orders, by passing the system to make referrals on the basis of a private agreement between the parties).

When you refer/ or when clients are ordered to attend a contact centre/service, what sort of specifications do you or the court make surrounding the use of the services (time limit, changeovers or supervised contact)? Why are these particular specifications made?

What would you say are the core characteristics of cases that involve supervised contact and changeovers?

What sort of cases do you think are well suited to the services that the centre/service can provide? Why are they well suited? (give examples of such cases)

Can you describe for me the sort of cases that you believe are inappropriate for the services that the centre/service can provide? Why are they inappropriate? (give examples of such cases)

In your experience, do cases of this nature ever get referred to attend contact centres/services?

What do you think is the best way to deal with these cases?

Can you describe for me a case where you think there should have been facilitated contact between the child and his/her contact parent but contact didn’t occur?

Why didn’t contact take place?

How would you suggest that this issue be resolved?

What factors, if any, do you think have affected the ordering of supervised contact and changeovers over the past decade? (probe for issues of availability, the impact of the Family Law Reform Act, changes as a result of centres becoming more established).

**DOMAIN 4c: Service provision that is in the child’s best interests**

In what ways do you think that contact centres/services serve the interests of children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to provide long-term benefits to children?

What aspects of contact centres/services, and the way they are used by the Court and the legal system, do you think have the potential to cause long-term harm to children?

**DOMAIN 5: Expectations for future service delivery**

How would you like to see the relationship between the family law system (ie., legal profession and the Courts) and contact centres/services develop in the future?

How would you like to see the services that contact centres/services provide develop in the future?
More generally, what do you think the future holds for contact centres/services in Australia?

**CLOSURE**

We have now finished all the interview questions. Is there anything that we haven’t covered that you would like to add?

Are there any questions you have about the research we are doing?

**CONSENT TO BEING RE-CONTACTED**

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
Thank you for agreeing to speak with us today. Our focus is on hearing about the experiences you have had in using the contact service. We are also interested in your views on the sort of contact service that would best meet your needs and those of your child/children. As a parent using the contact service, your views on the use of contact services are very important for planning better support services for families.

This research is being conducted in Queensland by researchers from Griffith University, and in Victoria by researchers from Melbourne University and the Australian Institute of Family Studies. The research has been set up with financial assistance from the Australian Research Council and the Federal Attorney General’s Department.

We assure you that your name and contact details will remain anonymous. The interview shouldn’t take any longer than two hours. You may choose not to answer some questions and you can end the interview at any time. If in the interview issues arise that are beyond this study but that you would like to discuss, please let me know and I will be able to find someone who you can talk to.

DEMOPGRAPHIC AND OTHER BACKGROUND INFORMATION

To begin the interview I would like to ask you a few questions dealing with background information and your knowledge of contact centres/services.

Name?

Sex?

Age?

Were you born in a country other than Australia? If so, at what age did you come to live in Australia?

Do you speak a language other than English?

What is your occupation?
I would now like to talk with you about the sorts of services that contact centre provides for you and your child/ren.

How did you come to be using the contact service? (Probe: How the family was referred to the service. i.e., Are there court orders providing for you and your former spouse to utilise this contact centre/service?) (Probe for whether they are by consent or by judgement of the court)

How long have you been attending the contact centre/service?

Have the sorts of services provided by the centre changed over this time and if so how have they changed?

How long ago did you separate from your former spouse/partner?

Had you and your former spouse attempted some form of private supervision of contact or contact changeover before utilising the contact centre/service? What happened?

What are the specific arrangements made for the supervision of contact or contact changeover at the centre/service in your case? (i.e., length of contact period, time limit for supervision, supervision of changeovers as opposed to contact, different arrangements for different children, debriefing time at start and finish of changeovers, counselling, mediation, mechanisms for resolving issues surrounding changed arrangements)

Why are these particular arrangements in place?

