

LEGAL AID AND FAMILY SERVICES  
ATTORNEY-GENERAL'S DEPARTMENT

# Contact Services in Australia Research and Evaluation Project



Strategic Partners Pty Ltd

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# Contents

<b>ACKNOWLEDGEMENTS</b>	<b>I</b>
<b>EXECUTIVE SUMMARY</b>	<b>V</b>
<b>1. <u>INTRODUCTION</u></b>	<b>1</b>
1.1 Impact of Divorce and Conflict on Children	2
1.2 Contact Service Pilot Project	3
1.3 Research and Evaluation Project	5
1.4 Summary	7
<b>2. <u>COMMUNITY PERSPECTIVES</u></b>	<b>9</b>
2.1 Legal System	9
2.2 Community Organisations	11
2.3 Non-Funded Contact and Changeover Services	14
2.4 Men's Groups	15
2.5 External Networks	16
2.6 Summary	17
<b>3. <u>ORGANISATIONAL FACTORS</u></b>	<b>19</b>
3.1 Sponsoring Organisations	19
3.2 Advisory Committees	20
3.3 Role of the Co-ordinator	21
3.4 Staffing and Administrative Arrangements	22
3.5 Staff Support and Debriefing	23
3.6 Role of Volunteers	24
3.7 Summary	25
<b>4. <u>SERVICE DELIVERY</u></b>	<b>27</b>
4.1 Service Philosophy and Principles	28
4.2 Developing the Services	29
4.3 Venue and Location	29
4.4 Client Data	31
4.5 Intake and Assessment	38
4.6 Client Fees	42
4.7 Summary	43
<b>5. <u>SERVICE DELIVERY ISSUES</u></b>	<b>45</b>
5.1 Preparing Parents and Children	45
5.2 Parental Expectations	47
5.3 Vigilance	49
5.4 Staff Impartiality	50
5.5 Competing Demands	51
5.6 Working with Clients from Diverse Backgrounds	52
5.7 Working with Adolescents	54
5.8 Special Occasions	54
5.9 Service Flexibility	55
5.10 Dealing with Violence and Conflict	55
5.11 Self-Management as a Service Goal	56
5.12 Evaluation and Monitoring	59
5.13 Summary	61
<b>6. <u>COSTS OF GOOD PRACTICE</u></b>	<b>62</b>
6.1 Quality of Service Delivery	64
6.2 Costs of Service Delivery	65
6.3 Quantity	66
6.4 Timeliness	67
6.5 Summary	68

<b>7.</b>	<b><u>THE CHILD IMPACT STUDY</u></b>	
7.1	Findings Part I: Children in Contact Services and their Experiences	70
7.2	The Child Impact Study	72
7.3	Children's Experiences in Contact Services	74
7.4	A Special Scenario: Abduction and Children's Experiences of Visiting	82
7.5	Findings Part II: A Look at Outcomes:	88
7.6	Findings Part III: What Contributes to Good Outcomes?	90
7.7	Summary and Implications for Supporting Children in the Visiting Process	91
<b>8.</b>	<b><u>PARENTS IN CONTACT SERVICES: WHAT DO THEY HOPE FOR, WHAT DO THEY ACHIEVE?</u></b>	
8.1	Visiting Patterns and Problems Since Separation	94
8.2	Parental Conflict Prior to Using the Contact Service	95
8.3	How did Parents Come to Use the Contact Services?	98
8.4	Parents' Experiences of the Services	99
8.5	Parents' Views on the Outcomes of Using Contact Services	102
8.6	What Outcomes did Parents See for their Children?	105
8.7	Summary	107
<b>9.</b>	<b><u>GOOD PRACTICE IN CONTACT SERVICES – CONCLUSIONS AND RECOMMENDATIONS</u></b>	
9.1	Embracing Complexity	110
9.2	Features of Service Delivery	112
9.3	The Sponsoring Organisation	117
9.4	Extension or Expansion of the Program	125
9.5	Conclusion	126
	<b><u>Appendix One: Bibliography</u></b>	<b>1</b>
	<b><u>Appendix Two: Service Details</u></b>	<b>6</b>
	<b><u>Appendix Three: Discussion Paper</u></b>	<b>14</b>
	<b><u>Appendix Four: Unfunded Contact Services Telephone Interviews</u></b>	<b>26</b>
	<b><u>Appendix Five: Client Data</u></b>	<b>41</b>
	<b><u>Appendix Six: Why People Chose Not to Use the Service</u></b>	<b>50</b>
	<b><u>Appendix Seven: A Framework for Good Practice</u></b>	<b>57</b>

## Tables and Charts

### FIGURES

Figure 1:	<a href="#">External Network Map</a>	17
-----------	--------------------------------------	----

### TABLES

Table 1:	<a href="#">Total Changeovers</a>	32
Table 2:	<a href="#">Total Supervised Contacts</a>	33
Table 3:	<a href="#">Total Number of Open Cases as at 30 June, 1998</a>	34
Table 4:	<a href="#">Number of Children</a>	34
Table 5:	<a href="#">New Cases Opened – NESB</a>	36
Table 6:	<a href="#">Total Assessment Hours</a>	39
Table 7:	<a href="#">Ratio of Assessment Hours</a>	41

Table 8:	<a href="#">Assessed – Did Not Proceed</a>	41
Table 9:	<a href="#">Core Details</a>	62
Table 10:	<a href="#">Summary of Cost Effectiveness</a>	63
Table 11:	<a href="#">Cost Per Output Hour</a>	65
Table 12:	<a href="#">Total New Adult Clients</a>	66
Table 13:	<a href="#">Contact Service Opening Hours</a>	67
Table 14:	<a href="#">Research Methodology</a>	
Table 15:	<a href="#">Source of Referral</a>	
Table 16:	<a href="#">Satisfaction with Service</a>	
Table 17:	<a href="#">Could Parents Arrange Contact Between Themselves After Finishing in the Service?</a>	
Table 18:	<a href="#">Satisfaction with Current Contact Arrangements Compared to Visits at the Contact Services</a>	
Table 19:	<a href="#">Outcomes for Children by Non-Residential and Residential Parent</a>	
Table 20:	<a href="#">Matrix of Supervisory Options</a>	
Table 21:	<a href="#">Progression through the contact service</a>	

## CHARTS

Chart 1:	<a href="#">Total Changeovers</a>	32
Chart 2:	<a href="#">Total Supervised Contacts</a>	33
Chart 3:	<a href="#">Number of Children</a>	35
Chart 4:	<a href="#">New Cases Opened - NESB</a>	36
Chart 5:	<a href="#">Total Assessment Hours</a>	40
Chart 6:	<a href="#">Assessed - Did Not Proceed</a>	41
Chart 7:	<a href="#">Total New Adult Clients</a>	66
Chart 8:	<a href="#">Improvements Over Time for 12 Children (6 Supervised and 6 Changeover)</a>	
Chart 9:	<a href="#">Level of Domestic Conflict Prior to Separation</a>	
Chart 10:	<a href="#">Confidence of Parents Regarding Self-Management (n=62)</a>	
Chart 11:	<a href="#">Has Communication with your Former Partner Improved while in the Contact Service? (n=62)</a>	

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# Executive Summary

The negative experience of children in a family conflict or divorce is often compounded by the arrangements that are made for them to have ongoing contact with their non-residential parent. In many cases there has been violence, either to the child or the residential parent, in others the level of emotional conflict is threatening, and in yet other cases the length of time since the child has last seen the non-residential parent means that the relationship has broken down, or is non-existent. The level of violence and threat has meant that children either do not see their non-residential parent, or the contact is made in public places such as in front of a police station or in a park.s

Research indicates that although divorce and separation create significant levels of adversity for children, exposure to domestic violence and high conflict is the greatest risk to a child's well-being. Legal practitioners, refuge workers and others working in the fields of domestic violence, and family law have expressed concern about this issue for some years and some informal services have been established in response to it.

## Pilot in Contact Services

In 1995/96 the Federal Government through the Family Relationships Services Program (FRSP) in the Legal Aid and Family Services Branch of the Attorney General's Department allocated resources for the development and piloting of ten contact services which would provide changeover and supervised contact for children and their parents.<sup>1</sup> This initiative was consistent with changes (June 1996) in the Family Law Act which emphasise children's right to know, be cared for, and have contact with both their parents.

The ten services are sponsored by community non-profit organisations, with one in each capital city, except Sydney where there are two. There is also one in a major rural centre. The sponsoring organisations included locally based community centres, child and family counselling organisations, legal services and family, youth and children's services.

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<sup>1</sup> In November 1998, the Family Services Branch in the Attorney General's Department moved to the Family Relationships Branch in the new Department of Family and Community Services. The Family Relationships Services Program also moved over to the new Department. For the remainder of this report, reference to 'the Department' means the 'Department of Family and Community Services, Family Relationships Branch.

The main role of the contact service is to facilitate children's contact with non-residential parents. Although there is some variation in hours and availability, all ten services provide both service-based supervised contact and changeovers between residential and non-residential parents.

In March 1997 a consulting group was appointed to undertake an evaluation and research project designed to increase the understanding of the impact that contact services have on children, and the effectiveness, efficiency and appropriateness of services in this field.

The methodology used for the research and evaluation ensured an integration of the two major components of the project and included a detailed literature review, visits to each contact service, workshops, focus groups, interviews and a parent and child impact study. The methodology was both formative, in that it informed the services of emerging issues, and summative, in that it evaluated the results and outcomes of service delivery.

## Community Consultation

Consultation with key community stakeholders included Family Court judges, lawyers, community organisations, men's groups and unfunded services, through interviews and focus groups. People involved in the consultation expressed overwhelming support for contact services particularly in their provision of physically safe venues for changeovers and contact visits. The ten pilot contact services have established a strong presence in their local communities, within the legal system and, increasingly, amongst other community services.

There was also increasing support for contact services to create stronger links with counselling, mediation, and other family support services. This support has potential for further development by the contact services, particularly in the areas of counselling, mediation and parent education.

## Role of the Sponsoring Organisation

The development of the services has been influenced by the sponsoring organisations in which they are located and the philosophies, resources, and support which they have provided.

Although there are variations in the actual approaches, all of the services have implemented procedures which ensure the physical safety of all parties involved. This is a key priority and should remain at the core of all future service development. In two cases the approach to physical safety includes the employment of security guards. However, adopting this type of security remains a contentious issue.

There are a number of staffing issues which have emerged over the evaluation period including the need for a full-time coordinator whose roster includes weekend shifts, the need for staff with skills and expertise in working with children, and the value of highly skilled male workers in providing role models for non-residential fathers. The role of the coordinator is pivotal in the creation of a culture which is focused on the needs and experience of the children.

Administrative arrangements can be complex and require the active support of the sponsoring organisation. These services need to be viewed as seven day a week services requiring considerable administrative support. In addition the quality of service is in part dependant of the quality of the training, support, briefing and practice supervision provided to all staff.

## Client Data

There has been a steady increase in the numbers of clients using contact services, both for changeover and supervised contact, along with an increase in the complexity of visitation issues being addressed. During the period January to June 1998 contact services were responsible for 4774 changeovers and 1908 supervised contacts.

A simple analysis of current client data from across the ten contact services indicates wide ranging and often multiple reasons for clients using the services. Irrespective of the type of service clients used, the most common reasons for service were because of 'high verbal conflict', and 'threats of

After initial concerns, and in some cases resistance, parents value their involvement in contact services and express appreciation of the staff efforts.

## Service Delivery Issues

While the ten services had similar philosophies during the two years of the project, a number of different approaches to service delivery which have created debate within and across the services.

Self-management of contact and changeover is a major area of discussion and an issue for service development. To date, the steps parents have taken in moving away from the contact service and managing their own arrangements have been relatively ad hoc. Some services are now recognising the need to be more active in providing resources and support to parents in order to assist them to develop the skills and capacity to effectively manage in ways that improve their relationships with their child/ren. This can apply even in cases where supervision will always be required.

The next stage of development for contact services will require an ongoing, integrated approach to service planning and evaluation. Those services located in a sponsoring organisation which has a well developed planning cycle could become part of that process. Ongoing evaluation and research is a critical step for the future of this program, and services will need to pay close attention to the FAMQIS Project and its outcomes.

## Costs of Good Practice

While it is difficult to be exact about the costs of good practice, the following points can be made in relation to the currently funded contact services:

- Budget allocation is not an indicator of quality, quantity, timeliness or service cost.
- Services which provide high quality services have the following organisational characteristics:
  - part of an integrated counselling/welfare organisation;
  - commitment to supervision and training of staff;
  - high level of integration with other services internal to the organisation and in the community;
  - strong organisational support;
  - output costs in the \$46-\$91 per hour range;
  - full-time co-ordinators; (even when one is full-time due to other work within the organisation) this provides the flexibility for responsiveness to clients across a full week.
- There is a range of costs and client numbers within which contact services may operate and still deliver highly responsive, quality service.
- The quality and timeliness of contact services are also influenced by the resources available from the sponsoring organisation, the environment in which they are located and the responsiveness and support received from the local community.

## Developments in Thinking and Approach

A key development in thinking about contact services over the past two years has been towards a more inclusive focus on the child's emotional security and quality of contact experiences. This development in no way minimises the need for high quality safety mechanisms and processes which continue to be fundamental requirements. What is different is that greater thought is given to what is involved in re-building psychological security for each child and between the parent and child through the visiting process.

In tandem with findings from this evaluation and child impact research, this development occurred in many of the services as they became more experienced and engaged in the processes of changeover and contact.

The child impact research indicates that contact services are making a difference for many children in lessening their anxiety about visiting with their non-residential parent; assisting with the building of that relationship; and permitting them to feel secure enough to move forward. Parents in the study were more likely to agree than disagree about the progress being made by their children and this could be used as the base for increased communication and co-operation between them.

The findings from this evaluation and research project indicate a need for a further move in thinking, to incorporate both the physical safety and the psychological security of the individual with the active development (mending/creation) of relationships:

- Child's relationship with workers.
- Child's relationship with non-residential parent: this may be new, re-establishing, ongoing - in all cases it has new aspects which need to be negotiated.
- Child's relationship with residential parent may need some negotiation as the relationship with the non-residential parent develops.
- Residential/non-residential parent relationship re-focusing on their mutual parenting roles and on the needs of their child, working towards a minimal agreement about how visiting might continue to proceed in the future, with or without the help of the contact service.

## Encouraging Self-management

One of the key goals of contact services is to assist clients to move, where possible, towards self-management, both in terms of changeover and supervised contact arrangements. Some of the concerns regarding this service goal include: the number of clients who are court ordered, and the clients for whom self-management will never be an option.

Currently there is no evidence of increased communication between parents during their involvement in the contact service. Services provide a 'holding space' in which direct conflict is reduced, however there is limited action being taken which might increase the skills and capacity of parents to move forward.

In fact, with increased time, both parents and children lose confidence about their capacity to manage without the service. This needs to be effectively addressed in case planning and management.

In light of this project's findings, a good practice contact service would acknowledge the spectrum of complexity amongst clients and have policies and procedures to address it. Within the limitations of each family system and set of circumstances, services would aim to help families re-establish some sense of equilibrium in visiting, trust in the process, belief in its worth and where appropriate, skills to move forward to self-management. Some of the issues which need to be considered include:

- Time is a critical factor in the process:
  - It takes at least six weeks for children to settle into the visiting process;
  - It takes at least six months for the foundations of the relationship between child and visiting parent to be laid, re-layed or mended;
  - With continuous, predictable visits over time, security can be built.

This finding has major implications for service development.

## Focusing on the Child

To date, contact services have been designed and oriented for parents more than children. As has been found internationally and confirmed in this report, contact and changeover are often more difficult for the child than for the parent. The research has identified some of the factors which help maximise the benefits for the child from the contact service experience. These include:

- An introductory visit and discussion with the child to familiarise the child with the contact service and its procedures and to gauge, from the child's point of view, what some of the critical factors are likely to be in the visit and to empower them to discuss and arrange strategies that might help.
- Sensitive and timely facilitation of children during visits to ease distress and foster interactions with the visiting parent.
- Sensitive changeover procedures. For example having the child walk long distances between parents adds unnecessarily to the tension and sense of it being 'unsafe'. Ideally, the parents should move in and out of the child's play space, rather than moving the child between parents.

- The use of space and resources. Many of the services have an atmosphere of play and enjoyment and this has an immediate impact on the child. When there are other activities happening in the space alongside other children visiting, the environment becomes more “normal” for the child.
- Briefing and debriefing the parents would also assist the child.
- The provision of facilities and a service structure for older adolescent children.
- Providing positive guided play experiences during visits similar to those in playgroups where mothers learn to play with their child. This experience is seldom available to fathers and there is an assumption that it is easy to ‘play’.

As an aid to working effectively with families, it is also suggested that a client service plan be developed which addresses these issues. Some examples of the approaches that could be taken to the development of client service plans include:

- Orientation visits for children prior to attending for contact or changeover, allowing where appropriate for the child to contribute to their own service plan, allowing also for the residential parent to settle the child before contact; de-briefing of the residential parent and child after contact.
- A service plan for the residential parent would include orientation, briefing and de-briefing, a changeover diary so that the residential parent can write any childcare instructions for the non-residential parent to read or staff member to pass on.
- For the non-residential parent the service plan could include a briefing and de-briefing session, orientation, referral and reference to parenting programs and other support.
- Review of each service plan at strategic and frequent intervals.
- In all cases the client service plan would include specified points for review and updating of progress within a framework of moving towards self-management.

#### *RECOMMENDATIONS*

- 1. That the whole family be regarded as the client of the contact service, requiring a greater focus on the needs of the children than has been evident to date, carried out in such a way that the impartiality of the service is not compromised.*
- 2. That contact services develop a range of interventions and approaches to meet the specific needs of all family members, with an emphasis on, where possible, working toward independent management of changeover.*

3. *That each contact service should develop a client service plan which has three key aspects; the child, the residential parent and the non-residential parent. In addition the service plan should address the key stress points for the child with strategies to deal with these.*
4. *That services adopt procedures to better cater for the needs of older adolescents.*
5. *That an introductory orientation visit be a standard component of all service assessments to ensure that parents and children are assisted to understand and contribute to what is going to happen in the visits.*

## Managing Contact Services

The management of contact services requires that all processes and procedures be viewed from the perspective of the effect on the child. This will impact on all aspects of the operation of the service, the management structure and day-to-day on-site and off-site actions of the staff.

It is clear that, in the establishment of the ten funded contact services, considerable attention has been paid to safety issues and the logistics of moving people safely from one point to another. It is not however clear that equal attention has been paid to the need for children to feel secure and at ease in the situation.

While it is critical to maintain the level of awareness of family violence and its implications for the safety stance of the contact services, and to ensure that the level of incidents is kept to a minimum, there are also other essential factors which need to be considered.

Sponsoring organisations have had a major influence on how contact services has developed. Some of the critical features which have contributed to this include the following:

- Commitment at all levels of the organisation to the contact service.
- Understanding of the implications of domestic and family violence for service delivery.
- Child and family focused philosophy which supports the emerging service model.
- The range of supportive services within the organisation.
- Strong external networks and collaborative relationships with allied organisations within a community development framework.
- Clear documentation of policies and procedures.

- Child-focused physical environment, ensuring safety and security for children and parents.
- Consistent practice supervision and training for staff.
- A planning approach which integrates action research and evaluation.

The sponsoring organisations which hosted the ten pilot contact services demonstrated differing levels of commitment to and understandings of the role and function of such services. Clearly, in the move to a greater understanding of the experience and needs of children, along with a focus on the development of positive relationships between the parent:parent and parent:child, the Board and management of services will require a particular commitment to such issues as staff selection, supervision and support, venue location and design and flexibility in service models.

Fundamentally the sponsoring organisation requires a commitment to the rights of children and the processes necessary to ensure their best interests in difficult circumstances. Management of contact services will require an ongoing commitment to a service which does not neatly fit into a number of organisational models, given the out of hours service delivery, the particular skills and training required and the approach to working with the whole family.

It is critical that contact services are located within a strong sponsoring organisation capable of providing the necessary support, both administrative and developmental.

Advisory committees have a valuable role to play in the future and this needs to be strengthened beyond the establishment phase. While it is expected that the Board of the sponsoring organisation will deal with issues of accountability, the advisory committee can play a major role both in network development and case review.

#### *RECOMMENDATIONS*

- 6. That a model such as that described in the final chapter (progression through the service) be adopted by contact services, for appropriate families, as a way of assisting families towards self management of changeover.*
- 7. That the sponsoring arrangements be strengthened in any future tendering process by all applicants for funding including a statement of commitment in the form of in-kind and/or monetary support, qualitative support in terms of service provision, as well as a statement of support or agreement with the aims of the contact service.*

8. *That the management committee or board of the sponsoring organisation appoint a sub-committee (including community representatives) to act as the advisory committee for the contact service with clear lines of accountability to the board.*
9. *That sponsoring organisations provide the necessary administrative and financial accountability support to the contact services and where possible include reception support.*

## Workforce Capacity

One of the early objectives of the evaluation was to identify the qualifications and training needs for workers in contact services. It now appears more useful to discuss the skills and qualities that are required to work in this area, and which include:

- A capacity to manage complexity.
- The ability to establish rapport with all parties.
- The capacity to anticipate, diffuse and handle conflict.
- A child-attuned focus and the capacity to understand the visiting experience from the child's perspective.
- A repertoire of skills to engage children and to facilitate engagement between the child and the parent.
- The ability to 'spot' and respond to a child in distress even when the outward signs are barely visible.
- The capacity to elicit, model and foster appropriate parenting behaviour and responses.
- The ability to remain actively engaged on behalf of the child and in their interests over a period of time and, often, from a distance.

Clearly the knowledge of domestic and family violence is the framework within which these skills are developed. In addition the capacity to develop community linkages and networks is a critical skill for co-ordinators.

The selection, training and supervision of staff underpins any organisation's capacity to deliver a quality service. Clearly, written practice guidelines should not substitute for hands on training and experience, supported by practice supervision.

Effective sponsoring organisations will offer an established professional supervision and staff development structure to support direct contact work. Articulated human resource policies and a commitment to staff quality, and hence quality service, must be a key feature of future contact service sponsors.

Professional supervision in contact services also needs to ensure that debriefing support for staff is a key aspect of the service, and a further factor supporting the need for full-time co-ordinators to be employed.

#### *RECOMMENDATIONS*

- 10. That co-ordinators focus their attention on service development, case planning for client families, and the supervision, training and support of the staff team.*
- 11. That a national training strategy be developed by the Department for the expanded range of contact services, focusing in the first instance on advancing child related skills.*
- 12. That co-ordinators work rosters that allow regular observation and training of staff. This could be managed through a staffing and rostering plan that provides for formal briefing, de-briefing, practice supervision and training.*
- 13. That, in preparing budgets for contact services, sponsoring organisations include an allocation for a full-time co-ordinator position.*

## Planning and Evaluation

This evaluation and research project identified considerable gaps in this aspect of the contact services, with minimal evidence of strategic planning or business plans for any service. Given the sector emphasis on standards and the commitment of the Department to quality service outcomes such as the FAMQIS Project, it is critical that this aspect of the contact services be strengthened.

As with all programs funded under the Department, the contact services will need to take heed of the approval requirements, the contracting framework and the overall quality components within the FAMQIS project. They will need to develop a clear focus on client outcomes and become accountable for meeting their contracted targets. This, as with all funded services, represents a shift in thinking and a challenge to management and overall service delivery.

The development of a 'culture of enquiry', incorporating action research and the documentation of practices in contact services, is now possible after three years of operation and the creation of the FAMQIS project. This will require backing from sponsoring organisations and location of contact services within sponsors which have the capacity and commitment to support such practice.

*RECOMMENDATION*

*14. That the next step in the development of contact services include the integration of monitoring, planning and evaluation into the service model. This should include longitudinal research to further explore outcomes for children from diverse backgrounds to contribute to ongoing service development.*

## Integrated Service Model

A key factor for contact services needs to be their integrated approach to service delivery, focusing on the needs of the children and both parents, thus ensuring a holistic response. This may require internal relationships and/or external linkages (over and above current arrangements) which are built on collaborative approaches and protocols.

Analysis of current networks of the contact services demonstrate that legal services represent those in closest liaison. This project has identified the need for this to expand to include services which concentrate on relationship building - counselling, mediation and parenting skills. These services are critical to the promotion of a graduated model of self-management.

It is likely that traditional referral procedures will not be appropriate for the contact service client group and this may require innovative approaches to encourage clients to accept referral. Innovative and flexible service delivery models may also be required with isolated rural communities.

In addition, the development of appropriate service models for people from Aboriginal and Torres Strait Islander communities, and people from culturally and linguistically diverse backgrounds, will require new forms of collaboration and co-operation.

*RECOMMENDATIONS*

*15. That contact services be sponsored by organisations which have a range of services appropriate to the needs of the client base.*

16. *That contact services demonstrate knowledge of the network of family, legal and domestic violence services in the local community and actively refer clients to appropriate services as required.*
17. *That there be liaison with ethnic advisory bodies and community groups to explore ways that workers with language skills can be recruited to support the work of contact services.*
18. *That the possibility of locating a contact service in an existing multicultural service be explored.*
19. *That models for service delivery with Aboriginal and Torres Strait Islander communities be explored and funded.*

## Environment

Currently the ten contact services are centre-based; however, given the need for innovative approaches to service delivery discussed above, this may not always be the case – off-site services may be developed more extensively in the future. Nevertheless, there are a number of principles which apply in a centre-based service which should be adapted for all models. Currently there is considerable variation in the buildings in which contact services operate. Each has advantages and disadvantages giving varying degrees of flexibility and suitability for the required changeover and supervised contact functions. An analysis of the building facility requirements suggests that there are some key requirements which include:

- Clear separation of both parties so that the residential and non-residential parents do not see/meet each other. This includes travel, car parking, entrances, and waiting areas.
- Capacity for staff to observe all aspects of the facility including arrival and departure points, entrances, waiting areas.
- Areas to allow for a range of levels of supervision according to the degree required to provide for the safety and well-being of children.
- Layouts that provide for parents to move through the building rather than children having to be transported between parents.
- Age appropriate equipment and facilities, including outdoor play spaces, to include older children.
- Areas to accommodate family groups for special occasions.

### RECOMMENDATIONS

20. *That, where centre based, the facility requirements outlined above be a condition of funding in future tendering processes. Where services are adopting other models the inherent principles should be addressed.*
21. *That issues of accessibility and public transport be considered so that when services are centre based they be located so that both parents do not have to travel to or from the service on the same transport.*

## Expansion of the Program

There is a clear message from the evaluation and research undertaken for this project, that the contact services established by Legal Aid and Family Services, Attorney General's Department, have made a significant difference to the lives of the parents and children who have used them. Parents were overwhelmingly positive in their comments about the services, in spite of some wishing that they did not have to use them and feeling bitter about the process that led them to this point.

The evidence suggests that the need for such services will continue and that there will continue to be pressure for new ones to be established in other locations.

It has recently been announced that additional resources are to be made available for the establishment of new contact services, and there are a number of priorities which could be addressed in this context including:

- Ensuring that all services have a full-time co-ordinator;
- Expanding the capacity of the contact services to undertake the work indicated in this report.
- Developing a planning and review process for all services.
- Linking of contact services with a range of family support and counselling services, as part of an integrated service model.
- Ensuring that a self-management model for families is an integral part of the future service structure.
- Addressing the optimal physical environment for parents and children.
- Developing staff skills in working with the children and managing their anxiety and distress.

In addition, it will be crucial to develop an awareness campaign about the existence, role and function of contact services, particularly targeted at Family Court judges and the legal profession.

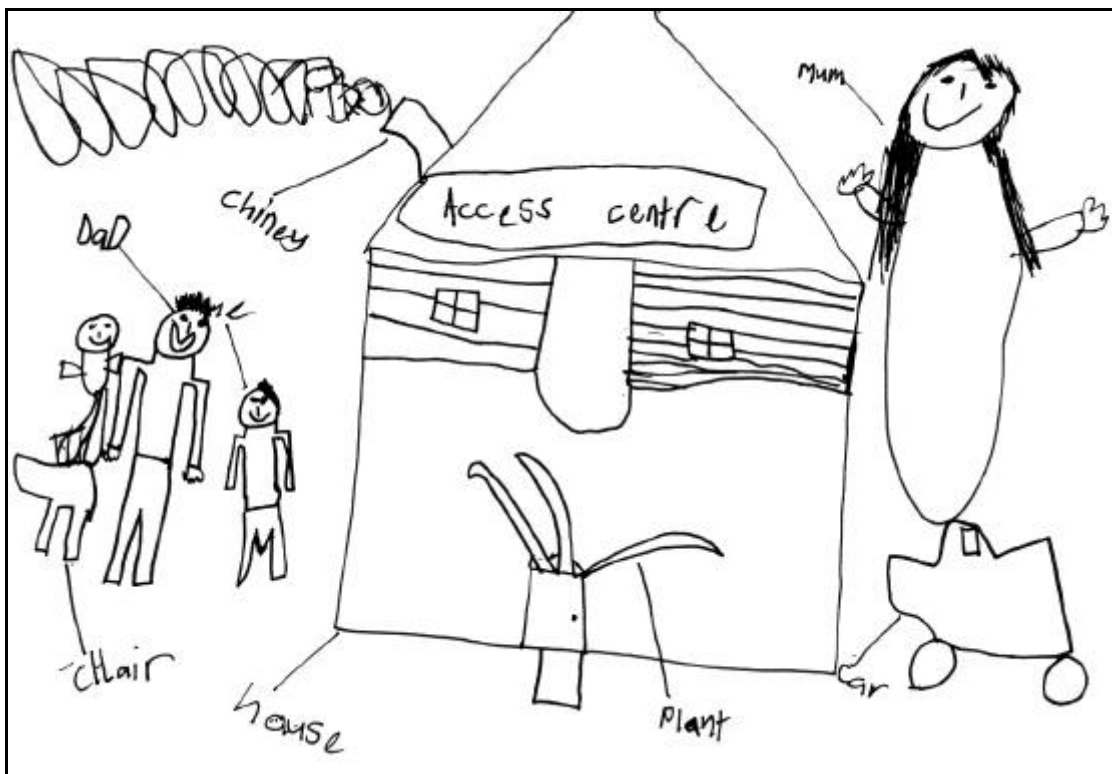
*RECOMMENDATION*

*22. That an awareness campaign be developed to coincide with the establishment of the additional contact services.*

The role that the services can play in assisting parents to move to self-management and to improve their parenting role has yet to be fully explored. However, the potential is enormous. In particular these services have access to a group of men who rarely use any community services and who may well benefit from other education or counselling programs. The opportunity for positive outcomes with this group should be progressed.

The establishment of ten funded contact services as a pilot project has demonstrated the Government's commitment to ensuring that children's relationships with their parents are protected and enhanced. What commenced as a recognition of the need to provide a physically safe venue for changeover and contact with non-residential parents has expanded to include an understanding of the particular needs of children and their parents for a range of support and resources so that they can more effectively manage these arrangements. The next phase of development will present a new range of challenges as the knowledge and skill base within organisations develops, and new services join the network.

# Chapter One



## INTRODUCTION

# 1. Introduction

On any weekend, in any city or town in Australia there will be children spending time with a parent that they do not live with and, in some cases, do not know very well. In many of these cases the contact between the child and the non-residential parent is fraught with conflict and tension, and even emotional and/or physical violence between the parents. For some of these children the desire to see their non-residential parent is overwhelmed by the associated emotional turmoil, while for others there is considerable fear associated with seeing a parent who has been violent and/or abusive to either themselves or their other parent.

To lessen the threat or incidence of violence, conflict and abuse many residential parents refuse to allow contact between their children and their non-residential parent, while others ensure that the contact arrangements take place in a public place such as a shopping centre, park, outside a police station or in McDonalds. Over the past few years a number of non-government welfare organisations have initiated services which assist parents to deal with this situation.

For a small group of children, and their parents, there are now alternatives to the public and often negative environments which previously marked the meetings and visits that they had with their non-residential parent. The children's contact services (including changeover and supervised contact services) which have been funded by the Commonwealth Department of the Attorney General provide a safe environment within which these meetings and visits can occur and lessen the opportunity for tension, conflict and/or violence. The ten contact services commenced as a pilot program and will move on to become an ongoing program in their own right.

Given the level of threat and/or actual violence that has led to the need to use a contact service, physical safety has been a priority in the establishment of these services. Separate parking facilities and entrances lessen the need for contact between parents, timing of arrivals and departures and the use of security cameras or even security personnel are all part of ensuring that all parties feel safe.

While each of the services has its own unique atmosphere, created by the venue, staffing arrangements, location and service philosophy, there are some common elements which apply. Contact services are safe in that they are conscious of the need to provide a physically secure environment for parents and children; they are designed in such a way that there is little opportunity for the two parents to meet.

In addition, there is a comprehensive assessment process which allows the staff to understand the context for the visit of each family.

The most common approach in the contact services is for the child to arrive with their residential parent and come into an open, comfortable space where they are met by a worker. When appropriate, the residential parent leaves and the child waits a short time with the worker until their non-residential parent arrives. At this point they either leave with the non-residential parent or stay and visit with them if supervision is required.

Most of the services have put considerable thought and effort into creating an environment which is child friendly and provides a range of opportunities for parents and children to interact; there are toys, games and books and often outdoor play equipment for more active play.

Staff supervising the contact visits will often assist the non-residential parent to find age appropriate games and toys to play with, or will model ways to interact with young children. For those fathers who are visiting with very young children or babies there is always help on hand to ensure that the visit is as positive as possible.

## 1.1 Impact of Divorce and Conflict on Children

**In Australia, divorces in 1997 involved 51,742 children under the age of 18. In that year, 51,288 couples were divorced, this figure dropping from 52,466 in 1996.**

**During 1997, 21,690 applications for contact were filed in the Family Court, with a further 2,268 in the Family Court of Western Australia.**

**Approximately 30,000 domestic violence restraining orders are granted each year. (1997-98 Family Court Annual Report).**

There is little doubt that divorce is a major adversity in the lives of many children and that separation or divorce which has been associated with violence and/or abuse has significant short and long term impact on the child's development.

Recent research has explored the diversity and complexity of the adjustment process for children, the pathways of response and the characteristics of children and parents that increase resilience to divorce trauma. Overviews of research indicate that the degree of emotional trauma experienced by a child during or after parental divorce is influenced by such factors as the personality of both parents, quality of bonding, quality of attachment prior to separation, parenting styles, the child's resilience and the support from the extended family (Theissen, 1993; Fine, 1987).

Findings from recently published research on the consequences of marriage breakdown, concludes that it is parental conflict and family process, not divorce per se, that impacts on children's well being (Funder, 1996; Kelly, 1993; Amato, 1991, 1998). Divorce and separation often involve high levels of conflict, aggression and violence between parents which can be witnessed by the child, creating confusion, fear and anxiety. This pattern is not unique to Australia and can be seen in similar ways in other Western countries. The greatest risks to a child's mental health come through a history of domestic violence, unresponsive parenting styles, poor attachments, high and open conflict between parents during separation and subsequent contact disputes (for example see McIntosh, 1997; Mertin, 1996).

An increasing number of services concerned with family issues related to divorce and separation, including those of contact and ongoing parental contact have developed over the past few years.

*... divorce will end more than one in three marriages contracted during the 1980's and will affect the lives of one in six children before they reach the age of eighteen (Funder, 1996:15).*

*It is commonly assumed that violence by men towards wives or partners ceases upon separation and/or divorce. However, this is often far from the truth and it means that the Courts may inadvertently act in ways which put women and children further at risk (Wyndham, 1996:8).*

This points to the critical need to provide safe and secure options for contact between fathers and their children which do not endanger their former partners or the children.

## 1.2 Contact Service Pilot Project

Contact services are part of a range of initiatives by the Commonwealth Government which help prevent family breakdowns, as well as helping those undergoing separation and divorce.

Legal practitioners, refuge workers, and others working in the area of family law have expressed considerable concern about the need for services which provide children with the ongoing opportunity to maintain a relationship with both parents, and parents with contact with their children, while at the same time ensuring the safety of the parents and the children. In many cases the level of domestic or family violence has been extremely high.

Various advisory committees and conferences have raised this issue, including the Joint Select Committee on the Family Law Act (1992), the National Committee on Violence Against Women (1992), the Australian Law Reform Commission (1994), the Family Law Section of the Law Council of Australia (1991 and 1993), along with submissions from a range of community and women's organisations and individuals.

The development of contact services is consistent with recent changes (June 1996) in the Family Law Act which emphasise children's right to know, be cared for, and have contact with both their parents. The Family Law Reform Act 1995 set in place the most far-reaching reforms to the Act since its introduction in 1975 and represent *...a significant shift in emphasis away from considering the needs and rights of parents as the primary concern to considering the rights of the child as the fundamental focus* (Family Law Act Overview, 1995).

The Children's Part (VII) of the Family Law Act has been entirely redrafted to place focus on the best interests of the child(ren). The concepts of custody, contact and guardianship, which imply ownership of children by parents, have been replaced with the statutory concept of parental responsibility (Government briefing paper, undated).

In 1995/96 the Federal Government, through the Family Relationships Services Program, which was at the time administered by the Legal Aid and Family Services (LAFS) Division of the Attorney General's Department, allocated resources for the development and piloting of a set of services that would provide changeover and visiting services for children and their parents. This initiative was part of the National Women's Justice Strategy and called Facilitated Handover and Visiting Centres.<sup>2</sup>

Funding for ten contact services was approved, commencing July 1, 1996. The aim of the contact services is to provide a safe place for supervised contact and changeover, in order to support children and their parents in sustaining or developing their relationship, where independent management of contact is not possible for varied reasons. In each case the contact service has a sponsoring organisation which is responsible for the

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<sup>2</sup> In November 1998, the Family Services branch in the Attorney General's Department moved to the Family Relationships Branch in the new Department of Family and Community Services. The Family Relationships Services Program also moved over to the new Department. For the remainder of this report, reference to 'the Department' means the 'Department of Family and Community Services, Family Relationships Branch.'

management of funds and staffing as well as ensuring that the service conforms to the guidelines provided by the Department (See Appendix Two for organisational and service profiles).

Family Relationships Services Program Guidelines for contact services provided by Legal Aid and Family Services (LAFS) (Jan. 1997) state the purpose of the funded contact services as being to:

*...enable children of separated parents to have contact with both their parents where this is appropriate and possible, ensuring safety and autonomy for all concerned. The specific responsibility of contact services within this objective is to promote the safe and appropriate transfer of children between separated parents, and safe and appropriate interaction between the visiting person and the child during visits. Contact services pursue these objectives through the provision of supervision and facilitation of changeover and the supervision and facilitation of visits. In some cases independent management of visits will be seen by the parties as a desirable and viable goal (Legal Aid and Family Services, 1997:3).*

An open tender process called for expressions of interest, to run pilot contact services, from community based voluntary organisations which are incorporated, non-profit making and managed by an elected board, or equivalent. Selection criteria were developed, and applied to applications, to ensure that the best options were selected.

Funds were broadly allocated on a population basis so that there was at least one service in each State/Territory. There are two services in Sydney and one in every other capital city, with one service in Mildura, a rural centre. (See Appendix Two for details).

## 1.3 Research and Evaluation Project

Following the establishment of the ten contact services, a brief was advertised by Legal Aid and Family Services for consultants to undertake an evaluation and research project over a two year period, commencing in March 1997.

The project aimed to increase (through research) the understanding of the impact contact services have on children, as well as (through evaluation) the rationale for Government involvement and the efficiency, effectiveness and appropriateness of services in this field. Based on this research and evaluation, the project results and conclusions will provide the basis for future policy and program development.

## Terms of Reference

- To evaluate the effectiveness of the changeover and visiting services in achieving the goals of the sub-program which are to facilitate the safe and appropriate transfer of children between separated parents, and promote safe and appropriate interaction between the visiting person and the child during supervised contact visits.
- To compare the effectiveness of the various models of service, including specifically the use of fee for service.
- To identify the client group and how they are referred (including specific court orders).
- To consider the apparent impact of the availability of the services on the making/ seeking of orders or on reaching agreements.
- To identify outcomes and satisfaction for the various clients of the services (parent having contact, parent with whom the child resides, or parents with split residence orders, and the children), and for those who were not accepted either because of unsuitability, or unavailability of a service.
- To consider links with relevant referral and support services.
- To identify relevant issues for policy development.
- To provide a review of the national/international literature on changeover and visiting services, and on the effects on the well-being of children of maintaining contact with a parent where there are significant difficulties with contact and visiting, particularly where there has been a history of violence in the family. This review can be found in Appendix Three.
- To undertake a study of the experiences of children of changeover/ visiting with a parent at the changeover and visiting services.

The following tasks were undertaken by the consultants during the research and evaluation project:

- An in-depth summary of existing models as described in literature and research.
- Identification of the key issues related to working with children and parents in situations of conflict over contact arrangements.
- An evaluation of the effectiveness of service provision complemented by sensitive and credible research assessing the impact on the well-being of children.
- Development of practical and considered implementation strategies for good practice which acknowledge differing approaches in States and Territories and the unique situations of the varying services.

- Recommendations of ongoing strategies to promote the development of improved practices within organisations providing these services during the life of the project.
- Strengthening of working relationships between services.
- Identification of staff development requirements and changes in organisational practices which will be needed to support the recommended strategies.
- Preparation of a framework for a good practice resource kit (see appendix seven) for use by existing and potential contact services.

## Methodology

A comprehensive methodology was developed which ensured the integration of the research and evaluative components of the project. In brief, the methodology included a detailed literature search, visits to each contact service (three times during the course of the project), workshops with co-ordinators from the contact services, regular meetings with the Steering Committee, focus groups and interviews with key stakeholders at State and local levels, parent and child impact research. This latter study provided observations of a sample of 49 children (aged 9 months to 13 years) and their parents over time in the contact service, as reported in chapters 7 and 8. The resulting data, both quantitative and observational, provide a powerful and moving picture of children's experiences in using contact services at various points in the visiting process, exploring a range of outcomes across different circumstances. The study in particular explores the complexity of tensions experienced by the visiting child.

The methodology was both formative and summative, in that it informed the services of emerging issues and contributed to their ongoing development; in addition an outcome of the project will be a framework for a good practice resource kit which will provide some standards and quality benchmarks for practice.

## 1.4 Summary

Research indicates that although divorce and separation create significant levels of adversity for many children, the greatest risk to a child's well-being comes through being exposed to domestic violence, high conflict and ongoing disputes.

Recognition of the impact of conflictual separation and divorce has led to the development of a number of new service approaches including services designed to support parents to manage ongoing relationships with their children in a safe, secure environment.

The Attorney General's Department established ten contact services around Australia to pilot and provide supervised contact and changeover services. A two year project was designed to evaluate the services and to research the impact of the services on the children and parents who use them. The project methodology was designed to ensure that the evaluative and research components overlapped and informed each other and engaged the services in each phase in the most appropriate and effective ways. In that regard the findings informed the development of the contact services over the two years.

A key aspect of this project was the cumulative nature of the methodology. It was not a static process, but rather one which evolved during the course of the project, while remaining consistent with the key objectives.

This report draws together the key finding of the two year evaluation and research project from the perspectives of key community stakeholders, sponsoring organisations, service providers, and the parents and children who use the services. The final chapter explores the particular features of an effective contact service which moves beyond the initial focus on physical safety to a consideration of the experience of the children and the interventions required to facilitate a positive outcome in the relationships that are central to their development.

# Chapter Two



## COMMUNITY PERSPECTIVES

## 2. Community Perspectives

The ten funded contact services operate in an environment of major change at all levels of society, from shifts in family expectations and values, to major restructure in government departments and programs. It is some of these changes that have led to the need for contact services.

This chapter examines the perspectives of some of the key stakeholders in the community including Family Court judges, lawyers, community organisations and special interest groups. Interviews and/or focus groups were arranged to garner these perspectives both at a national and at a service level. In addition, literature has been summarised where it is relevant. In the second part of the chapter the role of contact services in developing a network of support has been examined.

### 2.1 Legal System

In a report to the Attorney General from the Family Law Council (June, 1998), on enforcement and penalties related to child contact orders, the role of contact services was discussed. While the Council does not consider such services to be ideal locations for children to meet with their non-residential parent there is an acknowledgment of the need for such services.

*The services, particularly those which are subsidised by government, usually have trained staff. The services provide a safe haven for transferring children between separated parents and facilitate safe and appropriate interaction between parents and their child or children during supervised visits (Family Law Council, 1998:57).*

The Council identified that in situations where there has been considerable conflict and/or violence it is often impossible for the two parents to be in contact at any time; there may also be situations where the child is at risk from abuse and/or abduction and therefore unable to be left with the non-residential parent without supervision.

The Council confirms that in these situations, prior to the establishment of contact services (and in many locations still) parents had to make informal arrangements for changeover and/or supervised contact including using relatives, pick ups from school, McDonalds, and police stations. In a few cases, parents are able to employ commercial operators to provide either the changeover service or supervise the contact, usually in a public place such as a park.

The Family Law Council report noted that there are a limited number of funded contact services and supported the expansion of these as funds become available.

Sixteen Family Court judges in four locations (Perth, Adelaide, Melbourne and Canberra) were interviewed for this project. When interviewed, they described the contact services as “a safe, secure environment for children to be handed over or seen by their fathers, separate from parental conflict.” In addition, a number of the judges saw the key functions of the contact services as supporting the reintroduction of children and fathers; providing assistance with parenting skills for inexperienced parents; assisting children who are reluctant to spend time with the non-residential parent; and providing a “safety valve” where there has been an escalating level of conflict and/or violence.

