

BREIF VERSION

**THE IMPORTANCE OF INDEPENDENCE AND NEUTRALITY IN
A CHILDRENS CONTACT SERVICE TO ENSURE THAT THE
CHILD'S BEST INTEREST IS PARAMOUNT**

**SUSAN HOLMES
CEO
RELATIONSHIPS AUSTRALIA TASMANIA**

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A STORY

The screen shows part of a room full of bubbles and the story behind the picture encapsulates what I am talking about today (**PHOTOS**)

Imagine a family with a very complex history, everybody in town knows something about them even if they have never met them; there are 3 children aged 5, 7 and 8 who live with their paternal grandparents; they used to live with their dad and his parents but their father died 6 months ago as a result of a shooting; their mother had left the state about 12 months before he died and has returned and is seeking residency (which many of you would term custody) through the Family Court: she has interim court orders which allow her to have the children every second weekend with the changeovers to occur at the Childrens Contact Service. We have supervised the changeovers for each of the 4 visits to the mother; the last time she returned the children they were clingy and distressed however although they were quiet when the mother left, they seemed pleased to see their grandparents when the grandparents arrived to collect them.

After their distress was discussed at the case management review we changed the usual arrangement for the next time the children were due to be returned and organized for the grandparents to arrive before the return time. It was thought that this would help the children to settle

more quickly. The grandparents were in a separate area of the CCS where the mother would not meet them when she arrived to drop off the children. We also arranged to have 3 staff members available even though previously we rated the changeovers as low vigilance which only required one staff member. We also booked the return changeover when no other families would be present.

At the agreed time the mother arrived and was observed talking to the children in the street for several minutes before she approached the service, everyone was observed to be calm however when they arrived at the door the children were wailing and hanging onto her; she was shown into a room where she sat down and one child climbed onto her lap while the other two clung to her clothes and the chair and continued to wail and appear very distressed. The supervisor spoke with her about the children's distress but she said that there was nothing she could do as the children did not want to return to their grand parents; she said she knew that it was what the court orders required but that she couldn't help the state they were in. The other staff tried to engage the children but the children looked away and increased the volume of their crying. The supervisor then spoke with the other workers, nominated who was responsible for each child and asked them to remove the children from the room in the gentlest way possible and to take them immediately to

the room where their grand parents were waiting. The scene was quite distressing.

When the children were led away from their mother she clutched at them and cried “don’t take them, they don’t want to go”. The children appeared torn until they arrived at the door of the room where their grandparents were waiting, only about three metres away. All three of them immediately stopped crying, one ran and climbed on the grandmother’s knee and said “guess what grandma? mummy has a puppy” and the conversation continued on about whether they had had a good time, what was the puppy’s name etc, the other two went to their grandfather who put his arms around them gave them a cuddle and asked about the visit.

A staff member had quickly returned to the mother who continued to weep and again said that she couldn’t help the children’s distress. She left with the understanding that staff would contact her before the next visit. After the staff were sure that the mother had left the area the children left with their grand parents, appearing calm and relaxed. After the visit the staff met with a senior clinician for a supervision session to consider the case:

Discussion included

What caused the children’s distress?

Was it in the childrens’ best interest to continue the changeovers?

What could be done to lessen the distress if service was continued?

What work needed to be done with the mother? The grand parents?

Other parties?

At intake the mother had reported that she had left the children with their father and his parents as she feared for her life although she did not fear for the children's physical safety as their father and his parents were genuinely fond of the children and would not harm them. She believed that the children's father's death was linked to his involvement with family criminal activities and that she had returned as she could no longer tolerate the thought that the children would grow up in a similar environment; she believed that if she could get custody of the children she could eventually take them away from the influence of their grand parents and keep them physically safe

The coordinator spoke with the grandparents who reported that the children were "normal" after their return and that they were happy to continue the current arrangements with changeovers. The coordinator also spoke with the mother, she maintained that the children didn't want to go back to their grand parents, that they belonged with their mother and that she would do whatever it took to get them in her care.