How do you feel about using this kind of service? (probe for changes over time)

How do you think your child/children feel about using this kind of service? (probe for changes over time)

**DOMAIN 1: Perceived role of contact services, and how services fulfil this role**

What do you think it the most important thing that the contact service does? And why is this the most important?

**DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles**

What is it about contact centre/service that you are most satisfied with and why? (probe for benefits to self and children)

What is it about contact centres/services that you are most dissatisfied with and why? (probe for disadvantages to self and children)

**DOMAIN 3: What services contact centres/services are expected to provide?**

What services would you like the contact centre/service to provide? (probe for types of services for resident parents, non-resident parents and children and whether there is an expectation for services beyond supervision? i.e., counselling, debriefing or reports referrals to other forms of assistance) (probe for information regarding nature and duration of contact sessions and level of facilitation of
contact, increase in hours, assistance for families to move to self-management contact and “one stop shop”- broad range of services.)

**DOMAIN 4: Service provision that is in the child’s best interests**

How do you feel your children are going at the service? (Probe for current experiences – good and bad – and changes over time)

What aspects of contact centre/service, if any, do you think are good for children in the short and long-term?

What aspects of contact centre/service, if any, do you think are bad for children in the short and long-term?

If you could have whatever arrangements you wanted – what do sort of contact arrangements do you think would be best for your child/children?

**DOMAIN 5: Changes in the quality of relationships with children**

I would now like to talk about your relationship with your child/children since attending the contact centre/service.

Has the time spent at the contact centre/service influenced the way you get on with your child/children? How has it influenced the relationship?

If no influence identified: Why do you think it hasn’t influenced your relationship with your child/children?

Is there anything that the contact centre/service could do, that they don’t already do, that would help you to get on with your child?

**DOMAIN 6: Expectations of self-management of contact in the future**

The next few questions are about families moving on from using the contact centre/service to managing contact on their own.

Is self-managed contact is possible in your case? Why/ Why not? (Probe for different effects upon resident parents, non-resident parents and children.)

Are there things that make it hard for you to do this?

Are there things that make it easy for you to do this?

What sort of support, say from the contact service, would you like or need to be able to move to managing contact on your own? (i.e., services that enhance parental communication and parenting skills) (probe for parents understanding of the different services/needs on the part of resident parents, non-resident parents and children.)

**DOMAIN 7: Expectations of future service delivery**
Thinking now five to ten years down the track, how do you think you will be handling contact with your child/children?

How would you like to see the services that contact centres/services develop in the future?

CLOSURE

We have now finished all the interview questions. Is there anything that we haven’t covered that you would like to add?

Are there any questions you have about the research we are doing?

CONSENT TO BEING RE-CONTACTED

On behalf of the Research Team we would like to thank you for all that you’ve done in this study. If you would like further information about this work, please telephone Rachel on (list phone number) or Grania on (list phone number).

Finally, could I have your permission to re-contact you in the future in case any of the issues we’ve talked about today need to be clarified or discussed further?

Thank you once again for all your time and assistance.
We would like to talk with children about using contact services. They can help us to better understand what is good and what is hard about coming to a contact centre. We are talking with lots of children from Victoria and Queensland. The children who talk to us are part of a research project designed to help children who visit contact centres.

We would like to hear what it is like for you at the contact centre. We are also interested in what advice you would give to other children whose parents are thinking of coming to a contact centre.

If you decide to take part in this project nothing you say will be talked about with family members of anyone else. What you say is totally private. You can stop talking with me at any time if you don’t want to talk.

BACKGROUND

- Talk to the child generally about what happens on a contact visit
- Talk about the first time the child came to the contact centre

DOMAIN 1: Perceived role of contact services, and how services fulfil this role

- Child’s knowledge of why they are attending the centre
- Child’s knowledge of what the centre does

DOMAIN 2: Identify factors that facilitate and/or impede the realisation of these roles

- What the child likes about coming to the centre
- What the child dislikes about coming to the centre

DOMAIN 3: What services contact centres/services are expected to provide?