In the opinion of the judges, the main value of the contact services is their independence which ensures a safe and secure environment for children to have contact with their non-residential parent. The judges regard this independence as critical to the ongoing success of the services.

*There is a valuable holding role that these services play which allows parents to move through the grieving process which is particularly useful and should not be hurried by pushing parents to make decisions before they are ready (Family Court Judge).*

The implications of not having contact services in the future would mean that, in some cases, judges would be hesitant about ordering any contact; there would be fathers that would not see their children at all; and women and children would be at greater risk of violence. In addition, there would be decreased options for parents to reach some agreement and/or complete parenting plans, and a return to unsatisfactory changeover arrangements.

All of the judges maintained that there are insufficient contact services in urban and rural communities and that the services have become an invaluable component of the service system. They believe that the contact services have had an impact on reducing the number of litigations returning to court, and the costs of expensive legal battles. Judges also believe that contact services are contributing to the ability of people to reach agreements about changeover and contact arrangements.

While the judges reported using non funded services at various times, they expressed concern about the standard of these services and the costs involved.

In considering the future development of contact services, the judges stated that there is a need for counselling and mediation services for parents as well as parenting skills programs which could be linked to, although not part of, contact services. They were concerned that contact services not try to expand their role in a way that would threaten their independent status.

Lawyers interviewed as part of the evaluation process expressed strong support for the services, particularly pointing out the value in reducing tensions between a couple, easing pressure to move to litigation and reducing the likelihood of incidents between couples. They saw the contact services as being particularly appropriate where very young babies were involved, where there had been extended periods of no, or broken contact, and where there had been threats of and incidences of violence. In all of the communities in which a contact service is located there is a high level of awareness amongst lawyers about the role of the service.

At the Family Court Conference held in October 1998, Helen Rhoades reported that prior to the Family Law Reform Act, 24 percent of Interim Orders contained a 'no contact' clause and 27 percent of the Final Orders had such a clause. Since the Reform, only 3.6 percent of Interim Orders and 22.7 percent of the Final Orders have a 'no contact' clause. In other words, since the change in the Act, contact is now nearly always being granted at the Interim stage, which means that contact services are providing services in cases where contact would previously have been denied. This may be an indication of more complex cases being seen by the contact services, however this as yet unsubstantiated.

## 2.2 Community Organisations

Representatives from wider service networks expressed high levels of support for the pilot services and for their expansion. These networks include women's refuges, welfare organisations, protective services, counselling and mediation services, private practitioners (legal and welfare/counselling), Police, Aboriginal support services and migrant resource centres. There was particular support from these groups for the process of reintroducing fathers to their children, as well as an emphasis on the safety and security that contact services provide for women, especially where there have been instances of domestic violence. One police officer commented as follows:

*It is not good for the kids to have to wait outside police stations and it is equally uncomfortable for parents who feel embarrassed at having to enter police stations just to see their children when they haven't done anything wrong.*

There were also some frustrations expressed at service inconsistencies, particularly in the early development period when some services had taken long periods to become established, or had moved locations.

## Community Groups

There is ongoing debate amongst community groups (see Etlin, 1992; Jones and Parkinson, 1994) about the appropriateness of any parent-child contact for children who have been sexually abused by their parent. In a paper presented to the Inaugural Conference of ANZACAS, Henry and Adams (1994) posed the dilemma of exposing a child to the risk of ongoing sexual abuse, or of losing a parent-child relationship.

Jones and Parkinson argued, in a paper submitted to the International Journal of Law and the Family, that, at best, the decision to allow supervised contact between an abusive parent and child is a compromise. They argued that it is in the child's best interests to have a period of no contact to allow for the healing process to occur and for the child to work through its feelings of *...powerlessness, anger and traumatic sexualisation* (Jones and Parkinson, 1994:2).

This debate, whilst still relevant, has somewhat abated during the course of this project, as services developed effective physical safety and security measures.

Initially, some women's refuge staff were concerned that the contact services might give abusive fathers contact with children when the father did not deserve it, and that this would put the child at risk. They were concerned that fathers might abscond with children, "*...they could just jump the fence and there would be nothing you could do about it*". However, they now tend to see the contact services as important for the children and believe that the level of vigilance and security is appropriate. They generally support the services and refer women to them.

- Community stakeholders were acutely conscious of safety and security issues, although this differed in relation to the different services. Where no security guard was present, external personnel supported this situation, stating that they felt that security was appropriately addressed by the service's policies and procedures, the general environment and the skills of the staff. However, there were some community stakeholders who strongly supported the need for security guards.

## Publicity and Promotion Activities

While some contact services have made considerable efforts to publicise their activities and inform other organisations of their existence, others have not focused on this area as there is ongoing concern that marketing the service will lead to an increase in the number of requests beyond the services' capacity to meet the need.

The efforts to gain support from other organisations has been particularly targeted at women's services, refuge services and the legal system.

Some of the specific activities undertaken by contact services to raise their community profile include:

- Television commercials.
- Guest speaking kits.
- Media interviews and articles.
- Speaking engagements.
- Sector newsletters.
- Pamphlets and posters.

A number of the services have made a particular effort to adopt a community development approach to their work, with some services in particular adopting this terminology in their publicity material. In this approach co-ordinators have actively worked with other allied services to create a strong service network. In addition they have informed the service network, work in with the legal profession and provide media comment on family violence issues, especially as they affect women and children. Many services have however been reluctant to become 'over-exposed' due to fears of being unable to handle the likely subsequent increase in workload and service demand.

## Cultural Diversity

In terms of access and equity issues there have been concerns raised in the community about the appropriateness of contact services for people from culturally and linguistically diverse backgrounds and Aboriginals and Torres Strait Islanders. It has not been possible in this evaluation to identify whether contact services are inappropriate per se or whether the practices of some services are inappropriate. The implications of providing services for people from any minority group is always a challenge and the particular issues which need to be addressed in providing contact services for people from non-English speaking backgrounds include translation and interpretation; cultural differences in relationships between parents and children; ways in which

different cultures use space; the structural disadvantage experienced by many groups; cultural stereotypes and assumptions (Dimopoulos, undated).

## 2.3 Non-Funded Contact and Changeover Services

Contact was made with thirteen non-funded services of which eight are currently functioning. The information from these interviews demonstrates the level of demand in the community for such services and the efforts of other community groups to meet this need (see Appendix Four).

The facilities used by the non-funded contact services vary, with most services using the facilities of existing services such as a child care centre or community house. Two services were unique in that they transported children to the non-residential parent's home for supervised contacts. A service for rural and remote clients has been innovative with the facilities used, whether it be at the non residential parents home, Red Cross house or whatever other service is available.

The majority of services reported that the demand for their service was very high and often they were unable to 'take on' more clients because of resource restrictions. For instance, Toowoomba Children's Contact Service reported that:

*Demand for the service is very high –at times 90 families. There are always new families and new enquiries. The service extends to the region beyond Toowoomba, as there are often calls outside our area. There is not much around, and I often have to put them in touch with the Australia and New Zealand Association of Children's Contact Services (ANZACCS).*

Meeting the demand in the rural/remote locations with limited funds was reported as particularly difficult by Northern NSW Children's Contact Service. This service only had one worker who had to cover a vast area and work with a community characterised by extreme poverty.

## Issues in Rural Australia

A particular set of issues was raised by non-funded service providers regarding contact services for rural communities, including the need for services in Aboriginal communities:

- Residents of rural areas often live in extreme poverty and have very limited access to resources, services and infrastructure.
- There are high levels of violence which coincide with poverty.
- When relationships break down with the residential parent, the child has no support and this affects their development and can even lead to homelessness.
- Rural communities have limited access to transport and poor access to the Family Court. In addition, the costs of legal representation and/or Family Court counselling are seen to be prohibitive.

Clearly the demand for contact services is increasing and there will be a need to develop some flexible and innovative models for use outside larger cities if services are to be accessible. This could involve outreach services and options for service brokerage.

There was a common view amongst the non-funded contact service providers that their key issue related to lack of funding and other resource issues.

## 2.4 Men's Groups

Given the fact that most non-residential parents are men, there was an expectation that men's groups would have views on contact services and would want to comment on their development. Four processes were used to gain a perspective from men's groups: attendance at the Men and Family Relationships Conference conducted mid 1998 by the Attorney General's Department; circulation of a questionnaire; and an Internet request to men's groups to comment and/or make a submission to the evaluation. Telephone contact was also made with some men's groups.

Some of these groups believed that they should be allowed to have representation on management and advisory committees. They said there is a need for their voices to be represented. This call for involvement at management level has died down over the eighteen months of operation of the services and now the men's groups are referring men to the services. While originally some were opposed to the services, they now see them as giving protection to men (wrongly) accused of abuse or violence toward children.

Requests through the Internet went unanswered and only ten questionnaires were returned. At the Men and Family Relationships Conference, a poster session was presented on contact services and thirty men interviewed. The overwhelming response was ignorance of the services. Men did not seem to know that they existed and did not have an opinion on their value.

## 2.5 External Networks

As a part of the service profiling process, the contact services were asked to identify the services they commonly network with and rank them according to their importance in that network. For all contact services, legal services, especially the Family Court and private and legal aid solicitors, were considered the most important link in their network. A number of services also reported networking with Family Court counsellors.

All services reported having networks with domestic violence crisis and support services, with women's refuges being the most commonly reported. The services also reported having linkages with community welfare services that varied from very important to not very important, with the main ones being other family based services and counsellors.

In terms of linkages with government departments, most services reported having 'medium' links with the main health and welfare department in the relevant state i.e. Department of Human Services, Department of Community Services. The government department link which was most frequently reported was with Legal Aid and Family Services in the Attorney General's Department.

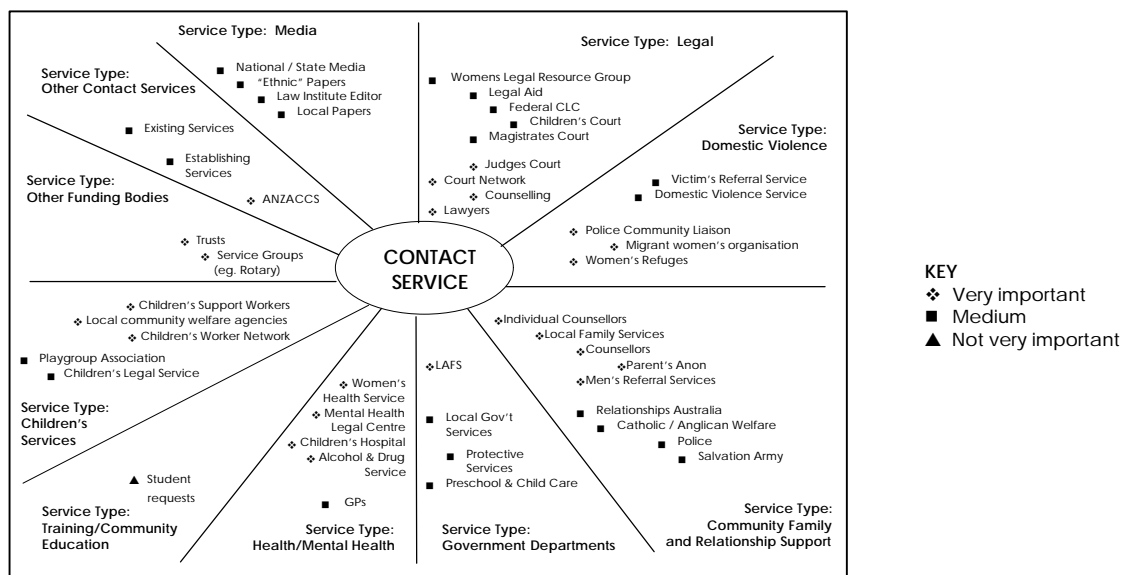
All services reported having linkages with health and mental health services, with some of the most important being psychologists and counsellors and other community based mental health services. Training and community education services were also considered very important networks, with services reporting a wide range of training/education services such as ANZACCS, or a Children's Support Workers Network. Some contact services reported networking with other children's services with the most commonly reported being child protection.

The following external network map is an amalgamation of elements of the ten maps provided by the services. Not all services would have as extensive a network as is represented; in fact a few have very limited linkages in the area of community, family and relationships support, children's services and media.

For some of the organisations in the external network map, the linkages are predominantly made up of referrals into the contact service; this would be particularly the case in the legal area. In other areas there is the potential for the referral of clients out of the contact service to appropriate mediative counselling support and parenting

programs. Some of these outward linkages have been actively sought by a number of the contact services.

Figure 1: External Network Map



## 2.6 Summary

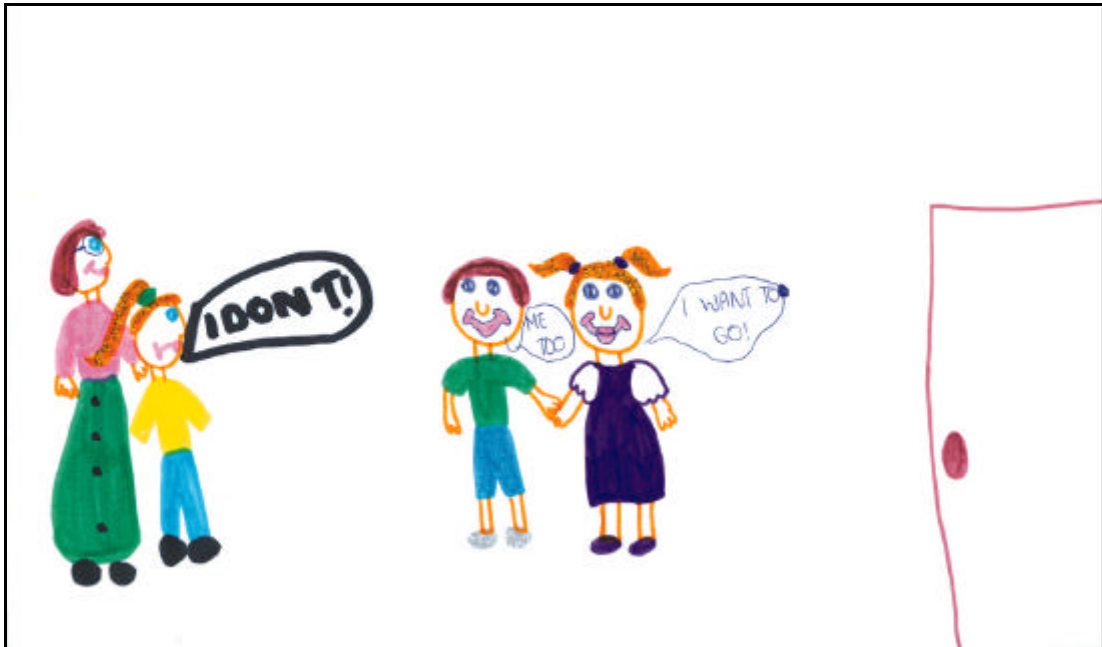
The discussions with key community stakeholders and community groups have identified a number of themes:

- External stakeholders expressed almost unanimous support for contact services, especially in terms of their contribution to stabilising parent-parent and parent-child contact.
- Almost unanimous support was expressed by Police and the legal profession for the services and comment was made regarding the vast improvement offered to families compared with arrangements through Police Stations, McDonalds, local parks, schools, or through other family members.
- The lack of spread of the services and their unavailability in other parts of the capital cities and country areas was an area of concern for many.
- There was widespread support for the expansion of such services both in terms of numbers and locations.
- There was support for the concept of contact services establishing stronger links with counselling and mediation agencies, especially as part of a broader service to be provided to clients.

In terms of external networks many of the contact services have actively developed both their inward referral linkages, so that there is a clear understanding of the role and

function of such services, and their outward referral capacity. The outward referral linkages include children's services and community, family and relationships support.

# Chapter Three



## ORGANISATIONAL FACTORS

## 3. Organisational Factors

In the process of evaluating the contact services it became clear that the sponsoring, or host organisation was a major influence in the way in which the service developed. Some of the factors which have influenced service development include organisational philosophy, other services provided, management structures and styles, venues and whether children are part of the focus of the organisation.

### 3.1 Sponsoring Organisations

There are four different types of organisational sponsoring represented in the ten funded contact services.

- Child and Family Counselling organisations which have a focus on the provision of counselling and mediation services and programs for adults who are going through some relationship conflict. These services are also mainly funded by the Attorney General's Department.
- Family, Youth and Children's services usually with a church base, which provide a range of services to families and children in need, including counselling, welfare services and family support.
- Community centres which are community based organisations with a locally elected management committee and a mandate to deliver a range of locally focused services which may be around health, welfare and/or information.
- Legal services which are primarily funded by the Commonwealth Attorney General's Department and have a focus on the delivery of legal aid services and support. In the main these services are managed by a lawyer and have members of the legal profession on their Committee of Management.

Not surprisingly, each of these sponsoring organisations has influenced the development of the contact service that it hosts through its philosophical position, organisational arrangements, staffing policies and procedures, and range of programs and activities. There is a very different atmosphere and style between the various organisational environments and approaches.

One of the issues which has emerged is that of the varying level of support from, and integration with, the sponsoring organisation and any other staffing teams. While some of the services are well integrated and supported, there are some tensions in others. Most often this is in relation to differing expectations as to the role and function of the organisation and the place of the contact service within this.

Other comments about the 'fit' with the sponsoring organisation concern difficulties regarding client confidentiality, the stigma perceived by some clients in having to use a welfare agency, the mixing of the two different client groups, and the problems in matching client schedules with other organisational requirements.

With only one or two exceptions, the services seem to be located in supportive sponsors with strongly supportive management systems and Boards. Staff in some services spoke positively about the added resources the sponsoring organisation had provided, and the additional levels of support and benefits from multi-disciplinary staff interaction.

A number of key informants commented on the need for the contact services to be located in an organisation in which they have the possibility of utilising such services as counselling, legal advice, parent education, parent support groups and mediation services. Those services established in multi-disciplinary and multi-service organisations reported considerable advantages in such arrangements, with options available particularly for individual and family counselling and mediation, parent education groups and parent support groups.

## 3.2 Advisory Committees

Even prior to tendering, most organisations established Advisory Committees to support their tender, the development of the service and ongoing operation. However there were reports that while these Committees played a key part in the establishment phases of the project, their role has decreased and changed significantly. At best, they have become 'sounding boards' and supports for the coordinators, while in other situations there is confusion expressed about their exact long-term purpose. Some committee members reported that they see their role as publicising the service, acting as a source of information in and out of the service, acting as a check on service progress, and providing expert input on particular issues.

In the main the role of the Advisory Committees has been to:

- assist with the establishment of the contact service;
- act as a sounding board; and
- further the establishment of networks.

In some situations the Advisory Committee is the major process the services have for maintaining external networks. While Advisory Committees have not played a major role more recently, some of the services have developed a new function for their Committees, that of developing the service support network. Others services use their Committee to provide a supervisory or case review role for staff to work through more

complex client cases. While it is important to recognise that this is no substitute for professional supervision, both of these functions have benefit and could be expanded. In particular, Advisory Committees can profitably act as 'sounding boards' to address issues surrounding service complexity and service development. This adapted role will mean that redevelopment of terms of reference, roles and responsibilities will become a priority.

Interestingly, the role of the Advisory Committee is lessening as the services become more established and have less need for input on policy and procedures. This is putting more emphasis on the management support within the sponsoring organisation which, with few exceptions, generally seems to be of a high standard.

### 3.3 Role of the Co-ordinator

While the context and support of the sponsoring organisation cannot be underestimated, the role of the co-ordinator is critical in establishing the atmosphere of the actual service and determining the quality of service delivery on the ground.

Significant differences were identified in services where the co-ordinator is worked full-time compared with those with only a part-time co-ordinator. Most co-ordinators work part of the weekend, and stated that even if not officially rostered to work, they came in anyway. Those co-ordinators working approximately half-time reported considerable difficulties in coping with the job overall, stating that it was impossible to provide the necessary level of service when working such short hours.

This is a major problem, as the philosophy of the service needs to be reflected through this person to the team of part-time or casual staff, some of whom only come in for one day or a session. A critical role for the co-ordinator is to model the attitudes and behaviour required to make the service effective. Their presence allows for on the spot briefing, debriefing and skill development for staff as well as identifying more effective intervention with parents. Given that the peak period of service delivery in contact services is weekends, it seems unrealistic for co-ordinators not to be available for at least part of this time.

Co-ordinators also stated the value of working during the week, to be in touch with parents and staff following a weekend's activities, to take enquiries, to undertake assessments and to recruit new staff. In addition, there were considerable administrative requirements associated with the position, tasks not easily completed during a weekend roster.

The complexity and range of activities required by the contact services seems to require a full-time co-ordinator. The most successful models involved a full-time co-ordinator, permanent part-time staff (possibly with some additional casual staff) operating in teams on alternative weekends, fortnightly staff debriefing meetings and one-to-one supervision as required. It is clear that for contact services to be effectively provided, they need to operate as 7 day a week services.

## 3.4 Staffing and Administrative Arrangements

All services have paid staff, with only two services being assisted by volunteers. The majority of paid staff (74%) are employed on a casual basis and most are employed on a part-time basis with only six percent employed full-time. All full-time paid staff are co-ordinators of the service, but not all co-ordinators are full-time. In fact, as has already been noted, half of the services have part-time co-ordinators.

Service opening hours vary considerably. Most services reported that on weekdays changeovers occurred between 4.00 pm and 6.30 pm on Fridays, while supervised contact occurred at various times on either Mondays, Thursdays, or Fridays. Weekend changeovers usually occurred in the mornings between 9.00 am and 12.30 pm, or late in the afternoons before 6.00 pm. Weekend supervised contact usually occurred any time between 8.30 am and 5.30 pm. All services are open for some part of the weekend, although one service only has alternative weekend arrangements for changeover and supervision.

What is notable is that three services have managed to organise their staffing in such a way that they are open for a considerably higher number of hours than the service average. A cluster of six agencies are open between eleven and fourteen hours per week, one is open for twenty four hours, one for thirty, one for forty, and one, at a number of sites, for a total of 92 hours. Further comment is made in Chapter 6 on the costs of good practice.

Most of the administrative support for the services comes from the sponsoring organisations so that those services not located with a sponsor with a strong financial and administrative system are clearly at a disadvantage. A number of services reported that, without the financial support of their sponsor, the service could not continue. Contact services are administratively complex services and administrative support is another of the costing considerations that must be met.

Contact workers and co-ordinators have a diverse range of formal tertiary qualifications and a number of staff reported having more than one formal qualification. The main qualifications are in social sciences, including social work (16), sociology (6), and welfare studies (8); psychology/behavioural sciences/counselling (15); with child care also a commonly reported qualification (11). Those who did not possess formal tertiary qualifications reported that they had a number of years experience relevant to the field. While no service has a specific minimum qualification for their staff, all reported that they have very strong preference for staff with the above qualifications and with a focus on working with children.

Contact services have a higher proportion of female staff. In total, only one of the ten co-ordinators are male, while ten out of 65 part-time and casual staff in all the services are male; eight of whom are employed by two of the services.

### 3.5 Staff Support and Debriefing

A key issue to emerge in the consultations was the extent to which staff had supervision and debriefing support from the co-ordinator, as well as the level of support provided for the co-ordinator from the sponsoring organisation. An emerging opportunity for assisting staff to think through and develop some successful processes to date, has been that of reflective practice supervision which is regular and soundly based in clinical practice. In some cases this is provided by external professionals, in others it is part of internal practice, and in others it does not exist at all.

Initially, the provision of reflective practice supervision was not common even for co-ordinators, however there have been some major changes over time. In approximately half of the services, co-ordinators are now receiving regular formal professional supervision. In the main, practice supervision for supervisors and support staff is conducted in groups and is more likely to occur in those services which have a family counselling and/or welfare organisation as their sponsor.

While most of the services have regular, planned debriefing and support sessions, for some this was in the form of a formal group meeting, in others it was much more informal.

Most services had developed clear protocols for how staff were to handle critical incidents and how they were to be supported through this process. These protocols however tended to focus on 'physical' critical incidents, with less emphasis on 'emotional' critical incidents, especially involving significant child distress.

Staff are assisted to cope with the conflicting demands of parents, primarily through staff meetings or one-to-one supervision. How this occurs varies considerably. The availability of the co-ordinator, whether they are part- or full-time and whether they regularly work on weekends, makes a difference to the regularity of support. All co-ordinators expressed confidence that they were providing adequate support, although those working part-time expressed frustration at not being able to manage within their allotted hours, often working more than their paid time.

In those services which are located within larger organisations staff have gained considerable benefit from the resources available close at hand such as access to regular supervision and attendance at training sessions.

## Staff Development

All staff supported the need for further training for themselves. Those whose service had prepared them well in advance of the service's opening expressed appreciation of this time, particularly pointing out how, as a pilot, it was crucial to 'get it right' to really test out if the model works. Initial training had focused on such areas as service policies and protocols, client and staff safety and security, ethics and confidentiality, record-keeping and community linkages.

More recently, staff development has included a focus on children and their needs; issues of facilitation of processes in engaging children. Only one service has had specific training emerging from this project on ways to more effectively focus on the needs of the children.

Future training options identified by staff include group work; counselling techniques within the defined role for contact services; conflict resolution processes; mediation and negotiation skills and intervention in relation to safety and emotional security.

## 3.6 Role of Volunteers

Only two services reported use of volunteers, with these people being used only in a support or 'welcoming' role. Most services expressed reservations about 'exposing' clients to volunteers who may not have the skills or training to handle difficult situations or complex child arrangements. Interestingly, most of the unfunded services do make use of skilled volunteers, although this is mainly in response to the lack of available funding.

Both of the services which use volunteers are part of organisations with a strong tradition in recruiting, training and supporting volunteers within other programs and services. In both cases there are clear role and responsibility statements for volunteers, selection and matching processes to ensure that volunteers are in the most suitable part of the organisation, and training to ensure that they understand the limits of their role.

In both cases the services have found that being part of this process has proved beneficial in that they have been able to utilise volunteers who work within the service with a limited and clearly defined role. For both services the role of volunteers is to support the supervisors and co-ordinators in a range of ways including setting up and maintaining equipment, purchasing supplies, and cleaning up at various points in the day particularly at the end of supervised contact sessions.

One of the services was able to recruit a student welfare worker as a volunteer and this role provided a 'field placement' experience as well as additional support to the service which freed up supervisors and co-ordinator to undertake more critical tasks directly with parents and children.

Clearly it is not appropriate to use untrained volunteers in the roles that require skill and experience in working with children and parents. However these two services have found an appropriate way to increase their resource base and the capacity of their service. It may also be that highly skilled people are willing to volunteer their time and this may require a different response.

## 3.7 Summary

The quality and functioning of a contact service is influenced by the sponsoring organisation in which it is located. The organisational features which need to be considered include:

- Philosophical base supportive of child focused work, understanding of domestic violence issues, and the complexity of providing contact services
- Consistency of vision and mission.
- Service mix compatible with contact service client needs.
- Strong community sector/service networks.
- Competent management, financial and administrative processes.

- Staff support functions:
  - role of co-ordinator,
  - professional supervision,
  - staff development.
- Varying levels of staff support and professional supervision, with regular, planned debriefing.

Linkages within the host agency emerged as a key aspect for services, as did relationships with the wider service sector.

Advisory Committees have had varying levels of effectiveness, with their ongoing role with established services somewhat unclear. However, the establishment role of the Advisory Committee was critical. While most of the contact services are still considering the emerging role of Advisory Committee, three emerging functions are that of network support, case review and consideration of issues of service complexity.

Regardless of the sponsoring arrangements, the role of the co-ordinator is pivotal in the creation of a culture which is focused on the needs and experience of the children. Administrative and staffing arrangements are required to allow co-ordinators to be present during changeover and contact sessions to ensure that briefing, debriefing and supervision of part-time staff is maintained. Contact services must be viewed as seven day a week services requiring considerable administrative support to provide quality services to parents and children, while supporting and developing the staff delivering the services.

# Chapter Four



**SERVICE  
DELIVERY**

## 4. Service Delivery

The main role of the contact services funded by the Department is to facilitate children's contact with non-residential parents. All ten services provide both service-based supervised contact and changeovers between residential and non-residential parents. Supervised contact is offered in services described as 'child-centred environments'. Two services also reported providing off-site supervised visits where supervisors accompany selected low-risk clients to a public place.

In addition to providing both supervised contact and changeovers, the majority of contact services reported undertaking other activities, which include networking and community education, training, and the provision of information referral and support for parents on parenting information and self-reliance.

The major trends which have emerged over the first two years of operation include:

- Increasing demand for service.
- Increased capacity of services.
- Staff stability across all services.
- Increased interest from other groups waiting to establish services.
- Increased complexity of cases, especially in relation to changes in the Family Law Act. (Since the introduction of the changes in the Family Law Act, there has been a significant reduction in the number of Interim Orders for 'no contact', yet no change in the number at Final Order stage).
- Increased comfort with safety and security arrangements within the services, enabling an expanding focus on children's needs and the opportunities for assisting parents to move to self-management.
- Improved liaison with and understanding from the Courts and the legal profession, ensuring more effective orders and appropriate referrals and contact orders.

Perhaps the most critical development, from the perspective of the evaluation, is the recognition of the complexity of providing these services. While this issue will be discussed in detail in Chapter 9, it is important to note that at the commencement of the pilot projects there was a relatively simplistic approach to providing contact and changeover services which focused almost exclusively on physical safety for all of the parties concerned. Over the two years of the evaluation, this has expanded to incorporate a much clearer focus on the experience of the children in the service.

## 4.1 Service Philosophy and Principles

The strong underlying philosophy of all funded contact services is the promotion of the welfare and best interests of children through positive interaction with their non-residential parent, in a safe and non-threatening environment. This is in recognition of the right of children to have a relationship with their non-residential parent.

Many of the services' statements of principle also recognise the existence of conflict, violence or abuse in the lives of clients. It is this element that makes these services essential. Providing an impartial and accessible changeover and supervised visiting service 'regardless of disadvantage' is also a major priority for most services.

In general, services strive to ensure the welfare of the child and the physical safety of the parents, within a supervised and supportive framework. Although there are some variations in style, service procedures include:

- Both residential and non-residential parent are interviewed and assessed prior to using the service. This enables staff and parents to build a relationship whilst familiarising parents with buildings, organisational policies and procedures.
- Service delivery is structured to ensure that parents do not meet. Most but not all have separate entrances, car parks and waiting rooms. All have staggered arrival times for both changeovers and supervised contact.
- Generally, visiting procedures for supervised visits are that the residential parent arrives with the child fifteen minutes before the non-residential parent. To avoid contact, separate rooms are used. When the residential parent departs the supervised visit begins, usually lasting for one and a half to two hours (some are as long as four hours). The level of supervision depends on the family circumstances. While all supervised visits initially are 'high vigilance', most progress to medium or low vigilance over time. In cases of physical or sexual abuse the visits remain 'high
- Services described their approach as enabling families to move on to self-managed changeovers if appropriate.
- All services aim to be flexible to meet the needs of both parents and children.
- While a 'child-centred environment' is the stated principle in all services, there is great variation in the actual style, type of physical structure and equipment available within the services.
- Reviews of arrangements with families are reported in different forms and after different periods of time or number of visits. These need to make clear that case reviews for families are being discussed.

## 4.2 Developing the Services

The ten funded services have been operating since July 1996, except one service which commenced several months later. In the first twelve months the focus of the services was on:

- Developing an environment where the physical safety of parents, children and staff was a priority. The low number of incidents reported across the ten services suggests that services are being provided in a safe and secure environment.
- Gaining ongoing support from a diverse range of other agencies, such as the Family Court of Australia and the legal profession; and significant increases in referrals from other organisations were further key steps in the development phase.
- Developing the capacity to work with disadvantaged groups and address specific issues, such as the cultural issues involved with contact when working with clients from culturally and linguistically diverse backgrounds.

Although the developments in the second year have not been at the same pace in each of the services the issues which have been addressed include:

- Building relationships with other services as well as exploring relationships with other programs within the sponsoring organisation.
- Focusing on the needs of the children and identifying the changes that are required in order to address these needs.
- Considering the role of staff to support parents moving to self-management.
- Introducing fees as a means of generating additional income.

## 4.3 Venue and Location

### Building Design and Layout

There is a great diversity in the location and layout of the buildings, with advantages and disadvantages in each. Some of the buildings have been specifically purchased or rented for the purpose of providing contact services. The majority of services are delivered from rented premises and some are co-located with a broader range of services provided by the sponsor.

Only in two cases is the building exclusively used for the contact service and in most cases the contact service shares facilities with other welfare agencies or services. At times, this can create tension. However, there are real advantages in terms of networking and resource sharing. In the main, services have exclusive use of the facilities during

hours of operation. In two cases the building design is inadequate and works against the child's transition into and out of the visit, requiring children to walk long distances between parents.

## Physical Location of Services

Nearly all stakeholders commented on the limited number of contact services established, and the need for them to be more widespread and accessible. They noted the difficulties of only having one or two services in each capital city, particularly if the site was not easily accessible by public transport and this is the case with a number of services. For example, with one service on weekends there is only one bus which comes to the area and the intervals between are quite long. Often both parents travel to and from the service on the same bus.

Even though there were a number of instances of people travelling considerable distances to use the contact service, there were many comments (especially by lawyers) of how people could not use a particular service because of its geographic location.

## Physical Safety

The nature of the security set-up at a service reflects that organisation's philosophical approach to safety. Two services have employed security guards. While a third service initially employed a security guard, they ceased this based on the recommendation of the security firm and their own review of service needs. In fact they retained the services of the security guard but in the role of a support worker (they have reported no incidents since this occurred and have no thought of re-employing a guard).

Most of the stakeholders expressed considerable unease with the employment of security guards, believing that they send the wrong message to families, are unnecessary given appropriate assessment and staff protocols, and reflect an unhealthy approach to the provision of contact services. The two services which employ the guards recognise that this is based on a conservative attitude, with a strong emphasis on the physical safety of clients and staff and may promote distrust and adversarial relationships.

As has already been indicated, all of the services have a strong position on the need to provide a safe environment which maximises the physical safety of children, parents and staff. In those services where security guards are not employed, this is achieved by the physical layout and design of the facilities (including in some cases, the use of security cameras and access alarms), assessment procedures, staff training and support.

Parents consistently commented on the sense of physical safety that they felt in the contact services regardless of whether there was a security guard or not. The issue of psychological security and its difference from physical safety is taken up in chapter 5.

## 4.4 Client Data

There was general agreement across the contact services that there has been both an increase in the numbers of people wanting to use the services and in the complexity of some of the cases presenting. This complexity includes people with alcohol and drug problems, mental health issues, physical disabilities and people from culturally and linguistically diverse backgrounds.

There was also general agreement that contact services have been established to meet the needs of families unable to manage contact independently. Over and above this, some differences arose concerning the extent to which the services target those most disadvantaged, especially families where there have been actual or alleged instances of domestic violence or abuse. Where a service had particularly emphasised that they were targeting this group, problems had developed in terms of the community's perception of the service, especially the legal profession. It created the impression of the contact service being a 'place for violent men'. It appears that a number of men may have decided against making use of such a service based on this perception.

The following section summarises a range of data about the parents and children who use contact services. Additional client data can be found in Appendix Five. This analysis of client data is based on material provided by the Department as reported by the ten contact services and through regular interviews with the services to collect additional information. In reading the various tables and charts it is critical to note that the services are not all funded at the same level. The range of funding is from \$151,000 for service 1 to \$61,000 for service 10.

## Changeovers

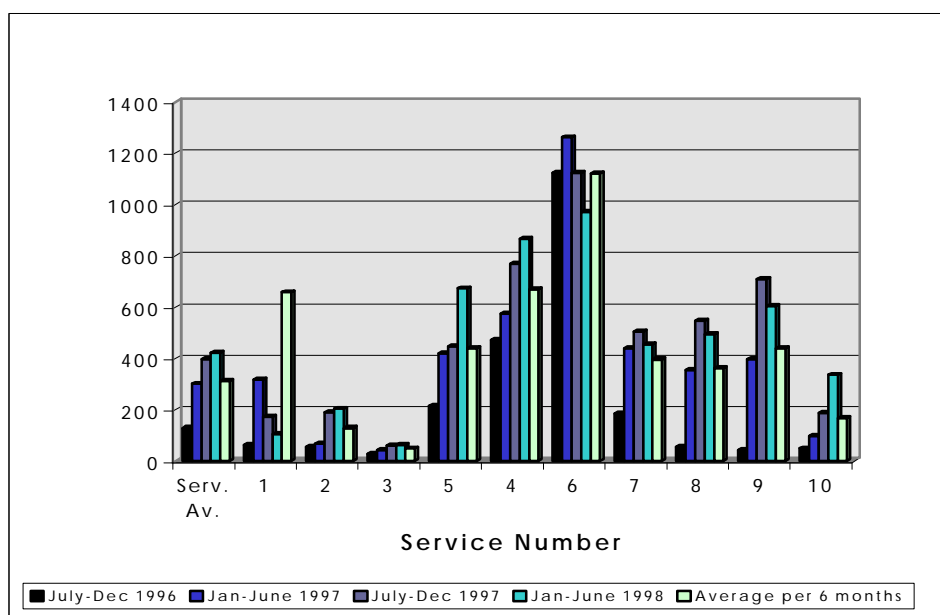
Australia's contact services were responsible for 4,774 changeovers during the period January to June 1998.

**Table 1: Total Changeovers**

	Service 1	2*	3	4	5	6	7	8	9	10*	Total	Service average
July-Dec 1996	63	56	29	215	472	1124	185	55	43	49	2291	129
Jan-June 1997	318	67	42	420	574	1262	439	355	397	98	3972	301
July-Dec 1997	172	190	60	446	770	1123	505	547	709	188	4710	398
Jan-June 1998	105	204	63	673	867	972	455	494	605	336	4774	422
% change: July 96-June 98	67%	264%	117%	213%	84%	-13%	146%	798%	1307%	580%	-	227%
Average per 6 months	165	129	49	439	670	1120	396	363	439	168	-	312
Average per week	25.31	4.96	1.885	16.9	25.8	43.08	15.2	13.96	16.88	6.46	-	12

\* These two services only commenced their full operations early in 1997.

**Chart 1: Total Changeovers**



Over the four six-month periods, July to December 1996 to January to June 1998, the average number of changeovers across all services increased by 227 percent, from 129 to 422.

The last six months show a range of total changeovers, completed across the services, from 63 to 972. The six monthly average from the last four statistical periods range from 49 to 1120. This represents 43 changeovers per week for the service with the highest throughput as compared to 2 per week for the lowest service throughput.

## Supervised Contact

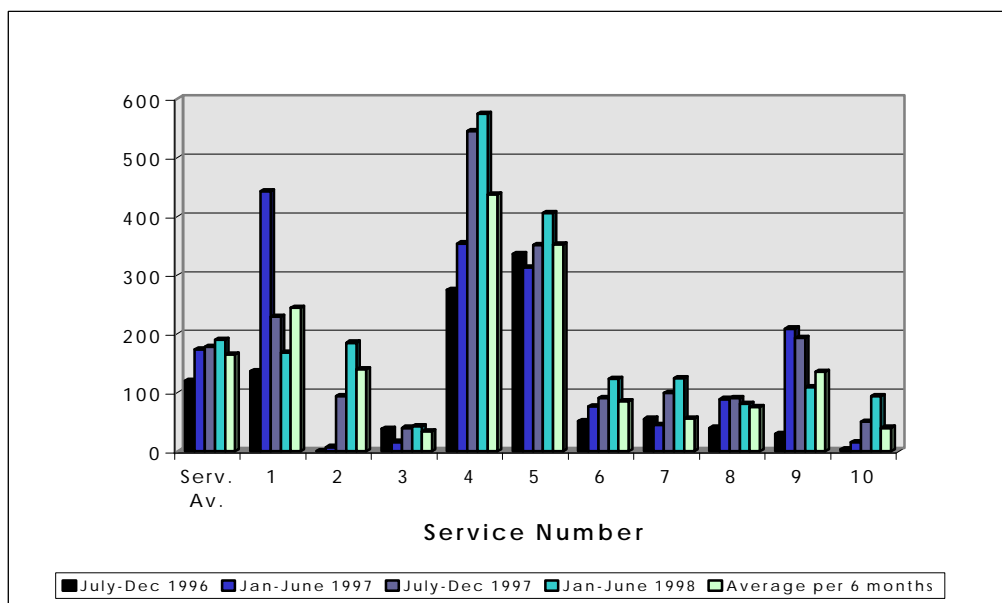
Australia's contact services were also responsible for 1,908 supervised visits during the period January to June 1998.

**Table 2: Total Supervised Contacts**

Service	1	2*	3	4	5	6	7	8	9	10*	Total	Service average
July-Dec 1996	136	0	38	275	336	51	55	40	30	3	964	120
Jan-June 1997	443	7	16	354	313	76	45	89	209	15	1567	173
July-Dec 1997	229	94	40	545	351	90	99	91	193	50	1782	178
Jan-June 1998	168	185	43	575	406	123	124	81	109	94	1908	190
% change: July 96-June 98	24%	N/A*	13%	109%	21%	141%	125%	102%	350%	N/A*	-	58%
Average per 6 months	244	140	34	437	352	85	56	75	135	40	-	165
Average per week based on last 6 months	9.4	5.4	1.3	16.8	13.5	3.3	2.1	2.9	5.2	1.5	-	6.3

\* These two services only commenced their full operations early in 1997.

**Chart 2: Total Supervised Contacts**



As can be seen in Table 2, the average number of supervised contacts per six months for all services has risen over the last four statistical periods by 58 percent, from 120 to 190. It is also clear that there are enormous variations in the number of contacts within services which bears little relationship to the amount of funding received.

## Total Clients

Client numbers vary considerably by service. This variation could be partly due to the differences between individual service's resources. However, staff numbers and opening hours, as well as the types of services available and regional demand, have a substantial impact on client statistics. It is important to bear this service variation in mind when making comparisons between organisations' statistics; most statistical analyses (e.g. sources of referral information) in this section are therefore done on the basis of national data, rather than individual services' data.

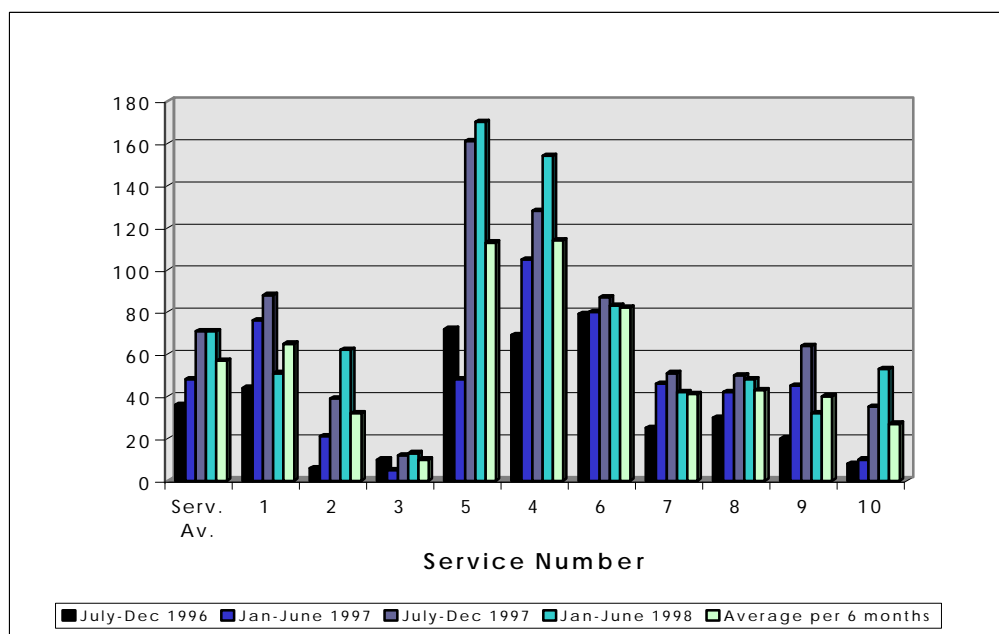
**Table 3: Total Number of Open Cases as at 30 June, 1998**

Service	1	2	3	4	5	6	7	8	9	10	Total	Service average
30 June 1998	39	38	8	93	104	60	30	35	25	36	468	47

**Table 4: Number of Children**

Service	1	2	3	4	5	6	7	8	9	10	Total	Service average
July-Dec 1996	44	6	10	72	69	79	25	30	20	8	363	36
Jan-June 1997	76	21	5	48	105	80	46	42	45	10	478	48
July-Dec 1997	88	39	12	161	128	87	51	50	64	35	715	71
Jan-June 1998	51	62	13	170	154	83	42	48	32	53	708	71
% change: July 96-June 98	16%	933%	30%	136%	123%	5%	68%	60%	60%	563%	-	97%
Average per 6 months	65	32	10	113	114	82	41	43	40	27	-	57

Chart 3: Number of Children



On average the number of children being seen across all services at the end of a six month period has doubled in the last two years, from 36 to 71.

Over the last two years, the average number of children being seen at the end of a six month period has been 57. The highest average over the two year period is 114 for a service, the lowest is 10.

Again, as with changeovers and contacts, the number of children involved is not a direct reflection of funding or staffing.

## Relationship to Child

Female residential parents accounted for nearly 50 percent of clients. Correspondingly, male non-residential parents accounted for 38 percent. Overall, the balance, as could be expected, was split fairly evenly (55:43) between residential and non-residential parents.

## Social Security Beneficiaries

Across Australia, approximately fifty-seven percent of contact service clients receive social security benefits.

## Aboriginal and Torres Strait Islanders

Six of the services have no Aboriginal or Torres Strait Islander clients. The Northern Territory's Centacare Service has the highest level of clients in this demographic group (12.5%).

Over the last six month statistical period, five services reported that they had not seen any Aboriginal or Torres Strait Islander clients. One service had seen one family, two services three families, one service six families and one service nine clients (30% of its new clients). In total, the ten services saw 47 new Aboriginal and Torres Strait Islander clients, out of a total of 610 new clients (7.7% of total).

In addition, two services are actively negotiating with local Aboriginal communities, to increase participation rates from those communities in the contact service. The possibility of employing an Aboriginal worker is being actively pursued by one service.

## Country of Birth

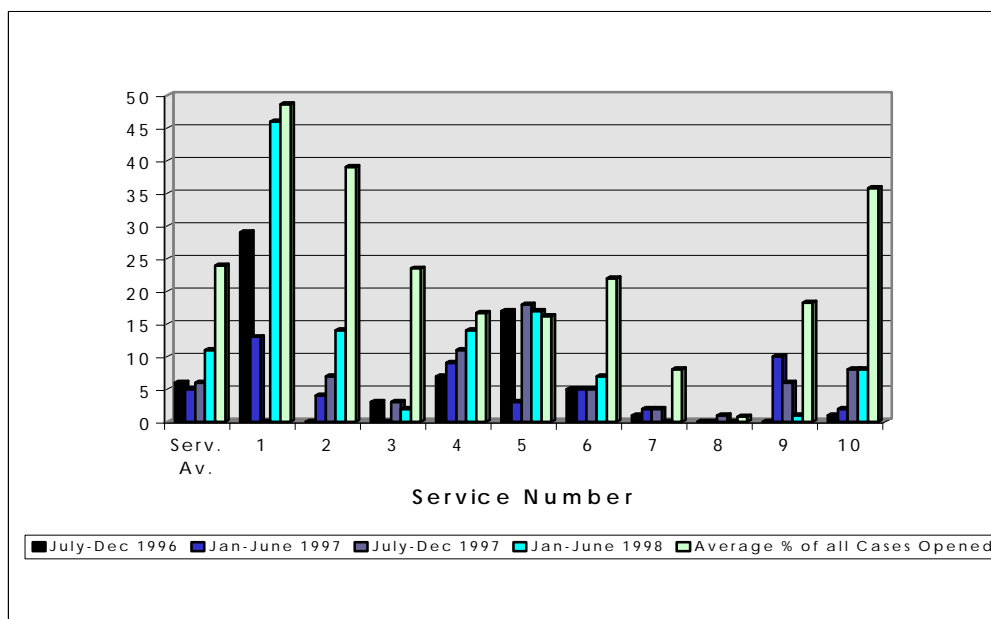
Clients came from over twenty countries of birth. Seventy-one percent of clients were born in Australia, and over six percent were born in the United Kingdom or New Zealand. The main non-English speaking countries of birth were Italy, the former Yugoslavia, the Philippines and China.

**Table 5: New Cases Opened – NESB**

Service	1	2	3	4	5	6	7	8	9	10	Total	Service average
July-Dec 1996	29	0	3	7	17	5	1	0	0	1	63	6
Jan-June 1997	13	4	0	9	3	5	2	0	10	2	48	5
July-Dec 1997	0	7	3	11	18	5	2	1	6	8	61	6
Jan-June 1998	46	14	2	14	17	7	0	0	1	8	109	11
Average % of all Cases Opened	48.6%	39%	23.5%	16.7%	16.2%	22%	8%	0.8%	18.2%	36%	-	23.9%
Average per 6 months	29	8	2	10	14	6	1	0	4	5	-	7

As can be seen from the above chart, the numbers of new cases opened where at least one partner comes from a non-English speaking background, has risen considerably in the last six months in two of the services, however there has been little apparent increase in the remainder. This is an issue services will need to pursue more actively in the future.

Chart 4: New Cases Opened - NESB



## Age of Children

There was considerable variation in the age distribution of children using the services. However, a common factor was that the majority of children were less than ten years of age.

## Referral Patterns

Legal sources accounted for the vast majority of sources of referral information for clients using contact services between January and June 1998. Solicitors accounted for 40 percent of referrals, followed by the Family Court with 22 percent and community legal centres with 9.5 percent, a total of 69 percent from the legal system. This pattern has remained consistent over the two year period. Other referral sources include community agencies (10%) and welfare or social workers (8%).

## 4.5 Intake and Assessment

### Court Orders

Contact services around Australia have a significant relationship with the Family Court, with some services receiving a majority of their referrals from the courts. A key question is the extent to which these referrals differ from other referrals and whether the Family Court is making appropriate referrals.

While no pattern is evident, there is a trend toward improved understanding of the contact services by the courts and increased recognition of the hours that they open, the types of cases that they can accept and service availability. Several of the services have developed excellent relationships with the court, however there are still inappropriate referrals to some services.

Clients referred by the courts are generally higher vigilance cases and are often the cases which are harder to move to self-management. In addition, there is a perception by Contact Services that contact is provided throughout the period of the court order, and it is then up to the court to determine future arrangements.

Some difficulties arise when the court order needs to be varied - some of the services have developed a relationship with the court whereby the court accepts variations to the order without a formal change. In one alternative approach being developed, the court has agreed to write in most of their orders words to the effect that 'final details shall be through agreement with the Children's

Some particular problems were noted when court-mediated 'Consent Orders' are referred to contact services with inappropriate details; again, it is a matter of the services asserting their independence and retaining their right to make judgements concerning 'appropriate' referrals.

A number of key factors seem to contribute to a positive relationship with the court:

- Ongoing sustained effort to educate judges, solicitors and counsellors concerning the nature and operation of contact services.
- Clear identification that the contact service is independent of the court and therefore has the right to make its own assessment of cases referred. The evidence from the services is that they all undertake this independent assessment, with very few court cases being refused by a service.
- Ability of the contact service to assert their independence from the court and make their own judgements and assessments.
- Constant feedback to the judges and solicitors as to what constitutes an inappropriate referral, as well as positive feedback on the outcome of a particular referral.
- Use of the 'legal' members of the Advisory Committee to influence their colleagues and support the education process.

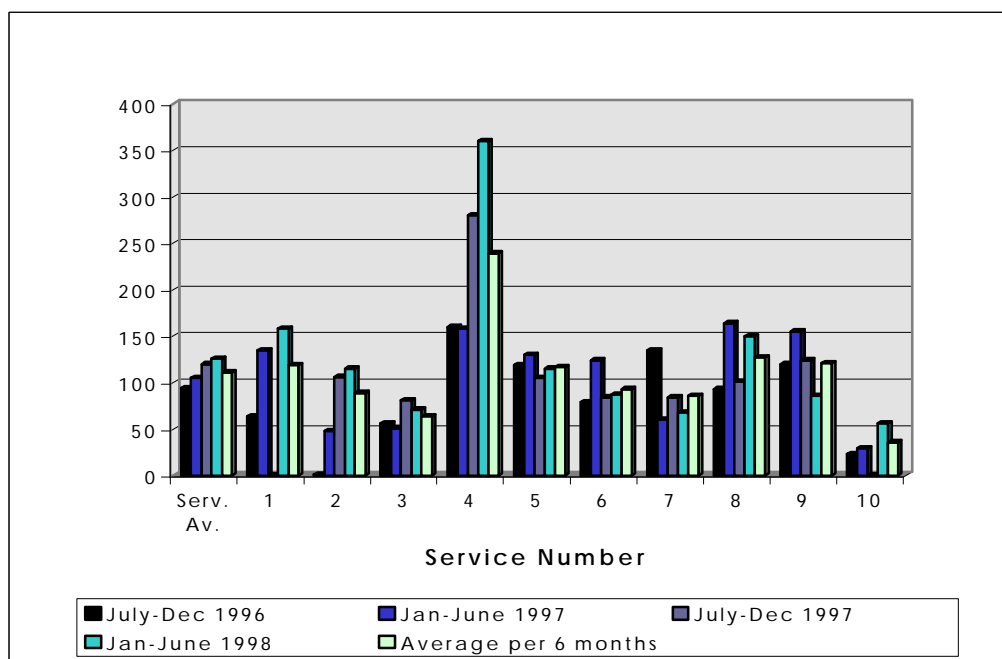
## Assessment

One of the most developed areas of current practice in the contact services is assessment. In the majority of cases, services insist on seeing both parents separately for an assessment. A number of services stated that the assessment process is a critical component of ensuring the safety of clients. The exceptions to this situation involve non-residential parents who live a considerable distance away and are unable to come for an interview. In this situation, the parent is asked to attend the contact service an hour or so before the first contact for an interview and orientation. Only one service reported a more routine acceptance of referrals following telephone interviews only.

**Table 6: Total Assessment Hours**

Service	1	2	3	4	5	6	7	8	9	10	Total	Service average
July-Dec 1996	64	1	56	160	119	79	135	93	120	23	850	94
Jan-June 1997	135	48	51	158	130	124	60	164	155	29	1054	105
July-Dec 1997	N/A	106	81	280	105	84	84	101	124	N/A	965	120
Jan-June 1998	158	115	71	360	115	87	68	150	86	56	1266	126
% change: July 96-June 98	146%	140%	26%	125%	-3%	10%	-50%	62%	-28%	143%	-	34%
Average per 6 months	119	89	64	239	117	93	86	127	121	36	-	111
Average hours per week	4.4	3.4	2.5	9.2	4.4	3.6	3.2	4.9	4.7	1.4	-	4.3

Chart 5: Total Assessment Hours



The average number of assessment hours per service over a six month period was 111, or just over four hours per week. There was a 29 percent increase from July to December 1996 (94 hours) to January to June 1998 (126 hours).

For assessment hours, one service performed significantly above average (average 239 hours, last six months was 360 hours); while two services (average 64 and 56 hours) were significantly below average.

Two services now have fewer assessment hours over a six month period than 2 years ago: one was down to 68 from 135 hours, the other down to 86 from 120 hours.

There was no relationship between funding and total assessment hours.

There was only minimal linkage between the number of hours of assessment and the number of actual cases at any one time. The ratio of assessment hours (Jan-June 1998) for cases open (as at June 30 1998) is as follows:

Table 7: Ratio of Assessment Hours

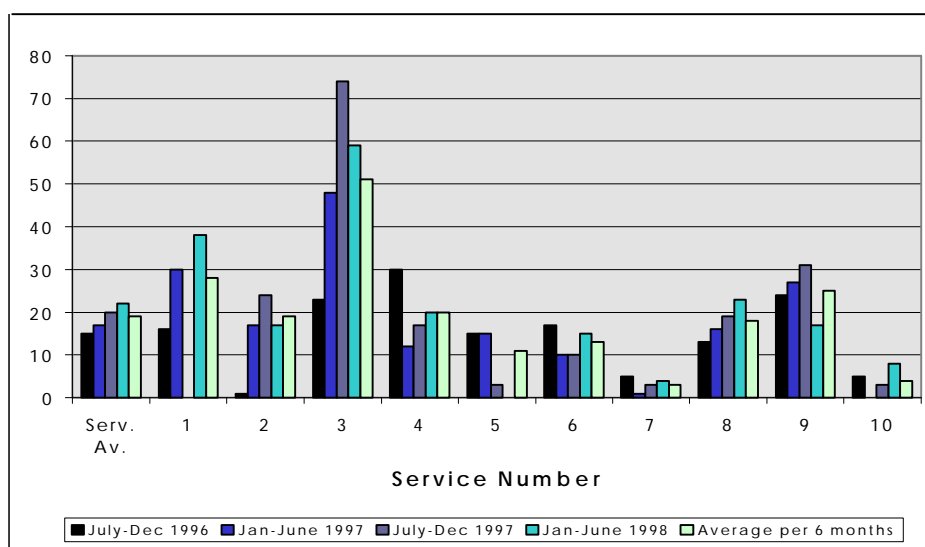
Service	Assessment Hours	Open Cases	Ratio
1	158	39	4:1
2	115	38	3:1
3	71	8	9:1
4	360	93	4:1
5	115	104	1:1
6	87	60	1.5:1
7	68	30	2.5:1
8	150	35	4.5:1
9	86	25	3.5:1
10	56	36	1.5:1

A number of clients, however, were assessed and accepted for the service, but did not proceed to take up the offer. The numbers are as follows:

Table 8: Assessed – Did Not Proceed

Service	1	2	3	4	5	6	7	8	9	10	Total	Service average
July-Dec 1996	16	1	23	30	15	17	5	13	24	5	149	15
Jan-June 1997	30	17	48	12	15	10	1	16	27	0	176	17
July-Dec 1997	N/A	24	74	17	3	10	3	19	31	3	184	20
Jan-June 1998	38	17	59	20	N/A	15	4	23	17	8	201	22
% Loss of all new cases	47%	41%	88%	26%	N/A	35%	27%	48%	53%	30%	-	45%
Average per 6 months	28	19	51	20	11	13	3	18	25	4	-	19

Chart 6: Assessed - Did Not Proceed



While the total service average of assessments which did not proceed, was 19 cases per six months, two had almost no assessments that did not proceed to service usage (three to four over a six month period).

Most services were losing one third to one half of their potential cases after assessment. The average service loss was 45 percent. The lowest three was 26 percent, 27 percent and 30 percent; while the highest was 88 percent (see Appendix Six).

## 4.6 Client Fees

Fees have been introduced by five services. It is of interest to note that those services not charging fees are adamantly opposed to the concept, believing that it would discriminate against families (particularly women) and would prevent families from using the service. They are also concerned at staff having to handle money on the premises.

Fees range as follows:

Changeover:                    **Lowest:**    \$2.50 per changeover; \$5.00 per month.  
   **Highest:**    \$5-6.00 per changeover.

Supervised contact:        **Lowest:**    \$2.50 per hour; \$5.00 per hour; \$10.00 per hour.  
   **Highest:**    \$20.00 per hour; \$30.00 per hour.

The income received from client fees ranges from \$426 to \$30,000 per annum. Four of the five services charging fees received less than \$3,500.

One service has introduced a card system for fees. Clients can buy a 'month's supply' of changeover or supervised contact and tear off a coupon from the monthly ticket.

The experience of services which do charge fees does not support the view that fees are discriminatory. They generally report a high level of acceptance by families of the need to pay fees, and find few problems in making the fee payment arrangements. There are some differences among these five services as to the extent to which they get involved in deciding which of the two parents will pay the fees, although generally the line taken is that this is something that the parents need to decide.

While one might imagine that this would become a highly contentious task for separated parents in conflict, it has not seemed to cause the problems that those services not charging fees anticipate. In addition, the fees provide useful income for the service. Co-ordinators reported that, given that families are very grateful for the service, they do not mind paying a small amount as a contribution. The co-ordinators also reported that they waive fees when needed.

When interviewing parents, the evaluators asked a question about the introduction of fees. When parents had been using the service for over six weeks there was agreement that fees were an option. In fact some parents initiated a comment that they would find the money for a fee rather than return to previous arrangements. Parents who were not yet convinced of the value of the service were less likely to support the introduction of a fee.

Rather than charge fees, one service has introduced a 'food and drink stall' which is stocked with fundraising candies, chips and drinks. The families purchase during the session and the funds raised assist with service costs. Given that many of the families would buy food and drinks this is a regular fund raising effort. Two services which have exclusive use of their facilities are considering letting other children's groups use them during the week and charging a fee which would also supplement government funding.

A recent policy decision within the Department means that in future all contact services will be required to charge fees based on the capacity of clients to pay; no one will be denied service if they cannot pay the fee.

## 4.7 Summary

There have been a number of trends which can be identified in the ten contact services which were part of the funded pilot project. Some of these trends reflect a growth in the capacity of the services to deliver a physically and emotionally secure environment for children and parents. This has been achieved by the quality of the staff, the venues and the underlying philosophy and practices which have developed.

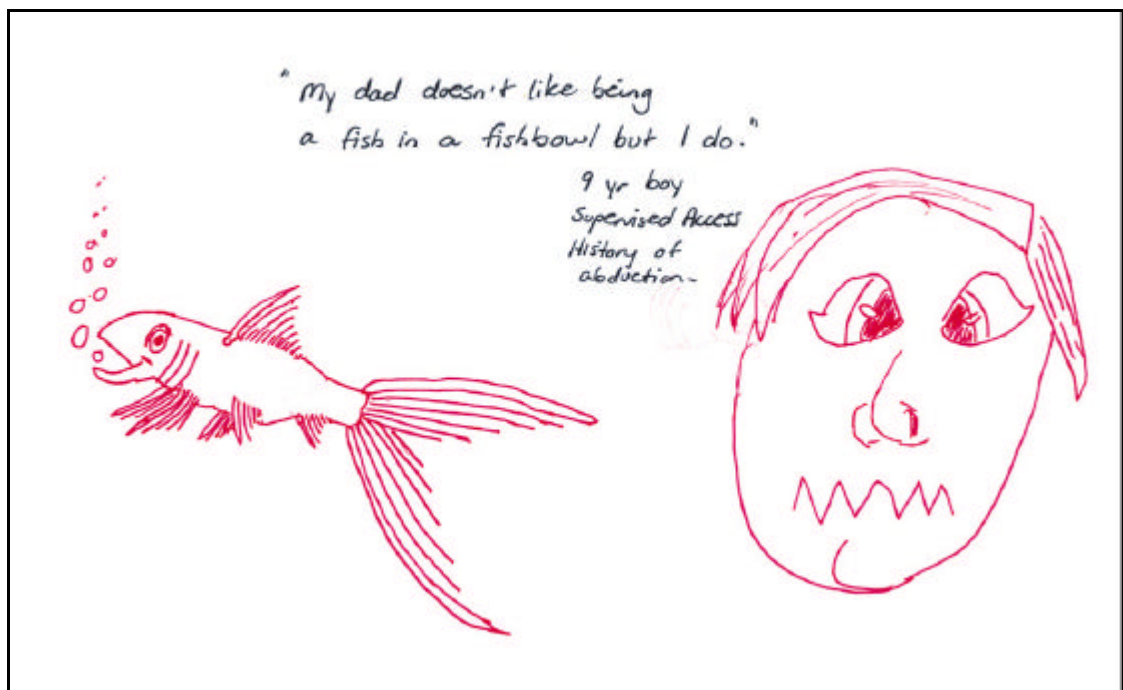
Client numbers have increased across most services. There has also been an increase in the complexity of presenting client issues.

The legal system is the main source of referral to contact services. Over the two years there has been an increase in the numbers of people from culturally and linguistically diverse backgrounds using the services, although this is not consistent across services.

Services spend a considerable amount of time and effort in assessing clients as to their suitability to use the service. There are a significant number of clients who do not proceed following the assessment.

The introduction of client fees has been the topic of some debate and five services have now introduced a fee structure. Program policy (FRSP) is now that all program elements will charge some fee, but not turn people away who are unable to pay.

# Chapter Five



## SERVICE DELIVERY ISSUES

## 5. Service Delivery Issues

Over the past two years a number of service delivery issues have emerged which have engaged contact services in debate and required them to review procedures and consider new ways of working. Many of these issues were not predicted prior to the establishment of the pilot services and are, in many cases, the result of the quality of staff employed who were able to step back and question initial practice. In other cases the issues emerged as a result of the client group and the demands being made on services, both internally and externally.

This chapter explores some of these issues, particularly those which are still in the process of being resolved and will have an impact on the development of new services.

### 5.1 Preparing Parents and Children

In all services, the first interview with parents does not directly involve the children, although in some circumstances the children are in the building playing in another area. The common view amongst services was that it is inappropriate for children to be part of the assessment interview. In most cases, the information obtained during the assessment interview has a strong focus on the children. On occasions, services request that children are interviewed when an aspect of the assessment interview raises some concerns for the co-ordinator.

However, a few services are now separately 'interviewing' children, or making direct use of the child's play time (while a parent is in the interview) to gather information and assess the child's perspective. This aspect of the services could, however, be considerably enhanced.

Preparation of children for their first contact visit varies across services. While all services provide an opportunity which allows the child to gain a 'feel' for the service prior to the first contact visit, only one service actually insists on an orientation visit. When an orientation visit is not possible many of the services suggest that the children come an hour earlier on their first contact visit to familiarise themselves with the service.

In addition, parents are encouraged to discuss the process and what will happen in the contact or changeover, with their children. Workers suggest to parents that they approach the discussion in a positive manner even when they themselves are angry about the circumstances under which the contact or changeover is happening.

In particular, parents are asked to inform the children that they are coming to a safe place and that there will always be a staff member present during the contact.

Difficulties can arise in explaining to parents the developmental reasons for children's anxiety in relation to changeover and contact. As has already been mentioned, the preparation of parents and children for these visits is a complex process and requires considerable skill on the part of workers.

The overall view is that there is a detailed assessment process in relation to parents. However it would appear that there is little preparation of children in terms of the process.

A number of services commented that it is difficult to prepare children for what will happen during changeover and/or contact as they often are not involved in the initial contact with the service or assessment process and pre-visits are often difficult to arrange.

However, an increasing number of the services are insisting on seeing the children prior to an initial visit. Where a family is attending from a significant distance or from out-of-state, they would be requested to come well before the actual visit time, in order to orient the child and fully familiarise the parent with protocols and procedures, even though this would have also been done by phone.

In addition, recent research (Strategic Partners 1998) into the involvement of children in counselling and mediation services has demonstrated the significant benefits of involving children in discussions as to what is happening with them and how they perceive family relationships and conflict. This can be done in a sensitive and meaningful way, to provide the child with necessary information, allay their fears and concerns, and give them an opportunity, in an age-appropriate manner, to express their views. Such an approach needs consideration in preparing children for their involvement with contact services.

One suggestion to deal with this issue was the preparation of two videos, one for children and another for parents, which explains the role of the contact service and the ways in which different children and parents have found it useful.

Parents are often in need of support and require more than a simple administrative role at changeover and/or when dropping off or picking up their child. Some of the emerging issues include:

- Greater intervention in setting boundaries in order that children know what is appropriate behaviour and what is not.

- Non-residential parents will often not assist with cleaning up after an activity as they see this as cutting into their contact time rather than seeing it as part of everyday activities.
- There is an issue of non-residential parents not understanding that discipline is part of parenting.
- There is some degree of artificiality in the visiting arrangements which may contribute to the incapacity of parents to act with authority.

In most of the contact services, the residential parent arrives with the child/ren and settles them into the activities room where they are engaged by a worker until such time as their non-residential parent arrives. Once the child is settled the residential parent leaves the service and does not return until after the visit has concluded. The non-residential parent usually waits at the end of the visit until after the residential parent and child have gone.

These arrangements mean that there is very little time for the residential parent to talk with workers about what is happening for them and the children and/or to be debriefed about the visit in a way that would assist them to understand the experience of the child and the ways in which they might help them to have a more positive experience.

Non-residential parents are often engaged in conversation at the conclusion of the visit while waiting to leave and this time can be used to debrief and think through more successful strategies for relating to the child. Only a few services actively use this time to engage the residential parent. Sixty-one percent of parents in the parent survey (see Chapter 5), expressed dissatisfaction with the knowledge and information that they had gained during their time with the service. This appears to support the notion that it is the non-residential parent who is getting most of the input at the service, especially as staff react to the (usually) more volatile nature of the non-residential parent, primarily the father. This is a key issue to address in terms of the possibilities for parental self-management.

## 5.2 Parental Expectations

Services are clear in explaining the rules of the service to clients and having them sign an agreement concerning their use of the service. This advice on the rules of the service, the consequences of 'transgression' and the independence of the service from the Court, appear to be well-developed components of the assessment and induction process.

In interviews conducted with parents in all contact services, the following comments were made about their expectations and experience of using the service.

**Residential Parent Responses:** The majority of mothers expressed a tremendous sense of relief at having accessed the service, particularly reporting a typical prior pattern of contact as being extremely stressful, threatening, intimidating, 'full of hassles' and generally quite unsatisfactory. Previous attempts at changeover were often reported as having taken place in car-parks, at McDonalds, at police stations or at private homes - none of these were deemed to be satisfactory.

The women generally reported a strong sense of safety and security at the contact service, although some reported a desire for more facilitated 'debriefing' and support, as they still often became distressed handing over their children. A number also commented (matched by some of the men) that they would also appreciate an avenue for communicating basic facts about their children's health, clothes, activities etc, as long as this could be done without it becoming a tool for expression of anger and blame. For example, some suggested the use of a child focused diary to be passed through centre staff.

Most women reported that their children seemed to have adapted well to the situation, often stating that they had been surprised at how well they had handled the changeover. Very few parents reported negative reactions by their children to attending or using the contact service, with a number reporting that their children had significantly benefited from the contact with their father and that their own relationship with their children had improved as a result.

Most women interviewed could not perceive the possibility of not using the service, the only alternative (in their minds) was a return to the hassles, threats and intimidation they had experienced before using the service. (Men on the other hand were more likely to want to leave the service and return to things 'as they were'.)

A number expressed some irritation with what they regarded to be inflexible hours of the contact service, particularly if they needed changeover or contact during the week. Also, they reported difficulties in accessing staff during the week.

**Non-Residential Parent Responses:** Responses to use of the contact services by fathers were more varied. There were many men who, at the outset of the interview, expressed considerable anger and resentment at having to use the service, particularly if it had been court-ordered. This was often linked to generalised anger at the Family Court system (including the counsellors) and their perception of the Court's possible bias against men.

Much of the anger fathers expressed was directed in this way at the 'system' or at their partners for getting them to use the contact service 'unnecessarily' - a number believed that there had been practically no problems beforehand and could see no reason for the referral to the contact service. Notwithstanding that background, however, many of these men reported quite positively on their experience with the service, with a number actually stating that they had positively benefited and would appreciate even greater levels of support, particularly in the development of parenting skills. There were some instances of fathers who had requested supervised contact especially to be helped with their parenting, usually of pre-school-aged children.

There were a few instances of fathers stating that they were coming to supervised contact with the explicit aim of getting the service to support them in Court in terms of their parenting ability. This was in spite of the services having clearly stated that they were unable to offer such an opinion.

Overall, parents reported that they believed the staff to be fair in not taking any one side, and they greatly appreciated this non-adversarial approach.

## 5.3 Vigilance

Services currently offer three levels of supervision in contact sessions, defined broadly as follows:

**High Vigilance:** Very close monitoring of the entire visit by the supervisor, who is able to hear all conversation and to observe all interactions. This type of supervision usually occurs for visiting parents whose behaviour may be dangerous or threatening toward the child.

**Medium Vigilance:** Relatively close monitoring of the visits, usually from a distance. This type of supervision may occur for reunion visits, for example, where the likelihood of threat or intimidation by the visiting parent is low.

**Low Vigilance:** Visiting parent and child are greeted and settled into the visit, and the visit is then largely unsupervised. This type of supervision would occur for established visits, which have been incident free.

One problem with existing definitions is their focus on vigilance per se, rather than standard inclusion of other levels and types of facilitation that may be required for different children, for example, therapeutic facilitation, as discussed in Chapter 7.

It was reported that, in some services, high vigilance decisions are very subjective and ad hoc - a simple tool is needed so that there is some consistency of approach. Different services had different approaches to the issue of vigilance in relation to the 'one-on-one' supervision of non-residential parents. In cases where there had been allegations of

sexual abuse, attempted or threatened abduction, and/or threats of violence to the residential parent, all of the services took a position of high vigilance which requires the constant presence of a supervisor where all conversations can be monitored.

However different services have different lengths of time that they maintain high vigilance supervision.

The issue of vigilance raises particular issues for non-residential parents who do not speak English. For some services this means that these parents are denied contact as they do not have interpreters. For others the contact is 'stilted', being conducted in an unfamiliar language for both parent and child.

*It is really hard, I don't speak English very easily but if I want to see my daughter then I must (Service User).*

*I used to use a paid service but it wasn't reliable and I must feel safe and safe for my daughter (Service User).*

*Other women in my community would like to use the service but they don't speak English and so that is not possible. Fortunately I do use English a little so it is a big help (Service User).*

## 5.4 Staff Impartiality

The issue of staff 'neutrality' was keenly debated during the early phases of this project. Staff in every service asserted the importance of being seen as 'neutral', i.e. not taking sides with one parent. However, greater variety of opinion was expressed when the issue focused on the role of staff and their level of 'intervention'.

The position on 'neutrality' was clarified during the course of the evaluation process with most of the services agreeing that it was not a useful concept given the need for services to act in the best interests of the child on all occasions. What was agreed was that it was important for both parents to view the service as 'unbiased', 'independent' or 'impartial' in meeting the needs of all parties.

In terms of levels of intervention, the clear view of most staff was that they are not 'counsellors' and are not in a position to take on that role. However there were some differences between services as to the style and nature of interventions taken. In some services no intervention occurs unless there were significant incidents, 'significant' being defined primarily as an issue of physical danger or serious emotional trauma. In other services there was an active modelling of appropriate parenting behaviour; and in a few others there were interventions made with parents to "keep reiterating the child's interest and how important the child-parent relationship is".

Where staff were clear about their facilitative role, they described it as representing an opportunity to model appropriate parenting behaviour, encourage parent-child interaction and consistency, and provide information and resources. A number of the fathers interviewed expressed considerable relief and appreciation for the opportunity to have such behaviours demonstrated - one father had asked for supervised contact to assist his parenting, rather than take advantage of changeover to which he was entitled.

In considering this issue, some stakeholders commented on the use of the term 'facilitated contact' rather than 'supervised contact' as the latter is seen as indicating only limited staffing interaction with parents and children, hence missing opportunities for effective intervention with individual parents and groups of parents and in the interaction between parents and children. There was however, a counter position which argued that supervision was the critical aspect of the contact services and should not be minimised in any way.

In the main, staff have a clear view that the role of facilitating contact is not at all inconsistent with remaining unbiased and independent in relation to differing parental viewpoints.

## 5.5 Competing Demands

Services potentially face a number of competing demands and priorities. A frequently recurring conflict revolves around children refusing to see the non-residential parent, or, in some cases, refusing to return to a residential parent following a changeover visit. One service has a fairly strict 'three refusals by the child and the service is no longer available', while others recommend discontinuation of service, but with less specific rules. One clear policy adopted by all services is their refusal to force a child to have contact against his/her will. This can be particularly difficult to explain to an angry, non-residential parent, especially when it may be a reunification visit involving substantial lead-up time and preparation.

In these situations, the skill of staff is brought into question, particularly their ability to encourage children to see their other parent, or, alternatively, to explain to the non-residential parent the reasons for the child's anxiety. Further complications arise when the staff suspect that the residential parent has been less than encouraging about the visit.

Some of the difficulties arise through a view among many staff that they are not 'counsellors' and must remain 'neutral' and 'independent'. While this is undoubtedly true in terms of the provision of opinions to Courts on residential matters or on the capabilities of a parent, it may be a confusing approach to adopt in the situations currently being discussed. The image of counselling as a formal process, 'doing things' to people, does not preclude the use of appropriate, supportive interventions to work through difficulties in arranging contact and assisting parents to resolve emotional responses by themselves or their children. Some of the co-ordinators report effective use of a variety of such techniques without it impacting on their independence.

An interesting example of competing demands was demonstrated in one service which decided that there could be no photos taken or videos used during contact visits, after an incident in which photographs from a contact visit were used in support of a residential claim. Staff considered that this was an unnatural restriction, whereas management believed that this was necessary to avoid the service being 'used' in Court battles. Obviously considerable skill is required to balance these competing requirements.

Similarly, staff reported difficulties in working with parents when the parents' behaviour toward the children was not deemed appropriate. In extreme cases, this would result in the contact visit being halted. Frequently, however the situation was not so clear cut, requiring sensitive intervention and 'modelling' of more appropriate behaviour by the staff involved.

## 5.6 Working with Clients from Diverse Backgrounds

A particularly important part of service delivery is work with clients from diverse backgrounds, including those from culturally diverse communities, those with physical, mental or intellectual disability or people with diverse sexual orientation. Such diversity is a critical component for the contact services.

At the end of the first year most of the services had not developed any particular focus on work with clients from culturally diverse backgrounds, or Aboriginal and Torres Strait Islander clients. At that point in the evaluation, a number of stakeholders queried

whether the model established for the pilots was appropriate for either people from culturally and linguistically diverse backgrounds or Aboriginal and Torres Strait Islanders.

However, at the end of the second year the numbers of people from culturally and linguistically diverse backgrounds had increased.

Surprisingly, clients from culturally diverse backgrounds are well represented in the service data, with an average 23.9 percent of all new cases opened over the last two years having at least one family member born in a non-English speaking country.

However, the figures vary enormously from service to service, with four services reporting that, in the period January-June 1998, they saw two or fewer cases in this category. A major issue is that the data collected focuses on 'country of birth' rather than 'cultural background', and this may under-represent the cultural and linguistic diversity of service users.

All services state that they make use of interpreters where they need to, with several services having staff who speak community languages. The services generally adopt a policy of needing to be able to understand what is said by a visiting parent during a supervised contact, either by requiring that only English be spoken or through use of an interpreter.

Although there are some limitations in services accepting people who are not able to speak English in supervised contact, efforts have been made to increase the capacity of services by finding and training supervisors and support workers who speak other languages. One service has developed a pool of casual bi-lingual workers from associated services in the local area, who are on call when required.

Aside from the issue of language there are other factors which need to be considered when providing services to people from culturally and linguistically diverse backgrounds. One cultural issue is that of non-residential parents from different cultural groups wanting to bring broader kinship groups to the service. Generally services are reluctant to accommodate large numbers of significant other family members, in order to encourage interaction between the non-residential parent and child/ren. This however may be an overly narrow definition of parenting and may need review in light of the needs of culturally diverse communities.

In interviews with service users in the ten services, service hours, service flexibility and service location were voiced as issues by clients from diverse backgrounds; similar to the concerns of other parents using the services.

## 5.7 Working with Adolescents

Most of the services have excellent equipment and resources for younger children up to the age of nine or ten years. For some boys, even in that age group there is not enough space for active games. Some of the services have limited space even outside the building and on a wet, cold day this creates some tension. In addition, most of the services restrict television, videos and/or video games - common activities for this age group.

For older children, particularly boys, there is little to keep them amused and this is an issue for a number of services. One service is exploring the idea of opening the service on one or two evenings during the week so that the non-residential parent can be with their child over an evening meal, a game and homework which would make them part of everyday life rather than a 'special event'.

In addition, there was little evidence of services understanding the particular concerns of pre-pubescent children and young adolescents in relation to changing relationships with parents. Few clients in this age group are registered, although it is not known the extent that this is linked to the lack of available facilities.

## 5.8 Special Occasions

There are special events and dates during the year which pose particular problems for parents who are separated, such as birthdays, holidays and Christmas. One service has instituted a Christmas lunch so that parents who can only see their children under supervision are able to spend some time with them on that day.

Issues of who else can come to the service and see the children are also often filled with tension, particularly on special occasions. For example grandparents, step-siblings, aunts and uncles may want to keep contact with children who have been part of their lives prior to the separation or divorce. On the other side children may want to keep contact with these people. Each of the services handles this issue in slightly different ways, including limiting the number of visits on which an additional family member may attend, limiting the actual number of family members to one additional member per visit, or timing the visit so that there are no other supervised contacts taking place at that time.

## 5.9 Service Flexibility

One of the major problems for parents using the contact services is the hours that services are available which may or may not meet parental needs. For example, only four services are open on more than three days per week, most being open only for eleven to fourteen hours in total, on Fridays and weekends. Inflexibility of hours was the major reason given by parents for not continuing to use a service after an assessment was completed. Location of service and general service inflexibility were the other main reasons. One service is unable to offer same day changeover, a major impediment for some clients.

## 5.10 Dealing with Violence and Conflict

The findings of this research confirm that sixty-one percent of the women who bring their children to supervised contact with their father, reported experiencing high to extreme levels of conflict and violence within their relationship. This is substantially higher than that reported by the women using the changeover service. The reasons may include court orders, domestic violence and women's concerns for their own and their children's safety.

There are also a number of cases of alleged and actual child sexual abuse represented in the client group currently using contact services. In addition, workers are very aware of levels of emotional abuse which occur in the services and which pose incredible challenges for workers and the concept of impartiality.

Effective changeover and contact visits require that all processes be viewed from the perspective of the child. This perspective requires that all aspects of the operation of the service be filtered to ensure that those children who have experienced any violence and abuse know that this is a place where they will be both secure and safe. Some of the possibilities which need to be further explored include having the same staff on duty at all times, developing familiarity with the surroundings, strict adherence to rules and close supervision.

A key question facing contact services is how best to ensure the safety of all involved, families and workers alike. Services have opted to deal with this in a range of ways such as contracting security guards, installing duress alarms, employing male staff, videoing all visits, having specialised communication systems between workers, having separate entrances and car-parks, and having secure buildings.

The intent of these actions is to ensure physical safety. The success of these methods would appear to be demonstrated in the low incidence rate across services, which does not appear to differ according to the security measures utilised.

From a psychological perspective, security is something that people feel and safety is something that results from lack of physical threat. This is an important distinction, as services will no doubt want to ensure the safety of their clients and themselves. Security guards may keep people safe, however children and parents also feel secure in services using other less intrusive safety systems.

Security for children seems to be about the constant presence of the workers. To illustrate this, one boy commented that when the worker left the room for a minute, his father quizzed him on his home address and school. The boy panicked as he knew that his father could not have this information. All of the security measures, even the presence of security guards would not have increased his sense of security, which depended on the active, steady presence of his worker.

Some of the factors which may improve both security and safety include matching workers to clients so that some consistency is provided and a relationship established over the first two or three visits. There is absolutely no evidence to suggest that having security guards on the premises improves either safety or security for children, parents or staff. As has already been mentioned, one service found through experience that security guards did not make for a more secure environment, and discontinued the services of their security guard.

## 5.11 Self-Management as a Service Goal

It has become clear from the evaluation and the research that increased attention needs to be paid to the ways in which parents can be supported to move towards self-management. Self-management should not be taken to indicate any lessening of the security and safety aspects of services, rather it should be seen as an enhanced service option for those able to move on from using the service. For some families, however, self-management may never be an option.

The interim program guidelines clearly outline the responsibility of contact services to promote safe and appropriate transfer of children and interaction with parents, together with the statement that '... in some cases independent management of visits will be seen by the parties as a desirable and viable goal'.

Discussions with service providers and key stakeholders identified self-management as critical for the future of the contact services, with some stating that self-management needs to become the central goal for the services.

Most of the services were aware of the difficulties caused by not creating an expectation of self-management, in that services could become 'blocked' by current users and cannot accept new clients (although current figures demonstrate increased numbers attending the centres, there are some waiting lists, with limitations put on numbers in some services because of restricted staffing). In addition there are issues about creating dependency if the services do not actively pursue this goal. The most recent six monthly statistics, from the contact services, indicate that the average 'length of stay' in a service has gone from three to five months during the two year period.

Clearly there are some parents who will always have to use the service, as the nature of the court order is such that the child or residential parent will always require the level of physical safety provided, and the priority must always be to ensure the safety of parents and children at risk of violence and abuse. On the other hand there are parents who could be supported and/or encouraged to move to self-managed arrangements.

Many of the parents interviewed were unable to envisage not having the use of the service and those with young children openly stated their preference of using the service for many years. In spite of this stated preference from parents, a number of services reported that families do tend to move to self-management after several months, particularly from changeover. This has mainly come about through the regularising of contact and the establishment of a consistent pattern.

Few services have yet articulated a model for moving parents toward self-management as an overt part of their service. There are no services which have established formal collaborative arrangements with external counselling or mediation services within an overall self-management model. Although some services have access to such counselling or mediation within their sponsor, these appear to be an under-utilised resource. This represents a challenge for the next stage of development of the contact services.

While all of the services are considering the issue of self-management, some have developed specific strategies to build parent capacity as a step towards self-management:

- One technique used to enhance parent interaction was a simple communication booklet, passed between parents, with clear instructions for all communications to be child-focused and non-blaming.
- One service has a policy of providing a free service to clients for three months, and then charging a fee as a way of encouraging self-management.

- One service, at assessment, is gauging the appropriateness of 'off-site' supervision, which is now offered as part of its service. This supervision could take the form of accompanying a parent and child on an outing or supervising the changeover away from the actual contact centre. Naturally, this service would only be for low vigilance cases, but it is proving particularly effective in reassuring mothers that effective contact can take place away from high vigilance supervision and offers a more 'natural' alternative towards self-management.

One of the problems which emerges in considering the issue of self-management is that, in the main, there is no active intervention which actually changes the level of communication or understanding between parents during their involvement with the contact service. It has not been the role of the contact services to provide this intervention so that, with the exception of providing a 'cooling off' phase, which in some cases is enough, nothing changes in the circumstances of the parents which would increase their capacity to communicate and relate around the needs of their children and assist them to find mutually satisfactory arrangements.

Very few of the services actively engage in assisting parents to gain the skills required to make a significant change in their relationship so that they focus on the needs of the child in the situation. There are a number of cases where it may never be possible for unsupervised contact or changeover to occur, because of extreme levels of violence and child abuse, however in most cases, there are levels of assistance and opportunities for intervention to assist in the process of moving to more independent management.

Those services which were integrated into an organisation with a focus on family support and counselling were more able to consider the options of using other services to commence mediation processes and/or assist parents to consider ways to move forward effectively.

The number of outward referrals being made by services varies considerably. Some services are making considerable use of such referrals (particularly to counselling, mediation, lawyers, GPs, parent support groups, anger management groups) while others are making very few referrals. Whereas some services early on placed a clear initial three-month timeline on the length of time the service would be offered, these restrictions are no longer so clearly in evidence.

Another issue in relation to self-management is the role of the legal system. Courts do not appear to be providing 'gradualistic' orders, designed to increase contact and self-management options on an incremental basis. The court orders either specify a set amount of time (often ending with a court hearing for final orders), or leave contact as an open-ended option. While there is no 'prohibition' on self-management, the lack of use of this term or similar terminology in court orders is noteworthy.

It was also pointed out that the role of the Family Court counsellors is to assist parents to develop parenting plans and that developing a strong working relationship with this group and supporting this process may assist in moving parents to self-management.

It cannot be assumed that time is all that is required to change the way in which two people have related. A greater level of intervention is required to re-establish positive communication around the children. The recognition of potential opportunities for positive exchange between parents requires skilled and sensitive workers, alert to when interventions may be most effective in moving parents another step toward self-management.

Policy and practice implications of services playing a greater role in assisting parents to progress to self-management requires the development of resources and techniques which can be used on a daily basis.

## 5.12 Evaluation and Monitoring

While one service completed an evaluation of its activities during the period of this project, most services had yet to build in an ongoing planning and review process as a standard component of service delivery. To some extent, this can be explained by the existence of this evaluation and research project. In future, services will need to develop enhanced strategic planning and review processes, supported by standards of quality and service accreditation.

The services will need to link in with the FAMQIS Project, currently being undertaken by the Department. The mission of FAMQIS is to achieve better outcomes for clients, through the development of a Quality Strategy and an associated Information System.

A single statement of purpose has been developed in the FAMQIS project:

*Family relationships services contribute to the development of an Australia in which:*

- children, young people and adults in all their diversity are enabled to develop and sustain safe and nurturing family relationships, and

- the emotional, social and economic costs associated with disruption to family relationships are minimised.

The above statement identifies the commonalities that exist between service types as well as the differences. It is underpinned by the notion of a coherent, single funded program, which recognises a number of related, though currently discrete service types.

These developments, from a service provider perspective, mean operating within a much broader program structure than is currently the case. Thus a more flexible approach to service provision is achieved, delivered through funding arrangements based on achieving agreed outcomes, rather than on delivery of agreed services. This project will have a direct linkage to the aforementioned FAMQIS Project.

## Indicators Used to Measure Achievements

Services reported a wide range of indicators that they apply when measuring service achievement. They include:

- Numbers of families referred to the service.
- Numbers of referred (and assessed) families who proceed to use the service.
- Numbers of families who develop appropriate communication skills during their time at the service.
- Numbers of families who move from facilitated changeover to self-managed handovers.
- Numbers of families who move from supervised visiting to facilitated changeover.
- Re-establishing a relationship between non-residential parent and child.
- Consistent flow of intake assessments being undertaken.
- Reduction in level of hostility towards service use as reported/observed in clients and continued use of the service.
- Incident-free changeovers and visits.
- Positive behaviour in children.
- Feedback from clients - including both positive feedback and constructive criticism through informal discussions to formal client surveys.
- Feedback from referring organisations including the Family Court of Australia and other community agencies.

The Department is currently testing the FAMNET system of data collection, aiming to develop a more systematic gathering of data on a national basis. This is being trialed in one of the contact services (Anglicare, Perth).

The pilot process is a critical step in ensuring that the form of collection accurately reflects the realities of service delivery and some of the complexities in the client population. Some progress has been made in this regard - achieving this goal will be a challenge for the services and for the Department.

## 5.13 Summary

While the ten services have similar philosophies as a starting base, there are differing approaches emerging in terms of service delivery.