- Whether there is anything that the child would like the service staff to do for them that they don’t already do
- Whether there is anything that service staff do that the child doesn’t like
- What the child likes best about what the staff do
DOMAIN 4: Service provision that is in the child’s best interests

- How the child feels the day they visit the centre
- Whether the child feels safe during visits/changeovers
- What sort of contact arrangements would the child like to have

DOMAIN 5: Changes in the quality of the parents’ relationships with the child and self-management

- Whether the child likes to see the visiting parent (now, in the past, in the future)
- Talk about what contact visits were like for the child before coming to the centre
- Whether visits are better or worse than they were before and why

SCENARIOS: Advice to a friend

Scenario A: Imagine that you have a friend at school whose parents had separated and he/she is going for his/her first visit with his/her [contact parent] this weekend and he/she is worried about what is going to happen and what it will be like. What advice would you give him/her?

Scenario B: Imagine that you have a friend at school who is going for his/her first visit at the centre with his/her [contact parent] this weekend and he/she is really looking forward to seeing his/her [contact parent], but his [resident parent] doesn’t really want him/her to see his/her [contact parent]. What advice would you give your friend?

Scenario C: Imagine that you have a friend at school whose was going for his/her first visit at the centre with his/her [contact parent] this weekend and he/she is really frightened about seeing his/her [contact parent]. What advice would you give your friend?

Scenario D: Imagine that you have a friend at school who is going for his/her first unsupervised visit with his/her [contact parent] this weekend and he/she is nervous about the visit. What advice would you give your friend?

CLOSURE

Thank you very much for talking with me today and helping me to better understand what it is like for kids to visit the contact centre. Is there anything else that you would like to tell me? Is there anything you would like to ask me?
### Revised Rating Of Visit Interactions (RROVI)

**Child and residence parent interaction at separation**

<table>
<thead>
<tr>
<th></th>
<th>Child ⇒ Res Parent</th>
<th>Res Parent ⇒ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked difficulty = 1</td>
<td></td>
<td>Marked difficulty = 1</td>
</tr>
<tr>
<td>Some difficulty = 2</td>
<td></td>
<td>Some difficulty = 2</td>
</tr>
<tr>
<td>Few difficulties = 3</td>
<td></td>
<td>Few difficulties = 3</td>
</tr>
<tr>
<td>Normal range of behavior = 4</td>
<td></td>
<td>Normal range of behavior = 4</td>
</tr>
</tbody>
</table>

#### On Separating from RP:

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td># seems distressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>resists parting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*need for reassurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Says goodbye/waves warmly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*manages farewell</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>separates appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: any items scored 1 or 2: these indicate key signs of anxiety.
Note: * new item
Note: # item modified from original (i.e., J. McIntosh, 2003)
Notes on visit interactions

Child and residence parent interaction

<table>
<thead>
<tr>
<th>On separating from RP:</th>
</tr>
</thead>
</table>


### Rating Of Visit Interactions (ROVI)

#### Child and contact parent interaction at reunion

<table>
<thead>
<tr>
<th></th>
<th>Child ➔ Non-res Parent</th>
<th>Non-res Parent ➔ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rated difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marked difficulty</td>
<td>= 1</td>
<td>Marked difficulty = 1</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>= 2</td>
<td>Some difficulty = 2</td>
</tr>
<tr>
<td>Few difficulties</td>
<td>= 3</td>
<td>Few difficulties = 3</td>
</tr>
<tr>
<td>Normal range of behavior</td>
<td>= 4</td>
<td>Normal range of behavior = 4</td>
</tr>
</tbody>
</table>

#### On Greeting NRP:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Child ➔ Non-res Parent</th>
<th>Non-res Parent ➔ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>warm greeting</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>anxious</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>direct eye contact</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>avoidant</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>* greet appropriately</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

#### During visit:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Child ➔ Non-res Parent</th>
<th>Non-res Parent ➔ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td># activity level (under or over)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>initiating joint play</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>cooperative</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>child plays imaginatively</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>demanding of attention</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td># avoidant</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td># withdrawn</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>shows appropriate affection</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>* vigilance</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>attuned to other</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>resistant to interaction</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>clinging to NRP</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>apparent enjoyment of visit</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>appropriate interaction behaviours during visit</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
Notes on visit interactions