In terms of preparing parents and children all services have well articulated processes of assessment for parents but few have a process for assessing the needs of children, except through the parents. Some of the services offer an orientation for parents and children but do not insist on this as a critical step in the process of assisting the child to deal with their concerns.

At the commencement of this project there was a strong philosophy of 'neutrality' which influenced the way in which staff interacted with parents and children. This position has moved to one of 'impartiality' which ensures that all parties are treated equally. It is possible that this approach, along with the necessary focus on physical safety, has enhanced the capacity of services to prepare, brief and debrief parents in a way that assists them to understand what is happening for themselves and their child/ren. Certainly more thought is required as to the processes which would more effectively assist children to feel secure and to advance their relationships with both parents.

Self-management of contact and changeover is a major area of discussion and an issue for service development. To date the steps parents have taken in managing their own arrangements have been relatively ad hoc. Some services are now recognising the need to be more active in providing resources and support to parents in order to assist them to develop the skills and capacity to manage effectively ways that improve their relationships with their child/ren. This can apply even in cases where supervision will always be required.

The next stage of development for contact services will require an ongoing, integrated approach to service planning and evaluation. Those services located in a sponsoring organisation which has a well developed planning cycle could become part of that process. As mentioned above, services will be required to participate in the FAMQIS Project and record data on the national information system FAMnet.

# Chapter Six



## COSTS OF GOOD PRACTICE

## 6. Costs of Good Practice

The ten contact services which have been part of this evaluation and research project were funded for a three year pilot by the Commonwealth Attorney General's Department, during which time a number of factors were investigated. Although there have been some supervised contact and changeover services offered by welfare organisations in the past, this particular group of services represented the first to be 'fully funded' over a sufficient period to monitor such factors as costing, location and venue, staffing and service hours in a consistent manner.

As can be seen in the table below, there is a \$90,000 variation in the funding levels of the services, with a range of \$61,000 to \$151,000 (average: \$108,054). It should also be noted that funding is no indicator of staffing hours or hours that the service is open.

Table 9: Core Details

SERVICE	1	2	3	4	5	6	7	8	9	10
Hours Open for C/O and Contact	14	13	11.5	24	91	12.5	40	14.5	14	34.5
Co-ordinator Hours	28	38	25	38	38	25.5	40	27	18	30
Other Staffing Hours	31.5	20	33	50	104	35	40	32	33	15

The factors which need to be included in a consideration of the costs of good practice are: quantity, quality, costs, and timeliness. In addition it may be useful to consider the cost effectiveness of the intervention compared with alternative options.

In an evaluation of *Care for Kids*, a supervised contact service in New Zealand, Broad Perspectives Ltd (1994), identified two other models of service delivery against which the costs of a dedicated service with appropriately trained staff could be compared. The first model was informal supervision, which places the responsibility for contact arrangements with the friends and family of the estranged parents; and the second model was formal supervision, provided by a professional such as a social worker or nurse. They also mention an additional option, which is no contact at all.

Broad Perspectives Ltd points out that in measuring cost effectiveness one must consider human values as well as economic ones.

*The most cost-effective model of supervised contact will protect the child from further abuse during contact at the most reasonable and affordable financial cost (Broad Perspectives, 1994:129).*

In addition to protecting the child, the safety of the parent is an issue which needs to be factored into any analysis. Clearly there are some factors which are extremely difficult to measure, such as the emotional costs of domestic violence and child abuse, the costs of lowered self-esteem and the long term impacts of the continuing 'cycle of violence' (Broad Perspectives, 1994:129).

It is possible to measure some of the more direct costs such as institutional care, police intervention, counselling services, remedial education, health and welfare service impact. One of the problems in undertaking this exercise is that there is limited systematic data available and most research is based on estimates, which are likely to be conservative.

Recent studies undertaken in some Australian states would indicate that the costs of domestic violence are underestimated as many associated costs are subsumed into other programs. A NSW report (*Costs of Domestic Violence 1991*) estimated that the annual cost of domestic violence in that State is over \$1.5 billion per annum. In a similar study in Queensland (*Who Pays? The Economic Costs of Violence Against Women, 1993*), the costs of domestic violence were estimated to be \$557 million per annum.

In considering the cost effectiveness it is important to consider direct, associated and indirect costs of the various models. Direct costs include the costs paid by the parent for the service and/or the day to day running costs of the service. Associated costs include costs related to courts, legal assessments, mediation, legal aid, police costs etc. Indirect costs refer to the financial costs to the state through use of hospitals, welfare, alcohol and drug services and prisons (Broad Perspectives, 1994).

A summary of the analysis undertaken by Broad Perspectives is shown in Table 10, below.

**Table 10: Summary of Cost Effectiveness**

Type of service	Informal	Formal	Supervised contact
<b>Costs</b>			
<b>Direct</b>	High	High	High
<b>Associated</b>	High	High	Low
<b>Indirect</b>	High	Low	Low

Note: Adapted from the material in *Broad Perspectives, 1994*.

As can be seen, while the direct costs are high for all services, estimates of associated and indirect costs of supervised contact are low compared to informal and formal services.

## 6.1 Quality of Service Delivery

There are no available accepted indicators or measures of service delivery quality which can be applied to contact services. However, from the findings of this research the following are proposed as primary focus areas which will indicate quality:

- Staff interaction with parents and children.
- Child-focused approach.
- Parent preparation and support.
- Staff understanding of complexity of issues.
- Community linkages and referral patterns.
- Processes to move clients to self-management.
- Policies and procedures consistent with implementation.
- Venue and resources.
- Service accessibility (including waiting lists, accessibility, flexibility of opening hours).

The first four of the above indicators apply to direct service delivery, the second group of four relate to organisational features, and the final point to the provision of services in a timely manner. Although a primitive measurement, a 'quality continua' was developed to map quality issues.

Using a five point scale, the consultants developed a quality index against the following three categories:

- service delivery;
- organisational features;
- timeliness.

Each of the services was given a composite score out of 100, based on the observations made during consultant visits, with the following results:

- Three services scored 76-80.
- Four services scored 71-75.
- One service scored 66-70.
- One service scored 61-65.
- One service scored 41-45.

Application of this scale to the services indicated no relationship between funding level and quality. In fact, the service with the highest quality index score is in the lowest funding range, while one of the highest funded services received the lowest score.

## 6.2 Costs of Service Delivery

It is extremely difficult to calculate the exact cost of any human service and the cost should not be considered in isolation from other factors, particularly quality.

The information in Table 11 on service costs per output hour has been developed by assuming that each changeover lasts half an hour in total, with each supervised contact lasting for two hours. This information, plus the assessment hours data, has been added together to create total number of 'output' hours for a service (average 1,194) which has then been divided into the average annual service budget (\$108,054) to create an average cost per client for one hour of output (average \$90). A similar exercise was then done with each of the ten services (using their actual budget) to create a service costing per hour of output.

As can be seen, the costs per output hour range from \$46 to \$426 (although the next highest was only \$167).

It should be noted that the cost per output hour is unlinked to other variables, such as total funding, staffing, hours of opening. It is almost exclusively affected by the client numbers, changeover and supervised contact.

**Table 11: Cost Per Output Hour**

SERVICE	1	2	3	4	5	6	7	8	9	10	Service average
Average Annual Budget for all services	-	-	-	-	-	-	-	-	-	-	<b>\$108,054</b>
Average Assessment Hours - per annum for the last 2 years	238	178	128	478	234	186	172	254	242	72	<b>222</b>
Average Changeover Hours - per annum for last 2 years	658	130	50	440	670	1120	396	364	440	168	<b>312</b>
Average Sup. Contact Hours - per annum for the last 2 years	976	560	136	1748	1408	340	224	300	540	160	<b>660</b>
<b>Total Hours</b>	<b>1872</b>	<b>868</b>	<b>314</b>	<b>2666</b>	<b>2312</b>	<b>1646</b>	<b>792</b>	<b>918</b>	<b>1222</b>	<b>400</b>	<b>1194</b>
<b>Average cost per hour of output</b>	<b>\$81</b>	<b>\$167</b>	<b>\$426</b>	<b>\$50</b>	<b>\$46</b>	<b>\$61</b>	<b>\$118</b>	<b>\$91</b>	<b>\$59</b>	<b>\$153</b>	<b>\$90</b>

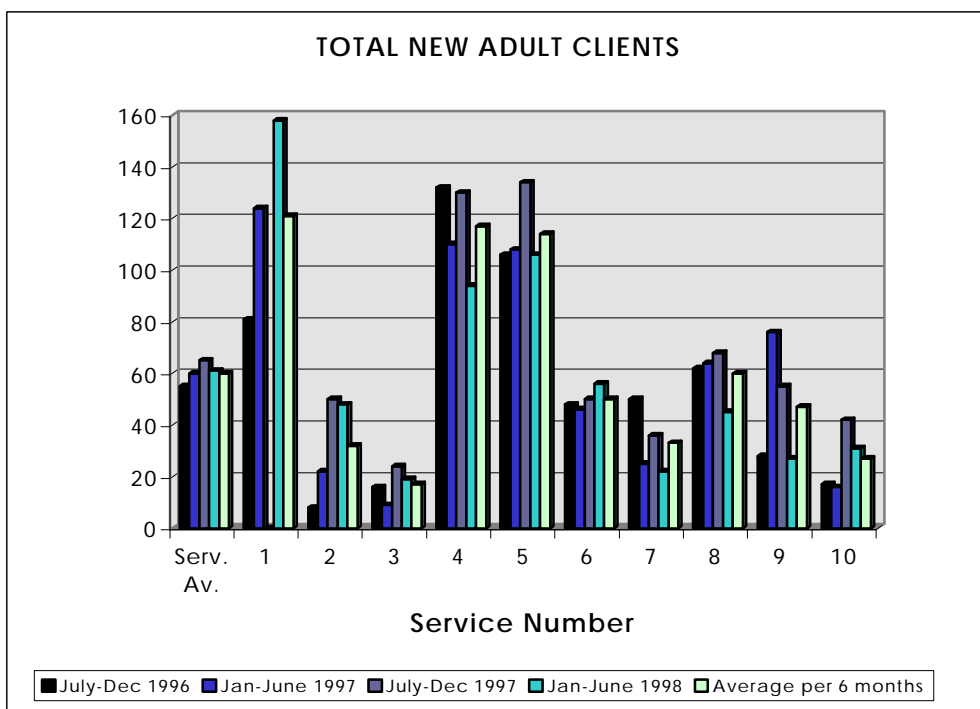
## 6.3 Quantity

As was discussed in Chapter 4, there is considerable variation across the ten contact services in numbers of assessments, changeovers, contacts and new clients. There would appear to be no relationship between budget allocation and numbers of service users or activities.

Table 12: Total New Adult Clients

	1	2	3	4	5	6	7	8	9	10	Total	Service average
July-Dec 1996	81	8	16	132	106	48	50	62	28	17	548	55
Jan-June 1997	124	22	9	110	108	46	25	64	76	16	600	60
July-Dec 1997	N/A	50	24	130	134	50	36	68	55	42	589	65
Jan-June 1998	158	48	19	94	106	56	22	45	27	31	606	61
% change: July 96-June 98	48.7%	500%	18.7%	-28.7%	0%	16.6%	-56%	-27.4%	-3.5%	82.3%	-	9%
Average per 6 months	121	32	17	117	114	50	33	60	47	27	-	60

Chart 7: Total New Adult Clients



## 6.4 Timeliness

In terms of timeliness there are four factors which can be considered:

- Response to inquiries.
- Availability of suitable times for changeover and/or contact sessions.
- Waiting lists.
- Flexibility of response to client needs.

As many of the services have part-time co-ordinators, it is not unusual that callers have to leave messages on an answering machine. In a number of instances these machines specify times when the service is open; however this is frequently not the case.

As can be seen from Table 13 most services are only available for supervised contact (S) and/or changeover (C) at weekends and on Friday evening. Although this is likely to be the time when the majority of parents require the service, few services have been able to provide flexible arrangements to suit the needs of parents who cannot fit into these time slots. In only one case is a contact service open every day.

There is one service which is able to offer services only on alternate weekends, which limits the responsiveness to clients.

Table 13: Contact Service Opening Hours

Service/Days	1	2	3	4	5	6	7	8	9	10
Mon				3	9.5					9 C
Tues					9.5					
Wed					9.5		10			9
Thurs					9.5				3 S	
Frid	7 <sup>1</sup>	2 <sup>2</sup>	3	3	9.5	2	10	1.5	2 C	9.5
Sat	8	7.5	8.5	9	9	6.5	10	8	7.5	4
Sun	5	4	2	9	9	4 C	10	5.5	2	5
<b>Total</b>	<b>20</b>	<b>13.5</b>	<b>13.5</b>	<b>24</b>	<b>65.5<sup>3</sup></b>	<b>12.5</b>	<b>40</b>	<b>15</b>	<b>14.5</b>	<b>27.5</b>

Notes:

1. Service 1 is only open alternative Fridays for three hours.
2. Service 2 is only open on alternative Fridays; in addition, it offers different services on alternative weekends, with different times for changeover and supervised contact.
3. Service 5's opening hours represent an amalgam of the opening hours of their three sites. At some of the times, two of their services are open only for changeover.

Timeliness could also be considered in terms of accessibility and one or two services are not easily accessible, particularly by public transport. In fact there are two services which clients can only

access by car without a long walk; in another service there is only one transport access which means that both parents may be travelling on the same bus or train.

## 6.5 Summary

While it is difficult to be exact about the costs of good practice as there are very few tools to apply to this area, the following points can be made in relation to the currently funded contact services:

- Budget allocation is not an indicator of quality, quantity, timeliness or service cost.
- The three services with the highest quality index ratings have the following characteristics:
  - part of an integrated counselling/welfare organisation;
  - commitment to supervision and training of staff;
  - high level of integration with other services internal to the organisation and in the community;
  - strong organisational support;
  - output costs in the \$46-\$91 per hour range;
  - full-time co-ordinators; although one is full-time due to other work within the organisation, this provides the flexibility for responsiveness to clients across a full week.
- There is a range of costs and client numbers within which contact services may operate and still deliver highly responsive, quality service.
- The quality and timeliness of contact services are also influenced by the resources available from the sponsoring organisation, the environment in which they are located and the responsiveness and support received from the local community.

# Chapter Seven

*A visit with my Dad.*



## The Child Impact Study

## 7. The Child Impact Study

This chapter reports on findings from the child impact study conducted over twelve months at four contact services. The resulting data, both quantitative and observational, provide a powerful and moving picture of children's experiences in using contact services at various points in the visiting process, exploring a range of outcomes across different circumstances<sup>3</sup>. The study explores issues raised in contact services internationally as awareness of the complexity of tensions for the visiting child becomes clearer. Questions such as the following shaped the design of this study:

- How do children experience the process of visiting at a contact service, particularly in contrast to previous visiting arrangements? Does this change over time? Are age differences apparent?
- Does the quality of the relationship between visiting parent and child change over time in the service? What does this depend on?
- What variables seem to impact most strongly on the outcomes of visiting for the child?
- Under what circumstances do children experience distress in visiting?
- What enhances children's sense of security?
- What differences exist for the child in supervised contact and the child using the service for changeovers.
- What are the experiences of residential and non-residential parents at various points in the process and how does this impact on outcomes for the child?

The findings are divided into two sections; the first looks at some of the key literature in this area followed by a look at the children in this study and their experiences of visiting across age groups and across differing circumstances. The second looks at outcomes of visiting for children and what factors contribute to quality visits.

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<sup>3</sup> All cases cited in this chapter have been altered to remove identifying details of children and families.

## 7.1 Findings Part I: Children in Contact Services and their Experiences

Research over many decades tells us that children of separated parents face unique emotional hardships in the absence of visitation disputes, let alone in their presence. In a sample of low conflict separated Australian families, Funder (1996) identified major difficulties in maintaining ties between non-residential parent and child. The study found that the less anger, hurt and blame the non-residential father reported feeling for his former spouse, and the more positive he was about his availability, closeness and involvement the more likely his child was to be happy with visits and to have a positive self image. Better still was the combination of father's positive view of the co-parental relationship, mother's positive view of her relationship with father and the child's positive view of the co-parental relationship. Funder interprets that

*... civility in negotiations between parents facilitates good relationships between father and child; such civility may be more than the mere absence of conflict (1996: 153).*

What of high conflict families and the nature of contact between non-residential parent and child, particularly where there has been a history of spousal violence? It is important to understand what such children bring to the contact situation before visiting has even begun. Children from backgrounds of spousal abuse experience widespread emotional and behavioural problems that undermine their ability to determine what they need, what is true, who to trust and what is good or bad. Many have borderline to severe levels of behavioural difficulties and introverted, depressive coping styles (Mathias, Mertin and Murray, 1995).

Does it help these children to have no contact with a previously violent parent, at least in the short term? Mertin (1996) identified a striking pattern of recovery in children who had no contact with violent fathers, or who were unafraid of them. This significant reduction suggests that many of these disturbed behaviours were reactive in nature and subsided as the children were protected from further domestic violence. Other studies (Spaccarelli, 1994) point to the importance of the mother's recovery from marital conflict for the well-being of the children and Mertin concludes that:

*... circumstances delaying the mother's recovery, eg ongoing threats by the spouse and involvement in protracted custody and contact disputes may also be expected to similarly affect the child(ren) (1996:82).*

## High Conflict Separations and Visitation

Where Mertin's work has shown some short term advantage to a child's well-being of ceasing all contact with a previously violent parent, what of children where regular contact has been mandated regardless and occurs in a climate of ongoing, entrenched dispute? What of children whose parents' conflict has been more psychological in nature? Johnston and Wallerstein (1998) identify children who use contact services as having experienced a range of trauma which impacts significantly on the development of personality and coping styles. For example, these children may show:

- hypervigilance;
- super-introverted problem solving style;
- cognitive simplification;
- poor reality testing;
- poor affect management;
- coping deficits.

Children from a background of acute parental discord approach a conflictual visitation scenario with a multitude of questions: will I be safe, will my parent/s be safe, how can I stay safe, what will I do if I'm not safe? Johnston and Wallerstein (1998) suggest the underlying conflict for the child is about survival, the prevention of further catastrophes and the avoidance of further loss and abandonment.

Is contact with the non-residential parent helpful if it prompts such conflict within the child? It seems to depend largely on the capacity and willingness of both parents to protect the child from further conflict, both physical and emotional, and allow the child to recover from prior conflict. Most longitudinal studies emphasise the value of frequent and regular visiting with the non-residential parent only in the absence of parental hostility, particularly from the father toward the mother (Funder, 1996; Wallerstein, 1987; Curtner-Smith, 1995).

## Facilitated Contact: a Solution for Children?

The major piece of research to date on the impact of child contact programs on child well-being comes from the Ontario Supervised Contact Pilot Project, conducted between 1992-1994. As part of an overall evaluation, parents and children were interviewed about their involvement in the program. The overall impression from interviews with 29 children (ages 4 1/2 to 14) was that most children were happy to attend the services for visits with their non-residential parent, while a minority of children clearly articulated dissatisfaction.

This was not to do with the service itself, but with their unhappiness at having to see their contact parent. Few children understood that the supervised contact occurred because of the need for their contact parent's interactions with them to be supervised. Most did not mind "being watched" during visits by staff, and gave the impression that this helped them to feel protected and contained. Others did not know why they were being watched and this made them feel uncomfortable.

## 7.2 The Child Impact Study

The child impact study conducted for the present project poses similar questions of an Australian population: what kind of solution does the contact service provide, for which children and under what circumstances?

Research of this kind is obviously sensitive and requires special thought and care in its implementation. A decision was taken early on that one specialist researcher (a child psychologist) would carry out the full range of data collection over twelve months, to ensure consistency of data over time and greater comfort for participating families and workers. Four of the ten services were involved in this study, representing a variety of service orientations. The study centred on cumulative case studies of three types:

1. A group of children were observed throughout their first visit and their parents interviewed on the same day. The process was repeated over 6-8 visits or three months later (n=12).
2. Older children who had attended the services for some time were interviewed some way into their involvement, as were their parents and an entire visit observed (n=20).
3. A variety of other cases of interest were studied in a similar manner (n=17).

Numbers in each group depended on what was possible to achieve during the site visits. The resulting data were particularly driven by the availability of families who attended

the service and the timing of their visits to coincide with the research visits. Longitudinal follow-ups were not often possible, and in these cases staff have provided the researcher with information on the progress of particular children.

## Sample

- Forty nine (49) children from 32 families were involved in this study.
- Twenty-eight (28) children in supervised contact and 21 children in changeover were observed.
- Twenty-three (23) children were female and 26 male.
- Twenty-six (26) children attended the service with siblings, 23 attended alone.
- Children's ages ranged from 8 months to 13 years:

## Methods

Families were recruited by contact service co-ordinators. Parents were paid \$20 per interview, which lasted an hour. A number of research tools were designed for this study and incorporated with some existing measures into the overall data collection.

Table 14: Research Methodology

At the first visit	Later visits
<p><b>Residential parent:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured interview</li> <li>• DV/Conflict scale (18 item)</li> <li>• Child Behaviour Checklist (CBCL)</li> </ul> <p><b>Non-residential parent:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured interview</li> </ul> <p><b>Children under 6:</b></p> <ul style="list-style-type: none"> <li>• Visit observation, using Rating of Visit Interactions Scale (ROVI: 57 item)</li> </ul> <p><b>Children over 6:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured interview</li> <li>• SMILES questionnaire</li> <li>• Visit observations, using the ROVI</li> </ul>	<p><b>Residential parent:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured outcome interview</li> <li>• CBCL (when intake also available)</li> <li>• Parent Outcome Scale (7 item)</li> <li>• Child's Adjustment to Visits scale</li> </ul> <p><b>Non-residential parent:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured outcome interview</li> <li>• Parent Outcome Scale</li> <li>• Child's Adjustment to Visits scale</li> </ul> <p><b>Children under 6:</b></p> <ul style="list-style-type: none"> <li>• ROVI (Rating of visit interactions)</li> </ul> <p><b>Children over 6:</b></p> <ul style="list-style-type: none"> <li>• Semi-structured interview</li> <li>• SMILES questionnaire</li> <li>• ROVI (Rating of visit interactions)</li> </ul>

## Nature of Visits Observed

- Supervised contact visits were all within a one to three hour range and most were fortnightly. Changeovers were weekend fortnightly visits for 15 children and four hour fortnightly visits for 3 children.

- Many of the changeover children had begun in the service with briefer visits or supervised contact visits before moving to weekend stays with their non-residential parent.
- Those children attending for changeover had been involved in the program between 1 and 20 months at the time they were interviewed for this research. A range of children in supervised contact were also observed and interviewed. These children had been in the program between 1 and 36 months.

## 7.3 Children's Experiences in Contact Services

It is difficult in the space provided to summarise the rich and complex data and observations that emerged through the course of this study. This first section looks at how children of different ages and circumstances experience visiting at contact services over time.

### Older Children's Experiences: Beginning in the Service

*Before I came here I imagined that it would be this long, dark corridor with uncomfortable chairs lined up and I'd have to sit there alone with my Dad and talk until a bell went and someone came and got me. I was so scared. I never imagined these toys and the nice ladies (Girl, aged 9 in supervised contact with father: no prior contact for four years).*

Twenty children ages 6-13 years were interviewed at length about their experience of coming to the contact service. Eight (8) had been using the service for less than six visits, and 12 had used the service for longer. As the above quote illustrates, at the outset, children found it difficult to comprehend what a contact service was and their fantasies about what might happen there were often not kind to them. Only 5 of the 49 children in this study had been given an introduction to the service prior to visiting commencing, so approached their first day with anxieties about what the place would be like, who would be there, what would happen with their parents' arrival and departure, and so on.

The children who had been introduced to the service carried one less set of anxieties into their first visit. They had had a chance to see the service, meet staff, choose favourite activities and to talk about their fears in relation to visiting and negotiate with staff how they could best help on the day. It put the children in a position of greater power than those who approached the visit with no prior experience of the service or its processes. In turn, staff who operated this way knew in advance what kind of supervision would most benefit the child on the day, rather than a 'wait and see' approach. The key problem

with waiting to see how the child responded to visits was that so many of their fears remained unspoken and unseen. Their typically introverted coping styles were often mistaken for an absence of distress, or natural passivity and children's underlying depression or dissociative tendencies were overlooked.

Those children who had been given a chance to talk and draw about their experiences without either parent in the room, prior to visits commencing were at a clear advantage in having communicated some of their needs to staff. Johnston and Wallerstein (1998) talk about children's need for predictability and control in relation to the visiting process, including simple truthful explanations from a non-biased adult about the reasons for supervised visiting with opportunity to ask questions, using language and concepts they could understand.

At the outset of visiting, most children in the present study had some idea that they used the service because their parents did not get along and should not meet.

*This place is here so Mums and Dads don't fight and if they do then people here can stop it (Boy, aged 11).*

*Kids come here to see their Mums and Dads, but they aren't allowed to see each other until one day, when the court says they can be friends again (Boy, aged 6).*

*I come here to visit because it's more quiet around here (Boy, aged 6).*

Only a few older children in supervised contact expressed some understanding that their own contact with the non-residential parent needed to be supervised.

*Children come here because they don't feel safe at home. He couldn't do more harm to me here than he did at home (Girl, aged 10).*

*Kids come here when your parent doesn't trust the other parent with you. My Mum trusts him, but I come here because the welfare won't let my Dad see me on his own (Girl; aged 13).*

The 49 children studied in this research provided 49 different perspectives on visiting across ages and circumstances, however one core finding emerged. Regardless of age, length of time in the program, type of visit and reasons for use of the service, all children displayed or discussed feelings of insecurity and apprehension with respect to some aspect of the visit. For the older children who were able to talk about this, they were concerned about a range of possible events:

*Dad might get here before Mum and she'd have to run away.*

*Mum might chase Daddy out again.*

*They might say mean things to each other and shout and stuff.*

*He might ask me where I live and I'm not supposed to say.*

*She might want to take us for longer and I don't want to.*

*He always looks like he's going to run away with me.*

*Mummy doesn't want us to come here.*

*Daddy thinks its stupid to come here, but I like to.*

*The worker might go into the other room.*

*How will I tell him I don't want to come any more?*

*He's scary.... I don't want to see him.*

Most of these fears became manageable over time as the children learned through repeated, incident free visits that they could trust staff to look after them (although this trust was jeopardised in some cases where children experienced a critical failure of care during a contact visit, such as the worker leaving the room or being out of ear shot). Many of the older children interviewed had been in the program for more than a year, and described feeling better now than they had at the outset, but were still not worry free about visiting.

Despite establishing better relationships with visiting parents, all children remained principally attuned to the progress of each parents' feelings about the other parent. When conflict had also been directed at children themselves in the past through abduction or abuse by the now visiting parent, these children remained vigilant to the potential for a reoccurrence as well as potential danger to the residential parent, as described in a later section.

As part of the wider study, twenty-two (22) of the older children completed the SMILES questionnaire which asked them to rate many different aspects of being at the contact service. Ten (10) were in changeover, twelve (12) were in supervised contact. All were interviewed some way into their time in the service.

### **1. Do you feel happy on the day of your visit here?**

Half of the children said they were happy. Children in supervised contact were more likely to say that they were not happy or were unsure. In terms of what could be spoken, this reflected their ongoing apprehension that something might go amiss, that *“Mummy is always grumpy on Saturdays”, or “Daddy might be cross with the workers”*. Other very normal reasons existed too: *“I never get to play footy on Saturdays because I have to come here and Dad’s not allowed to watch me play.”*

### **2. Do you like to see your visiting parent now?**

Again, half of the children said they did, with children in supervised contact more likely to be unsure or unhappy. In most cases, these children had been visiting for less than six months, the relationship was not yet strong in its own right and many children harboured distrust of their visiting parent, often founded in prior incidents of harm or threat toward the children, as discussed in the case studies at the end of this section.

### **3. Are visits better here than they were before?**

All children in changeover said yes, as did most children in supervised contact (73%).

*It’s so much better than the police station - that was a bit scary (age 9).*

*There are toys and games here and also other kids who are also visiting with their Dads and Mums. Dad never had anything for us to do at his house (age 9).*

These comments highlight the importance of activity in the visiting process. The children observed routinely used activity as a means of managing anxieties and building bridges toward interaction with their parent. Play is their natural mode of expression and an excellent vehicle for staff to use to facilitate positive time together and communication during the visit. If a child was engrossed happily in play when the parent arrived, it gave the parent an immediate and very natural starting point for being together. Equally at the end of the visit, the residential parent could come and see what the child had been doing and enjoying in their visit. In services where parents were moved about the building, rather than children, this worked well. Other services transported the child from room to room, rather than the parent, which seemed to add awkwardness to the greeting and ending of visits and unnecessary apprehension for the child as they waited in unfriendly waiting areas to be taken to another part of the building for the visit.

#### 4. Do you feel safe to visit here?

Three-quarters of these children said they felt safe to visit here. Those who did not were all in supervised contact. None of them were seen by staff to be high vigilance cases and in each case, staff were unaware that the child was significantly worried by some aspect of the visiting process. The nature of their fears was revealed in their research drawings and discussions of them, for example:

*You never really know what he might do if he was left alone with me. I don't know, it's still there isn't it, that fear. So I wouldn't want to be left alone with him until I'm old enough to really look after myself* (Age 13: staff comment that this is a very smooth visit, that the child often looks bored and would probably prefer to see her father outside of the service).

*He might throw me over the fence when they aren't looking and take me away. I wouldn't feel safe to visit at his house - he might not bring me back or my Mum might not be able to find me* (Age 6: two months later, supervised contact was changed to weekend changeover by court order).

*I'm scared to say that I don't want to visit. I just want to leave when I see him. I don't*  
(Age 6: father says in his interview that he can understand why men take guns to their family; workers comment that the girl is manipulative and gives him a hard time in the visits).

These examples point graphically to the benefit, if not necessity of school aged children being given an opportunity to express their own views and needs about visiting, rather than assumptions being made about the meaning of their behaviour. When is "manipulation" about survival in a 6 year olds eyes? When is the quiet child really the frightened child? Are these questions that the system, including contact workers and the courts (through court orders) are able to take on board?

#### 5. Do you like the toys and games here?

Most said they did, with only one older child saying there were not appropriate activities for her to do with her father. One service used a video player and had electronic games for older children and had a kitchen where parents and children could cook and prepare meals together, all of which seem to be activities that lend the visit a more "normal", family atmosphere. Other services did not have these facilities, and older family groups crouched together on pre-school chairs, surrounded by puzzles and tea-sets.

#### **6. Does your Mum/Dad (residential parent) like you to come here?**

All children in changeover said they thought their mothers liked them to attend the contact service. Significantly, only half of the children who used supervised contact thought this was the case, saying their parent probably did not want them to visit at all. In most cases this was true, but residential parents uniformly qualified this with statements such as *“if visits have to happen, then its fantastic that they can happen here”*.

#### **7. Does your Dad/Mum (visiting parent) like you to come here?**

In both changeover and supervised contact, only one third of children thought their visiting parent liked them to come to the service for visits. Most children were accurately aware of this parent's feeling that it was unnecessary or embarrassing to use the service.

#### **8. Would you like to see Dad/Mum (visiting parent) away from this service?**

Only four of the 22 children said they would like to have visits away from the service. One child preferred visits at her residential grandparent's house because she felt safer there. The other three children had been in the service for between 1-3 years and felt ready to move on. The remainder ((83%) said they preferred to stay at the contact service for visits, with a common theme of it being easier and safer for both them and their parents. Many children wished that their parents could manage the visits themselves, but could not see how this would happen in reality.

It was more common for older children than for younger children to 'refuse' a visit, or more accurately put, older children were more successful in communicating their wish not to visit and were usually listened to by staff. The behaviour of many little children indicated just as ardently their distress with the visit and wish not to be there, but their signals were more often overlooked or overpowered by staff and by parents, as illustrated below.

## **Pre-School Children in Contact Services**

Twenty-three (23) pre-school children were observed in this study. In early visits, the distress and anxiety of younger children was pronounced in all observations. Where the older children were sometimes encumbered by their cognitive grasp of the reasons for using the service, younger children were equally burdened by their lack of cognitive understanding of the situation, in addition to separation from their mother, being left with strangers and poorly attuned or poorly skilled visiting parents. The following excerpts from observations show some of the ways in which anxieties were experienced and manifest in this age group:

*Dad and children and worker walk back to the play room, where they had been with their Mum only a minute ago. She is no longer there. Dad sits them down, kisses them, pats their heads and speaks gently to them. He asks Stephanie how she has been. She says, "Mum", not looking at him. He notices she's had her ears pierced and she says, "Mummy did it". He tells her it looks nice. She says Mum, Mum, Mum. He says gently, "Yeah, I (age 2).*

*Robyn turns and runs to the climbing equipment again, going still higher this time, about five foot from the ground and makes to jump. Father doesn't move. Robyn decides to free fall on her stomach, making the impact more terrifying still to watch as her whole body thuds into the ground (age 4).*

*Nicole draws by herself, with mother in the playroom. The worker says, "Dad's here." Mother says "I'm going to get some milk, then I'll be back to get you". Nicole nods. Nicole looks at her drawing and then at the door as her father enters. He says hello. She turns sharply away from him on her chair and faces the wall. He comes around to the wall which Nicole is staring at. She turns abruptly the other way and stares emptily out of the window. He tries again to get her to look at him. She again, more evidently, turns away. Nicole doesn't move. Her silence is somehow eerie and her face seems very old. Dad tries again to engage her by pulling out his camera. He points it at her, she turns away, silent (age 3).*

*When mother left the little boy was strapped into his pusher and reached out for her, tears streaming down his face. The workers walked around the backyard with the little boy, not able to get him to settle. He continued to cry, to reach out of the worker's arms in the direction of the gate through which his mother had left. The father arrived and took the little boy Richard from the worker's arms and Richard reached back toward the worker with his arms out, indicating that he wanted to go back to her. The worker moved away from him and said "No, no. Daddy's here now, you have a cuddle with Daddy". The boy continued to reach for her and to cry. Very distressed, ongoing sobbing lasted for half an hour once the father's visit began.*

*The father did his best to quieten the boy, soothing him, patting him on the head and pushing him in the pusher. The little boy gestured that he wanted to come out of the pusher. The father got him out of his straps and pulled him out of the pusher and the boy then reached away from his father desperately in the direction of the pram, and once there, grabbed the belt and tried to strap himself back in (age 18 months).*

*The baby played happily with rattles and looked at objects given by her mother. As her mother left, the baby looked at her and watched her go. For the entire first half of the visit, the baby gazed only at a bead set, not looking at her father, not exploring. Later he was encouraged by workers to feed the little girl - it was the first bottle he'd ever given and the first time he had held a baby. The girl drank hungrily, looking at him fleetingly and then away. She continued to hold tight to the bottle for the next half hour, her fingers turning white, refusing to let go. When the mother returned, she looked up, reached out and gave a short loud cry, like an overly full balloon bursting (age 9 months).*

Younger children pose a different set of questions than the older children and in many observations, it appeared that staff were less well equipped to read their signals and to respond in a containing manner, or to equip a struggling visiting parent with appropriate ways of responding. Staff often reflected aloud on the need to give the parent space to make their own relationship and while this is undeniably important, many little children were consequently left in distress for lengthy periods of time during visits.

The younger children who fared the best were those where an established relationship was being continued through the service and where the visiting parent appeared confident and skilled enough to assert a parenting role. In the following examples, the little children's anxieties are clear, but their father's manner and care-giving actions help settle them and to quickly reinstate something of their relationship from the outset.

*Cameron waited for his father to arrive, drawing happily at the table. He hadn't seen his Dad for four months. When his Father came into the room, the boy looked up and smiled and Dad came over, squatted down and said hello. Cameron pointed at the drawing and said, "this is for my new Daddy, not you". Dad was nonetheless able to admire the drawing and his son's skill. Cameron launched into a period of frenetic play, which his Dad tried to join in. As Cameron became more and more reckless, his father's voice became firmer and he quickly moved in to discipline his son when he sent a tea set flying across the room. Cameron said "I missed you, you bum" and gave his Dad a friendly punch. Dad smiled and said "I missed you too", picking him up and tickling him, while Cameron squealed with delight. They played rough and tumble together for the rest of the visit and when he left, Dad hugged him and said "I missed you so much. I'm glad this place is here so we can visit again. When we're ready, we won't even have to come here, we'll just do what we like, maybe go fishing." Cameron beamed at his Dad, hugged him and waved goodbye, "See you next week*

*These girls have not seen their father for three months. Dad arrives and the little girls continue to look at the door where their Mum left minutes earlier. From a plastic bag, Dad pulls out chips and rattles them enticingly at the children. They look eager and Stephanie demands a pack for herself. Dad smiles and says, 'Ok, ok, I've got some for everyone'. He gives them a drink and the next ten minutes pass with the three eating chips and drinking juice. The children seem wary, but not unhappy. Dad turns it into a tea party and the girls clamber to be part of it. They all relax noticeably around this familiar game and soon the girls are clambering over Dad's lap, jostling for the best position. 'Don't worry, I've got room for you both' Dad says cheerily and pulls them both onto his lap, tickling them. He lets them pull his beard. When the time comes to go, he puts their coats on, makes sure their faces are clean and kisses them both, saying, "Time to see Mummy*

## 7.4 A Special Scenario: Abduction and Children's Experiences of Visiting

Many visiting scenarios and themes are represented by the sample of 49 children studied, including:

- Almost independent: when parents could do it themselves with a little help.
- Blood ties only: the child who has never known his/her father.
- When is a visitor also a parent: when Dads feel they can and cannot be a parent.
- Interminable visits: when independent visiting is nowhere in sight.
- Mental illness: the child visiting with a mentally ill parent.
- Mixed outcomes: when the child gains from visits, but a parent does not.
- Positive outcomes: the visits that help everyone.
- Refusal: the child who won't go on the visit.
- Reunions: the child who has had no contact with a parent for years.
- The angry visitor: when the child is a hated symbol for the visiting parent.
- The frightened child: the child of extreme domestic violence or abduction.
- The impossibility of neutrality: the child visiting with an alleged perpetrator.
- Torn loyalties: when visiting with Dad feels good, but hurts Mum.
- Questionable motives: when seeing the child is not the real agenda.

These themes illustrate the complexity of presentations faced by service providers.

In the first year report, four key issues were explored through detailed cases studies:

- Children who refuse the visit.
- Reunions after lengthy separation from non-residential parent.
- Visits which help the child, but not the parents.
- Past abuse: when worker intervention is necessary for the child and parent.

In light of the outcome findings reported, this section looks at a challenging set of issues around some of the most complex cases presenting to contact services: children who have been threatened with or victims of abduction by the non-residential parent. Careful study of the progress of visiting over time shows the worst outcomes for cases with a history of direct threat toward the child, such as abduction or abuse, where the visiting parent has not been able to help the child recover and the residential parent's fears remain acute.

The first case below illustrates this, followed by another where the father was able to work slowly with his child toward a recovery of trust. Both cases illustrate the impact of various forms of behaviour by the visiting parent and by staff on the child.

## Conrad and Joshua

The two brothers are 11 and 7. Following are extracts from observation of their second visit in supervised contact. They had not seen their father for eight months following an attempt to abduct the children during a visit.

### *Second Visit:*

*The first visit, also observed, was very difficult for the children, particularly following an incident where Father whispered something to Conrad at the end of the visit. Conrad had run into the cubby house, refusing to come out. During the week, mother had spoken with workers about Conrad's distress following the visit. He said that his father wanted him to live with him instead of his mother. The contact service co-ordinator spoke to the father during the week about this and about making the visits work, and planned more vigilant supervision for today.*

*It is a rainy, cool day at the service. The mother and children arrive at the side gate at the designated time. All three walk in a huddle and look very, very anxious. The worker invites the children into the service. They seem reluctant, but come in and quickly settle into some painting with David, who is the same worker they had last week. Mother says quietly to the co-ordinator that there have been tears and tantrums that morning, with both children not wanting to come. When they arrived at the service, Conrad had refused to get out of the car, until Joshua convinced him that it would be okay to come and try another visit.*

*Mother says goodbye to the children who look up at her anxiously, but David commandeers the situation and helps the children to get on with their art work and to say goodbye to their mother. He suggests they make something for their mother and Mum says she will look forward to that, reminding them that she has her mobile phone with her. The supervisor says to the children, in the mother's presence, that they can end the visit at any time if they feel uncomfortable. All they have to do is tell the worker and their Mum will come to get them. They nod that they understand and Mum leaves.*

*Ten minutes later the bell at the non-residential entrance rings and the children are told that their father is here. He comes into the craft area and smiles at them. Joshua gets up and moves away to the other side of the table as father comes to sit next to him. Conrad gives him a brief, fleeting smile and an anxious gaze and continues on with what he is doing, standing next to the worker. There are two workers in the room, who are active, chatty and continue to help the children with their art work, and slowly involve Dad too.*

*Joshua approaches a worker for help, who suggests Dad might help instead. Joshua turns away from both of them and walks out. Nothing has been said during the first ten minutes between father and children. The silence continues until Joshua bursts back into the craft area. Another worker has helped him dress up as Batman and encouraged him to come and show everyone what he looks like. He is as proud as punch of the outfit and the cape that he is flouncing around in. Dad beams at him and tells him that he looks like a real super hero.*

*The workers find a camera to take his photo, which pleases Joshua no end. David, the worker, suggests that perhaps Joshua could dress Dad up. He likes this idea and runs to the dress up box and comes back with several hats. He tentatively puts a police hat on Dad's head and stands back in a hurry.*

*Joshua comments that it's not the right one and continues to try various hats on his father and over several minutes becomes increasingly comfortable with being near him and touching him. He finally settles on a construction hat and laughs aloud and tells them that this suits him best. There is direct eye contact and laughter between them.*

*Conrad has moved outside. Dad voluntarily gets up and moves outside as well, joined by two workers who stay close to the children. Dad initiates a game with Conrad. The next five minutes are lovely to watch and they have a very fun game of football with Conrad frequently looking at David, who is sweeping leaves nearby and within earshot. There is laughter, but Conrad suddenly disengages and runs off to the sandpit without any explanation to his father, who follows. The workers are close by.*

*It's now time to go and father says goodbye to Joshua asking for a kiss. Joshua quickly puts his hands behind his back, looks down at the ground and says "I've run out of them". David suggests that he may be able to find some for next time and Joshua says "Yes, maybe" and moves into another room. Father goes to Conrad who is now sitting down with a worker doing magic tricks. He doesn't look up at his Dad. The father bends down and Conrad pulls away slightly, saying good-bye without looking up. As Dad is leaving, Joshua re-emerges from the art area carrying a drawing which he gives to Dad just as the door is about to close. Dad is thrilled, bends down and gives him a kiss as he leaves.*

*By the time Mum arrives, the two are very engaged again with two workers in play. They both look up and smile at their Mum, but continue what they are doing. She is surprised that they seem so settled. This last fifteen minutes with the workers in play has been important to them. They have collected themselves and indeed are quite relaxed by the time Mum comes, and are even reluctant to leave the service. Mum is vastly reassured that the visit has gone well, seems relieved, and the three leave saying "See you next time".*

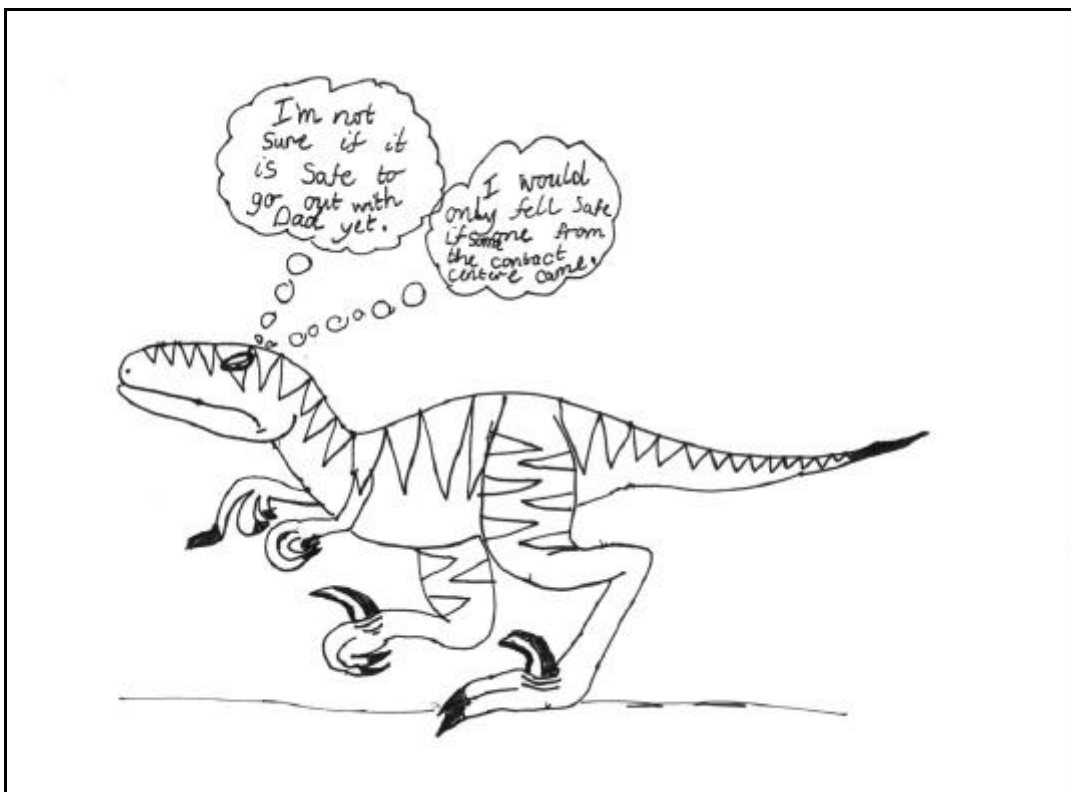
## Post Script

These visits continued to go well and supervision became slightly less vigilant again, before another episode occurred. Father told the boys that he wanted to take them out for a visit and they had to agree when the workers asked them. This was a considerable set back for the boys and when they were re-interviewed for this research, both were unhappy about continuing the visits.

*He told us next time he wants to take us out and he said we have to say yes. He told us he doesn't want to come here and he hates them spying on him. But all the workers are doing is making sure that we are safe. They should tell my Dad off for frightening us.*

*We're just used to coming here and the people here keep us safe. I don't want to see Dad now, He's no fun and he always wants us to do things we don't want to do, but I'd like to still come here to play sometimes without him.*

Conrad drew the following picture:



This was a contact scenario which was very difficult to contain. The father failed to understand the importance of going at the children's pace. The observation above shows the skill with which workers handled the children and allowed them to gain confidence.

Workers were also willing to give father some space with his children during visits as he requested, but this amounted to failures in supervision when two critical incidents occurred which frightened the children and set the whole visiting process back. The threat they had experienced with him before using the contact service in their eyes did not abate.

## Christine's Case

In contrast, another case with a similar history had a different outcome. Christine is ten. She attends the contact service after her father attempted to abduct her from the mother's house in the middle of the night. Christine had eight visits with him at the service before her research interview.

### Her Father's Account:

*It would have been a huge legal battle to avoid coming here but I gave in because its what my kid wanted. I lost the plot a while ago and got so frustrated with my ex that I tried to pinch Christine from her. The poor little kid got a hell of a fright and the whole lot of them took off for months - couldn't find them. When I did find them they were terrified of me. So we are here, slowly getting back to where we went wrong. I know I did wrong and I talk to Christine about it. I've said sorry and that we can come here as long as she likes, until I've earned her confidence back again. I lost her trust and I'm willing to do whatever it takes to get it back. I figure I have to go as slow as she needs, but eventually I hope to have changeovers instead of supervised visits. The workers have been great, and today they will talk with Christine about coming up to the shop with me during the visit - just a little outing to show her that she is safe with me outside of here too. The worker can come too if that makes her feel better.*

### The Daughter's Account after this Visit:

Christine comes in chewing on a lolly that Dad bought her at the shop. She says they went out today for the first time with Dad and that it was ok. She breathes a huge sigh of relief and smiles as she says:

*I told him that I was still scared and he said he understood and that I didn't have to do anything I didn't want to. Just him saying that helped and I thought I could go with him, without the worker. Before, he used to get drunk and once he came over while we were asleep and took me out of my bed. Today, he said he was so sorry about that and that he would never hurt me again. I had butterflies in my tummy today when he said he wanted to take me out for a walk to the shop, but he told me not to worry and that it was up to me to decide. I think he will be ok now, but if I'm not feeling safe I'll just tell him or the workers and it'll be ok. Mum said he'd have to work bloody hard to get our trust back but she thinks Daddy is really sorry deep down and that he's not a bad person. I think so too.*

Christine drew the following picture:



Children who have experienced the stress of abduction or even the threat of abduction need special provision in contact services, as do their parents. Assessment and review processes are important to the setting up and monitoring of such cases. There is a need for careful assessment of the children's fears, piecing together with them how best to cope with the visits, giving them as much power and control as they can have over the situation. The visiting parent must be counselled in strategies that may help the children recover trust and if his/her capacity to do so remains limited, appropriate supervision must remain in place. The fears of the residential parents are also grave in these circumstances and their optimal recovery is also vital to the outcome of the visiting process.

In these kinds of cases, it is worth considering whether there are children whose interests and needs are not met through having contact with their non-residential parent, and who indeed may be further traumatised by doing so. In this child impact study, 7 of the 49 children involved did not show signs of adjusting well to the visits, nor did the quality of interactions with the visiting parent improve. On observation, the children remained ill at ease, often after months of visiting. All seven children shared a history of having experienced some direct threat by their non-residential parent, either through abduction or threatened abduction, violence or threatened violence. In each case, the capacity of the visiting parent to facilitate healing showed little room for improvement.

It would seem imperative to pursue these findings, so that the small group of children who will not gain from contact, as it is currently ordered (if at all), may be more clearly identified. In six of the seven cases, contact was court ordered. Follow-up research should also provide clearer indicators for courts to be guided in considering orders for children whose relationships with non-residential parents have been extremely damaged.

## 7.5 Findings Part II: A Look at Outcomes:

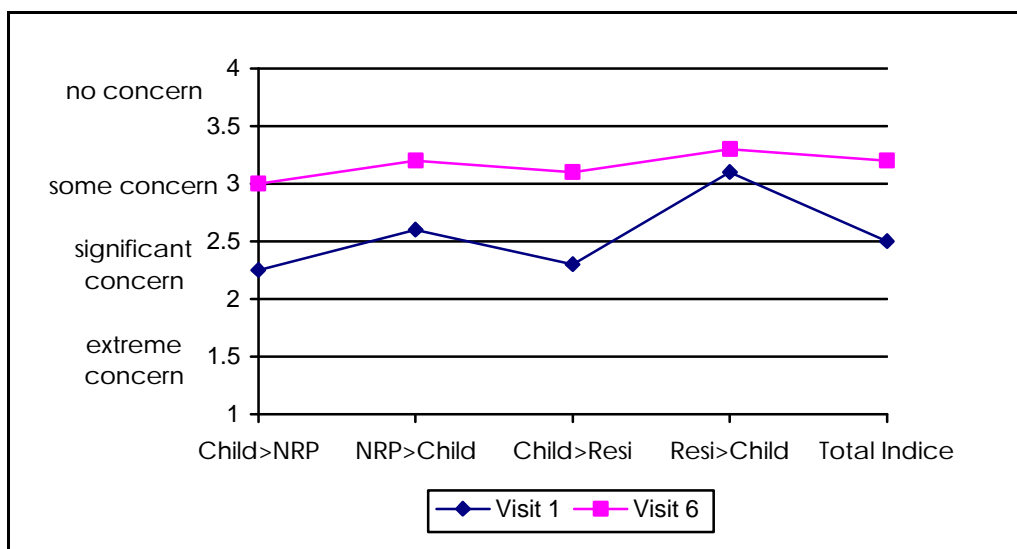
What factors seem to impact most strongly on the outcomes of visiting for the child? Does the quality of the relationship between visiting parent and child change over time in the program? What does this depend on? What enhances children's sense of security in visiting? These are some of the many questions explored in the child impact study. The ROVI scale (Rating of Visit Interactions) provided indices of quality of interaction between the child and both parents. The scale is broken down into the following categories:

- Child's Behaviour with Residential Parent (Child>Resi) = behaviours on separation and reunion (10 items).
- Child's Behaviour with Non-Residential Parent (Child> Non-Resi) = behaviours on greeting, during visit and on leaving visit (20 items).
- Non-Residential Parent's behaviour with child (NRP>Child) = behaviours on greeting, during visit and on leaving (18 items).
- Residential parent's behaviours with child (Resi>Child) = behaviours on separation and reunion (9 items).
- Total Indice = score of all 57 items.
- Each category is scored on a four point scale, as follows:
  - 1 interactions are of extreme concern.
  - 2 interactions are of significant concern.
  - 3 interactions are of some/moderate concern.
  - 4 interactions are of no concern.

At intake for fifteen children in supervised contact and fifteen children in changeover, all categories of interaction examined fell in the range of significant to moderate concern.

Clear improvements were noticed between intake and outcome ratings for most visits in both supervised contact and changeover. For example, in following a sample of twelve children through their first six visits, the following results emerged.

Chart 8: Improvements Over Time for 12 Children (6 Supervised and 6 Changeover)



In a larger unmatched sample of 32 children at intake and outcome, the same trend was evident for both children in changeover (n=15) and children in supervised contact (n=17). Children in changeover showed somewhat more insecurity in early visits than did children in supervised contact, but tended to improve consistently over the first six visits. It took longer for supervised contact visits to improve to the same degree.

The behaviours of the twelve children in the follow-up study were also recorded by the child's residential parent over the first three months in the program on the Child Behaviour Checklist (CBC). At the first visit, total behaviours for 9 out of 12 children (75%) fell into the clinical range. The national average is around 16 percent (Zubrick, 1997). Forty-two percent (42%) were in the clinical range for internalising behaviours (withdrawal, anxiety and somatic complaints) and 33 percent for externalising behaviours (delinquent or aggressive behaviours). These findings are in keeping with trends reported in the Ontario Contact Services Evaluation.

Three months into the program, 11 out of the 12 children showed overall improvements on CBCL ratings, with overall scores falling to within the normal range for all but three children. In essence, residential parents were reporting that the behaviour of their children on entering the program showed signs of significant disturbance. Following at least six visits, improvements in the child's behaviour were notable. This seems to indicate that some of the anxieties exhibited by children at the beginning of contact are responsive to a change in the visiting process. Observational data and parents' reports would also indicate that greater internal security for the child is reached concurrent with greater security in the visiting process. Factors contributing to increased security in the visiting process are examined in the next section.

## 7.6 Findings Part III: What Contributes to Good Outcomes?

From the ROVI study reported above, quality of visit interactions over time was examined in light of all other data available for each family. The key findings were as follows ('associations' referred to below are statistical associations):

- Better quality interactions between child and visiting parent at their first visit was associated with fewer months since the parents separation <sup>4</sup> and some willingness to communicate between the parents <sup>5</sup>.
- The overall quality of interactions between all members of the family in this sample was most highly associated with the number of visits the family had had at the contact service.<sup>6</sup> That is, the more visits, the greater the security of interactions between the child and each parent.
- Neither age nor gender of the child had a significant bearing on the quality of visit interactions at any point in time.
- Visit interactions showed greater improvement in the short term with changeover cases than with supervised contact visits.
- After at least six (6) visits in the program, improvement in the child's behaviour toward the non-residential parent was most highly associated with three factors: the non-residential parent's positive and well attuned behaviour toward the child, the non-residential parent's satisfaction with the program itself and the residential parent's belief that the child's relationship with the residential parent was improving through the contact service.
- The child not wanting to see their non-residential parent away from the contact service was associated perfectly with both parents' lack of confidence in conducting visits away from the service.<sup>7</sup>
- The best interactions between non-residential parent and child at first and later visits were associated with a high quality of interaction between residential parent and child prior to and following the visit. Conversely, those cases where interactions between child and visiting parent were worst at intake showed the lowest level of interaction from the mother toward the child before and after visits.
- For outcomes at 3-4 months, those cases which showed worst levels of interaction between visiting parent and child were seven (7) supervised contact cases. Here, the

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<sup>4</sup> (n=13, t=-4.34, p=.001)

<sup>5</sup> (n=13, t=-3.6, p=.004)

<sup>6</sup> (Pearson R=.672, p=.002)

<sup>7</sup> (R2=1.000, p=.000)

poor quality of interaction appeared to be independent of the residential parent's behaviour and seem to reflect a property of the relationship between child and non-residential parent. All seven (7) children expressed significant fear in relation to their visiting parent, which in each case was grounded in a history of abduction or threatened abduction. In each case, there was extremely poor communication between parents, with substantial fear of the non-residential parent by the residential parent.

## 7.7 Summary and Implications for Supporting Children in the Visiting Process

The findings of this study indicate in many ways that contact services provide many of their client children with a space for significant recovery of trust and confidence in the visiting process. The quality of interactions with their visiting parent improved over the first three months of visiting and more so further into visiting, for both supervised contact and changeover. Behavioural and emotional disturbance, which were of significant concern prior to joining the service, subsided over time in many cases.

Despite their similarity of circumstance, children in contact services cannot be seen as a homogeneous group. Their progress in visiting largely depends on the capacity and willingness of their parents and the skill of service staff to facilitate their passage through visitation. Specifically, higher quality visits for the children observed in these case studies occurred :

- with time,
- with continuity of visits,
- with greater quality of relationship with non-residential parent prior to separation,
- with non-residential parent's commitment to visits and cooperation with staff,
- when non-residential parent addressed issues of concern to the child,
- when non-residential parent assumed a supportive parenting role during visits,
- when the child showed resilience in their own right,
- when the residential parent prepared the child well for each visit,
- when the residential parent had some hope of visits going well for the child's sake,
- when non-residential parent's behaviour was in no way threatening to the child,
- when acute antagonisms did not occur in visiting,
- with active well attuned support and facilitation by staff during the visit.

Clearly not all of the above factors will be an issue for each family. Johnston and Wallerstein (1997) recommend that a range of assistance be available within contact services, depending on the degree and kind of family trauma, the child's vulnerability and the prognosis for parents' willingness and capacity for rehabilitation of the relationships. For example, they propose these four levels of service delivery:

- short-term supervision and monitoring of changeovers;
- parenting skills supervision;
- therapeutic supervision;
- high intensity supervision.

Garrity and Baris (1995) also advocate a therapeutic, individually tailored response to children, which adjusts type of visit depending on the progress of the family toward parenting recovery. Supervised therapeutic visitation is used for assessment of all families, which may move to include unsupervised visits, which still include a weekly family therapy session with the same professional supervisor. As progress is made, the supervisor can help the family move toward normal, developmentally appropriate visiting schedules. Their underlying principle is underscored by the findings from this child impact study:

*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.*

# Chapter Eight

*What was it like to visit Dad today?*



**PARENTS IN CONTACT  
SERVICES**

## 8. Parents in Contact Services: What Do They Hope For, What Do They Achieve?

Through dozens of site visits, research, field trips and survey rounds during the course of this project, hundreds of parents from diverse backgrounds have added their voice to this study of contact services. In this chapter, their experiences of using the service and their views on outcomes for themselves and their children are described. The data throughout the chapter comes from a written questionnaire completed by 226 parents who currently or previously used the contact service, as well as more in depth perspectives from another 62 parents who participated in the child impact study.

Of the sample of parents who returned the written survey:

- Most were in the 25-35 year age group (53%).
- Forty eight percent were residential parents and 52 percent were non-residential.
- Together, they reported on a total of 323 children.
- Ninety percent of residential parents were the mother and 93 percent of non-residential parents were the father.
- One hundred and twenty-nine (129) parents used the contact service for changeover while ninety seven (97) used it for supervised contact.
- Most parents (50%) had been using the service for 4-12 months.
- Sixty-three (63) parents had finished using the service and were able provide information on what had happened to visiting arrangements subsequently, as described in this chapter.

## 8.1 Visiting Patterns and Problems Since Separation

All thirty-two (32) families in the child impact study had joined the service at least four months after separating. Most couples had been separated for more than two years prior to using the service (50%). This trend is substantiated in our broader visit data. When families had been separated for some months, the typical pattern of visiting before using the service was of inconsistent and infrequent visiting arrangements (50%).

Thirty percent (30%) of non-residential parents had had no contact at all with their children for at least a year. In the child impact study, only three percent (3%) of parents reported having frequent and consistent visits prior to using the service. More typically, visiting would begin in a semi-consistent manner, then deteriorate to sporadic, infrequent contact over the months as antagonism over parents' attempts to manage visiting arrangements became more entrenched.

Many parents described having tried a variety of visiting arrangements before hearing about the contact service. Most common were drop offs at McDonalds or the police station or use of a relative's or friend's house as 'neutral', supervised territory. These arrangements left the majority of residential parents feeling unsafe. Many reported unwanted encounters with their ex-spouse on arriving or leaving these venues, usually witnessed by their children. Reports of being followed, or even chased by the non-residential parent were common, both from residential parents and children. In four cases reported here, the non-residential parent had abducted the children during a visit.

Through the course of this project, descriptions such as 'a manipulative residential mother' and a 'bullying non-residential father' were heard time and time again. While in some cases the term 'overwhelmed parent' seems to apply equally to both. Residential parents described a pattern of coping with chronic conflict around visiting by withdrawing from any visiting arrangements altogether and going to extreme lengths at times to protect themselves and their children from the ongoing stress of contact with the non-residential parent. Anger and hurt about the separation and its antecedents often promoted an emotional campaign against the non-residential parent and his/her ability to parent their children, as Wolchik et al (1996) also found with a sample of 93 families not using contact services.

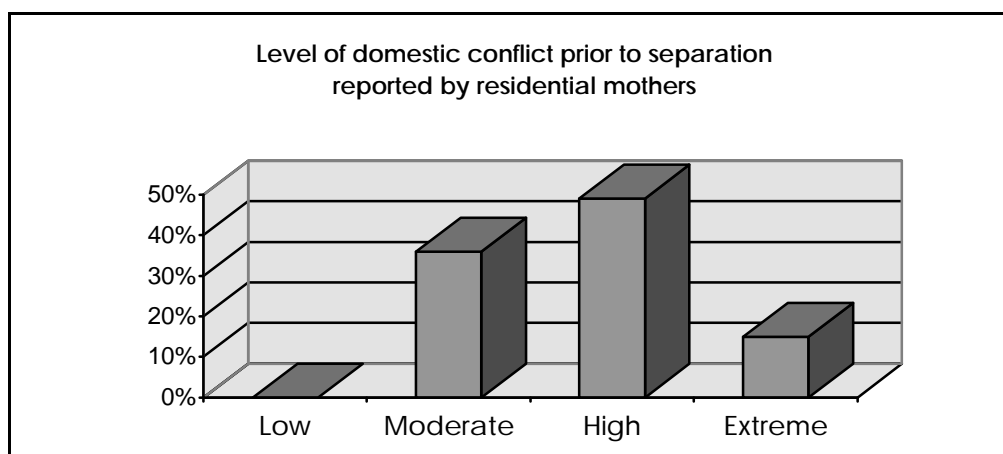
In turn, non-residential parents spoke of a build up of frustration, anger and confusion, feeling provoked into antagonistic behaviours through a combination of factors, typically the embarrassment of using public facilities for visits, ongoing refusal of their ex-spouse to communicate directly, grief and loss. In retrospect, many described feelings of remorse regarding the impact of conflicts between parents on the children, but at the time, most felt locked into a very personal and intense battle with the ex-spouse which allowed little room for thought about the children. Many talked about having “given up the battle” for long periods of time before eventually seeking court orders to support contact.

## 8.2 Parental Conflict Prior to Using the Contact Service

Even among the divorce population who do not require contact service support, there is a high frequency of visitation problems and ongoing conflict between parents, as reported by Funder in the 1996 Australian study and by Wolchik et al (1996) in the USA. Profiles of contact service families in this project and in international studies show that these are families with still more entrenched difficulties and fewer resources to deal with them. In their child impact research interviews, 62 parents described their work commitments as follows. Twenty-seven percent of non-residential parents reported being unemployed and forty-four percent of residential parents reported being unemployed. This figure needs to be explored in a wider sample, but the trend is similar to figures cited by Pearson and Thoennes (1997) of 94 visitation programs and their clients. Only six of the 32 families (18%) in the child impact study had accessed counselling or mediation services to help with visitation problems; two of these were court ordered and the other four dealt with the children only.

Against this background of limited resources, the types of conflict parents typically reported appears larger than life. The following sub-study explored the extent of conflict that had occurred before and at the time of separation, and children’s understanding of this. Twenty-nine (29) residential mothers completed a revised version of the Conflict Tactics Scale, to indicate the nature and frequency of conflict that had occurred during their relationship with the visiting parent, from financial and verbal abuse to physical and sexual violence. They reported the following:

Chart 9: Level of Domestic Conflict Prior to Separation



No women reported low levels of spousal conflict. These findings are comparable with those found by Mertin (1996) in a sample of mothers who sought refuge in women's shelters after leaving violent partners.

The importance of the mother's recovery from marital conflict for the well-being of the children is clear, both in the present study and in international findings. Spaccarelli (1994) found that violence against the mother correlated with high depression in children, particularly girls. In a two year follow up of children ages 4-12 years, Johnston, Gonzales and Campbell (1987) found that depression continued for children from families where conflict endured post-separation. Mertin holds that:

*... circumstances delaying the mother's recovery, eg ongoing threats by the spouse and involvement in protracted custody and contact disputes may also be expected to similarly affect the child(ren). (1996: 82)*

There is little doubt that successful use of contact services aids the recovery of many women. In the sample of 29 mothers studied in this project, all said they felt safer using the service than any other arrangement and experienced greater peace of mind than they had previously felt. Three quarters of the children interviewed in the child impact study said they felt safe to visit at the contact service. Those who did not, still had concerns about their parents meeting up with each other, and some had concerns about being abducted, as discussed in the previous chapter.

All women who reported high or extreme levels of domestic conflict were loathe to contemplate trying to arrange contact which necessitated some personal contact with their ex-partner. Their children were equally fearful of this possibility, citing the potential danger for their mother.

*Knowing I don't have to see him is all I need. It's the kids who are ordered to see him, not me. As long as he's allowed to see them, we have to continue here (Residential mother, history of extreme physical and sexual violence).*

*I wish my Mum didn't marry him. I wish my Dad wasn't even invented or wasn't even born. When I used to live with him, he always used to hit my Mum and sometimes he hit us and yelled at us. Sometimes I make a wish when the first star comes out at night that my Dad would just leave us alone (7 year old daughter, using supervised contact).*

*I was never safe enough the way we used to do it. Here I hope the kids won't see any conflict and they'll be free to be kids, not having to worry about me. If it wasn't here, I'd be totally worried the whole time (Residential mother, history of high domestic conflict).*

*This is a place where kids come because their Mums and Dads aren't allowed to see each other because they might hurt each other. I wouldn't see my Dad at home because (6 year old son, using supervised contact).*

*It all went sour when he realised it was over. I used to jump the back fence when I saw him coming to get my son for a visit. He used to harass me and when I opened the door, he'd hit me (Residential mother).*

*I come here because they had a fight and they are still mad with each other. My Dad thinks it's stupid coming here, but I feel safe and I wouldn't be able to see him at all if we didn't come here because my Mum wouldn't take me anywhere else (7 year old son, using changeover).*

Some of the conflict reported by mothers was more psychological in nature, engendering equal fear of contact with their ex-spouse, for example:

*Before this place, he used to hold the kids in front of me and get them to say they didn't love me. He'd make crank calls late at night when I was alone, leave dead birds on my doorstep and send me videos like 'Death Becomes Her' or 'Home Alone'. He told the judge they were presents (Residential mother).*

*I like to see my Dad but I still get worried about Dad being here at the service before Mum comes. I get worried in the tummy and I'd like the workers to make him promise not to get here before Mummy. He used to say things when she dropped us off and once she grabbed my arm and pulled me out of his car because he was so mean to her, we had to get away (10 year old daughter, using changeover).*

In two cases of the 32 studies, fathers cited substantial histories of physical violence and intimidation from ex-partners. Both were fearful of encountering the mother during changeovers.

*She'd send her new boyfriend around to threaten me or have him and his mates sitting in the carpark when I'd come out from work, glaring at me and laughing when I'd have to run to my car (Residential father).*

In most cases, the children in the child impact study were well aware of levels of parental conflict and cited this as a good reason to use the contact services to see their visiting parent. In essence, it made them less anxious knowing their parents were safe. In isolation, reported levels of parental violence had less influence on the quality of visit interactions between child and non-residential parent than did histories of direct threat toward the child themselves by that parent, in the form of abduction or threatened abduction/hostility. This is discussed in the previous chapter.

In addition to domestic conflict that had occurred before and at the time of separation is the obvious conflict parents experienced in arranging contact visits between themselves. All parents described a spectrum of conflicts that marked these occasions, creating chronic tensions and stresses for each. Residential parents predominantly reported harassment and non-residential parents reported obstruction of the visits by the other parent. Parents in the child impact study typically described a mind set, prior to using the service, dominated by antagonisms with their ex-partner, grief, fear, intimidation and confusion which made it difficult for them to focus on the needs of their children.

Only half of these parents thought their former visiting arrangements had also caused problems for their children. As the previous chapter illustrated, their children were of a different opinion.

## 8.3 How did Parents Come to Use the Contact Services?

As the table below illustrates, the vast majority of parents surveyed were referred on court orders or through some other form of legal recommendation. About nine percent (9%) of parents self referred after hearing about the service through friends or family.

Table 15: Source of Referral

Source of referral	%	
	Residential parents (n=110)	Non-residential parents (n=116)
Family Court/Magistrates Court	43	45
Solicitors	29	22
Self/friend/family	11	7
Welfare worker/social worker	3	9
Community agency	5	1
Community Legal Centre	1	7
Other*	8	9
<b>Total</b>	<b>100</b>	<b>100</b>

\* Other included: school newsletter, police, newspaper.

## 8.4 Parents' Experiences of the Services

Residential parents coming into the service tended to do so expecting increased safety during changeovers for themselves (77%). Non-residential parents came expecting a reduction in conflict between parents and an assurance of regular contact (60%).

### Accepting the Need for the Service

Of the 32 families in the child impact study, less than one third of parents agreed about the need for and use of the service before starting to use it. For example, one family in changeover said:

*The boys need to see their Dad and I wouldn't deny them that. It makes them happy. There's just too much that's happened for us to ever do this alone again (Residential mother).*

*I didn't want any contact with her and here it's a smooth exchange with no risk. The kids would rather not have to come here, but with all the problems they can see it's better this way (Non-residential father).*

*When we used to have visits at Grandma's, Mum would run out and hit Dad's car, sometimes with us in it. All our visits with Dad are good and we'd like to see him more and for him to come to where we live, but it's better this way (Their child).*

In the 16 cases of re-instated contact after a long break, and in two cases of beginning contact for the first time, 10 of the non-residential parents were clearly understanding of the need for using the contact service for the children's sake.

*It's to get to know them again. I hadn't seen them for four years. I was nervous, the kids were nervous. Earlier I felt like giving up, but it just takes time, because they remember all the shit that used to happen (Non-residential father).*

*I hadn't seen him for 6 years. I hoped for him and me to form a father son relationship. The feeling on my first visit was like seeing him born again, only he wasn't a little bloke any more. We needed time and I like coming to this joint (Non-residential father).*

*I'm here for her, to get to know her. I'm just a name to her, not 'Mum'. I didn't know how to talk to her and the workers here help me with that. I just want her to know that if I could change what I've done to her, I would (Non-residential mother).*

The more typical pattern however was either for the residential parent to think it undesirable for the child to have contact with their non-residential parent, or for the non-residential parent to think it unnecessary to use the service. Ten of the 32 non-residential parents interviewed, strongly resented having to use the services (9 fathers, 1 mother). Most of these parents had attended for less than three months.

*I am totally unhappy to pick up my children from a public place. It's very stressful for me, but I want to keep contact with them. It's bad for me, like exchanging luggage, moving them from room to room. I feel terrible (Non-residential father).*

All residential parents were in favour of using the service if contact had to happen between their children and their ex-spouse.

## Satisfaction with Different Aspects of the Service

Both groups of parents were predominantly satisfied (85-95%) with their introduction to the goals and rules of the services and the service agreement they signed. The table below details some specific areas of service delivery which parents were asked to rate according to their satisfaction with each.

Table 16: Satisfaction with Service

FACTORS	RESIDENTIAL PARENTS %				NON-RESIDENTIAL PARENTS %			
	dis-satisfied	not sure	satisfied	Total	dis-satisfied	not sure	satisfied	Total
The support and assistance provided by staff	9	2	89	100	3	7	90	100
The skills of staff	5	9	86	100	3	8	89	100
The rules for using the service	8	2	90	100	12	6	82	100
The suitability of the service's facilities for your children	2	8	90	100	5	9	86	100
The degree of safety you and your child/ren feel while at the service	5	7	88	100	2	7	91	100
The knowledge and information you have gained from the service	61	4	35	100	7	17	76	100

The majority of parents expressed satisfaction with the service, its rules and facilities, the safety it offered them and the skills of staff. Parents unhappy with the service's facilities were mainly concerned about the lack of appropriate activities for older children. The 10-15% of parents who were less than happy with staff skills commented on the need for staff who could better facilitate communication between family members, for example:

*There isn't anyone who can sit down with me and my daughter and help us talk together about why she doesn't want to visit with me (Visiting father).*

*My ex and I could probably start talking with each other here if there was someone who could help us. It doesn't seem like they want us to do that (Residential father).*

## Time Helps

The child impact study indicates that satisfaction with the program improves over time for both supervised contacts and changeovers. Eighteen (18) of 20 residential and non-residential parents who had been in the program for longer than six months reported high satisfaction with the service. Dissatisfaction was largely confined to the first few months of using the service, typically where residential parents remained anxious about being there and non-residential parents were often resentful at having to use the program at all. Residential parents using supervised contact and non-residential parents using changeover were most likely to feel dissatisfied with their involvement in the program.

## Residential Mothers: Enduring Dissatisfaction

An area of concern highlighted in Table 16 is the dissatisfaction with the knowledge and information that residential parents felt they gained from using the service. This dissatisfaction tended to endure over time, and they typically reported mounting frustration at receiving less information than they would like about the visits and the progress of their children.

*I'm never told anything about how she is going in the visits other than "fine". What am I supposed to make of that? I can't answer this question of whether my daughter is forming a relationship with her father, even after all these months because she's too young to tell me and the staff here don't tell me either (Residential mother).*

*I never hear anything about how it goes. The kids don't mention it and neither do the staff - it's a bit like a club that I don't belong to (Residential Mum).*

*I guess the kids have a good time, but they don't tell me. They probably think I can't stand their mother and so they shut up. I suppose the staff would tell me if they got hurt or something, but that's all (Residential father).*

This finding echoes an observation made in visits to the contact services that services operating predominantly from a domestic violence orientation put a great deal of energy into forming a link with the visiting father, who, in this framework, is most likely to be the more 'problematic' parent, without a balance of time spent with the mother. While discussion and de-briefing time for parents is lacking across all services, it appeared that non-residential parents received far more opportunities to do so than did residential parents, perhaps contributing to their sense of gaining so little knowledge from the process.

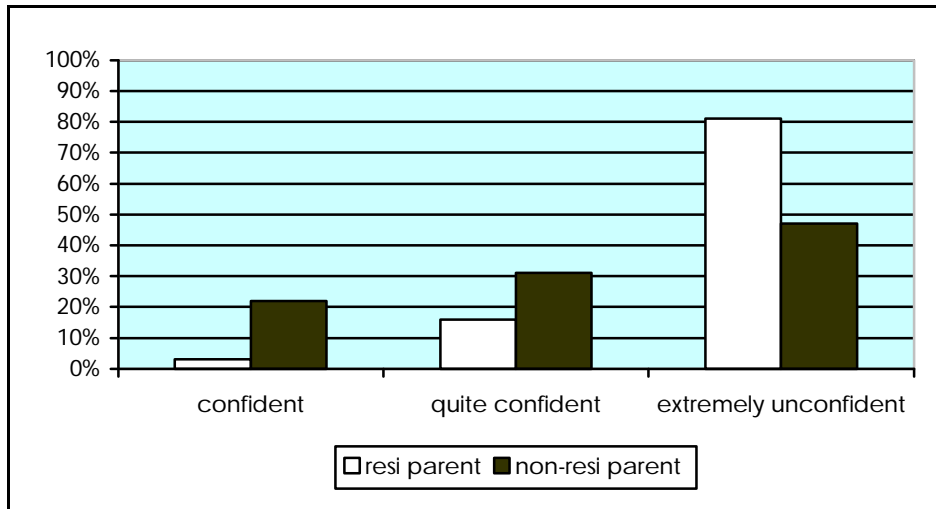
Some workers commented that to share information with the residential parent would create difficulties for the child, as in effect, this parent did not want the visits to work and would not want to hear that they were. In these circumstances, clearly some other kind of discussion beyond information sharing is needed. Indeed, for these children who have difficulty integrating their feelings about their two warring parents and the visiting arrangements, maintenance of a divide by the services in not facilitating a flow of information back to the residential parent may simply reinforce splits, rather than encourage progress toward a more holistic picture.

## 8.5 Parents' Views on the Outcomes of Using Contact Services

This section examines the changes that had occurred for parents as a result of their involvement with a contact service. The results of both the survey and the child impact study are drawn on.

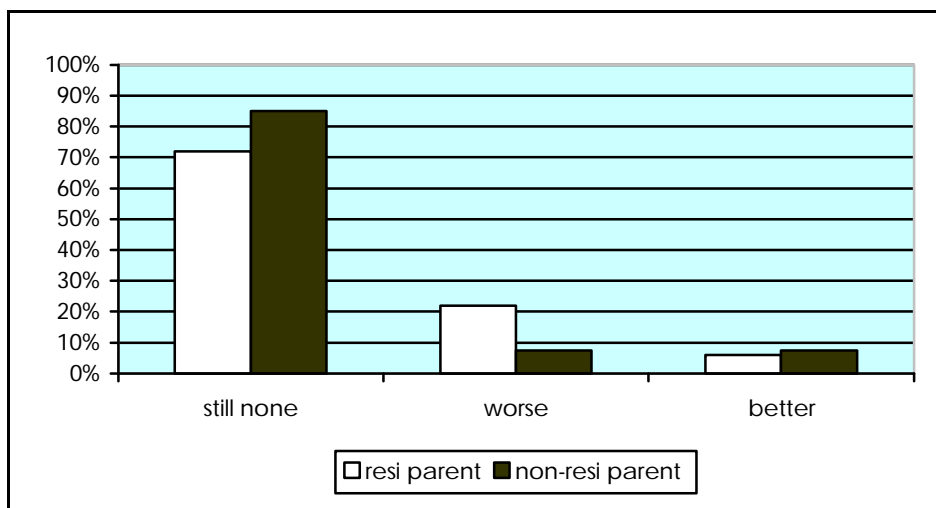
The majority of residential parents (67%) and non-residential parents (62%) responding to the survey reported that they coped better with visits while at the contact service than they had prior to using it. Non-residential parents tended to be more optimistic than residential parents about being able to continue contact after finishing in the program (45% versus 35% respectively), but the confidence of both groups diminished the longer they spent in the program. More than one third of the survey sample were very unsure of their ability to conduct contact without the service. These trends were the same for supervised contact and for changeover. The Child Impact sample reported still greater fears of moving on to self-management, possibly elicited through the more personal and intensive interview method. This group of parents reported the following:

**Chart 10: Confidence of Parents Regarding Self-Management (n=62)**



This is a concerning trend and the question arises as to whether the success of the services in demonstrating that safe contacts are possible is undermined by a lack of concurrent educational input for parents toward successful self-management. As the child impact study demonstrated in the previous chapter, there is a core of families where self-management of visits appears neither possible for parents nor desirable for their children. However, this is not a majority group, and amongst those who could move on a majority of parents are unable to see a way forward to self-managed visits. A significant contributing factor seems to lie in the lack of communication that typically remains between ex-spouses through the course of the service.

**Chart 11: Has Communication with your Former Partner Improved while in the Contact Service? (n=62)**



With 70-85 percent of parents reporting that they had no communication with their ex-spouse or that communication had become worse since joining the program, it is perhaps not surprising that the majority of parents lacked confidence about moving on to self-management. Site visits throughout this project confirmed a widespread absence in the services of resources and procedures that may move parents toward a level of communication through which they may at least mediate a post-service contact agreement.

If parents feel nervous about self-management while in the service, how many of them go on to achieve it? Sixty-three (63) parents surveyed had finished using the service, as had 24 parents in the child impact study. Their reasons for finishing varied, mainly court-ordered change of contact, one parent withdrawing, or child refusing contact. Very few said they finished because they were ready to move on. About 70 percent overall reported continuing visits within 6-18 months after leaving the contact service, in both changeover and supervised contact samples. The table below shows how many parents were able to arrange the contact between themselves and how many still used an intermediary person or location.

**Table 17: Could Parents Arrange Contact Between Themselves After Finishing in the Service?**

	RESIDENTIAL PARENTS %		NON-RESIDENTIAL PARENTS %	
	Changeover (n=14)	Supervised contact (n=16)	Changeover (n=10)	Supervised contact (n=23)
<b>CONTINUED CONTACT</b>				
Yes - arranged between parents	35	21	58	42
Yes - with intermediary	30	50	42	43
None	35	29	0	15
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

On average, one third of parents were attempting to make their own arrangements following the contact service. Most residential parents (64%) were less satisfied with the new arrangements than they had been when using the contact service. Only 10 percent of non-residential parents were less satisfied, and clearly preferred having visits with their children away from the service, as the following table illustrates.

Table 18: Satisfaction with Current Contact Arrangements Compared to Visits at the Contact Services

CURRENT SITUATION	RESIDENTIAL PARENTS %			NON-RESIDENTIAL PARENTS %		
	Changeover (n=14)	Supervised contact (n=16)	Total	Changeover (n=10)	Supervised contact (n=23)	Total
Much worse	24	53	38%	0	12	6%
Worse	29	24	26%	0	8	4%
No change	18	12	15%	0	4	2%
Better	12	0	6%	45.5	31	38%
Much better	18	12	15%	54.5	46	50%

## 8.6 What Outcomes did Parents See for their Children?

Parents responding to the survey were predominantly positive about the gains their children made through involvement in the contact service, consistently reporting greater gains for children in changeover than in supervised contact. The longer the child had been using the service, the greater the gains reported by both parents. Parents were more likely to report lesser gains for their eldest children than for younger siblings. This finding is supported by the child impact study which found that the older child tended to remember more about the conflict that had occurred between parents and understood more about the nature of their mother's fears around contact, which compounded their own conflict about visiting. Overall, the child's non-residential parent tended to report greater gains than their residential parent, as the table below illustrates.

Table 19: Outcomes for Children by Non-Residential and Residential Parent

	NON-RESIDENTIAL PARENTS %						RESIDENTIAL PARENTS %					
	very true	true	not sure	un-true	very un-true	Total	very true	true	not sure	un-true	very un-true	Total
Having regular visits through this program has been good for my child	53	33	8	2	4	100	23	33	27	11	6	100
As a result of the regular visits through this program my child seems happier	49	30	12	5	4	100	47	27	21	4	1	100
While in the program my child witnessed less conflict between his/her parents	56	28	9	3	4	100	42	28	21	9	0	100

	NON-RESIDENTIAL PARENTS %						RESIDENTIAL PARENTS %					
	very true	true	not sure	un-true	very un-true	Total	very true	true	not sure	un-true	very un-true	Total
Having regular visits through this program made my child less confused about the visits	35	28	23	7	7	100	15	23	51	7	4	100
Visiting through this program has made my child less anxious about seeing their visiting parent	31	18	40	4	7	100	44	34	15	3	4	100

## Child's Adjustment to Visits

A typical pattern of problems at the outset of visiting as reported by the residential parent was:

- Child was clingy before going.
- Child seemed unhappy about the visit and showed no eagerness to go.
- Child felt unwell prior to visit.

The non-residential parent reported the following at the outset of visiting:

- No warmth in their greeting.
- Shyness, quiet.
- Not wanting to play together.
- Little affection.
- Seems confused.

Chapter 7 describes patterns of presenting behaviour in more detail.

In the child impact study, both parents completed separate forms of a scale called the Child's Adjustment to Visits (CAV), which describes and rates their child's behaviours before and after visits (for the residential parent) and during visits (non-residential parent).

- The residential and non-residential forms of the CAV scale showed clear correlation between both parents views on the extent of their child's difficulties with visits over time. On thirty matched cases, agreement was significant ( $r=.62$ , 2 tailed  $p=.000$ ).

- Seventy percent of non-residential parents and seventy one percent of residential parents reported that their children's adjustment to visits had improved significantly during their time in the program, compared to visiting arrangements prior to using the contact service.
- Improvements were greatest after the first two months in the program.

## 8.7 Summary

Typically, the contact service is not an easy service for either parent to enter, and equally, not an easy service to leave. The first two months of visiting at the service are often the most difficult and both parents express most dissatisfaction at this point. Time and its role in helping visits is a double edged sword: most parents believed their children made greater progress the more visits they had at the contact service, but themselves became less confident about ever being able to manage the visits independently as more time elapsed and communication with their ex-spouse did not improve. Families tended to see the contact service as "the best solution" and very few sought or were able to access counselling or mediation support to help them move toward self-management.

Nearly all parents believed that their children benefited from visiting at the services through diminished exposure to conflict.

# Chapter Nine



**GOOD PRACTICE IN  
CONTACT SERVICES –  
CONCLUSIONS &  
RECOMMENDATIONS**

# 9. Good Practice in Contact Services – Conclusions and Recommendations

This two year evaluation and research project was unique in its examination of the formative years of a new group of services. The evaluation, with its focus on organisational factors, was complemented by research which addressed the issues for children as they experienced the process of visiting at contact services. A good practice framework (appendix seven) encapsulates many of the findings from this project.

The key findings of this evaluation and research project can be summarised as follows:

- The ten pilot contact services have established a strong presence in their local communities, within the legal system and, increasingly, amongst other community services.
- There is strong support in the broader community for the ongoing development and expansion of contact services; this support base has potential for further development by the contact services, particularly in the areas of counselling, mediation and parent education.
- The development of the services has been influenced by the sponsoring organisations in which they are located and the philosophies, resources, and support which have been contributed.
- All of the services have implemented procedures which ensure the physical safety of all parties involved and this remains a key priority which should remain fundamental to all future service development.
- There has been a steady increase in the numbers of clients using contact services, both for changeover and supervised contact, along with an increase in the complexity of issues being addressed.
- After initial concerns, and in some cases resistance, parents value their involvement in contact services and express appreciation of the staff efforts.

- The research indicates that contact services are making a difference for many children in lessening their anxiety about visiting with their non-residential parent; assisting with the building of that relationship; and permitting them to feel secure enough to move forward. A small core of children do not appear to progress. These children share a history of threatened or actual abduction, or threatened or actual physical harm by the non-residential parent, together with a lack of improvement in that parent's capacity to heal the damage in their relationship with their child.
- Parents are more likely to agree than disagree about the progress being made by their children through the course of visiting. This could be used as the base for increased communication and co-operation between them.
- Currently there is no evidence of increased communication between parents. Services provide a 'holding space' in which direct conflict is reduced, however there is limited action being taken which might increase the skills and capacity of parents to move forward.
- Time is a critical factor in the process:
  - it takes at least six weeks for children to settle into the visiting process;
  - at least six months of safe, continuous visiting is required for foundations to emerge or re-emerge in the relationship between child and visiting parent;
  - after that, greater security in the parent-child relationship is often apparent.

This finding has major implications for service development.

- The initial introduction and orientation are critical in setting the scene for children.
- Both parents and children lose confidence about their capacity to manage without the service with increased time, and this needs to be effectively addressed in case planning and management.

As noted earlier in this report, a key development in thinking about contact services over the past two years has been the move from a dominant focus on the physical safety of parties involved, to an inclusion of a focus on the child's emotional security and quality of experiences. This move in no way minimises the need for high quality safety mechanisms and processes and all services would continue to view this as fundamental. What is different is that greater thought is given to what is involved in re-building psychological security for each child and between the parent and child.

This has occurred as part of development in many of the services as they responded to early findings from this project, became more experienced, and engaged in the processes of changeover and contact.

## 9.1 Embracing Complexity

Within this context, the complexity of service delivery has become more evident. One contact service identified a number of issues of complexity that need to be considered when assessing parents for the service together with a system for rating these at intake. Some of the issues to be considered are:

- Compliance (willingness to use the service).
- Conflict with ex-partner (extent of hostility/anger).
- Power and control issues (domestic violence, dominance of ex-spouse, possessiveness re children, vulnerability/submissiveness).
- Problems with separation of own from children's needs.
- Problems with negotiation (flexibility, recourse to lawyers).
- Additional indicators, such as allegations of child abuse, record of poor impulse control, psychiatric condition, intellectual disability, substance abuse and/or serious medical conditions.

At a national workshop, conducted for co-ordinators during the project, other key aspects of complexity were identified such as: stage in the separation process, histories or threats of abduction, degree of resolution of grief, fear, anger by spouses, degree of attunement to children's needs, perceptions of contact service, hope for change, flexibility of views, influence of new or extended family.

Consideration of such information has helped services determine the levels of supervision required. At the outset of this evaluation, the term 'vigilance' was often used, and interpreted, somewhat simplistically, to refer to the type of proximity and monitoring required in the supervision of the visiting parent and child. Now, the concept of vigilance has been expanded to better describe the nature of facilitation required in visiting in order to embrace the complexity and individuality of each visiting family and each child's needs.

The findings from this evaluation and research project indicate a need for a further development in thinking, to incorporate both the physical safety and the psychological security of the individual with the active development (mending/creation) of relationships:

- Child's relationship with workers.
- Child's relationship with non-residential parent: this may be new, re-establishing, ongoing - in all cases it has new aspects which need to be negotiated.
- Child's relationship with residential parent may need some negotiation as the relationship with the non-residential parent develops.

- Residential/non-residential parent relationship which will need to refocus from conflict to mutual parenting and a focus on the needs of their child, or at least agreement about how visiting might continue to proceed in the future, with or without the help of the contact service.

These aspects point to the critical need for services to consider the whole area of improved communication for all parties involved in contact. The following matrix outlines some of the spectrums that might be considered in addressing such issues, moving from a one-dimensional notion of 'vigilance' within the original domestic violence orientation to service delivery with a matrix of supervisory possibilities.