Child and contact parent interaction

On Greeting NRP:

During visit:
Rating Of Visit Interactions (ROVI)

Child and contact parent interaction at separation

<table>
<thead>
<tr>
<th></th>
<th>Child ⇒Non-res Parent</th>
<th>Non-res Parent ⇒ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marked difficulty = 1</td>
<td>Marked difficulty = 1</td>
</tr>
<tr>
<td></td>
<td>Some difficulty = 2</td>
<td>Some difficulty = 2</td>
</tr>
<tr>
<td></td>
<td>Few difficulties = 3</td>
<td>Few difficulties = 3</td>
</tr>
<tr>
<td></td>
<td>Normal range of behavior = 4</td>
<td>Normal range of behavior = 4</td>
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</table>

**End of visit:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses/ hears about next visit happily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>avoidant on parting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>* reluctance to part</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td># shows affection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td># says goodbye/waves warmly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>distressed from visit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>* ends visit appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: any items scored 1 or 2: these indicate key signs of anxiety.
Note: * new item
Note: # item modified from original (i.e., J. McIntosh, 2003)
Notes on visit interactions

Child and contact parent interaction

End of visit:

General:
Revised Rating Of Visit Interactions (RROVI)

Child and residence parent interaction at reunion

<table>
<thead>
<tr>
<th></th>
<th>Child ⇒Res Parent</th>
<th>Res Parent ⇒ Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked difficulty = 1</td>
<td>Marked difficulty = 1</td>
<td></td>
</tr>
<tr>
<td>Some difficulty = 2</td>
<td>Some difficulty = 2</td>
<td></td>
</tr>
<tr>
<td>Few difficulties = 3</td>
<td>Few difficulties = 3</td>
<td></td>
</tr>
<tr>
<td>Normal range of behavior = 4</td>
<td>Normal range of behavior = 4</td>
<td></td>
</tr>
</tbody>
</table>

On Reunion with RP

<table>
<thead>
<tr>
<th>Behavior</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>greets warmly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>clinging</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>avoidant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>*Shows distress from visit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>communicates about visit appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>*reunites appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: any items scored 1 or 2: these indicate key signs of anxiety.
Note: * new item
Note: # item modified from original (i.e., J. McIntosh, 2003)
Notes on visit interactions

Child and residence parent interaction

<table>
<thead>
<tr>
<th>Reunion with RP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>General:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Survey

The following information is to be collected for each family registered as a client of the centre during August 2003.

Centre ID: ___________

Background information on the mother

1. Is the child’s/children’s mother a client of the service?
   - Yes
   - No IF NO GOTO Q10

2. How old is the client (mother)? ____ years
   - Don’t know

3. Is the client of Aboriginal or Islander origin?
   - Yes
   - No
   - Don’t know

4. Is English the client’s first language?
   - Yes
   - No
   - Don’t know

5. Does the client have a disability?
   - Yes
   - No
   - Don’t know

6. On the client’s first visit to the centre what was her parenting role?
   - Contact or visiting parent
   - Resident parent
   - Don’t know
   - Not applicable

7. Has this role changed?
   - Yes
   - No
   - Don’t know
   - Not applicable

8. Was the client’s main source of income a government benefit, pension or allowance?
   - Yes
   - No
   - Don’t know
   - Not applicable
9. About how many kilometres from the contact centre did the client live?
   - Less than 5km
   - 5-14 km
   - 15-49 km
   - 50-99 km
   - 100-500 km
   - Over 500 km
   - Don’t know

Background information on the father

10. Is the child’s/children’s father a client of the service?
    - Yes
    - No  IF NO GOTO Q19

11. How old is the client (father)? ____ years
    - Don’t know

12. Is the client of Aboriginal or Islander origin?
    - Yes
    - No
    - Don’t know

13. Is English the client’s first language?
    - Yes
    - No
    - Don’t know

14. Does the client have a disability?
    - Yes
    - No
    - Don’t know

15. On the client’s first visit to the centre what was his parenting role?
    - Contact or visiting parent
    - Resident parent
    - Don’t know
    - Not applicable