Table 20: Matrix of Supervisory Options

Level and type of facilitation	Monitoring of discussions/ interactions	Fostering children's sense of security	Relationship building: child and parent	Parenting skills	Parental contact
High intensity					
Medium intensity					
Low intensity					

The spectrum of intensity of facilitation might include the following.

**For high intensity:**

- active support,
- active intervention,
- high vigilance monitoring,
- active encouragement,
- engaging outside resources – counselling/mediation.

**For low intensity:**

- passive observation,
- low activity in visits,
- low vigilance monitoring.

## 9.2 Features of Service Delivery

In light of this project's findings, a good practice contact service would acknowledge the spectrum of complexity and have policies and procedures to address it. Within the limitations of each family system and set of circumstances, services would aim to help families re-establish some sense of equilibrium in visiting, trust in the process, belief in its worth and where appropriate, skills to move forward to self-management.

Services would incorporate key findings from this project, such as:

- The need for physical safety and emotional security for visiting families.
- The paramount interests of children.
- Clear steps to assist families move through the service, as appropriate to their needs.
- The need for informed assessment of and responsiveness to children of all ages.
- The impact of time on children and parents.
- The importance of personal care and continuity with workers for children.
- Knowledge of developmental needs, varying patterns of distress and coping techniques that children exhibit.
- Capacity and strategies to facilitate relationships between parents and their children and between each other.
- Balance of input and support for residential and non-residential parents.
- Capacity to deal with diverse population groups and cultures.
- A capacity to undertake conflict resolution within the service.
- Flexible hours and arrangements within established procedures.
- Management of community and legal expectations.
- Service accessibility: physical location, access, hours of opening, appropriate layout.

The primary issue which needs to be addressed at this stage of service development is an increased focus on the needs of children. It was not clear that workers uniformly understood the difficulty of the situation for the child and the ways in which they could support children in the process. There were some striking examples that would indicate that many of the workers were not aware of this as part of their role.

In addition to skills and knowledge base, facility and resource issues are also implicated here. Children of all ages used the play equipment as a means of easing themselves into, and managing, difficult situations. Children benefited enormously when workers actively acted as a bridge through the child's play between the visiting parent and child until some connection had been established. This capacity was helped or hindered both by the quality and availability of equipment and resources and by the workers' skill.

It is not only at the beginning of a visit that a child (or parent) experiences tension in the situation. Those services where there are more than one family at a time have the capacity to allow for this tension to be broken by having diversions for both parent and child which make the situation more like a 'family event'. The worker can also provide such a diversion and defuse the tension in subtle ways.

As has been found internationally and confirmed in this report, contact and changeover is perhaps more difficult for the child than for the parent. Some of the factors which need to be considered in relation to ensuring the best experience for the child include:

- An introductory visit and discussion with the child to familiarise the child with the contact service and its procedures and to gauge, from the child's point of view, what some of the critical factors are likely to be in the visit and to empower them to discuss and arrange strategies that might help. Preparation of the child for what is going to happen is a critical factor. Most of the children, even the youngest, are aware of the tension in the situation and carry this with them. Providing them with the opportunity to express this and have it acknowledged as legitimate is important (this needs to match a similar approach to orientation for parents).
- The way(s) in which children are handled at parent change. For example having the child walk long distances between parents may add to the tension and sense of it being 'unsafe'. Ideally, the parents should move in and out of the child's play space, rather than moving the child between parents. In some services, the child arrives in the playroom with one parent and is settled and engaged by the worker before the residential parent leaves. After a short interval the non-residential parent joins the child and worker (who remains actively engaged at least until there is some connection between the parent and child, and modelling and encouraging appropriate parenting behaviour). This routine is reversed at the end of the visit.
- The use of space and resources. Many of the services have an atmosphere of play and enjoyment and this has an immediate impact on the child. When there are other activities happening in the space alongside other children visiting, the environment becomes more "normal" for the child.
- Briefing and debriefing the parents would also assist to ease the situation for the child.

- Providing positive play experiences similar to those in playgroups where mothers learn to play with their child. This experience is seldom available to fathers and there is an assumption that it is easy to 'play'.

As an aid to working effectively with families, it is also suggested that a client service plan be developed which addresses these issues. Some examples of the approaches that could be taken to the development of client service plans include:

- Orientation visits for children prior to attending for contact or changeover, allowing where appropriate for the child to contribute to their own service plan, allowing also for the residential parent to settle the child before contact; de-briefing of the residential parent and child after contact.
- A service plan for the residential parent would include orientation, briefing and de-briefing, a changeover diary so that the residential parent can write any childcare instructions for the non-residential parent to read or staff member to pass on.
- For the non-residential parent the service plan could include a briefing and de-briefing session, orientation, referral and reference to parenting programs and other support.
- Review of each service plan at strategic and frequent intervals.
- In all cases the client service plan would include specified points for review and updating of progress within a framework of moving towards self-management.

#### *RECOMMENDATIONS*

- 1. That the whole family be regarded as the client of the contact service, requiring a greater focus on the needs of the children than has been evident to date, carried out in such a way that the impartiality of the service is not compromised.*
- 2. That contact services develop a range of interventions and approaches to meet the specific needs of all family members, with an emphasis on, where possible, working toward independent management of changeover.*
- 3. That each contact service should develop a client service plan which has three key aspects; the child, the residential parent and the non-residential parent. In addition the service plan should address the key stress points for the child with strategies to deal with these.*

4. *That services adopt procedures to better cater for the needs of older adolescents.*
5. *That an introductory orientation visit be a standard component of all service assessments to ensure that parents and children are assisted to understand and contribute to what is going to happen in the visits.*

## Self-Management

As has already been stated in Chapter 4, one of the key goals of contact services is to assist clients to move, where possible, towards self-management, both in terms of changeover and supervised contact arrangements. Some of the concerns regarding this service goal include: the number of clients who are court ordered, and the clients for whom self-management will never be an option.

Impartiality is a central but elusive concept in working with the parents in contact services and appears to be a barrier in working on issues of self-management. A helpful denominator to understand this comes from systemic family theory, which states that the client should leave the worker feeling that he or she has been no more or less heard and responded to than any other member of the family, and that the worker regards his or her situation as being no more or no less important than that of other family members.

Impartiality in this definition is an outcome or result rather than an act in itself. It is not about being passive. As discussed earlier in this Chapter, workers can be active and supportive or instructive provided all family members feel that they have been treated equally and fairly without judgement. In fact it may be essential for workers to actively encourage and resource parents for them to move to self-management.

An overall model to describe the process of families progressing through the service would be as follows:

Table 21: Progression through the contact service

Beginning Points	Steps in Progression	Possible Endpoints
<ul style="list-style-type: none"> <li>• Supervised Visiting</li> <li>• Changover</li> </ul>	<ul style="list-style-type: none"> <li>• time/holding space</li> <li>• high/med/low vigilance supervision</li> </ul> <p data-bbox="644 524 975 629"><u>From a holding space to an intentional space, through assessment and review</u></p> <ul style="list-style-type: none"> <li>• parenting skills input</li> <li>• therapeutic support of child</li> <li>• active facilitation of parent child relationship</li> <li>• helping parents to communicate/meet</li> <li>• referral to counsellor/mediation or other services</li> </ul> <p data-bbox="644 981 1023 1041"><b>All possibilities are available, none are automatic.</b></p>	<ul style="list-style-type: none"> <li>• Ongoing supervised access (court ordered or otherwise)</li> <li>• Ongoing supervised changeover</li> <li>• Supervised parental contact during handovers for SA or CO</li> <li>• Supervised off-site</li> <li>• Self-managed changeovers</li> <li>• No contact</li> </ul>

The key words 'all possibilities are available, but none are automatic', best sum up this model. Services need to expand their capacity and linkages to create these service options, as well as instilling a culture of 'progress' which is clearly understood by clients from their first contact with the service. An example of a different approach would be services facilitating contact between parents during changeovers, within the service's buildings and supported by the staff.

This, however, should not be taken to preclude some families remaining in the contact service indefinitely, as progress to self management would be totally inappropriate for them. The key change here is the creation of the options for progress to self management for the majority of families.

## 9.3 The Sponsoring Organisation

As stated previously, the management of contact services requires that all processes and procedures be viewed from the perspective of the effect on the child. This will impact on all aspects of the operation of the service, the management structure and day-to-day on-site and off-site actions of the staff.

It is clear that, in the establishment of the ten funded contact services, considerable attention has been paid to safety issues and the logistics of moving people safely from one point to another. It is not however clear that equal attention has been paid to the need for children to feel secure and at ease in the situation.

While it is critical to maintain the level of awareness of family violence and its implications for the safety stance of the contact services, and to ensure that the level of incidents is kept to a minimum, there are also other essential factors which need to be considered.

As has been noted in Chapter 3, the sponsoring organisations have had a major influence on the way in which each of the contact services has developed. Some of the critical features which have contributed to this include the following.

**Commitment at all levels of the organisation to the service:** All levels of an organisation (including Chief Executive Officer and Board of Management) need to be active in supporting the contact service.

**Understanding of the implications of domestic violence for service delivery:** The basic premise of the need for contact services arose, in part, from service experience of domestic violence issues. This basic understanding still needs to underpin service development.

**Child and family focused philosophy which supports the emerging service model:** Organisations need to demonstrate a capacity to embrace the conceptual underpinnings of a child focused approach, and a willingness to struggle with and develop theory and practice in this area.

**The range of supportive services within the organisation:** Contact services significantly benefit when sponsored by an organisation which has a range of supportive services under its umbrella. The key services include counselling and mediation, parenting skills and parent support groups.

**Strong external networks and collaborative relationships with allied organisations**

**within a community development framework:** Services need a strong network with the broader community sector and connection with appropriate services for two way referral, active partnerships and collaboration, particularly with other child focused services. In addition, there needs to be a sense of the service networks being part of the 'promotional' activities of the organisation. Community development models are most appropriately applied in this regard.

**Clear documentation of policies and procedures:**

Building on the philosophical base, there needs to be a commitment to developing practice policies and procedures which are consistent with their philosophical base and assist the every day provision of services. Equally important is the fact that policies are explicit and have been worked through collaboratively within the organisation.

**Child-focused physical environment, ensuring safety and security for children and**

**parents:** The outstanding factor in organisations considered to be developing good practice models and approaches is their absolute belief that children have a right to the best possible outcomes in their lives and that this may mean positive and active intervention.

**Consistent practice supervision and training for staff:**

Staff development, training and practice supervision need to be key elements of an organisation which is developing effective interventions with children and families.

**A planning approach which integrates action research and evaluation:**

An integrated planning model which builds in action research and ongoing evaluation needs to be a critical factor in moving organisations to explore new and innovative ways of working with parents, and their children. Along with action research, there needs to be a commitment to documentation and evaluation and an openness to scrutiny through peer review and professional supervision.

## Governance and Management

The sponsoring organisations which hosted the ten pilot contact services demonstrated differing levels of commitment and understandings of the role and function of such services. Clearly in the move to a greater understanding of the experience and needs of children along with a focus on the development of positive relationships between the parent:parent and parent:child, the Board and management of services will require a particular commitment to such issues as staff selection, supervision and support, venue location and design and flexibility in service models.

Fundamentally the sponsoring organisation requires a commitment to the rights of children and the processes necessary to ensure their best interests in difficult circumstances. Management of contact services will require an ongoing commitment to a service which does not neatly fit into a number of organisational models, given the out of hours service delivery, the particular skills and training required and the approach to working with the whole family.

It is critical that contact services are located within a strong sponsoring organisation capable of providing the necessary support, both administrative and developmental.

Advisory committees have a valuable role to play in the future and this needs to be strengthened beyond the establishment phase. While it is expected that the Board of the sponsoring organisation will deal with issues of accountability, the advisory committee can play a major role both in network development and case review.

At the governance level it is critical that the members of boards and committees of management have an understanding of the factors which will assist in focusing service delivery around the child. This is also a key factor in the management of the services. Organisations which have a child and family focus are more likely to understand some of these factors. However many of them will also need to consider carefully the underlying premises or assumptions that inform the development and delivery of services.

#### *RECOMMENDATIONS*

- 6. That a model such as that described in this chapter ('progression through the service') be adopted by contact services, for appropriate families, as a way of assisting families towards self management of changeover.*
- 7. That the sponsoring arrangements be strengthened in any future tendering process by all applicants for funding including a statement of commitment in the form of in-kind and/or monetary support, qualitative support in terms of service provision, as well as a statement of support or agreement with the aims of the contact service.*
- 8. That the management committee or board of the sponsoring organisation appoint a sub-committee (including community representatives) to act as the advisory committee for the contact service with clear lines of accountability to the board.*

9. *That sponsoring organisations provide the necessary administrative and financial accountability support to the contact services and where possible include reception support.*

## Policies and Procedures

One of the strengths of some of the contact services has been the development of their policies and procedures. In future, all sponsoring organisations should demonstrate their ability to address and document key policy and procedural aspects of service delivery, including:

Service management: Management committee structure and process; planning and evaluation; financial management; occupational health and safety; office and administrative procedures; fee payments; overall client protocols; education policy; alcohol and drugs policy; quality assurance.

Active facilitation of children: Involving children in assessment, introductory visits and review processes; talking with children; play and drawing techniques; child observation techniques; effectively handling child distress; assisting child:parent interaction.

Service delivery: Client assessment; client records and information; client safety and security procedures, and management of physical and emotional critical incidents; client service plans; client confidentiality; client rights and responsibilities; referral protocols; external agency linkages; client feedback and grievance procedures (publicly displayed); management of complex clients; protocols for contact with, and providing reports to, the Family Court; linkages with ethno-specific agencies.

Human resource management: Conditions of employment; use of volunteers; staff recruitment and induction; staff training; supervision and debriefing; handling client conflict and grievance; non-sexism and sexual harassment; performance management.

## Workforce Capacity

One of the early objectives of the evaluation was to identify the qualifications and training needs for workers in contact services. It now appears more useful to discuss the skills and qualities that are required to work in this area, and which include:

- A capacity to manage complexity.
- The ability to establish rapport with all parties.
- The capacity to anticipate, diffuse and handle conflict.

- A child-attuned focus and the capacity to understand the experience from the child's perspective.
- A repertoire of skills to engage children and to facilitate engagement between the child and the parent.
- The ability to 'spot' and respond to a child in distress even when the outward signs are barely visible.
- The capacity to elicit, model and foster appropriate parenting behaviour and responses.
- The ability to remain actively engaged on behalf of the child and in their interests over a period of time and, often, from a distance.

Clearly the knowledge of domestic and family violence is the framework within which these skills are developed. In addition the capacity to develop community linkages and networks is a critical skill for co-ordinators.

The selection, training and supervision of staff underpins any organisation's capacity to deliver a quality service. Clearly, written practice guidelines should not substitute for hands on training and experience, supported by practice supervision. Effective sponsoring organisations will offer an established professional supervision and staff development structure to support direct contact work. Articulated human resource policies and a commitment to staff quality, and hence quality service, must be a key feature of future contact service sponsors.

A further critical area is that of training. A coherent, nation-wide training strategy is now needed, particularly in light of the pending additional services to be funded. Such training needs to take account of the recommended increased emphasis on child-related approaches, facilitation skills for improved parental and parent:child communication, and movement towards self management.

Professional supervision in contact services also needs to ensure that debriefing support for staff is a key aspect of the service, and a further factor supporting the need for full-time co-ordinators to be employed.

#### *RECOMMENDATIONS*

- 10. That co-ordinators focus their attention on service development, case planning for the client families, and the supervision, training and support of the staff team.*
- 11. That a national training strategy be developed by the Department for the expanded range of contact services, focusing in the first instance on advancing child related skills.*

12. *That co-ordinators work rosters that allow regular observation and training of staff. This could be managed through a staffing and rostering plan that provides for formal briefing, de-briefing, practice supervision and training.*
13. *That, in preparing budgets for contact services, sponsoring organisations include an allocation for a full-time co-ordinator.*

## Ongoing Planning and Evaluation

Evaluation is pivotal to an organisation's growth and development. Those organisations which adopt a best practice, total quality management, and/or quality assurance approach to their service provision recognise that ongoing planning and evaluation are crucial aspects to effective service delivery.

This evaluation and research project identified considerable gaps in this aspect of the contact services, with minimal evidence of strategic planning or business plans for any service. Given the sector emphasis on standards and the commitment of the Department to quality service outcomes, such as the FAMQIS Project, it is critical that this aspect of the contact services be strengthened.

As with all programs funded under the Department the contact services will need to take heed of the approval requirements, the contracting framework and the overall quality components within the FAMQIS project. They will need to develop a clear focus on client outcomes and become accountable for meeting their contracted targets. This, as with all funded services, represents a shift in thinking and a challenge to management and overall service delivery.

The development of a research capacity in contact services is now possible after three years of operation. This will require backing from sponsoring organisations and location of contact services within sponsors which have the capacity and commitment to support such practice. The child impact study followed a small number of children through the early months of their visits at contact services. The data produced to date have encouraged a refocus in service delivery on the facilitation of children in visits and the safe-guarding of their psychological well-being through the visiting process. The Study also raised many questions which could well be explored through further research of this kind. The sector needs to consider the place for longitudinal research and how it may be structured, supported and integrated into future practice development.

*RECOMMENDATION*

14. *That the next step in the development of contact services include the integration of, monitoring, planning and evaluation into the service model. This should include longitudinal research to further explore outcomes for children from diverse backgrounds to contribute to ongoing service development.*

## Integrated Service Model

A key factor for contact services needs to be their integrated approach to service delivery, focusing on the needs of the children and both parents, thus ensuring a holistic response. This may require internal relationships and/or external linkages (over and above current arrangements) which are built on collaborative approaches and protocols.

Analysis of current networks of the contact services demonstrate that legal services represent those in closest liaison. This project has identified the need for this to expand to include services which concentrate on relationship building - counselling, mediation and parenting skills. These services are critical to the promotion of a graduated model of self-management as described earlier in this chapter.

It is very possible that traditional referral procedures will not be appropriate for the contact service client group and this may require innovative approaches to encourage clients to accept referral. Innovative and flexible service delivery models may also be required with isolated rural communities.

In addition, the development of appropriate service models for people from Aboriginal and Torres Strait Islander communities, and people from culturally and linguistically diverse backgrounds, will require new forms of collaboration and co-operation.

*RECOMMENDATIONS*

15. *That contact services be sponsored by organisations which have a range of services appropriate to the needs of the client base.*
16. *That contact services demonstrate knowledge of the network of family, legal and domestic violence services in the local community and actively refer clients to appropriate services as required.*

17. *That there be liaison with ethnic advisory bodies such as Federation of Ethnic Community Councils of Australia (FECCA) to explore ways that workers with language skills can be recruited to support the work of contact services.*
18. *That the possibility of locating a contact service in an existing multicultural service be explored.*
19. *That models for service delivery with Aboriginal and Torres Strait Islander communities be explored and funded.*

## Environment

Currently the ten contact services are centre-based; however, given the need for innovative approaches to service delivery discussed above, this may not always be the case. Nevertheless, there are a number of principles which apply in a centre-based service which should be adapted for all models. Currently there is considerable variation in the buildings in which contact services operate. Each has advantages and disadvantages giving varying degrees of flexibility and suitability for each of the required changeover and supervised contact functions. An analysis of the building facility requirements suggests that there are some key requirements which include:

- Clear separation of both parties so that the residential and non-residential parents do not see/meet each other. This includes travel, car parking, entrances, and waiting areas.
- Capacity for staff to observe all aspects of the facility including arrival and departure points, entrances, waiting areas.
- Areas to allow for a range of levels of supervision according to the degree required to provide for the safety and well-being of children.
- Layouts that provide for parents to move through the building rather than children having to be transported between parents.
- Age appropriate equipment and facilities, including outdoor play spaces, to include older children.
- Areas to accommodate family groups for special occasions.

### RECOMMENDATIONS

20. *That, where centre-based, the facility requirements outlined above be a condition of funding in future tendering processes. Where services are adopting other models, the inherent principles should be addressed.*
21. *That issues of accessibility and public transport be considered so that when services are centre based they be located so that both parents do not have to travel to or from the service on the same transport.*

## 9.4 Extension or Expansion of the Program

There is a clear message from the evaluation and research undertaken for this project, that the contact services established by Legal Aid and Family Services, Attorney General's Department, have made a significant difference to the lives of the parents and children who have used them. Parents were overwhelmingly positive in their comments about the services, in spite of some wishing that they did not have to use them and feeling bitter about the process that led them to this point.

The evidence suggests that the need for such services will continue and that there will continue to be pressure for new ones to be established in other locations.

It has recently been announced that additional resources are to be made available for the establishment of new contact services, and there are a number of priorities which could be addressed in this context including:

- Ensuring that all services have a full-time co-ordinator;
- Expanding the capacity of the contact services to undertake the work indicated in this report.
- Developing a planning and review process for all services.
- Linking of contact services with a range of family support and counselling services, as part of an integrated service model.
- Ensuring that a self-management model for families is an integral part of the future service structure.
- Addressing the optimal physical environment for parents and children.
- Developing staff skills in working with the children and managing their anxiety and distress.

In addition, it will be crucial to develop an awareness campaign about the existence, role and function of contact services, particularly targeted at Family Court judges and the legal profession.

*RECOMMENDATION*

*22. That an awareness campaign be developed to coincide with the establishment of the additional contact services.*

The role that the services can play in assisting parents to move to self-management and to improve their parenting role has yet to be fully explored. However, the potential is enormous. In particular these services have access to a group of men who rarely use any community services and who may well benefit from other education or counselling programs. The opportunity for positive outcomes with this group should be progressed.

## 9.5 Conclusion

The establishment of ten funded contact services as a pilot project has demonstrated the Government's commitment to ensuring that children's relationships with their parents are protected and enhanced. What commenced as a recognition of the need to provide a physically safe venue for changeover and contact with non-residential parents has expanded to include an understanding of the particular needs of children and their parents for a range of support and resources so that they can more effectively manage these arrangements. The next phase of development will present a new range of challenges as the knowledge and skill base within organisations develops and new services join the network.

LEGAL AID AND FAMILY SERVICES  
ATTORNEY-GENERAL'S DEPARTMENT

Contact Services in Australia  
Research and Evaluation Project

# APPENDICES

Strategic Partners Pty Ltd  
December 1998

# Contents

<b>APPENDIX ONE: BIBLIOGRAPHY</b>	<b>1</b>
<b>APPENDIX TWO: SERVICE DETAILS</b>	<b>6</b>
<b>APPENDIX THREE: DISCUSSION PAPER</b>	<b>14</b>
<b>APPENDIX FOUR: UNFUNDED CONTACT SERVICES TELEPHONE INTERVIEWS</b>	<b>26</b>
<b>APPENDIX FIVE: CLIENT DATA</b>	<b>41</b>
<b>APPENDIX SIX: WHY PEOPLE CHOSE NOT TO USE THE SERVICE</b>	<b>50</b>
<b>APPENDIX SEVEN: A FRAMEWORK FOR GOOD PRACTICE</b>	<b>57</b>

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# Appendix Two:

## Service Details

This appendix provides information on each of the ten funded services.

### Anglicare Western Australia

The Family Visiting Service in Western Australia is a service of Anglicare, WA. Anglicare has a significant range of services, including relationship counselling, educative services, employment and training services, financial counselling, housing assistance, emergency relief, child care, foster care and a volunteer program. The service has no geographical limitations.

The contact service operates from three locations - West Perth (available for contact and changeover nine hours a week), Bunbury (24 hours per week) and Daisy House, its main Perth location (60 hours a week). The co-ordinator works full time, while thirteen other workers average eight hours per week employment. Three men are employed amongst this staffing group.

### Service Objectives

The contact service objectives are:

1. To provide services which include continual review of intake and screening procedures, ongoing assessment of case suitability for service, referral to other services where appropriate, modelling appropriate parenting skills and briefing and debriefing of supervisors.
2. To monitor and assess efficiency, effectiveness and appropriateness of changeover and supervised contact, through service evaluation, research and development, liaison and consultation, and community development and public relations.
3. To develop and maintain high quality staff performance.
4. To achieve best practice in service delivery.

## Children's Access Program, Bowden Brompton Community Legal Service

The Children's Access Program in Adelaide is sponsored by the Bowden Brompton Community Legal Service. This service has legal services, legal aid, mediation services, food co-operative, various support groups, information and advice services, school holiday programs, after-school programs. Clients come from all over South Australia, regularly travelling from the Riverland and the South East to use the service.

Contact and changeover is available for 12.5 hours per week. The Co-ordinator works 25.5 hours per week, with nine sessional staff (five of whom are men) covering the Friday and weekend openings.

### **Service Objectives**

The contact service objectives are:

1. To provide a safe, neutral venue for contact and changeover for children of separated parents.
2. To facilitate contact arrangements or facilitate referrals to other agencies as appropriate.
3. To develop an access program for each family by way of a contract that can be regularly reviewed.
4. To build management and staff expertise in the provision of access services for children.

## Children's Access Program, Brimbank Community Centre

The Children's Access Program at the Brimbank Community Centre is situated in the west of Melbourne. Although nominally available to families from all over the metropolitan area, clients come mainly from the northern and western suburbs. The Community Centre is a non-profit, community-based organisation, offering the following services:

- Consumer and tenancy information and advice.
- Legal advice and information.
- Domestic violence program.
- Adult basic education, ESL and Further Education.

- Volunteer program.
- Self help and support groups.

It provides contact and changeover 14 hours a week, employing a full time co-ordinator, and 20 hours employment for four permanent part time staff. In addition, three relieving staff are employed. They work in two teams, alternating each weekend. They have no male staff. Languages spoken by workers include Spanish, Vietnamese and Mandarin. The service also uses casual language cultural workers as required, for intake procedures and service delivery.

## **Service Objectives**

The contact service describes its objectives as:

1. To advance the best interests of the children through independent, impartial service delivery.
2. To provide a safe, appropriate child friendly venue.
3. To operate with a trained, experienced and supported staff team.
4. To conduct the changeovers and supervision using, effective, relevant, transparent processes for intake, assessment, referral, participation and support.
5. To provide services for members of groups within the community who are often under-represented as service users and who are disadvantaged within society generally and within the legal system specifically.
6. To work closely with other agencies, professionals, organisations and systems to advocate for best practice within contact services and between the service and other related bodies.
7. To provide data, information and analysis of contact service experience to inform and improve systematic approaches to parental separation and children's contact arrangements.

## **Family Contact Service, Centacare Northern Territory**

The Family Contact Centre in Darwin is sponsored by Centacare Northern Territory, an organisation providing a wide range of child, youth and family services. The organisation mainly services the Darwin area, but has no specific geographical boundaries.

The co-ordinator works 30 hours a week, five other part-time staff working a total of 15 hours a week. The service provides contact and changeover for 30 hours per week.

## Service Objectives

The contact service objectives include:

1. To facilitate changeover visits to the children's non-residential parent in a safe, neutral environment.
2. To provide supervised visits with the non-residential parent.
3. To assist parents move toward negotiation of visiting arrangements through facilitation of referrals and support and practical assistance by contact centre staff.

## Central West Contact Service

Central West Contact Service, at Harris Park in Sydney's western suburbs, is sponsored by the Macquarie Legal Centre. The service covers the central west region, including Hornsby to the north, Strathfield to the east, Fairfield to the south and the Blue Mountains to the west. The Legal Centre provides a range of legal advice, support and information services.

It provides contact and changeover 14 hours a week, employing a co-ordinator for 28.5 hours and three other staff each for 10.5 hours; they have six casuals on call, with three staff on duty at any one time. They also have a "Safety Officer" - one person who is present at all times the service is open. Amongst the staff Arabic, Spanish, Vietnamese and Mandarin is spoken.

## Service Objectives

The contact service describes its service aims and objectives as follows:

1. To facilitate child/ren's wish for contact with their parent or, where the child/ren are unable to express their will, to facilitate any Court Orders in relation to access.
2. To provide a safe, neutral, child friendly environment where appropriately trained staff supervise and enable contact.

## Logan West Community Centre

The Logan West Contact Service is sponsored by the Logan West Community Centre Inc. The service initially focused on the Logan City area, but now has no geographical limits. The Community Centre provides the following services:

- Family and individual support.
- Respite and in-home support for the elderly and those with a disability.

- Outside school hours care.
- Regional assessment service.
- Shared family care.

Its co-ordinator works full time, with three other permanent part time workers working for 24, 16 and 4 hours respectively. Casual staff are employed for a further six hours per week. There is one male staff member other than the co-ordinator. Contact and changeover is available for 24 hours a week.

## **Service Objectives**

The service objectives are:

1. To provide a safe and positive environment for supervised contact and changeover arrangements for children of separated parents.
2. To promote a healthy relationship between parents and children.
3. To ensure the safety and welfare of children and parents.
4. To develop or improve the ability of parents to independently manage changeover arrangements.

## **Mildura Child Contact Service, Mallee Family Care**

The Mildura Child Contact Service is sponsored by Mallee Family Care, a broad based community organisation offering the following services:

- Community legal service.
- Foster care program.
- Disability support services.
- Family support, mediation and counselling.
- Independent living skills.
- Financial/Problem gambling counselling.
- Supported accommodation.
- Respite Care.
- Pre-school support service.
- Healthy families program.
- Service for children at risk.

The service has a full time co-ordinator and two permanent half time workers, with some backup from casual staff, including one male. Contact and changeover is available for 40 hours per week.

### **Service Objectives**

The contact service objectives include:

1. To facilitate changeover and contact in a safe, neutral environment.
2. To assist parents move towards negotiation of visiting arrangements through the provision of referrals to other agencies and support and practical assistance from the contact centre staff.

## **Canberra Children's Contact Centre, Marymead Child and Family Centre**

The Canberra Children's Contact Centre is sponsored by Marymead Child and Family Centre, which offers a range of family-based services and support , respite and crisis care, foster care, family skills training, various support groups, a day education program, a high level needs support program and an early childhood centre.

The service's catchment extends beyond the ACT, with clients attending from many parts of Southern NSW. The contact service provides contact and changeover for 14.5 hours per week. The co-ordinator works 18 hours in the program, although she is employed full time by the auspice. An additional five staff work a total of 33 hours, with no male staff employed.

### **Service Objectives**

The contact service objectives include:

1. To provide a service accessible to separated families in conflict, which is respectful of their diversity, accommodates their needs and does not deny participation on the basis of background or disadvantage.
2. To provide a safe place and presence for children and parents to maintain or re-establish contact.
3. To provide a comfortable and well equipped setting which encourages children to pursue developmentally appropriate activities.
4. To provide families with opportunities to experience and practice new and functional ways of interacting.

5. To monitor and assess the efficiency, effectiveness and appropriateness of the service.
6. To achieve best practice in service provision.

## Children's Contact Service, Relationships Australia Tasmania

### **Service and Auspice Details**

The Children's Contact Service in Hobart is sponsored by Relationships Australia, a statewide organisation which is affiliated with similar organisations in other states, providing counselling and mediation services and education and support to individuals, couples and families. The entire state of Tasmania is their geographical catchment.

The service's co-ordinator works 27 hours per week in the contact service although she is employed full time. The service also employs other staff for a total of 32 hours per week, including an assistant co-ordinator, and two supervisors, who work 13 hours a weekend. Three out of five support staff are male. A limited service is also offered outside the usual weekend opening times where parents schedules make it impossible to access the service at weekends.

### **Service Objectives**

The contact service objectives include:

1. To enable children to be transferred smoothly and without stress or trauma from one parent/carer to another.
2. To enable children to develop and/or maintain a quality relationship with their non-residential parent or 'significant other'.
3. To ensure the safety of the vulnerable parent at the time of delivering and collecting their children when contact takes place.
4. To assist parents to develop greater confidence in their children's contact arrangements and the benefits of contact for their children.
5. To enable contact arrangements to progress from supervised or supported visits to unsupervised contact arrangements.
6. To enable parents to move towards self management of contact arrangements.

## South West Access Place

South West Access Place, situated in Sydney's west in Campbelltown, is sponsored by the Campbelltown Legal Centre. The Legal Centre provides legal advice and support, court assistance, community legal education and immigration support.

The contact service provides contact and changeover for 11.5 hours per week, with alternating weekend arrangements for supervision and changeover. The Co-ordinator is employed for 25 hours; with part time staff (two at any one time, three if two families visit at the same time) plus a male security guard. They have no other male staff. The service has no defined geographical catchment, although local clients get 'first priority'.

### **Service Aims and Objectives**

The service describes its objectives as:

1. To promote the child's rights, in the context of parental separation, at all times.
2. To provide services that will be experienced by the child as respectful, non-threatening and empowering.
3. To provide a child-centred space and maintain the safety and integrity of that space so as to promote within the child and the non-residential parent a feeling of safety and security.
4. To assist overcome factors in the parent/parent interaction which adversely impacts on contact.
5. To provide a culturally appropriate service.
6. To provide a flexible and accessible service.

# Appendix Three: Discussion Paper

This discussion paper provides a context for the research and evaluation project being undertaken by Strategic Partners for the Legal Aid and Family Services Division of the Attorney General's Department. The paper is designed to raise a number of issues and pose questions which might be addressed in the evaluation and research. It is expected that the paper will promote discussion and be further developed during the life of the project.

## 1. Background

Currently in Australia, there are 48,000 divorces each year with more than half of these involving children.

*...divorce will end more than one in three marriages contracted during the 1980's and will affect the lives of one in six children before they reach the age of eighteen (Funder, 1996:15).*

While there is little doubt that divorce represents a significant adversity in the lives of many children, recent research has explored the diversity and complexity of the adjustment process for children, and the pathways of adverse response and the characteristics of children and parents that increase resilience to divorce trauma. Overviews of recent research indicate that the degree of emotional trauma experienced by a child during or after parental divorce is influenced by such factors as the personality of both parents, quality of bonding, quality of attachment prior to separation, parenting styles, the child's resilience and the support from the extended family (Theissen, 1993; Fine, 1987).

The greatest risks to a child's mental health come through a history of domestic violence, unresponsive parenting styles, poor attachments, high and open conflict between parents during separation and subsequent access disputes. The findings from recently published research on the consequences of marriage breakdown, concludes that it is parental conflict and family process, not divorce per se that impacts on children's well being (Funder, 1996; Kelly, 1993; Amato, 1991).

Divorce and separation often involve high levels of conflict, aggression and violence, between parents which can be witnessed by the child, creating confusion, fear and anxiety. This pattern is not unique to Australia and can be seen in similar ways in other Western countries.

In response to these trends, there is a significant, and increasing, number of services concerned with family issues related to divorce and separation, including those of access and ongoing parental contact. Much of this development, across the world, has been ad hoc leading to diverse approaches and service delivery models.

Contact services are part of a range of initiatives of Government *...which help prevent family breakdowns, as well as [to] help those which are undergoing separation and divorce* (Williams, 1997).

There has been considerable concern from legal practitioners, refuge workers, and others working in the area of family law, over a number of years about the need for services which provided parents with access to their children, and children the ongoing opportunity to maintain a relationship with both parents, while at the same time ensuring the safety of the parent and the children when required.

Various advisory committees and conferences have raised this issue, including the Joint Select Committee on the Family Law Act (1992), the National Committee on Violence Against Women (1992), the Australian Law Reform Commission (1994), the Family Law Section of the Law Council of Australia (1991 and 1993), along with submissions from a range of community and women's organisations and individuals.

The development of contact services is consistent with recent changes (June 1996) in the Family Law Act which has made paramount the welfare of the children. Children can be separately represented in the Family Court within a framework of pursuing the child's best interests. These changes set in place the most far reaching reforms to the Act since its introduction in 1975 and represent *"...a significant shift in emphasis away from considering the needs and rights of parents as the primary concern to considering the rights of the child as the fundamental focus* (Family Law Act Overview, 1995).

The Children's Part (VII) of the Family Law Act has been entirely redrafted to place focus on the best interests of the child(ren). The concepts of custody, access and guardianship, which imply ownership of children by parents, have been replaced with the statutory concept of parental responsibility (Government briefing paper, undated).

## **2. What are Contact Services?**

*Children's contact services provide independent supervision of access changeover and on-site access supervision where there is a risk of violence or harassment to a parent and where their child may be exposed to witnessing violence or harassment ...(or) ... because of inadequate parenting skills or allegations of abuse...(or where) ...a re-unification program is desirable* (Peirce and Gorman, 96:39).

A one year pilot project in South Australia, in 1983, established what is considered to be the first dedicated contact service in Australia. There are now Working Groups in all States and Territories and approximately thirty services around the country, however the spread of services is very uneven.

In 1994, the Australian and New Zealand Association of Children's Access Services (ANZACAS) [now renamed the Australian and New Zealand Association of Children's Contact Services (ANZACCS)] was formed with the following aims:

- *promote a sound analysis of the role, and the limitations, of children's access services;*
- *act as a clearing house for information in relation to children's access services;*
- *provide a network for those involved in establishing or operating children's access services;*
- *encourage governments to provide funding for the establishment of children's access services;*
- *identify minimum standards;*
- *advise on funding criteria (ANZACAS, 1995:3).*

In May 1995, the Federal Government announced a four year \$5.3 million pilot program for the development of contact services in all States/Territories. Family Services Program Guidelines for Contact Services issued by Legal Aid and Family Services (Jan. 1997) state the purpose of the funded contact services as being to:

*...enable children of separated parents to have contact with both their parents where this is appropriate and possible, ensuring safety and autonomy for all concerned. The specific responsibility of contact services within this objective is to promote the safe and appropriate transfer of children between separated parents, and safe and appropriate interaction between the visiting person and the child during visits. Contact services pursue these objectives through the provision of supervision and facilitation of changeover and the supervision and facilitation of visits. In some cases independent management of visits will be seen by the parties as a desirable and viable goal (Legal Aid and Family Services, 1997:3).*

Ten services were funded in the pilot program, one in each State/Territory, except Victoria and New South Wales, where there are two services.

### 3. Why are Contact Services Needed?

The Family Law Act supports the view that, in many cases, it is in the best interests of the child to maintain contact with both parents. Exceptions to this include families where a child has been sexually abused by a parent, as discussed in Section 9, or other situations of potential harm where contact may not be in the child's best interests. Standards are clearly difficult to establish in this area, and various scenarios continue to be debated case by case.

In the absence of such trauma, most children experience the breakdown of the family unit as a kind of abandonment or withdrawal of love (James and Gibson, 1991).

Figures from a longitudinal study, undertaken by the Australian Institute of Family Studies detail the pervasive difficulty experienced by families in maintaining regular contact between non-resident parent and children, even in families who were not characterised by high conflict or particularly difficult legal divorce processes (Funder, 1996). In the study, nearly two in five respondents reported considerable conflict at the time of separation. Within five years of divorce, 15-20 percent of the children had not seen their non-resident parent for up to one year and another 25 percent saw their non-resident parent less than every two months. Only ten percent of children in the sample saw their non-resident parent more than twice a month.

Given that the sample in Funder's study were low conflict divorce families it is likely that families with a high degree of conflict and even spousal violence will have even greater difficulty in maintaining contact between children and the non-resident parent.

Figures from a recent Canadian study report that 86 percent of divorces since 1980 were settled without litigation over access. The remaining 14 percent involved disputes that lasted between 5-14 years (Thiessen, 1994:19). There were a number of reasons identified for the custodial parent objecting to access by the non-resident parent including:

- fear of the child being kidnapped;
- fear of inadequate care for the child;
- fear of physical or sexual abuse of the child;
- fear of alienation, bribery or questioning of the child;
- fear of the non-resident parent's immorality;
- fear of the non-resident parent's alcohol or drug abuse;
- the child's refusal to visit the non-resident parent;
- the child being upset by access;
- child support not being paid;

- the access has been irregular and unreliable.

As Peirce and Gorman (1996) outline, children's access/contact services have developed in response to the right of children to have regular contact with both parents, and also be protected from abuse and family conflict.

*Supervision allows children to relax and enjoy visits since they need not be concerned they will have to protect themselves, care for their parent during a visit, or be burdened with reassuring the custodial parent that they are OK (James and Gibson, 1991:74).*

Prior to the establishment of funded contact services in Australia there were some ad hoc and voluntary arrangements organised through church groups and community organisations, however, in the main, parents would have to make their own arrangements such as using friends and family members, parks and restaurants. Anecdotal and clinical wisdom inform us that friends and relatives often do not make effective supervisors. They are rarely neutral and often may not be acceptable to one of the parties. In other circumstances, the Court would sometimes order that children be "exchanged" at the police station. The messages that young children received by being left outside police stations were unsatisfactory.

According to the *Fact Sheet* developed by ANZACAS in 1995, need for contact services can be demonstrated by the following data: in 1993-4, there were approximately 16000 access applications filed in the Family Court: approximately 30000 restraining orders are granted by courts each year and it is likely that in sixty percent of these cases there will be children; there are 12,100 children subject to care and protection orders in Australia.

*Access difficulties are largely, though not exclusively, confined to younger children in the age range of 0-12 years. Older children, being more aware and independent, are better able to express their wishes, voice complaints, and move between the parents, without the parents needing to come into contact (ANZACAS, 1995:10)*

There would appear to be an increase in requests for such services from the courts and from the non-custodial parent. Simpson (1994) suggests that there may be a link between mandatory economic support and fathers ...wishing to see a return for their outlay and using access centres as a means to initiate or resume relationships with offspring that in the past might have been allowed to lapse (Simpson, 1994:43).

The objectives of supervised contact include: providing an opportunity for a relationship to develop and/or continue between the child and parent in a safe environment; assuring the 'custodial' parent of their own and the child's safety; increasing the capacity of both parties to manage ongoing contact (James and Gibson, 1991:73).

There need to be some clear guidelines as to the appropriate use of centres. There may be some tendency on the part of court personnel to see supervised access as appropriate when it is not.

Findings from the *Evaluation of the Supervised Access Pilot Project*, in Ontario, found that

*Over 90% of custodial parents and 70% of non-custodial parents were satisfied or very satisfied with Supervised Access... Over 80% of parents were satisfied with the facilities, staff neutrality, safety for child, safety for parent, and staff... One aspect of Supervised Access centres that displeased non-custodial parents but that custodial parents liked, was the restriction of visits to the site (Abramovitch, et al, 1994:v-vi).*

Not every family will be considered appropriate to become a client of a contact service. Some of the reasons for not accepting clients could include:

- Ongoing abusive behaviour on the part of one (or both) of the parents.
- Parents inability and/or unwillingness to comply with the guidelines for supervised access, or the agreement made with the services.
- The process is considered to be too traumatic for the children.
- The centre cannot effectively address safety issues.
- There are undue demands placed on the resources of the service.

#### **4. Development of Service Models**

*The most important guiding principle in structuring a residence and visitation plan for children in high-risk situations is that the children must be safe and feel safe in the care of their parents. A supportive parent/child relationship will not thrive in an atmosphere of fear (Garrity and Baris, 1995:88).*

As has already been mentioned, the development of contact services has been relatively ad hoc and therefore a number of different models and approaches has emerged. In an article, on the evolution of access centres in the USA and Canada, Straus and Alda describe the common characteristics as being:

- a small staff team often supplemented by volunteers;
- association with a larger organisation such as a child protection service, mental health agency or hospital;
- programs usually include direct provision of supervision services, referral and administrative clearing houses and court liaison;
- three basic types of supervision:
  - one on one where the supervisor monitors at all times - particularly relevant when there is some suggestion of safety issues (therapeutic supervision is a form of this);
  - transition monitoring or hand over service at the beginning and end of an access visit; and
  - monitoring where there is some supervision but at a distance. Other supervision services may include off site monitoring and transport.

- there may also be the provision of a range of other services such as therapeutic sessions for parents and/or children, groups and peer support, and educational programs such as parenting skills.

Given the range of approaches and models, it is not surprising that Straus and Alda found very different levels of staff skills and training between the various centres (Straus and Alda, 1994)

A fundamental difference between the various services studied by Straus and Alda is the extent to which supervisors provide observation, evaluation and/or intervention. They observe that there is a continued tension between these three approaches and issues for the perceived neutrality of the centre.

An important variable found in the Ontario study (1994), in terms of organisational context, was whether the centre was part of a larger organisation or was stand alone. Unfortunately the evaluation does not comment on the impact of this.

The Ontario study also identified difficulties in dealing with people from a range of ethnic backgrounds. Maria Dimopoulos, who was then from the Domestic Violence and Incest Resource Centre, raises issues for non-English speaking background women experiencing domestic violence (1994) including the problems associated with treating culturally and linguistically diverse groups as homogeneous. Other issues from her paper, which have relevance to contact services include lack of bi-lingual workers, inaccurate data collection and monitoring of involvement, lack of appropriate information about services, training in cross cultural factors for workers and the lack of appropriate and sensitive interpreter services.

## **5. Service Standards and Quality Approaches**

In 1994 the ANZACAS undertook a national consultation within its membership which led to the release of interim standards for children's access services in Australia. These standards have been widely applauded in other countries and form the basis of draft standards in America, Canada and the UK.

The standards were developed to ensure that the child's welfare is promoted by and during the visit and cover such issues as:

- Service structure.
- Administrative functions.
- Operational issues.
- Reporting and Evaluation

In a recent study, undertaken in England and Denmark, on child access and domestic violence there was a presumption that contact with both parents is often synonymous with "in the best interests of the child" and that there is little thought given to the value and quality of the contact (Hester and Radford, 1996: 4).

Clearly there are a range of issues to be addressed in relation to what might be considered 'best practice' in contact services. The ways in which 'quality' might be approached through the experience of the child is an important element.

## 6. Levels of Supervision

Clearly there are differing levels of risk associated with the provision of services to different families based on the reason why the service is being used and the level of violence associated with the situation. ANZACAS defines three major models:

**Low vigilance supervision:** where the risk factors are minimal and the service provides general monitoring and facilitation. *The aim is to promote health relationships and improve or develop an ability to independently manage access arrangements.*

**Vigilant supervision:** provided where there is high conflict, poor parenting manageable abduction risk, low risk violence, manageable substance abuse or psychological issues. This would usually involve supervised changeover and access on site. *The service aims to assist to ensure the safety and welfare of the child, to ensure the safety of the vulnerable parent and to facilitate parent/child interaction during access.*

**Highly vigilant supervision:** this level of service is resource intensive requiring staff with high level skills where the parent/child contact is closely monitored and reviewed. *The primary concern is the safety and welfare of the child and of other relevant persons.* There is an assumption in the LAFS guidelines that genuine high vigilance supervision is beyond the resources of the funded services. (ANZACAS, 1995:5).

## 7. Safety Issues

*Approximately half of all women murdered in the United States are killed by their intimate partners either when they are attempting to leave the relationship or have recently separated (Busch, 1995:2).*

Given the level of violence in some separating families, Busch maintains that the best option for supervised access is in a 'supervised access centre' where children can be shielded from hostility and potentially violent behaviour

Given the level of violence that has occurred in the lives of many of the children who will use a contact service as the means of maintaining contact with both parents, one of the major issues is to maintain the safety of all parties. This requires considerable skill on the

part of the service - in assessment of each family situation and in the ongoing management of the process. Some of the processes which have been established to address these safety issues include: obtaining copies of court orders, carefully assessing each situation, arranging staggered arrival and departure times for parents, developing protocols with police, undertaking physical security measures and providing staff training.

Each of the funded services involved in the current evaluation, has detailed an approach to ensuring the safety of all parties and the LAFS Guidelines are clear on the need for safety policies to ensure the safety of both staff and clients. Some of the services actually employ a security guard however there is some debate in the sector as to the value and appropriateness of this approach.

Based on an evaluation of a supervised access centre in New Zealand, Busch argues that:

*... 'safety' rather than fiscal considerations ... be the sole factor in determining when and if supervised access should be terminated and unsupervised access commence (Busch, 1995:8).*

The New Zealand evaluation found that custodial parents were satisfied with the safety and security afforded by the program. Non-custodial parents did not express the same concerns about safety. The evaluators reported that parental hostility and harassment diminished as a result of using the program. The only concern expressed was in the ongoing maintenance of feelings of safety once the family exited the program.

## **8. Activities and Process**

According to LAFS Interim Guidelines (1997), there are two major groupings of activities for contact services: primary and secondary.

In summary, primary activities are focused on direct service delivery and include: intake and screening procedures, ongoing assessment of case suitability, referral, facilitating interaction between the child(ren) and visiting person(s), briefing and debriefing supervisors, and liaison with other service providers.

Secondary activities are considered to complement direct service delivery and include: inservice education and training, community development and education, public relations and promotion, and liaison.

## **9. Areas of Debate**

There are a number of debates taking place about the underlying philosophy and practice of contact services:

**Terminology:** A fundamental issue identified in the literature is that of the name applied to services which oversee the contact between children and their non-resident parent. Is it most appropriate to call the contact “facilitated” or “supervised”, and what are the implications inherent in the terminology?

Bowen and Fry (1995) argue that

*In contrast with supervised access which primarily aims to maintain parent-child relationships while protecting children, the focus of facilitated access is the growth and enhancement of parent-child relationships (Bowen and Fry, 1995:15).*

Furthermore, they maintain that the term “supervision” can entrench attitudes and disputes while facilitated is more conciliatory and positive.

**Contacts for Children who have been Sexually Abused:** What are the benefits or harms to the child of having contact with a parent who is abusive to themselves and/or their other parent. There is ongoing debate (see Etlin, 1992; Jones and Parkinson, 1994) about the appropriateness of any parent/child contact for children who have been sexually abused by the parent. In a paper presented to the Inaugural Conference of ANZACAS, Henry and Adams (1994) posed the dilemma of exposing a child to the risk of ongoing sexual abuse or of losing a parent/child relationship.

Jones and Parkinson argued, in a paper submitted to the International Journal of Law and the Family, that, at best, the decision to allow supervised access between an abusive parent and child is a compromise. They argued that it is in the child's best interests to have a period of no contact to allow for the healing process to occur and for the child to work through their feelings of ...*powerlessness, anger and traumatic sexualisation* (Jones and Parkinson, 1994:2). Jones and Parkinson pose the question:

*In evaluating the benefits of contact, the question which needs to be asked is what sort of relationship between the parent and the child is thereby being kept alive? Is it a healthy affectional bond, which exists despite the abuse ...or is it a traumatic bond ...? (Ibid:14).*

Etlin raised the even more complex issue of workers maintaining that it is possible and appropriate to be “neutral” in dealings regarding the relationship between a child and an abusive parent. Etlin argued that such contact in a “neutral” supervised setting can be seen as condoning the behaviour of the perpetrator and confusing the child.

*During the visits the supervisor acts as if nothing had happened wrong between father and child (Etlin, 1992:16).*

In an account of the Duluth Visitation Centre, McMahon and Ellen (1995) also argued that a child focused approach necessitates abandoning any claims of neutrality. Rather, they would suggest that the best interests of the child require the service to be an advocate and intervene on the child's behalf.

Remaining neutral was also identified as a major issue, by staff in the Ontario evaluation. Some of the situations which created concern included bad language by parents, parents requesting support, children's comments about their parent/s, and/or the relationship between a parent and child.

**Impacts on Children:** There is a large body of literature regarding the impact of domestic violence on children (see Highes, 1988; Robertson and Busch, 1994), however there are few studies of the longer term impacts on children post separation, particularly when there is ongoing litigation. In South Australia one study indicated that 52-63 percent of children who came from backgrounds of spousal violence and, for some, child directed violence, demonstrated borderline to severe levels of behavioural difficulties on separation (Mathias et al, 1995). There were also 43 percent of the children who were reading more than a year below their chronological age.

In a telling study, Mertin (1996) followed up a sample of children aged 7-12 years who had been resident at various women's shelters in Adelaide. Information was collected shortly after the separation from the violent father and again ten months later, during which time the children had no contact with their father.

Over the period the children demonstrated less disturbed behaviours suggesting that these were reactive and subsided when the children were protected from further domestic violence.

Both Mertin (above) and Church (1984) found that there was a striking pattern of recovery for children who had no contact with their violent fathers, or who were unafraid of them.

Where regular contact is mandated and occurs in a climate of ongoing, entrenched dispute the research is equivocal, with some studies finding that frequent contact with non-resident parent is a protective factor for children when high conflict exists between parents (eg Forehand, Weirson and Kurtz) while others have found evidence of increased behavioural disturbance in boys who had frequent contact with non-resident fathers where conflict between parents remained high. Findings suggest some gender differences which require further investigation.

A review of the impact of child contact programs in Ontario, conducted between 1992-1994 found that sixteen percent of the children were functioning in the clinical range for internalising behaviours (loneliness, withdrawal, fearfulness, depression, guilt and somatic

complaints) which is eight times the population average. Twenty eight percent of the children showed externalising behaviours in the clinical range (destructiveness, stealing, aggression and disobedience) which is reported to be fourteen times higher than the population average.

***Philosophical Base:*** It would appear that there are a number of differing philosophies and models of service delivery. Although there has not been specific documentation on the underpinning philosophies, it is clear that the various models and approaches are informed by very different value bases. Often the philosophy is related to the overarching ethos of the auspicing agency. There does not appear to be much written on this issue, which may deserve further exploration.

Perhaps it would be most effective to see these as a range of options and to develop a framework which describes the underpinning philosophy and the services and approaches which subsequently develop.

## **10. Summary**

The development of contact services around the world has been both responsive and relatively ad hoc. There has been a clear demand and need for services which ensure that children have the opportunity for ongoing and positive contact with their non-resident parent while at the same time being guaranteed safety both for themselves and their resident parent.

Contact services in Australia are provided by both for and not-for profit agencies; within the not-for profit group (both government funded and not) there is a range of philosophies and approaches which has not, as yet, been evaluated.

There are clear indications, from both Australian and overseas evaluations, that parents find contact services assist in the process of normalising their lives and those of their children. However, there is little research on the real impact of these services on children.

There is enormous potential to identify the philosophies, models and approaches which have the greatest benefit to children and to develop quality standards and approaches to 'best practice' which will ensure that all such services truly operate 'in the best interests of the child'.

# Appendix Four: Unfunded Contact Services Telephone Interviews

Telephone interviews were conducted with unfunded contact services, from the ANZACCS membership list. Attempts were made to contact the following services:

SERVICES CONTACTED	RESPONSE
Child Care Staffing	Left messages – no response
Kelarine Home Care	<i>Interview completed</i>
Annabelle’s Child Care	No answer – no answering machine
Central Coast Access Centre	<i>Interview completed</i>
Glen Innes Children’s Contact Service	Both have left numerous messages and have missed each other.
Kempsey Family Support	<i>Interview completed.</i>
Manly Warringah Women’s Resource Centre	<i>Interview completed</i>
Northern NSW Children’s Contact Service	<i>Interview completed</i>
Tenterfield Children’s Contact Service	<i>Interview completed</i>
New England Children’s Contact Services Working Party	The service did not eventuate as submission for funding was unsuccessful.
Toowoomba Children’s Access Service	<i>Interview completed</i>
Sunshine Coast Family Contact Centre Inc	<i>Interview completed</i>
Communicare	Could not run the service as no funding was available.
Sheilagh Coull	Left message – no response

The following are the summary notes from the interviews.

## Service: Manly Warringah Women's Resource Centre

### **Range of services:**

Changeover - no supervised contact.

### **Model of service delivery, special features:**

Women's refuge - need in the community.

### **Facilities:**

Resource centre - where counselling

Change over - evening worker

Staggered timing - mother stays on premises

Worker takes child to father.

### **How many clients at a time:**

Friday to Sunday. Saturday 5 o'clock.

Vary from week to week. Half a dozen changeovers because of other commitments.

### **Ensuring safety and security for parents & children:**

Emergency button - they are on call worker available.

Evening worker in monitoring each changeover.

### **Source of funding, fee charges:**

Fees/Donations requested according to needs - client driven.

### **Number of staff, paid/unpaid, professional backgrounds:**

1 staff member - evening. Sometimes day staff. No volunteers.

### **Training for staff:**

No training. She does the training but not around contact.

### **Demand for service:**

Referral from court assist.

Look at how many they can take on.

Fairly significant - some clients are on the books for years - entrenched.

Knocking people back. Always have some waiting.

### **Key issues for contact services in area, around Australia:**

Not being able to access when they need it.

The change over service helps them monitor their interactions with ex partners until they can manage independently.

Come through local court - works very well.

## **Service: Northern NSW Children's Contact Services**

### **Range of services:**

Providing services in remote/rural areas - Provide change overs, supervised contact. Covers a vast area: Toowoomba, Glen Innes, Armadale, Coffs Harbour, Newcastle (particularly since the contact service there has been closed). The range of services varies as it is so remote. It may be that Gill does the change overs / supervised contact or negotiates / brokerage with other agencies through the ANZACC network. First Aboriginal contact service in Australia. There is high need in NSW.

### **Model of service delivery, special features:**

As it is a remote / rural service, the model has to be holistic and very flexible - a linear model doesn't work. The service was originally set up in response to a child's request to see father, so it has always been client driven creating the most positive and normal environment whether that be at MacDonalds or whatever.

Philosophy of giving children the right to access.

### **Facilities:**

Whatever is available - may be Red Cross House, CentreLink, MacDonalDs. Try to negotiate with parents what's in the best interest of the child. Take it from one situation to another. Depends on the parent agreement. Important to normalise the situation.

### **How many clients at a time:**

Normally only one. Can only supervise one at a time. Depends on the availability of the volunteers.

### **Ensuring safety and security for parents & children:**

Good organisation. Matter of timing. Entries and exits and secure rooms. Setting up ground rules at intake. Integrity of the workers. Planning beforehand. No real incident since opening in 1981. Have only called police three times.

### **Source of funding, fee charges:**

Different resources. In the beginning Toowoomba was funded from divorces. Supposed to charge fees but clients can't afford it - over 70% of the community are dependent upon CentreLink. Fees range from \$0 to \$25.

### **Number of staff, paid/unpaid, professional backgrounds:**

Volunteers only. Gill has a social work background.

### **Training for staff:**

Basically do their own training on the ground. Gill is on the International Board of Directors for Contact Services. You have to have a certain amount of practice hours before you are accredited.

### **Demand for service:**

Quite significant but are unable to meet demand due to inadequate funding. Dealing with a community characterised by extreme poverty. Only one worker and there are so many issues.

## **Key issues for contact services in area, around Australia:**

Need for parenting skills training programs. This is a particular issues for Aboriginal communities in the area, who have one of the largest proportion of members of the stolen generations.

There are high levels of violence which coincide with poverty.

When things break down with residential parent the child has no support and this affects long term development, can lead to homelessness.

Residents of rural areas often live in extreme poverty and have very limited access to resources, services and infrastructure.

No access to transport - poor access to Family Court.

People can't afford legal representation, family court counselling.

Largest Aboriginal community in Kempsey.

A lot of work is being done in the non-government sector which should be recognised.

## **Service: Kellarine Home Care**

### **Range of services:**

Home care business - transportation and contact both together.

Changeovers. Supervised contact.

### **Model of service delivery, special features:**

Client focussed, flexible, tailored to individual needs.

Keep track of local events, eg a lot of people watch football.

### **Facilities:**

Community House - mainly used by interstate clients. Clients' homes - drive from one to the other.

### **How many clients at a time:**

25 children that are transported. 5 private clients. 4 interstate clients. Other clients for respite. Varies - 25 is the lowest. More contacts when school goes back.

### **Ensuring safety and security for parents & children:**

Parents don't see each other. Meet at Gilmore House 15 minutes before other parent then come back - staggered.

### **Source of funding, fee charges:**

None. Private clients pay fees - flat rate: \$18 per hour.

Work for all agencies in Canberra.

Transport - send account.

### **Number of staff, paid/unpaid, professional backgrounds:**

No voluntary staff. Alternate staff, rotation of clients. Contract staff with their own vehicles (police check) - during the week there are nine drivers on the road moving children, taking child back; depends on clients. Girls are paid per client. High stress area.

### **Training for staff:**

Does own training. Has worked with intellectually disabled people - transferable skills - dealing with emotional problems. Haven't had any problems. Maintain an expectation that it is going to be positive for parents. Encourage parents to choose activities, maintain a relaxed atmosphere.

Staff have access to literature on families. Staff have attended training days on grief. Staff meeting and supervision and feedback.

On the job training - same issues arise again and again providing staff with experience.

Parents tell us what are their expectations. Parents take over and manage themselves.

### **Demand for service:**

Once people know about the service the demand is great. Marymead refer to us if there is an overflow.

**Key issues for contact services in area, around Australia:**

Most people have problems with the court - men are very upset. People find court frustrating.

Some people have walked out of other programs.

Funding is a huge problem, limiting what can be achieved. Marymead do not have adequate funding.

**Service: Kempsey Family Service**

**Range of services:**

Changeover and supervised contact.

**Model of service delivery, special features:**

Operates primarily from the CES office, as a volunteer program.

Operates in an a town with very high Aboriginal population.

**Facilities:**

No separate facilities. Operates informally from CES office.

**How many clients at a time:**

Vary from week to week. Can be up to changeovers in a day, and some supervised contact.

**Source of funding, fee charges:**

Some funding from State Government.

Fees/Donations requested according to needs - client driven.

**Number of staff, paid/unpaid, professional backgrounds:**

One main volunteer.

**Training for staff:**

No specific training.

**Demand for service:**

Consistent demand for service, also from other towns in the area – unable to meet these needs.

**Key issues for contact services in area, around Australia:**

Not being able to access services when and where they need it.

Need for service brokerage for outlying areas.

Specific needs of Aboriginal people need consideration.

**Service: Tenterfield Children’s Contact Service**

**Range of services:**

Child access changeover. Some supervised contact, mainly on site.

**Model of service delivery, special features:**

Community Social Welfare model but operate out of the Health Centre as a sideline . It was seen to be a need but NSW Health have been unwilling to fund it. Consequently funded out of infrastructure budget.

**Facilities:**

Have staff present in conference room. Use different entrances and staggered times.

**How many clients at a time:**

Not more than five or six. - done as a sideline. Most are counselling clients. 10 people on an erratic basis.

**Ensuring safety and security for parents & children:**

Staggered arrival. Separate exits ensure mother is not exposed. Ensure contact is safe and secure.

**Source of funding, fee charges:**

No direct funding for staff time spent on contact services. Funded by NSW Health Department as a Health Centre. Try to avoid charging fees because families can’t afford them.

**Number of staff, paid/unpaid, professional backgrounds:**

Paid workers volunteer their time. Two mental health team members volunteer on Friday - Monday morning for access.

**Training for staff:**

Health Department doesn't see it as a priority. Contact with ANZACC services.

**Demand for service:**

Very high demand. A number of families need the service but resources inadequate.

**Key issues for contact services in area, around Australia:**

Lack of funding. Geographic isolation.

Misunderstanding of the high needs of parents and running the service.

Judicial system - lack of infrastructure to actually provide what families need.

Lack of training.

Financial resources for families requiring access.

**Service: Toowoomba Children's Access Service**

**Range of services:**

Provide supervised contact if courts decide. Generally 1 to 3 hours, can go to four hours. Don't like to overlap. Services provided either on site or off site, if both parents agree. None are facilitated. Services provided Friday, Saturday and Sunday and by appointment, depending upon availability.

**Model of service delivery, special features:**

Community-based model. Community organisation One third of referrals are from Family Law Court. Provide a choice of three dates.

### **Facilities:**

Areas where they can sit and talk, childcare/play area (plastic slides, blocks etc), baby change area. Big old house with a warm atmosphere where kids feel at home, reduced tension. A limited hours child care centre. Fenced backyard, kitchen where people can prepare a meal. Changeovers take place from the neighbourhood centre which has three separate entrances.

### **How many clients at a time:**

Normally 25 facilitated contacts. 6 or 7 supervised contacts, can have up to 15. 90 families on the books – some are weekly, some are monthly, some are sporadic.

### **Ensuring safety and security for parents & children:**

Skills and experience of the workers to make people feel comfortable. There have never been any incidents with supervised contacts, and only five incidents in eight years. More than one staff member on Friday though Sunday. Maintains a relationship with the police. Has an established reputation in the community. Says to parent in the beginning has no way of stopping the other parent from not returning the children – it just doesn't happen. Both parents generally try to put their 'best foot forward'. There are video cameras and no guards.

### **Source of funding, fee charges:**

There is a fee of \$12 dollars an hour for supervised contacts and that's what the staff are paid. The service needs donations to operate and I try and promote as much as possible. Save the children Queensland provides us with a monthly donation of \$1,000 a month. Have a committee who raise small amounts but there is no secure funding.

### **Number of staff, paid/unpaid, professional backgrounds:**

Try to avoid volunteers for supervised contacts. Sometimes gets volunteer help for changeovers. There are 3 women who are on call for supervised contacts, plus the service co-ordinator. There are a lot of unpaid hours for the Coordinator to run this service

### **Training for staff:**

The co-ordinator has worked as a youth worker, crisis accommodation worker and family day coordinator. At the Uni, Students undertaking their fifth year in Behavioural Sciences Witness in Domestic Violence do supervised contacts – they spend a week to find out whether they are able to manage supervised contacts. Two volunteer have training in childcare and the other has court support training.

### **Demand for service:**

Demand for service is very high – at times 90 families. New families and new enquiries. The service extend to the region beyond Toowoomba, as there are calls all time outside our area. There is not much around, and I often have to put them in touch with ANZACCS.

### **Key issues for contact services in area, around Australia:**

Funding is the key issue. There is a lot time spent trying to generate the donations. Time is also a major issue. The Coordinator is part of the group that formulated the guidelines for contact services. There is a framework for the contact services in Australia. In this area, Australia is more advanced than America and is doing well, we have protocols with the family court, whereas America hasn't developed that yet to the same extent.

## **Service: Central Coast Access Centre**

### **Range of services:**

Provides a changeover service.

### **Model of service delivery, special features:**

Community trained volunteers.

### **Facilities:**

The child day care centre is used at the completion of the day. Arrival is staggered 20 minutes apart.

### **How many clients at a time:**

The number of clients varies, but there is generally a Maximum of 5 changeovers at one time between 5pm and 7pm.

### **Ensuring safety and security for parents & children:**

Part of the Area Health Service and have access to security staff is ever needed and also have an emergency number to call.

### **Source of funding, fee charges:**

Area Assistance Scheme Grant for two years. The service is operated by volunteers and there are no fees for clients.

### **Number of staff, paid/unpaid, professional backgrounds:**

On an afternoon the service has 3 volunteers at one time. There are eighteen volunteers altogether.

### **Training for staff:**

Training is arranged through the family law and sexual assault counsellor.

### **Demand for service:**

The demand for the service varies, at time there are 30 families using the service. At times when the service is made available to parents they don't want to use and are often able to come to some agreement.

### **Key issues for contact services in area, around Australia:**

One of the main issues in the area is a lack of transport for parents to get to and from the centre. Another issue is often the willingness of parents to cooperate. There are also issues with the family law act where there needs to be more mechanisms for orders to be put into practice.

## **Service: Sunshine Coast Family Contact Centre**

### **Range of services:**

The service provides both changeovers and supervised contacts both on and off site.

### **Model of service delivery, special features:**

Client focused model of service. Try to address clients needs holistically, for instance if a parent is a victim of domestic violence and is need of counselling, the service co-ordinator will refer them to a service where they can get support.

Always ensure there is one parent in the building to look after children while waiting for the other parent to come. The service coordinator is always very up front with clients and if the arrangement is not working will provide other suggestions.

### **Facilities:**

The service operates from a building with two entrances. There are toys and facilities for the children to play with. For offsite visits families can go the beach which is near by, and play grounds.

### **How many clients at a time:**

The numbers of clients varies from time to time and can depend on staff availability. The service can have to 55 families 'on the books' at one time, but generally the number averages out to 30 families per week (generally 15 supervised contacts and 15 changeovers). At time there can be four families using the centre at one time, however depends on the availability of different rooms (different families are never in the same room together). The service also has clients with disabilities. Only a very small percentage of the clients come aboriginal and culturally and linguistically diverse backgrounds. Approx 90 % of the families attending the service are the result of some form of domestic violence. The majority of the children who use the service are aged between 3-5year old.

Youth and Community Care (Queensland Government) also use the service for those children in foster care and out of home care and staff will pick up the children and take to parent. The service also provides contact for grandparents and parents who are not biological but have been involved in the raising of children.

### **Ensuring safety and security for parents & children:**

Non residential and residential parents use separate entrances. There is generally at least two three staff members at the centre at one time. There is also a screening process at intake which can sometimes take two hours. If a client is assessed to be too risky they won't be able to use the service. Have experienced staff.

### **Source of funding, fee charges:**

The main sources of funding for the service are from donation. This year the service received \$25,000 from Good Shepherd Sisters. Sometimes the service gets other donations of 1,000 to 2,000 dollars, but that is not constant. The service generally gets about \$15,000 dollars from client fees and generally charge \$20 per hour for supervised contacts and \$15 dollars for concession. There is also a \$2 dollar fee for changeovers and \$15 administration fee.

### **Number of staff, paid/unpaid, professional backgrounds:**

The service can have up 10 staff . All of the staff are volunteers and there is one paid service coordinator for 30 hours a week. There is also an acting co-ordinator that is paid when the co-ordinator is away.

### **Training for staff:**

There is no outside training available. Training and supervision is generally provided onsite. The volunteers generally have backgrounds in counselling. The Service co-ordinator has a background in community-based counselling and has a number of years experience working in the field. The service co-ordinator provides the training and monitoring of supervisors before they are able to supervise a contact by themselves. The supervisors have debriefing sessions with the service coordinator. The supervisor also has debriefing Sessions for herself.

### **Demand for service:**

The demand for the service is huge, and there is advertising. Families generally come from family court mediation and solicitors.

### **Key issues for contact services in area, around Australia:**

Many of the parents coming to the service have many other needs such as domestic violence issues and parenting skills, therefore they need to have other contacts of where they can go for support. Ideally it would be good to have counselling at the centre.

Counselling should also be available for children.

Clients should have the right to move on to their own managed contacts.

When parents are separated the parenting roles often become blurred for children. There needs to be clarification of parenting roles, particularly for parents who have new partners so that children are clear where they stand and don't 'pit one parent against the other'.

Many parents think that court orders are set in blood but if both parents can come to an agreement and the conflict is resolved a new agreement can be drawn up. Court orders for supervised contact can be different.

When DV orders are sought there should be a contact service that families are advised on the order.

# Appendix Five: Client Data

This analysis of client data is based on material provided by LAFS as reported by the ten contact services. The data is preliminary as there are some indications that there are differing interpretations of the terms leading to variations in the data recorded.

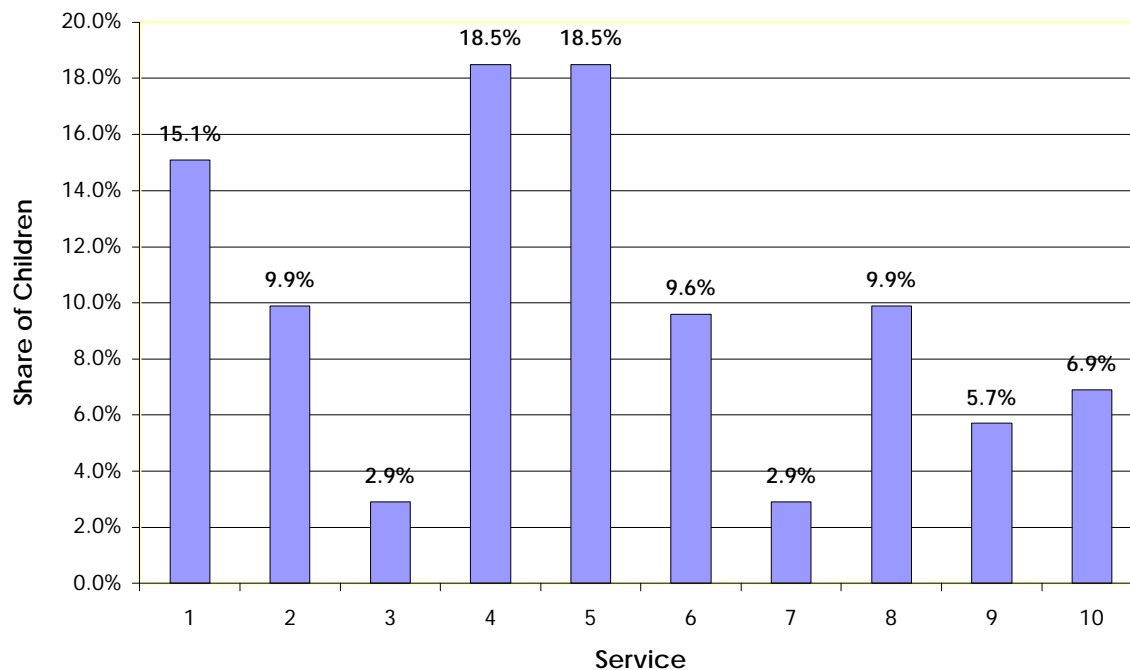
## 1. Total Clients

Client numbers vary considerably by service. This variation could be partly due to the differences between individual services' resources, however staff numbers and opening hours, as well as the types of services available and regional demand, have a substantial impact on client statistics. It is important to bear this service variation in mind when making comparisons between services' statistics; most statistical analyses (e.g. sources of referral information) in this section are therefore done on the basis of national data, rather than individual services' data.

Services' numbers of new adult clients, over the period January to June 1998, generally correspond to the numbers of children who first used the service during that period. This is due to the fact that each child user usually has one residential parent and one non-residential parent utilising the contact service. Those services with a high proportion of total adult client numbers will therefore tend to have a high proportion of total child numbers.

A total of 211 cases - across all ten services - were closed over the period January to June 1998; 273 new cases were opened and 32 cases were re-opened. The cases which were closed had an average duration of 4.3 months' service.

**Chart 1: Children who first used contact services: Share of Total by Service, Australia, January-June 1998.**

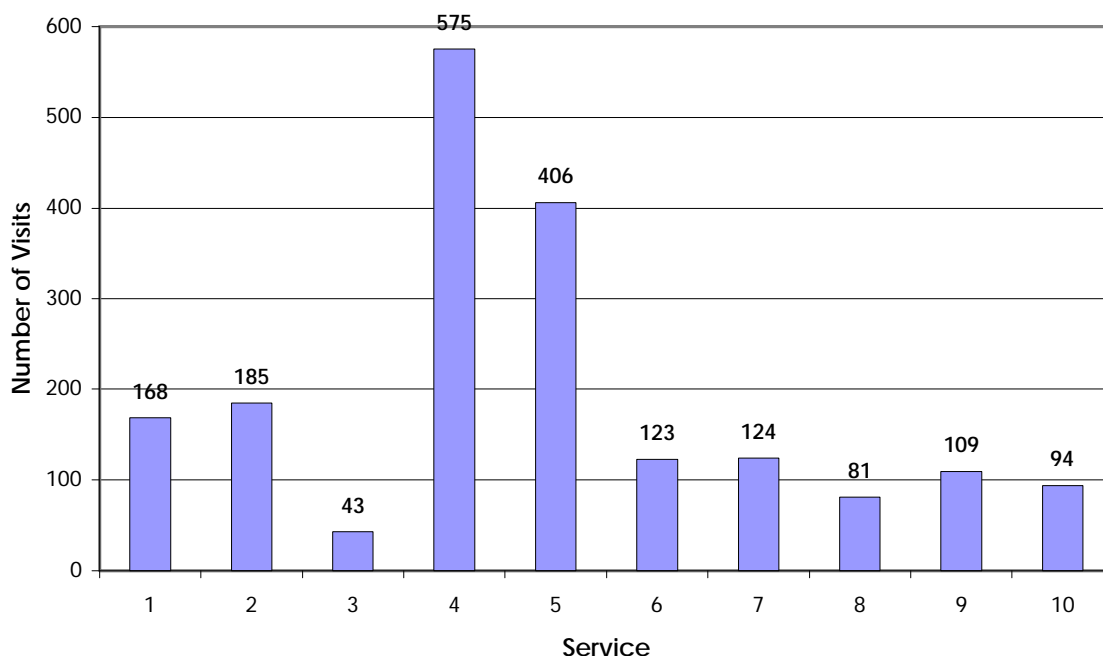


Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

### **Supervised Visits**

Australia's contact services were responsible for 1,908 supervised visits during the period January to June 1998. The range of visits across services was from 575 to less than 50 in the same period. Some of the variation can be explained by the timing of service establishment. Other factors such as location, hours, and service accessibility will be considered in the next phase.

**Chart 2: Number of Supervised Visits by Service: Australia, January-June 1998**



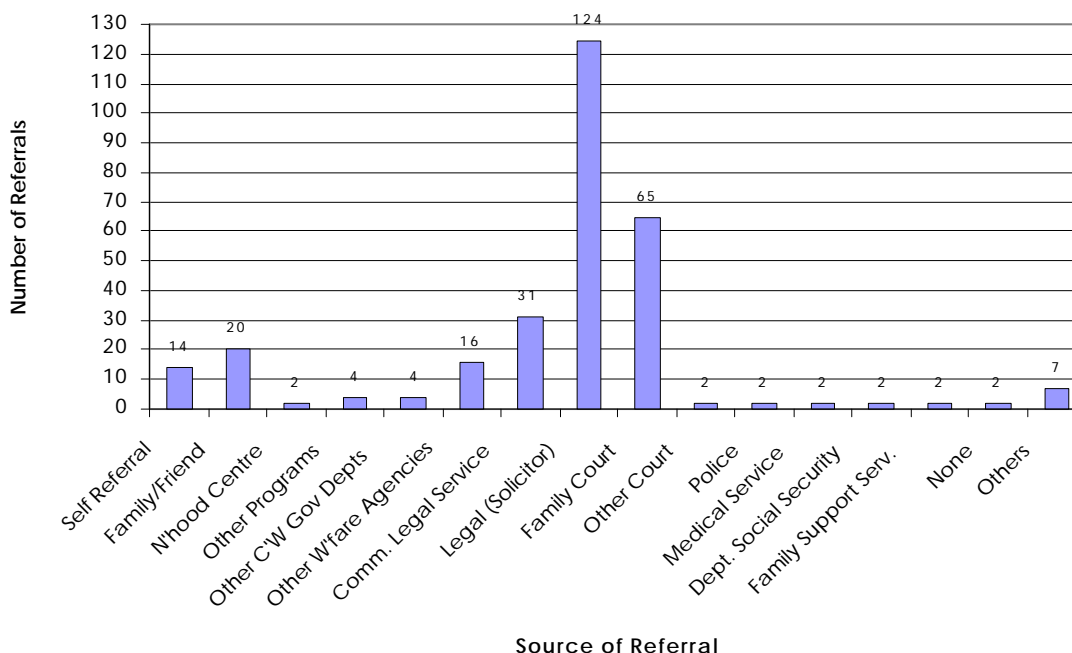
Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

## 2. Referral Information

Legal sources accounted for the vast majority of sources of referral information for clients using contact services between January and June 1998. Solicitors accounted for 41 percent of referrals, followed by the Family Court with 22 percent and Community Legal Centres with 10 percent. Family and friends accounted for 6.6 percent of referrals. A further 5 percent of clients were referred by 'other' welfare agencies, whilst 4.6 percent were self-referrals. The Department of Social Security and Family Support Services together accounted for 2 percent of referrals. Other referrals, such as neighbourhood centres, medical (private), police, other programs, other courts, and other Commonwealth Departments, each accounted for approximately less than 1 percent of the total. There were no referral sources for two cases (.7%), with the remaining 2.3% accounting for the general 'other' referral sources category. Note that data on referral information sources was available for 301 persons.

Due to the low number of clients using a number of services, combined with the wide range of potential sources of referral information, it is not informative to analyse the sources for each individual service. Services with low client numbers necessarily have a much more limited range of sources.

**Chart 3: Source of referral information for contact services: Australia, January-June 1998.**



Note: None of the following were reported as sources of referral information: Schools (pre-tertiary), Newspaper/media/advertising.

Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

## Reason For Referral

Fear of conflict between parents was the most important reason for seeking the aid of contact services, accounting for almost 30 percent of the total. This reason was closely followed by fear of domestic violence (21%), whilst a further 18 percent of adult clients were concerned about abuse of the child. Eleven percent gave lack of contact between the child and the non-residential parent as the reason, while 10 percent had concerns about the parenting ability of the non-residential parent;. Just over 6 percent feared that the other parent would take the step of abducting the child. (Data on reasons for referral was available for a total of 300 clients).

## Relationship To Child

Female residential parents accounted for 46 percent of clients. Correspondingly, male non-residential parents accounted for 40 percent. Overall, the balance, as could be expected, was split fairly evenly (53:45) between residential and non-residential parents. (Data on parents' relationship to children was available for 731 clients).

**Table 1: New Adult Contact Services Clients' Gender And Relationship To Child: Australia, January-June 1998**

Gender/Relationship To Child	Number	Share Of Total (%)
Female residential parent	334	46
Male residential parent	53	7
<b>Residential Parent</b>	<b>334</b>	<b>53</b>
Female non-residential parent	35	5
Male non-residential parent	296	40
<b>Non-Residential Parent</b>	<b>331</b>	<b>45</b>
Female (other)	11	1.5
Male (other)	2	0.3
<b>Other</b>	<b>13</b>	<b>2</b>
<b>TOTAL</b>	<b>731</b>	<b>100</b>

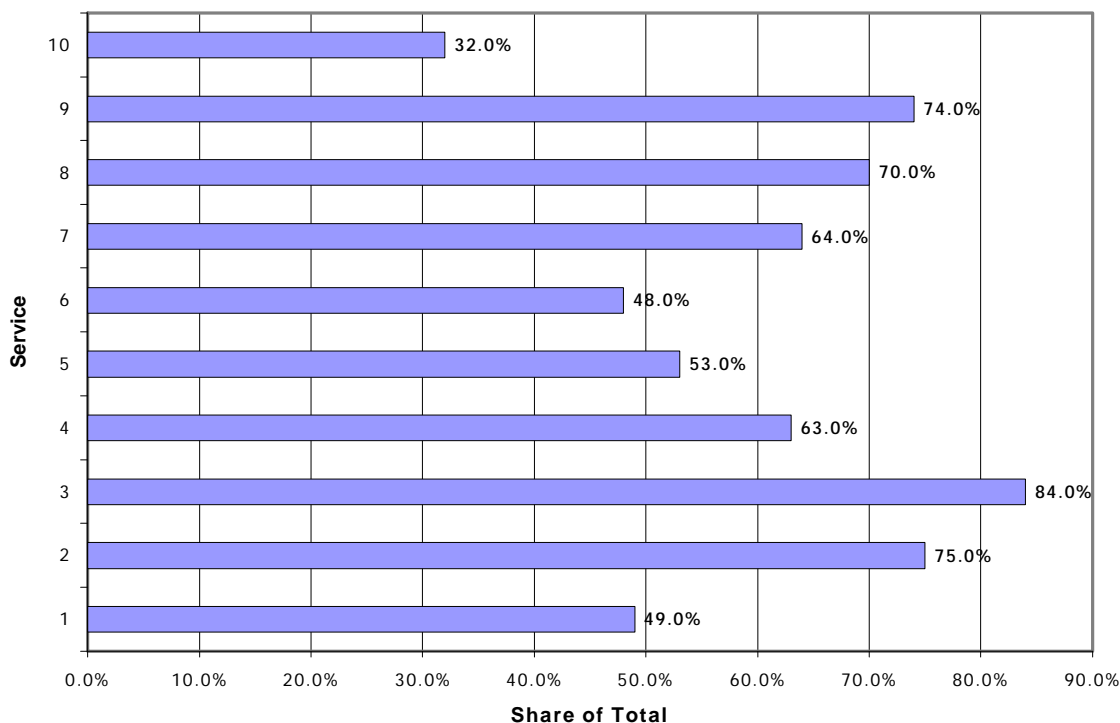
Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

### 3. Demographics

#### **Social Security Beneficiaries**

Across Australia, approximately 58 percent of contact services clients receive social security benefits.

**Chart 4: Social Security Beneficiaries' Client Share, By Service: Australia, January-June 1998.**



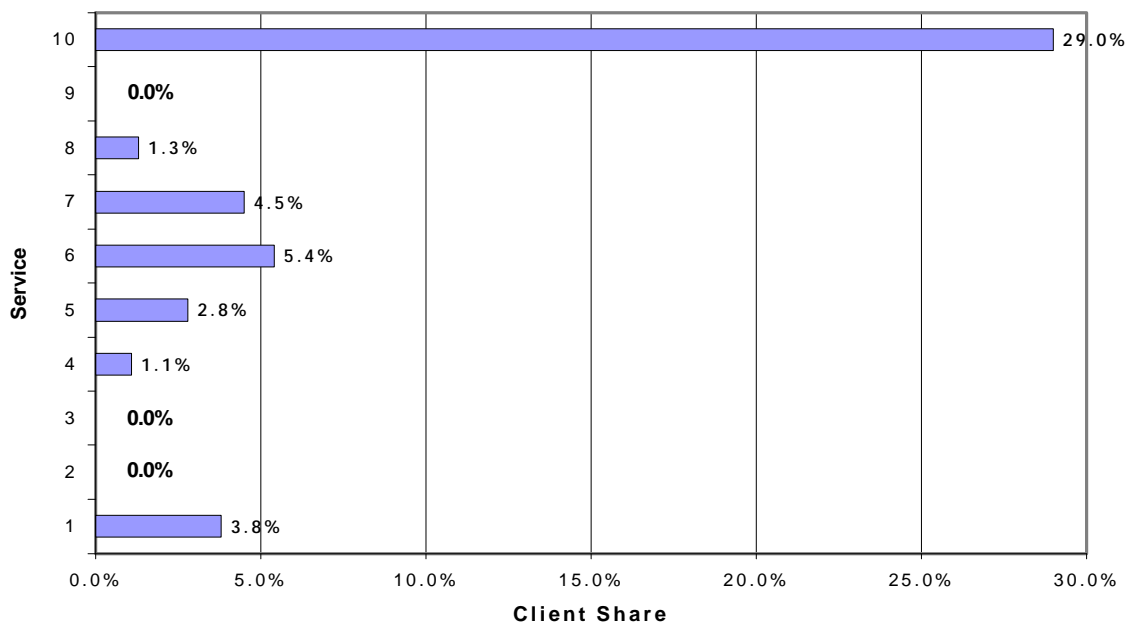
Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

### **Aborigines and Torres Strait Islanders**

Across Australia, twenty-four contact services clients are Aboriginal or Torres Strait Islanders. Three of the services have no Aboriginal or Torres Strait Islander clients. It is not surprising that the Northern Territory's Centacare service has the highest level of clients in this demographic group (29% of all new adult clients), given the Territory's high overall level of Aboriginal and Torres Strait Islander residents.

Bowden Brompton Community Legal Service also has a high level of Aboriginal or Torres Strait Islander clients, at roughly five percent of total new adult clients, followed by the Central West Contact Service (4%), and West Perth Anglicare Family Visiting Service, with three percent.

**Chart 5: Aboriginal and Torres Strait Islanders' Client Share, By Service: Australia, January-June, 1998.**



Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

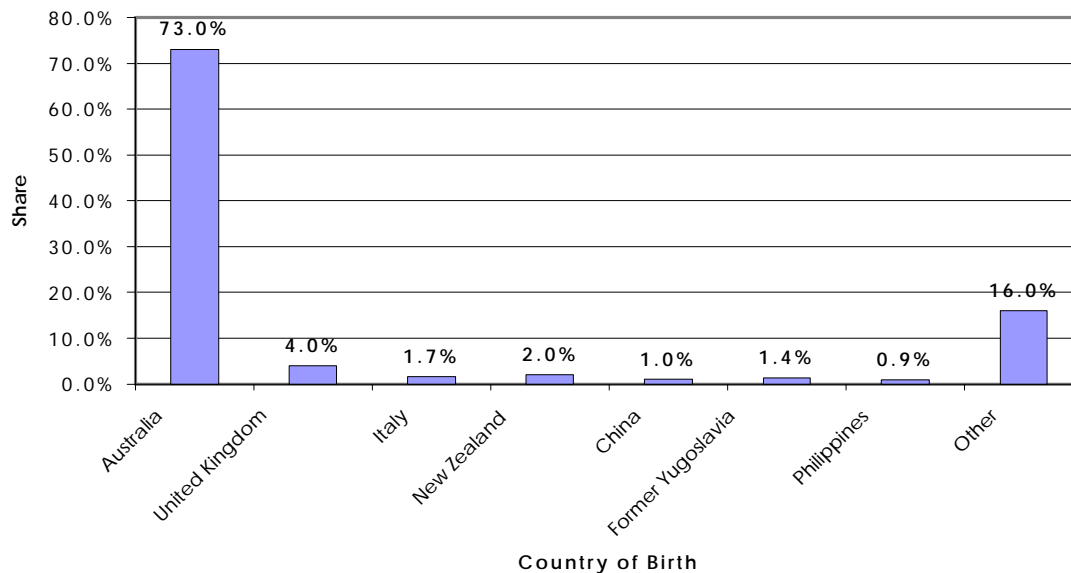
### Country Of Birth

Clients came from over twenty countries of birth. Most clients - 73 percent - were born in Australia, while over four percent were born in the United Kingdom, and two percent came from New Zealand. The main non-English speaking countries of birth were:

- Italy (1.7%);
- the Former Yugoslavia (1.4%);
- the Philippines (0.9%); and
- China (1%).

The remaining countries each accounted for less than one percent of clients' countries of birth (less than six persons). (Country of birth data was available for 637 clients.)

**Chart 6: Countries of Birth of New Contact Services Clients: Australia, January-June 1998.**



Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

### **Age Of Children**

Regarding the children who first used the service during the period January to June 1998, most were under ten years of age - 89 percent of the total. Thirty-six percent were between three and five years of age, whilst 32 percent were aged between six and nine years, and 21 percent were under three. Nine percent were aged between 10 and 12 years; Only two percent were over 12 years of age.

**Table 2: Age of Children Who First Used Contact Services: Number by Service, Australia, January-June 1998**

	1	2	3	4	5	6	7	8	9	10	Aust Total
0-2	4	10	5	3	11	6	25	8	10	4	86
3-5	4	27	17	5	27	14	26	13	6	7	146
6-9	3	16	11	4	25	13	19	18	9	10	128
10-12	1	6	7	0	9	5	3	1	3	3	38
Over 12	0	2	0	0	3	1	2	0	0	0	8
<b>Total</b>	<b>12</b>	<b>61</b>	<b>40</b>	<b>12</b>	<b>75</b>	<b>39</b>	<b>75</b>	<b>40</b>	<b>28</b>	<b>24</b>	<b>406</b>

Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

**Table 3: Age Of Children Who First Used Contact Services: Proportion By Service, Australia, January-June 1997**

	1	2	3	4	5	6	7	8	9	10	Aust Total
0-2	33	16	12	25	15	15	33	20	36	17	21
3-5	33	44	43	42	36	36	35	32	21	29	36
6-9	25	26	28	33	33	33	25	45	32	42	32
10-12	8	10	18	0	12	13	4	3	11	13	9
Over 12	0	3	0	0	4	3	3	0	0	0	2
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Vic/Tas Section, Family Services Branch, Attorney-General's Department  
Contact Services Statistics, January - June 1998

# Appendix Six: Why People Chose Not to Use the Service

## About the Respondents:

A total of 134 people were interviewed about their decision not to use the contact service. These included fifty-three male parents (39%), and eighty-one female parents (61%). The majority of parents interviewed were residential parents (60%), while 40 percent were non-residential parents. The following analysis is based on their perceptions.