16. Has this role changed?
    - Yes
    - No
    - Don’t know
    - Not applicable

17. Was the client’s main source of income a government benefit, pension or allowance?
    - Yes
    - No
18. About how many kilometres from the contact centre did the client live?
   - Less than 5km
   - 5-14 km
   - 15-49 km
   - 50-99 km
   - 100-500 km
   - Over 500 km
   - Don’t know

19. Does someone other than the mother or father use the centre for contact visits with the child/children (e.g. grandmother)?
   - Yes
   - No
   - Don’t know
   - Not applicable

20. Is someone other than the mother or father the child/children’s resident carer (e.g. grandmother)?
   - Yes
   - No
   - Don’t know
   - Not applicable

**Background information on the children**

21. How many children from this family attended the contact centre? ______

22. What was the age and gender of the each child who attends/attended the centre? Please fill in the table for each child who attends/attended the centre.

<table>
<thead>
<tr>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**History of service use**

23. When was the family’s first visit to the centre? _____/_____/_____

24. On the first visit to the centre what type of service was provided?
   - Supervised contact at the centre
   - Supervised contact off-site
   - Supervised changeover at the centre
   - Other (please specify) ____________________________________________
   - Don’t know
25. Which category best describes the frequency of this initial contact arrangement?
   - Weekly
   - Fortnightly
   - Monthly
   - Yearly
   - Other (please specify) ____________________________________________
   - Don’t know
   - Not applicable

26. On the most recent visit to the centre what type of service was provided?
   - Supervised contact at the centre
   - Supervised contact off-site
   - Supervised changeover at the centre
   - Other (please specify) ____________________________________________
   - Don’t know
   - Not applicable

27. Which category best describes the frequency of the current contact arrangement?
   - Weekly
   - Fortnightly
   - Monthly
   - Yearly
   - Other (please specify) ____________________________________________
   - Don’t know
   - Not applicable

28. How long has the family been using the contact centre? ______ years _____ months
   - Don’t know
   - Not applicable

29. During this period of time did the family ever stop using this contact centre for an extended period?
   - Yes
   - No
   - Don’t know
   - Not applicable

30. For how long did the family stop using the contact centre? ______ years _____ months
   - Don’t know
   - Not applicable

31. What issues did the family present with that the centre needed to be aware of and/or respond to? Tick all issues that apply.
   - Mental illness
   - Substance abuse
   - Conflict between parents post-separation (no domestic violence)
   - Domestic violence
   - Abduction concerns
☐ Child abuse concerns (alleged or proven)
☐ Child reluctance to have contact
☐ Parental alienation
☐ No previous relationship with the child/children
☐ Re-establishing contact after an extended absence
☐ Parent disability
☐ Other. Please specify ________________________
☐ The family presented with no issues
☐ Don’t know

32 What other services do you think would be/have been of benefit to this family?
☐ Individual counselling for parents
☐ Individual counselling for children
☐ Relationship counselling for parents
☐ Anger management
☐ Programs for substance abuse
☐ Financial counselling
☐ Mediation
☐ Conciliation
☐ Parenting after separation education
☐ Other. Please specify ________________________
☐ Family has no other service needs
☐ Don’t know
☐ Not applicable

33 When did the family stop using the centre? ____/____/____
☐ Don’t know
☐ Not applicable

34 What was the main reason why the family stopped using the centre?
☐ Too expensive for the client/s
☐ No suitable times
☐ Too far to travel for the contact or visiting parent
☐ Too far to travel for the resident parent
☐ Safety concern for staff
☐ Welfare concern for children
☐ Family moved on by the service to make way for new clients
☐ Other. Please specify ________________________
☐ Don’t know
☐ Not applicable

If there is/was more than one child who attends/attended the centre:

35 Do/did all the children have the same contact arrangements?
☐ Yes
☐ No
☐ Don’t know
☐ Not applicable

36 If NO, please describe how the children’s arrangements differ?
Referral process and orders made

ANSWER THE FOLLOWING QUESTIONS (Q37 – Q46) IN REFERENCE TO THE FAMILY’S INITIAL REFERRAL TO THE CENTRE

37 Who originally referred the family to the centre?
   - Client/s or client/s family or friends
   - Domestic violence service
   - Legal practitioner (solicitor or barrister)
   - Court (ordered to attend by a judge, registrar or magistrate)
   - Counselling service
   - State Department of Families (QLD) or Department of Human Services (VIC)
   - Other. Please specify _________________
   - Don’t know
   - Not applicable

38 Were these contact arrangements specified in a parenting order?
   - Yes
   - No
   - Don’t know
   - Not applicable

39 What type of parenting order did the family have?
   - A Court order by Consent – an Order made by agreement between the parties and approved by the Court
   - A Court Order by Judicial Determination – an Order made by a Judge, Judicial Registrar, Registrar or Magistrate after a court hearing
   - Don’t know
   - Not applicable

40 Was the order:
   - An Interim order
   - A Final order
   - Don’t know
   - Not applicable

41 In which court was this order made?
   - Family Court
   - Federal Magistrate’s Court
42 Was the contact or visiting parent represented by a solicitor or barrister?
   - Yes
   - No
   - Don’t know
   - Not applicable

43 Did a solicitor or barrister represent the resident parent?
   - Yes
   - No
   - Don’t know
   - Not applicable

44 Did the child/children have a separate representative appointed by the court for this initial referral?
   - Yes
   - No
   - Don’t know
   - Not applicable

45 Was the centre able to provide the contact as specified in the order?
   - Yes  GOTO Q 47
   - No
   - Don’t know  GOTO Q 47
   - Not applicable  GOTO Q 47

46 What was the main reason why the centre was unable to provide the contact as specified in the order?
   - Specified service full
   - Centre does not provide the specified service type
   - Centre not open at specified time
   - Safety concern for staff
   - Welfare concern for children
   - Other. Please specify ________________________
   - Don’t know
   - Not applicable

ANSWER THE FOLLOWING QUESTIONS TAKING INTO ACCOUNT THE ENTIRE PERIOD OF TIME THAT THE FAMILY HAS BEEN USING THE CONTACT SERVICE

47 Have any new parenting orders for supervised contact or supervised changeovers been made since the original referral?
   - Yes
   - No
   - Don’t know
   - Not applicable
48 Has there ever been a separate representative for the child/children appointed by the Court in this case?
   - Yes
   - No
   - Don’t know
   - Not applicable

49 Has there ever been a protection/intervention order for domestic violence in place for this family?
   - Yes
   - No
   - Don’t know
   - Not applicable

50 Who was specified as needing to be protected from violence on this order? Tick all that apply.
   - Resident parent
   - Contact parent
   - Child/children
   - Other. Please specify _______________________
   - Don’t know
   - Not applicable

51 Have the centre staff/coordinator ever been ASKED to write a report on this family’s visits for the court?
   - Yes
   - No
   - Don’t know
   - Not applicable

52 Who requested the report? Tick all that apply.
   - Client/s
   - Client/s solicitor or barrister
   - Child representative
   - Family report writer
   - Don’t know
   - Not applicable

53 Did the centre staff/coordinator ever WRITE a report on this family’s visits for the court?
   - Yes
   - No
   - Don’t know
   - Not applicable

54 Has this family’s file or the staff who supervised the family ever been subpoenaed by the Court in relation to this family’s case?
   - Yes
   - No
   - Don’t know
   - Not applicable
The following information is collected only once from each service

In the month of August 2003 (the period between 01/08/2003 and 31/08/2003):

55 How many families have undergone an intake interview? __________

56 How many families have been turned away because they met the centre’s exclusion criteria? __________

57 How many families have been turned away or placed on a waiting list because the centre’s services were full? __________
Appendix F: Contact centre exclusion and withdrawal policies

Declining cases

BEST PRACTICE: [name of contact services] are designed and managed to ensure a safe, neutral environment for all participants of supervised contact visits and changeovers, including clients, staff, students and volunteers. Policy around declining cases needs to be consistent, fair and transparent and support the goals of the service of keeping the Children’s Contact Services safe and child-focused. The Service will not take on cases which exceed the capacity of the Service to meet the individual needs of the child for support and protection from harm.