**Table 1: Age and Gender of respondents who did not use the service**

AGE	Male		Female		Total	
	#	%	#	%	#	%
Under 25 years	3	2	4	3	7	5
25-35 years	16	12	48	37	64	49
36-45 years	21	16	23	18	44	34
46-55 years	7	5	4	3	11	8.5
over 55 years	3	2	1	1	4	3
<b>TOTAL</b>	<b>50</b>	<b>38.5</b>	<b>80</b>	<b>61.5</b>	<b>130</b>	<b>100</b>

*\*Data missing for three cases*

As shown in Table 1, the majority of parents responding to the survey were aged between 25-35 (49%), and 36–45 (34%) years.

The largest group of respondents (41.5%) had one child, followed by 2 children (38%), and 3 children (11.5%). Only 9 percent of respondents had more than three children. The total number of children of parents in this sample was 252.

The largest number of interviews were conducted in Victoria (23%), followed by NSW (19.5%), South Australia (15%), Tasmania (11%), ACT (10.5%), Queensland (10%), Northern Territory (9%), and Western Australia (2%).

## Program people were interested in using:

Respondents were asked to indicate the service they were interested in attending. According to respondents just under half were interested in using a changeover service (48.5%), while the other half were interested in using the supervised contacts service (48.5%). Three percent of respondents reported that they were interested in both services.

As shown in Table 2 below, of those respondents wishing to use a changeover service, 61 percent were residential parents. Over half the respondents interested in supervised access (56%) were also residential parents.

**Table 2: The type of program parents were interested in using:**

	<b>Changeover N=64</b>	<b>Supervised Access N=64</b>
Residential parent	61	56
Non-residential parent	39	44
<b>Total</b>	<b>100</b>	<b>100</b>

## Referral to the contact service:

The main source of referral for respondents choosing not to use the service were from:

- Solicitors (37%)
- Family Court/Magistrates Court (21%)
- Community agency (10%)
- Welfare worker/social worker (8%)

## Reason/s respondents originally contacted the service:

Respondents reported a number of reasons why they originally contacted the service, with the most commonly reported reasons being to:

- reduce conflict between parents (35%);
- increase safety for myself and/or children (34%);
- ensure regular and supervised access (23%);
- obtain support for myself (17%); and
- help with the relationship with my child's other parent (11%).

As shown in Table 3, the reasons for originally requesting the service generally differed for those intending to use changeover and those intending to use supervised access services. The most notable difference in relation to changeovers was to “reduce conflict between parents” with 48 percent of respondents identifying this as their main reason. In relation to respondents interested in supervised access, the most commonly identified reason was to “increase safety for myself” (44 %).

**Table 3: Reasons parents contacted the service, and the type of program they were interested in using:**

	<b>Changeover N=64</b>	<b>Supervised Access N=64</b>
support for yourself	<b>17.5</b>	<b>16</b>
help with the relationship with your child's other parent	8	11
reduce conflict between parents	48	23
increased safety for myself and/or my children	25	44
obtain information	5	2
ensure regular and supervised access	11	34
help with parenting the child/ren	2	14
other	<b>19</b>	<b>13</b>

As shown in Table 3. the main reasons for wanting to use both changeover and supervised access services generally differed for residential and non-residential parents. The most notable reasons for residential parents was to “increase safety for myself and/or my children” (52%). For non-residential parents the main reasons was to “ensure regular and supervised access (46%).

**Table 4: Reasons parents contacted the service and whether or not they were the residential or non-residential parent**

	<b>Residential parent N=77</b>	<b>Non-residential parent N=51</b>
support for yourself	21	10
help with the relationship with your child's other parent	12	8
reduce conflict between parents	35	38
increased safety for myself and/or my children	52	8
obtain information	4	2
ensure regular and supervised access	8	46
help with parenting the child/ren	7	10
Other	9	24
<b>Total</b>	<b>100</b>	<b>100</b>

### Whether respondents believed the service had the potential to meet their needs:

Even though respondents did not proceed with using the service, when they first contacted the service, 85 percent of respondents reported that they believed the service had the potential to meet their needs, while the remaining 15 percent felt the service did not have the potential to meet their needs.

**Table 5: The type of program parents were interested in using, and whether they felt it could meet their needs:**

	<b>Changeover N=64</b>	<b>Supervised Access N=64</b>
Yes	85	83
No	14	17
<b>Total</b>	<b>100</b>	<b>100</b>

As shown in Table 5. 85 percent of respondents interested in using a changeover and 83 percent interested in using a supervised access reported that the service had the potential to meet their needs.

**Table 6: Whether or not respondents were the residential or non-residential parent, and whether they felt the service could meet their needs**

	<b>Residential Parent N=77</b>	<b>Non-residential parent N=51</b>
Yes	88	81
No	12	18
<b>Total</b>	<b>100</b>	<b>100</b>

Table 6 shows that 88 percent of residential parents and 81 percent of non-residential parents interested in using both changeover and supervised access reported that the services had the potential to meet their needs.

Reasons respondents did not proceed with using the service:

**Reasons from respondents who thought the service could meet their needs but did not use the service:**

Of the respondents 85 percent felt the service had the potential to meet their needs, but did not proceed with using Changeover or Supervised access mainly because the “other party did not want to use the service” (41%). As shown in Table 7 below, the difference between the reasons for not proceeding with Changeover and Supervised access was only slight.

**Table 7: Reasons parents were unable to proceed with using the service and the type of program they were interested in using:**

	Changeover N=64	Supervised Access N=64
the other party did not want to use the service	45	37
financial issues	0	2
Other reasons:	55	61
<b>Total</b>	<b>100</b>	<b>100</b>

\* Other included: parties able to work out arrangements themselves (15), court issues (10), other party did not want to see the child/ren (6), service not available when needed (5), children did not want to see their other parent (3), hours of service not compatible (2), and service was too far to travel (2).

As shown in Table 7. the reasons for not proceeding with the service were similar for both residential and non-residential parents.

**Table 8: Reasons parents were unable to proceed with using the service and whether or not they were the residential or non-residential parent:**

	Residential Parent N=67	Non-residential Parent N=39
the other party did not want to use the service	42	39
financial issues	0	3
other	58	59
<b>Total</b>	<b>100</b>	<b>100</b>

**Reasons from respondents who thought the service could not meet their needs so did not proceed with using the service**

Reasons the service was perceived as not being able to meet needs according to 20 respondents (15%) included the following:

- hours of service/time of opening (32%);
- the formality of the service (24%);

- the staff not being available when needed (12%); and
- the location of the service - too far away or inconvenient (12%).

The data showed that “Hours of service and time of opening” was the main reason reported for the service not being able to meet respondents’ needs for both Changeover and Supervised access. “The formality of the service” was reported to be more of a disincentive to service use for Supervised Access (30%) than for Changeover (14%). Other notable differences for Supervised Access related to the availability of staff (20%) and the location of the service (20%).

In looking at the differences in reasons provided for residential and non-residential parents, the ‘formality of the service’ appears to be a more important disincentive for service use for non-residential parents (38%) than for residential parents (14%). Further, ‘the availability of staff’, and ‘the location of the service’ was a reason for not using the service for non-residential parents (25%).

**Table 9: Reasons for not using the service from all respondents:**

	Respondents N= 134	
	#	%
the other party did not want to use the service	54	43
parties able to work out arrangements themselves	17	14
court issues	10	8
hours of service/time of opening	8	6
service not available when needed	6	5
other party did not want to see the child/ren	6	5
the location of the service - too far away or inconvenient	5	4
financial issues	3	2
the formality of the service	2	2
other issues**	13	10
<b>Total</b>	<b>125*</b>	<b>100</b>

\* 11 cases not represented in this total figure because they did not clarify the reasons for non-usage..

\* **Other issues included:** children did not want to see their other parent (3), father committed suicide (1), service not suitable for child because child had special needs (1), other party moved away (2), service did not accept family (3), the staff not being available when needed (1), because of child’s gender (1).

# Appendix Seven: A Framework for Good Practice



Strategic Partners Pty Ltd

December 1998

# Contents

1.	INTRODUCTION	59
1.1	Overview	59
1.2	What Do We Mean by Good Practice	60
1.3	An Holistic Approach	63
2.	FOUNDATION PRINCIPLES	65
2.1	Understanding the Impact of Family Violence on Women and Children	65
2.2	Community Development and Systems Advocacy	66
2.3	Client Focused Service Delivery	66
2.4	Commitment to Organisational Learning and Quality Improvement	66
3.	ORGANISATIONAL FEATURES	68
3.1	Philosophy	68
3.2	Commitment of the Organisation and the Board of Management	68
3.3	Organisational Planning, Review and Accountability Mechanisms	69
3.4	Effective Management	70
3.5	Development of Workforce Capacity	71
3.6	An Integrated, Collaborative Approach	72
3.7	Facilities and Resources	73
4.	PRACTICE PROTOCOLS AND PROCEDURES	75
4.1	Active facilitation of children from the outset of visiting	75
4.2	Active Facilitation of Children During Visits	79
4.3	Helping parents to help their children	81
4.4	Creating Windows of Opportunity for Progression	82
4.5	A Framework and Process for Review	83

# 1. Introduction

## 1.1 Overview

This framework has resulted from an evaluation and research project undertaken by Strategic Partners for the Commonwealth Department of Family and Community Services throughout 1997 and 1998. For this project, the consultants were asked to:

- Detail the key issues related to working with children and parents in situations of conflict over contact arrangements.
- Develop practical and considered implementation strategies for best practice organisations which acknowledge differing approaches in States and Territories.
- Recommend ongoing strategies which will promote the development of improved practices within organisations providing these services during the life of the project.
- Provide details of staff development requirements and changes in organisational practices which will be needed to support the recommended strategies.
- Prepare a framework for a best practice resource kit for use by existing and potential contact services.

The critical tasks undertaken by the consultants during the evaluation and research project, as detailed in the Project Brief, included:

- Undertake an in-depth summary of existing models as described in literature and research.
- Detail the key issues related to working with children and parents in situations of conflict over contact arrangements.
- Undertake an evaluation of the effectiveness of service provision complemented by sensitive and credible research assessing the impact on the well-being of children.
- Develop practical and considered implementation strategies for best practice organisations which acknowledge differing approaches in States and Territories and the unique situations of the varying services, while still encouraging a consistent approach for skillfully handling the requirements of children and parents.
- Recommend ongoing strategies which will promote the development of improved practices within organisations providing these services during the life of the project.
- Utilise the process of the evaluation to strengthen working relationships between services.

- Provide details of staff development requirements and changes in organisational practices which will be needed to support the recommended strategies.
- Prepare a best practice resource kit for use by existing and potential contact services.

Discussions with the staff of what was Legal Aid and Family Services (LAFS) in the Attorney General's Department (now transferred to Family and Community Services) indicated that the creation of a good practice resource kit was a substantial task, likely to extend beyond the scope of the evaluation and research project. Strategic Partners was then asked to develop a framework for such a kit, as a basis for a stand-alone project to be undertaken in 1999. This document represents that framework.

## 1.2 What Do We Mean by Good Practice?

'Best Practice' is a generic term, used widely in industry and the commercial sector, as a concept which is about promoting excellence, with a focus on creating organisational cultures which are directed to continual quality improvement in all aspects of the organisation and its interaction with clients.

The concept of best practice is not a new one, but has recently been adopted by Australian businesses to assist them to become more internationally competitive. While the concepts and principles of best practice have mainly been applied to business and manufacturing, some applications are relevant to the human services sector, with a replacement of the concepts of sales and customers with services and clients.

Some of the arguments against applying the concepts of best practice in human services have been that the field is not homogeneous and the 'products' are not controllable. In addition, there has been a concern that 'best' implies that there is only one right way to do things, which can be applied regardless of the context and circumstances.

This being the case, it was decided that this framework should use the term 'good practice'. What follows is a discussion of the principles on which a framework for 'good practice' can be developed as it applies to the provision of contact services. This discussion draws on recent material from the public and human services sectors where the term 'best practice' is frequently applied to the application of standards and a search for excellence.

For an organisation to be successful it must fully satisfy the needs and wants of its clients and have a client focus. Good practice concepts focus on the outcomes or outputs of an organisation, and depend upon management implementing strategic directions throughout the organisational structure. The concept of continuous improvement is

integral to considerations of good practice; the continual striving to find better and more effective ways of doing things. Good practice is considered to be a comprehensive, integrated and co-operative approach to the continuous improvement of all facets of an organisation's operations.

The following characteristics are common across organisations which are striving to deliver good practice:

- A shared vision for the delivery of high quality services which is supported by a comprehensive, integrated, and co-operative change strategy to bring about continuous improvement in cost, quality and timeliness.
- A strategic plan, developed in consultation with the workforce, encompassing all aspects of an organisation's operations and setting out short, medium and long term goals.
- A commitment to continuous improvement throughout the organisation, driven by the full public support of the CEO.
- Flatter organisational structures supported by the devolution of responsibility, the empowerment of workers, and improved communication. This often involves team-based work.
- A co-operative and participative industrial relations culture which incorporates effective communication and consultation processes.
- A commitment to continuous improvement and learning, with a highly-skilled and flexible workforce, and recognition of the value of all people in the organisation.
- Innovative human resource policies which include a commitment to occupational health and safety and equal opportunity employment.
- A focus on service users, both internal and external.

Within the framework of promoting continual improvement, the application of good practice principles to human service programs can provide new ways of approaching service development.

## Aspects of a Good Practice Environment

Aspect	Critical Success Factor
<b>Purpose</b>	Participation
<b>Action</b>	Pursuit of excellence
<b>People</b>	Skilled and motivated workforce
<b>Resources</b>	Identify, allocate and utilise resources effectively
<b>Planning</b>	Strategic Forward Plan

## Benchmarking

Benchmarking, which is learning from the best practices of others in order to make significant changes to organisational processes, is another aspect of 'good practice' which assists quality improvement.

Benchmarking is part of the change management process: finding, adapting and implementing outstanding practices, and allowing the organisation to obtain ideas for improving processes by learning from other leading organisations; promoting a culture that continually seeks to find better ways of achieving results; and sharing knowledge and experience, recognising good performance at all levels.

## Learning Organisations

A learning organisation is one where everyone strives to continually improve the quality of the service through a commitment to ongoing learning. There is now considerable work on the nature of learning organisations across a number of sectors.

The key features of learning organisations are that they actively learn by acquiring and building upon new knowledge and continually attempting to improve their practice. Learning organisations absorb new concepts and innovations and quickly adapt to changing environments, which means that they are better able to survive in increasingly turbulent and competitive environments.

Some means of becoming a learning organisation include focusing on leadership to develop a sense of purpose and commitment in the organisation; articulating agency policies which are supportive of learning; and creating an environment where people are encouraged to take risks and try out new ideas. In terms of staff involvement, learning organisations include and encourage participation of staff in organisational learning concepts and practices; feature co-operation among staff and sharing of expertise; encourage flexibility in organisational structures and work roles; and develop a staff profile with a variety of skills, knowledge and experience.

The factors which mitigate against an organisation developing a learning culture include lack of time for reflection on experience, and not using time well for addressing and identifying learning and change needs. Committees of Management / Boards which are removed from daily organisational learning experiences, and resistance of individuals and groups to learning and change can also limit an organisation's capacity to learn.

Narrow definitions of training and learning, underplaying the benefit of reflective, experience-based approaches, non-training approaches and lack of planning for staff learning and development, are also critical barriers.

Section Three, which focuses on the organisational features which support good practice, draws on the principles of continuous learning and best practice.

## 1.3 An Holistic Approach

A crucial element of a good practice organisation is its holistic approach, which entails a comprehensive understanding of the needs of the different clients and stakeholders. In the case of the contact services, this involves a balanced handling of the needs of all client groups and a broad appreciation of the impact of domestic violence on families and the community.

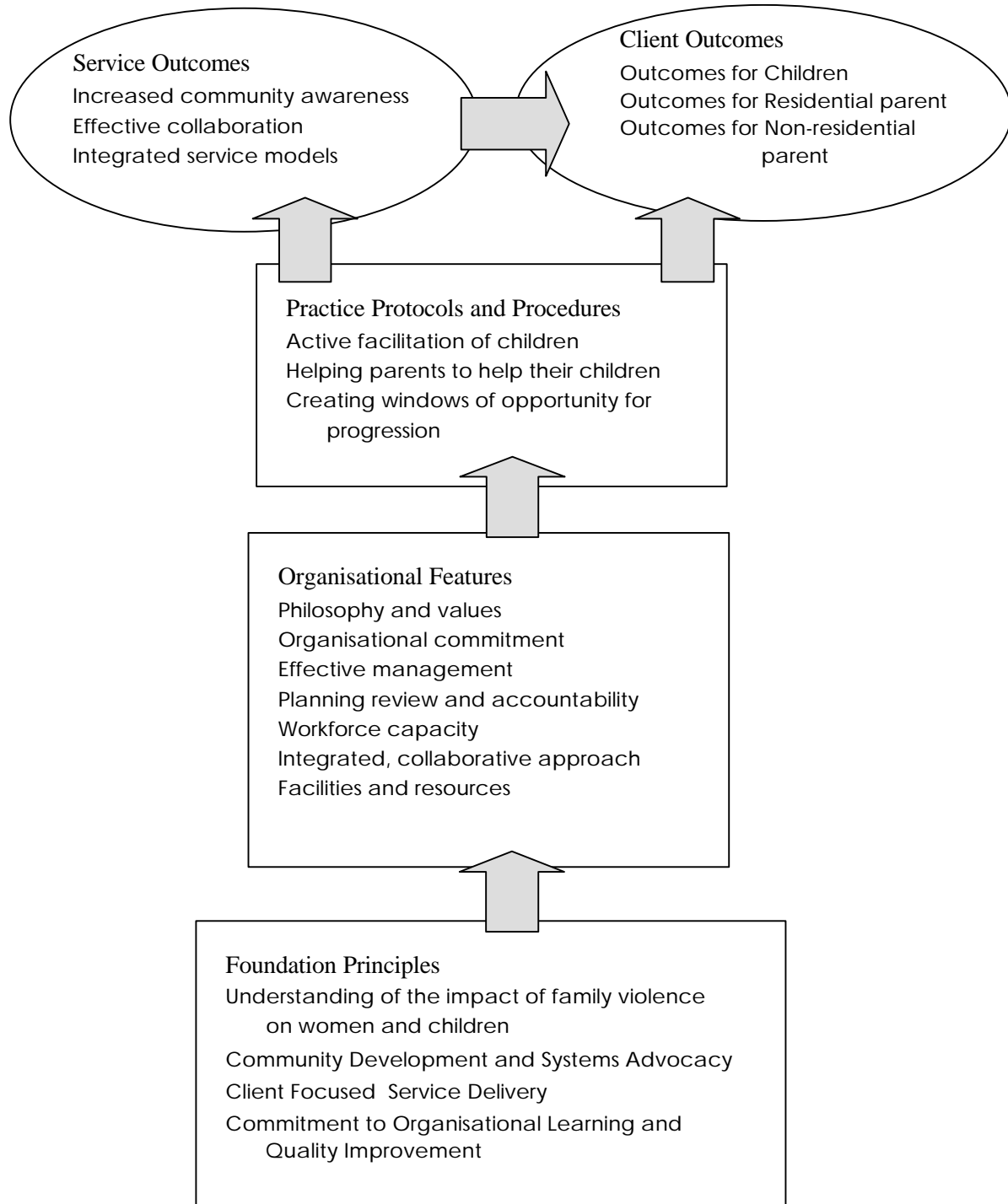
In developing an holistic approach, an organisation works to maximise all of its resources for a multiple focus on the individual, the family and the community. In addition, a good practice organisation has a full understanding of the range of diverse needs among its clients, and is able to create a service sufficiently flexible to meet the special needs of the different populations.

The three key components in an holistic approach within contact services are:

- systems advocacy and community development;
- developing integrated and collaborative service models; and
- embracing client complexity.

The following framework demonstrates the inter-linking components of an holistic framework, which is the basis of good practice.

## An Holistic Approach to Contact Services



## 2. Foundation Principles

There are a number of principles which are at the foundation of a good practice contact service. Four are discussed here.

### 2.1 Understanding the Impact of Family Violence on Women and Children

The basis for the development of contact services in Australia was a recognition of the impact of violence and abuse on women and children. Balanced with this is general agreement that children usually benefit from an ongoing relationship with both parents. In setting up contact services around Australia, issues of the physical safety of children, parents and staff have emerged as a foundation principle for the services and underpin all other activities and developments.

To lessen the threat or incidence of violence, conflict and abuse, many residential parents refuse to allow contact between their children and their non-residential parent, while others ensure that the contact arrangements take place in a public place such as a shopping centre, park, outside a police station or in McDonalds. Over the past few years a number of non-government welfare organisations have initiated services which assist parents to deal with this situation.

While each of the services has its own unique atmosphere, created by the venue, staffing arrangements, location and service philosophy, there are some common elements which apply. Contact services are safe, in that they are conscious of the need to provide a physically secure environment for parents and children; they are designed in such a way that there is little opportunity for the two parents to meet. In addition, there is a comprehensive assessment process which allows the staff to understand the context for the visit of each family.

Given the level of threat and/or actual violence that has led to the need to use a contact service, physical safety has been a priority in the establishment of these services. Separate parking facilities and entrances lessen the need for contact between parents, timing of arrivals and departures and the use of security cameras or even security personnel are all part of ensuring that all parties feel safe.

## 2.2 Community Development and Systems Advocacy

A community development and systems advocacy approach incorporates an understanding that the focus of a contact service has to be beyond the needs of individual clients. Based on a philosophical understanding of the impact of domestic violence on women and children, contact services need to have a system of analysing trends in the client group and ensuring that these trends are strongly represented within the public arena and service sector.

A community development focus entails the encouragement of structures within the community which will work towards the prevention of domestic violence, and give support to families where a breakdown has occurred. This needs to be linked to the development of an action research component within a service and the enhancement of staff skills in this field. This focus on the community and the service system needs the full support and understanding of the service's Board/Management Committee.

## 2.3 Client Focused Service Delivery

A client focused contact service, as described above in the section on 'holistic service', incorporates an emphasis on children and their needs as well as a balanced concern for the needs of residential and non-residential parents. In addition, a strong and overt concern for the diverse range of populations and clients with whom the service comes into contact will be in evidence.

Services must accurately gauge the extent to which they actually are client focused.

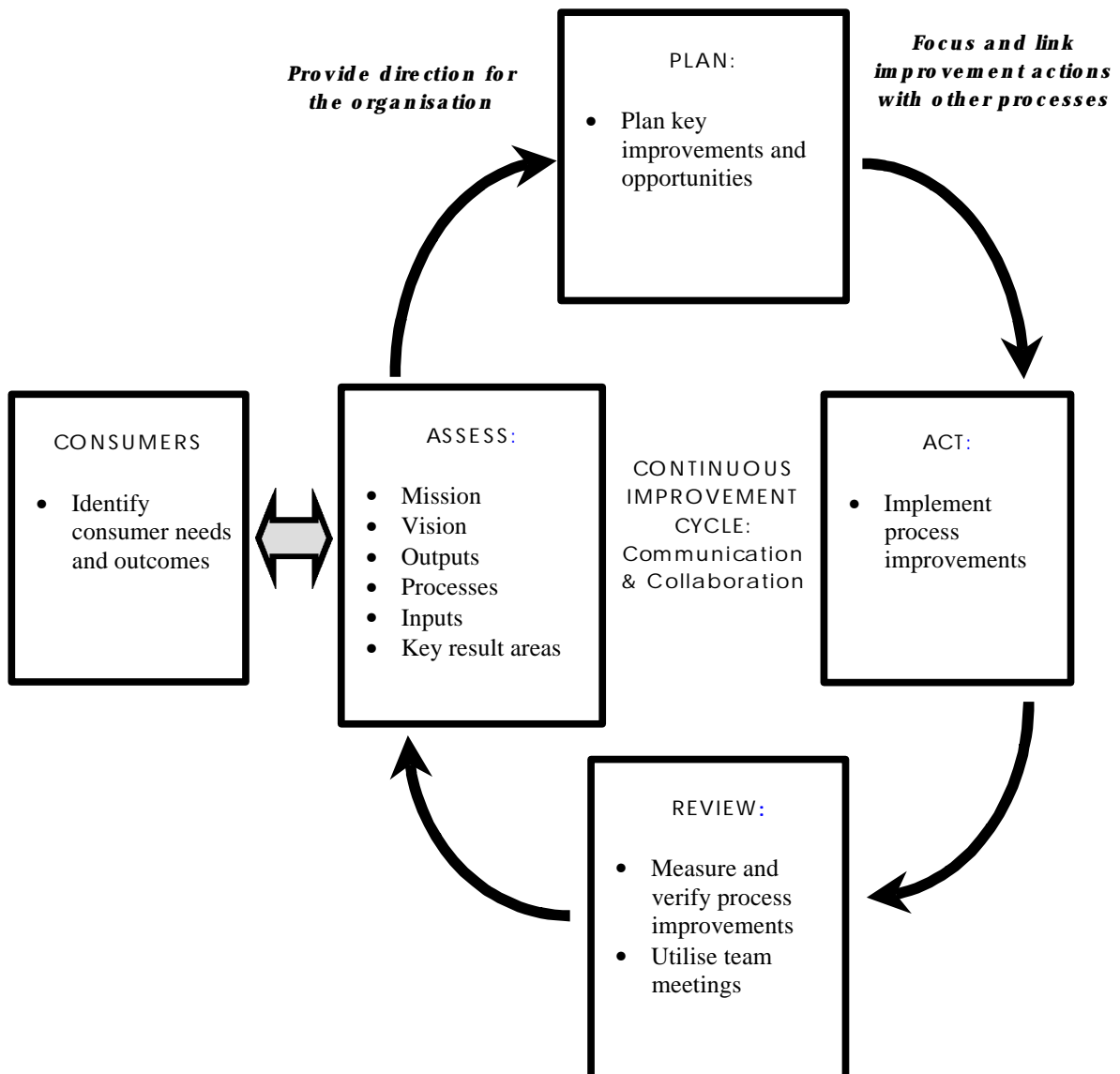
This will be evident in such mechanisms as client feedback processes, input from key community stakeholders and periodic external review.

## 2.4 Commitment to Organisational Learning and Quality Improvement

As described in the previous section, a commitment to organisational learning and quality improvement is an essential component of good practice contact services. Organisational learning typically involves four key components:

- **Assessment** of organisational and client needs.
- **Planning** to meet these needs and take advantage of opportunities.
- **Acting** to implement process improvements.
- **Reviewing** progress and achievements.

This quality improvement process is a key feature of high performance organisations and those aspiring to good practice. In addition, supervision and a commitment to reflective practice will be part of the process for creating an ongoing learning environment with a contact service. The process can be depicted as follows:



## 3. Organisational Features

In the course of the evaluation and research project, it became clear that there were a number of organisational features which supported the emergence and maintenance of good practice. These features have been presented under seven broad headings.

### 3.1 Philosophy

#### Rationale

Good practice services have a clear statement of the principles and values which underpin every aspect of their work, and is demonstrated in all aspects of service practice. The usual ways in which philosophy is articulated are in mission, vision and values statements.

Some of the documents which reflect the philosophy of an organisation will include:

- Vision and Mission
- Service aims and objectives.
- Diversity and special needs policy - Policies targeted at diverse populations are required – diversity can include cultural and ethnic aspects; physical and psychological disability; sexual orientation; alternative lifestyles.
- Principles of practice.
- Policy of charging of client fees.
- Service access.

### 3.2 Commitment of the Organisation and the Board of Management

#### Rationale

The role of the Board/Committee of Management in setting the vision, philosophy and direction of the organisation and the leadership that is provided, is a critical aspect as a foundation for the provision of a good practice service. A clear understanding of the differing functions of governance and management are a feature of high performance organisations – governance is a separate function, but must act in support of, and linked

to, management and direct service delivery. Auspice organisations need to clearly demonstrate their support for the contact service, both in terms of practical, internal support and the sharing of organisational wisdom and learnings. Key elements include:

- Auspice context and infrastructure.
- Organisational vision and direction.
- Board/Committee responsibilities (legal and financial).
- Board/Committee procedures.
- Advisory Committee roles and responsibilities and the skills required.
- The range of support available to the contact service.
- Organisational 'culture/learning environment'.

### 3.3 Organisational Planning, Review and Accountability Mechanisms

#### Rationale

A service needs transparent lines of accountability, clear data collection procedures and an ongoing process of quality improvement and service planning and evaluation. Key elements include:

- Data collection – for funders and agency.
- Community and agency feedback protocols.
- Quality Improvement processes.
- Service evaluation procedures and formats.

Key questions to be addressed in the planning process include:

#### **What is the organisation or service's vision for the future?**

This is the most fundamental question, as the answer provides not only the context for preparing the plan, but the basic reason for the organisation's existence.

#### **What are the key result areas?**

The plan will highlight the main areas of the organisation to be developed and propose certain activities to achieve those objectives. Each function of the organisation will have its key result areas for development, and will be prioritised according to the direction of the organisation during the planning period.

It may also be necessary to set priorities, as many organisations try to do too much and because of this are limited in their achievements.

### **When will it be done and by whom?**

The Action Plan needs to be put into a timeframe. A planning period of two to three years is usually the optimum and most practical. The Plan should also specify which individuals or committees are responsible for achieving each objective.

### **How much will it cost, and where might the money come from?**

The answers to this question start to bring the planning back to reality and give rise to a budget, which is an essential component of any effective plan. The budget should estimate as accurately as possible the levels of expenditure on each activity.

### **What human resources are required?**

Most initiatives require somebody (or maybe a team of people) to undertake or manage the work on a voluntary basis. If the necessary people resources do not come forward, the whole project can collapse, irrespective of the value of funding. It is important to be satisfied that the resources will be available and to identify specifically who will be filling key positions.

### **If everything can't be done, what is most important?**

This question addresses the common situation where the money and/or resources are not sufficient to enable full implementation of the Action Plan. Where there is flexibility in deciding how to allocate resources or money, the assignment of priorities to projects provides a rational basis for such decisions.

### **What happens to the rest of the plan if any single component is not achieved?**

This question can be the most complex to answer, but it emphasises why planning in a broad context is necessary. Inter-dependencies between projects can be critical in setting priorities and timetables.

## **3.4 Effective Management**

### **Rationale**

The management function includes team co-ordination and leadership, decision making, accountability mechanisms, systems and policy development and

maintenance, resourcing, performance appraisal and internal and external communication processes. Contact service managers need to work full-time, with part of their time spent in the service at weekends, the peak time of client contact. The role of the manager includes the creation and maintenance of a policy and procedures manual. Key elements of the manual include:

- Role of co-ordinator/manager.
- Supervision (often external) for the co-ordinator/manager.
- Specific role of the supervisor.
- Financial processes and management.
- Internal communication – to the team and with the auspice organisation.
- Decision-making procedures.
- Encouragement of research and innovation.
- Team development and support – managing the diverse range of staff.
- Quality assurance and improvement.
- Record-keeping.
- Occupational health and safety management.
- Management of significant incidents – physical and psychological.

## 3.5 Development of Workforce Capacity

### Rationale

The selection, support, supervision, and training of the contact service workforce is a critical component in its capacity to deliver an effective contact service. Key elements include:

- Recruitment and induction.
- Staff orientation processes/information.
- Staff training and development.
- Supervision and staff deployment.
- Staff meetings - role, purpose, usage.
- Use of volunteers, involvement of students.
- Performance management and appraisal.
- Staff grievance procedures.

- Conditions of employment.

In addition, there are a number of key skills and qualities that are required to work in this area, including:

- A capacity to manage complexity.
- The ability to establish rapport with all parties.
- The capacity to anticipate, diffuse and handle conflict.
- A child-attuned focus and the capacity to understand the visiting experience from the child's perspective.
- A repertoire of skills to engage children and to facilitate engagement between the child and the parent.
- The ability to 'spot' and respond to a child in distress even when the outward signs are barely visible.
- The capacity to elicit, model and foster appropriate parenting behaviour and responses.
- The ability to remain actively engaged on behalf of the child and in their interests over a period of time and, often, from a distance.

Clearly the knowledge of domestic and family violence is the framework within which these skills are developed. In addition, the capacity to develop community linkages and networks is a critical skill for co-ordinators.

The selection, training and supervision of staff underpins any organisation's capacity to deliver a quality service. Clearly, written practice guidelines should not substitute for hands-on training and experience, supported by practice supervision. Effective sponsoring organisations will offer an established professional supervision and staff development structure to support direct contact work. Articulated human resource policies and a commitment to staff quality, and hence quality service, must be a key feature of future contact service sponsors.

## 3.6 An Integrated, Collaborative Approach

### Rationale

Effective linkages with the wider service network are becoming increasingly important factors in a service's ability to offer a comprehensive range of service options to clients. Linked with this is the responsibility to promote the concept of contact, educate referring organisations as to the nature of the service, and establish a broad community

education focus to increase client access and awareness. Key elements include:

- Protocols for internal and external linkages and networking.
- Linkages with the Family Court/relationship with legal sector.
- Methods of ensuring updated information reaches key stakeholders.
- Linkages with ethno-specific agencies.
- Promotional material - new service and established service.
- Establishment and maintenance of a strong agency/community profile.

## 3.7 Facilities and Resources

### Rationale

The cultural and physical environments are often overlooked in considerations of the organisational features which have an impact on service quality, and yet both are of critical importance in providing a quality service. Key elements include:

- Physical set-up of building and specific rooms.
- Nature of available equipment.
- Nature of Information Technology resources.
- Reception/waiting area protocols.
- Protocols for use of rooms and separation of parents.
- Educative material available for staff and clients.

An analysis of the building facility requirements suggests that there are some key requirements for contact services which include:

- Clear separation of both parties so that the residential and non-residential parents do not see/meet each other. This includes travel, car parking, entrances, and waiting areas.
- Capacity for staff to observe all aspects of the facility including arrival and departure points, entrances, waiting areas.
- Areas to allow for a range of levels of supervision according to the degree required to provide for the safety and well-being of children.
- Layouts that provide for parents to move through the building rather than children having to be transported between parents.
- Age appropriate equipment and facilities, including outdoor play spaces, ensuring the needs of older children are addressed.

- Areas to accommodate family groups for special occasions.

## 4. Practice Protocols and Procedures

As a result of this two year evaluation and research project, our understanding of what constitutes good practice in contact services has evolved from a model which focused on physical safety to an approach which embraces the complexity of psychological security during the visiting process, particularly for children. Data from the child impact study have demonstrated the distress and anxiety experienced by children of all ages at the outset of visiting and the kinds of support and intervention by workers and parents which facilitate their adjustment and maximise gains in the relationship with the visiting parent.

In light of this research, good practice means moving away from the maintenance of a 'holding space' for visiting parties to a more 'intentional space' where children and parents are encouraged and enabled to progress safely within the limits of their own potential. Clear practice structures such as assessment and frequent review support this work, as do processes such as therapeutic facilitation.

Good practice is oriented to the needs of parents and children alike and is supported by a number of good practice resources. It is beyond the scope of this current document to provide such resources, but suggestions and some preliminary frameworks are included here. This section provides a series of questions about good practice as a resource for new and evolving services, to be addressed early in their development.

### 4.1 Active Facilitation of Children From the Outset of Visiting

#### Rationale

The first four to six visits at a contact service are particularly difficult for most children. Special consideration needs to be given to this phase and the needs of the child at that time.

## Possible Procedures

The means for promoting psychological safety early in visiting will vary according to circumstances, developmental levels, and parents' capacities. However, some common elements exist across cases:

- An introductory visit to the service for all children prior to the commencement of visits (preferably not on the day) is extremely important.
- Older children need to be empowered to be part of the setting up and review of their visits.
- Children of all ages benefit from close links with particular workers from the outset.
- Contact workers who use themselves as a secure base for the child during visits or hand-overs can reduce levels of anxiety for both child and visiting parent, freeing them up to begin the work of forming or strengthening their relationship.
- The first few visits or hand-overs need to be closely monitored. This is a time for workers to make an assessment of the child's needs, level of security, the state of the relationship with the visiting parent, and the capacity of both parents to use support and to respond sensitively to the child.

Below are some questions that service co-ordinators might consider to further their thinking and practice around these issues.

### **Prior to visits: key questions**

- Is it your practice to speak directly with children prior to the commencement of visits about their needs, views, wishes, hopes, fears, etc?
- Under what circumstances would you think this helpful or unhelpful to the child?
- Is it your practice to introduce the child to the building, the facilities, the procedures and the role of workers at visits?
- How might a separate space for talking with the children prior to visits be integrated into your current practice?
- What organisational structures would be necessary to allow this?
- What approaches do you consider appropriate for talking with children?
- Who would do this?
- Do you have child-friendly resources that explain the nature of the service to children?
- What feedback would you give parents about the child's views and needs around visiting?

- Is it appropriate for children to specify/ contract what might help them during visits, as parents are often invited to do?
- What discussion/contracting do you have with parents around the specific needs of their children in the visiting process and means through which they can facilitate this?
- How do you gauge the needs of pre-schoolers who are beginning visits at your service?

## Training issues re facilitation of children early in visits

Work of this nature requires an understanding of and attunement to children's developmental levels, the world of play, drawing and projection and children's language.

The pre-school child poses particular challenges for unskilled workers. One needs to use knowledge of the child's attachment history and observations of the child with each parent to determine the likely needs of toddlers and infants in various visiting contexts. Often this can happen through the course of the first visits. There are a number of behavioural indicators that can guide workers in assessing the comfort of a small child, for example in determining when the absence of tears does *not* equal psychological safety.

With the school aged child, the use of assessment and introductory visits is important as a process of empowerment for them and a means for workers to gauge their feelings about the visits and their needs and concerns, using drawings and projective materials.

For unskilled staff or those wanting to consolidate previous training, all of these areas are best developed through consultation with specialists and supported by ongoing opportunities to discuss cases in supervision.

### **Points for training re preliminary work with the visiting child**

- Establishing rapport at an introductory visit.
- Establishing what they know about the centre, what they think about using it themselves, what they hope for, what they fear.
- Differentiating the service from previous visiting arrangements.
- Discussing fears and refusals.
- Discussing the role of workers.
- Planning a review with the child.
- Use of simple drawings and play techniques throughout the above assessments.

## A Children's story

In a recent training workshop, a group of contact service workers developed the following children's story, to be used with children in their introductory visit. It would be helpful if a story such as this and others with varied themes and developmental levels could be illustrated and produced for the sector.

### My first visit at the Contact Centre

*I woke up this morning and Mum reminded me that we were going to a special place. It was called a Contact Centre.*

*We went on the train and all the way there I had a funny feeling in my tummy. I was going to see my Daddy. I hadn't seen him for a long time. Mummy and Daddy got mad at each other and Daddy went away. I wondered what it would be like. Would he be different?*

*Mummy held my hand as we went in the gate. I saw swings and slides outside. Inside I saw lots of toys and games. There was a painting table and a TV. There were nice people there and they talked with me about seeing my dad. They were really friendly.*

*After a while Mummy left. I was a little bit scared at first but the lady stayed with me. My Dad came in a different door. He looked a little bit scared too. I didn't know what to say to him at first or what to do. The lady helped.*

*We played inside and then we went outside on the swings. We had something to eat. After a while it was time for Dad to go. He went out his door and Mum came in hers.*

*Visiting with Dad was a bit tricky but I think it will be easier next time. The lady said I would be safe there and I was.*

## 4.2 Active Facilitation of Children During Visits

### Rationale

The nature and complexity of children's adjustment to visits clearly varies from case to case, as demonstrated in the child impact study. However, some areas of good practice have emerged as being particularly helpful to most children throughout the visiting process.

### The first visits: key questions

The following questions are provided to encourage thought around these issues:

- What protocols do you have about children in new supervised visits (eg. worker role, continuity, proximity, strategies, etc)?
- What is your practice with children around new visits which, on paper, *do not* appear to require high vigilance supervision (eg. worker role, continuity, proximity, strategies, etc)?
- What role do workers take with children who are doing new hand-over visits?
- What role do workers take with pre-school children and the visiting parent in new visits?
- How would workers recognise a critical incident in relation to the child's psychological safety during a visit?
- What is your practice around de-briefing children after visits?

Monitoring for anxiety or distress in children of all ages and at all stages of visiting is an important part of the contact worker's role. Knowledge needs to be acquired about how children of various ages might express anxiety or discomfort; for example, it is not true to say that a quiet baby is a happy one in the absence of other evidence. In fact, hyper-vigilance and the need to hold themselves very tightly is one of the characteristics of a child who is distressed during a visit.

### Psychological Safety: the core need for children in visiting

Janet Johnston (1998) writes:

*In addition to protecting against renewed abuse and dealing with the more obvious consequences of physically unsafe relationships for traumatised children, it is essential to pay attention to and protect against the profound consequences of psychologically*

*unsafe relationships.*

*The child has a need for predicability and control re visitation experience, including simple, truthful explanation of visits from workers, with opportunity to ask questions and repeated discussion using language and concepts they understand.*

## Points for training re facilitation of visits

As with any kind of clinical work, it is one thing to read a “how to” kit and another to be given the chance to learn, question and practice within a training forum.

Good practice training around skill development for quality facilitation of children in visits could include the following:

- understanding the needs of traumatised children;
- psychological safety and implications for structuring visits;
- before visiting begins - how to include children in assessment and the role of introductory visits;
- the age and stage of the child - impact on visiting;
- monitoring the experience of children during visits;
- techniques for reviewing the progress of visiting with children;
- involving parents in facilitation of high quality visits;
- the needs of pre-schoolers and infants;
- working effectively within the limits of what your service can currently offer children.

Workers should be given the opportunity in ongoing training and professional supervision to reflect on various levels of trauma complexity for visiting children, to work through cases and to actively consider the experience of the child, of the parent and the possible response of the worker.

## 4.3 Helping Parents to Help Their Children

### Rationale

The child impact study showed the behaviour of the non-residential parent to be highly predictive of the quality of the child's adjustment to visits over time. It follows that focused support and facilitation of the visiting parent will in turn benefit the child and the relationship.

Again, the following questions are offered to prompt thought and discussion in new and developing services.

### Working with parents to facilitate children in visits: key questions

- Do you routinely talk with both parents about the needs of their child in visiting?
- At what points in the process would you do this?
- How do you appraise the capacity of a parent to recognise and respond to their child's needs during visits?
- When a parent does not demonstrate a capacity to think about or act on the needs of their child, what is your current practice with regard to ensuring the psychological safety of the child during visits?
- By what criteria would you determine whether a parent's behaviour or attitude is damaging to the visiting process and well-being of the child? How would you respond to the child and the parent in this case?
- What information would you share with parents about the child's progress in the visits?

### Developing Resources for Parents

At a recent training workshop, contact service staff thought it important to develop resources for residential and non-residential parents, outlining in everyday terms the findings of this research project, particularly pointing out what actions by both parents help children to adjust best to visiting. Two distinct posters for waiting areas were suggested. For residential parents: "How to help your child before and after visits" and for non-residential parents: "Making the most of contact visits for you and

Brochures are often inappropriate for parents with poor literacy skills and cartoon strip posters explaining the process would be useful, with blank "talking bubbles" that can be f

illed in with a variety of languages.

A flier for parents was also suggested, along the lines of that developed for the Children in Counselling and Mediation project (Strategic Partners, 1998), emphasising some of the following points:

- “Parents’ conflict, not divorce troubles kids most.”
- “It is normal for the first few visits to be a bit difficult for kids.”
- “It’s hard for children when their parents bad-mouth each other.”

The production of a video was also suggested, highlighting interviews with parents and children who use contact services, talking about their experiences with visiting arrangements before, during and after using the service.

## 4.4 Creating Windows of Opportunity for Progression

### Rationale

A major finding from this research project was the difficulty experienced by parents in progressing through the contact service. For some, this meant they felt able to move on to make their own arrangements but were not enabled to do so, and for others, degrees of progress such as parents doing supervised personal hand-overs were not possible within the service. Greater attention by contact services to progression is needed, by optimising or creating windows of opportunity with families, supported by structures of review at regular intervals.

### Monitoring and reviewing progress: key questions

- Do you currently review cases systematically?
- Do you involve the children in the review?
- By what criteria do workers monitor the relative success of visits for the child?
- What would be your goals in a review of visiting with parents?
- What would be your goals in including children in a review process?
- Who would do this?
- How would you determine whether a child is ready to change the pattern of visiting, for example move from supervised access to hand-over?
- If changes are made to visiting arrangements, how does the child find out about them? Is it your practice to discuss this with children?

In a recent training exercise, service staff developed the following framework for the monitoring and review of cases. Again, these ideas need to be developed further.

## 4.5 A Framework and Process for Review