GUIDELINES:

The Service may decline to progress referrals, or refuse service from interviews where:

- Applicants are abusive or threatening to staff during telephone conversations in the lead-up to interviews, causing reasonable concerns about being able to maintain a secure working environment
- Where applicants refuse to sign their agreement to keep to Service conditions or where their behaviour at the time of interview causes concerns about their capacity or willingness to cooperate with Service conditions
- Where applicants refuse to provide screening information (ie sign releases of information) needed for risk assessment purposes (eg Police Records, Medical Records, Psychiatric Reports [if required] )
- Where there are reasonable concerns that the vulnerable parent’s, child/ren’s, or staff safety will be jeopardized by allowing contact to proceed (such as, but not limited to, where there have been ongoing or recent breaches of DVO’s, harassment, stalking, threats to or about the other parent, child/ren, their new partners and/or family members, recent threats of child abduction, criminal history of prior violence, recent threats of, or suicide attempts
- Where the child is adamantly opposed to contact, where the child threatens, or engages in, self-harming behaviours, threatens to, or runs away, threatens to, or engages in suicidal attempts, if pressured to see their separated parent
- Where the child expresses strong levels of fear of having contact with their separated parent, and their fear cannot be relieved by reassurance about how they will be protected during supervised contact visits
- Where the child threatens to harm their separated parent (and where the child is of a size/ strength where this causes reasonable concerns about the Service’s ability to ensure that parent’s protection)
- Where there is an unstable psychiatric disability
- Where the special needs or behaviour of the child/ren is beyond the capacity of the Service to manage during visits
- Where there is a criminal history of child abuse*
- Where there is a current investigation of child abuse claims*
- Where the complexity of the case exceeds the Service capacity in available expertise, such as where the case could reasonably require therapeutic facilitation of contact to progress the contact relationship, and this is not available due to resource constraints (Cases would be deemed complex cases where any of the following applied, but are not limited to these examples):
  - Substantiated child abuse
• Reluctant, resistant or refusing children as a result of realistic estrangement (due to exposure to family violence or other forms of child abuse)
• Reluctant, resistant or refusing children in cases where residential parents are highly resistant to contact, and refusing to prepare the children for, or support their rights to contact
• Where one or both parents is uncooperative in the arrangements to commence the contact visits.
• Where the complexity of the case could reasonably require long term supervision and this is not available due to resource constraints.
• Where Orders for supervised contact are Final Orders, and there is no expectation of progression out of the Service, and provision of long term supervision is not available due to resource constraints
• Where the residence of the residential parent is outside the geographical boundaries of the Service as noted in the Service contract.

* Denotes automatic exclusions

All decisions to decline contact will be made in consultation with the Manager of [name of contact service]. The Manager’s decision to decline cases is final.
Withdrawal of service

BEST PRACTICE: [name of contact services] are designed to reflect their vision of keeping children safe and secure, feeling valued as individuals, having the opportunity to express their feelings, to be heard, and treated with courtesy and respect. The vision includes parents feeling safe and secure, supported, and part of a team working with the service towards a formalised common goal. The vision includes a safe working environment for Staff. Service is withdrawn from clients who cannot, or will not, work with the Service to enable this vision.

GUIDELINES:

- Clients whose behaviour is threatening, intimidating or abusive to Staff, in person, by phone, or by written communication will have their Service withdrawn. Clients who are abusive in person will be asked to leave the premises at the time.

- Clients whose behaviour is threatening, intimidating or abusive to other clients at the Children’s Contact Centre will have their Service withdrawn and will be asked to leave the premises at that time.

- Clients whose behaviour before or after visits or changeovers at, or in the vicinity of the Children’s Contact Centre, is threatening, intimidating or abusive to their ex partner and/or their family members who accompany them, will have service withdrawn. There must be an independent witness to such incidents.

- Clients whose behaviour causes distress to their own children, and/or clients who will not respect Service conditions designed to protect the emotional and physical well being of their children, will have their visit stopped, and the problem behaviour will be discussed with them, away from the child/ren and their cooperation sought to desist from such behaviour. Should the client be non-cooperative, or should the behaviour be considered abusive, they will be asked to leave the premises at that time.

The Manager is to be notified, and will decide in consultation with the Coordinator and Supervisor involved in a Case Conference, whether it is appropriate to offer further assistance, support and/or referrals to enable the client to be more child focused, or whether it is deemed that this would not be appropriate or useful. A decision would be made about the appropriateness of withdrawing Service, and if so, both parents would be notified by letter, as would the Child Representative. If considered appropriate in the individual case, the client may be given the option to reapply to use the Service when they feel able or willing to behave in a more child focused manner. Reacceptance into the Service may be conditional upon the client demonstrating that they have attended education groups or had counselling to help them be more responsive and responsible parents.

- Clients who are excessively demanding on the Service, clients who are rude to Staff, and clients who are uncooperative with keeping to Service conditions, but whose behaviour does not warrant immediate withdrawal of Service, will be sent a warning letter, advising them of the nature of the problem behaviour, and what needs to change to allow continuation of Service. Should the behaviour persist, clients will be advised by letter that Service is withdrawn. Clients
will be given the opportunity to reapply to use the Service at such time as they feel they will be able to respect Service conditions at all times.

- Clients who attend for supervised contact visits or changeovers, and who are evidently under the influence of alcohol or drugs will have their visit or changeover cancelled. Clients will be contacted prior to their next booked visit or changeover, and reminded of Service conditions of not drinking/using drugs at these times, and referrals provided for specialised counselling if the client requests this. At this time staff will advise that a formal warning letter will be sent, advising that if there is a repeat infringement of this Service condition, that Service will be withdrawn. Should this problem occur again, causing two changeovers or visits to be cancelled for this reason, service will be withdrawn. Both parents will be notified by letter, and the Child Representative will also be advised in writing. The client will be given the opportunity to reapply to use the Service when they feel they will be able to abstain from alcohol or other drug ingestion around contact times.

- Clients who fail to attend for a supervised contact visit, without notification, will be sent a warning letter, indicating that if this happens again, their Service will be withdrawn unless there is reasonable justification for this (proof of an accident, or misadventure which prevented their contacting the Service at the time). Should such proof not be provided, and the client again fails to attend a visit without appropriate justification, Service will be withdrawn. Clients will be given the opportunity to reapply should they feel they will be able to commit to regular attendance.

- Where a child or children are in extreme distress or demonstrate fear in the presence of their visiting parent, the visit will be terminated if the child cannot be settled/reassured. No more than two attempted visits will be made to settle a child who exhibits high levels of distress/fear in the presence of their visiting parent. Should such a situation arise, the Child Representative is to be notified, as well as both parents, that Service is withdrawn.

- Where a child or children persistently and resolutely refuse to participate in contact visits with their visiting parent, and where every attempt has been made to provide appropriate support and reassurance, visits will be cancelled after three visits have been attended. In such cases, the Child Representative is to be notified as well as both parents that Service is withdrawn until such time as the children are willing to participate.

- Where a child or children exhibit extreme distress, refuses to leave, or strongly resists leaving the Centre for changeovers, Service will be withdrawn after three failed changeovers or three changeovers in which the child/ren have had to be taken from the Centre against their will by their visiting parent.

All decisions to withdraw service will be made in consultation with the Manager of [name of contact services]. The Manager’s decision to decline cases is final.