The decision was made to offer two more changeovers. The first was from the grand parents to the mother at the start of a weekend and as anticipated that changeover went smoothly with the children happy and all the adults complying with requirements including arriving on time, using appropriate entrances and leaving promptly; the children appeared

relaxed and unconcerned. The second changeover was planned for the Sunday after noon at the end of the weekend visit. Again it was arranged for the grand parents to arrive before the mother was due to return the children and they waited in a separate area out of sight of the mother and children, no other families were present and 3 staff were on duty. When the mother and children arrived they were observed getting out of the car, the children showed no signs of distress; while one staff member waited for them to arrive at the door, which took about two minutes rather than the expected 30 seconds, the other two staff positioned themselves at a table in sight of the doorway. One staff member started to frantically blow bubbles while the other went to work playing with goop (which is like a stretchy playdough). As soon as the first staff member heard them close to the door, (the children were crying loudly), she opened the door so that the children were immediately distracted by the sight of the bubbles and goop. The children let go of their mother, ran inside and started joining in the fun and when prompted they called out goodbye to their mother and continued to play. The mother was kept at the door, reminded gently that she could now leave as the children were fine and reassured that the coordinator would ring her to discuss the arrangements. After ten minutes or so of having a play with bubble pipes and goop the children were told their grand parents were waiting for them and they happily went to meet them with requests for more bubbles and goop next time they came.

Following the smoother return it was decided to continue to offer the changeovers if the children's distress could be avoided. Some more individual work was done with the mother to stress the importance of not using the children in her battle to get them away from their grandparents. We made it clear that we would not continue to provide changeovers if there were more episodes of the children being distressed. There were no more episodes of the children showing distress at the return changeovers although the mother often looked quite sad and flat when she said goodbye. Eventually the mother was successful in getting final court orders which gave her sole residency of the children.

Introduction

Now I would like to tell you about what we do at our Children's Contact Services and why we do it. When I thought we had ninety minutes I planned some group involvement at this point. Instead I will go straight onto our experience. The topic deals with our experience of a service, which has only existed for less than 10 years in Australia and which I understand operates differently in other countries which have similar services.

Background

Relationships Australia, Tasmania provides two of the thirty five Children's Contact Services funded by the Australian Government. Our

first service was started in Hobart in 1996 and was one of a group of 10 pilots funded at that time.

Relationships Australia, Tasmania, which was formerly known as the Marriage Guidance Council is a community based not for profit organization, which has provided services focused on marriage, relationships and separation since the late 1940s. Until the mid 90s our work was predominantly counselling with some mediation and education as well. Before the government committed funds of \$3.6 million for a four year pilot of Children's Contact services in 10 locations around Australia there were a few community based contact services and a handful of businesses like nursing agencies that provided different forms of supervision.

Relationships Australia, Tasmania decided to tender for a Children's Contact pilot because it fitted our mission, "**Relationships Australia, Tasmania working to develop and enhance personal, family and community relationships**" (OH1) and we were aware that our existing range of services were not reaching the children who were so often the unseen victims of the traumas associated with their parents' separation. At that time there was a strong opinion that Children's Contact Services were primarily intended to provide physical security for the changeover of children from one parent to another or for children who were to be visited under supervision by a parent with whom they usually had no contact.

The management team of Relationships Australia, Tasmania were very keen to develop a service model which focused on the best interests of children and to be able to use our experience of fifty years of service to families (at the time of separation) to develop ways of helping children have better access to the key people in their lives. Security of all parties including staff has always been the first priority. Unlike other models proposed we felt that this could be achieved without a primary focus on visible security measures such as guards or

dogs.+++++++=====The actual service operates at a Child Care Centre, which has two separate entrances with a separate parking area for each entrance.

Before either supervised visits or changeovers are arranged we usually meet with and assess all parties. For a less complex case this might be just a one-hour session with each parent and an orientation visit by the child to the actual Child Care Centre where the visit or changeover will occur.

The other information that I would like to quickly deal with is the description of the service types.

In Australia there is fairly standardised use of terminology, which I think worth spelling out. The two main service descriptions used are **supervised visits** and **changeovers**.

A **supervised visit** usually involves a child being dropped off at the CCS by the residential parent, the residential parent leaving, the non residential parent arriving about fifteen minutes later and visiting the child in the presence of CCS staff for a pre arranged amount of time. After the non-residential parent leaves, the residential parent returns and collects the child. Of course there are many variations possible. The drop off may be by someone else nominated by the residential parent, the visit may be with parties other than the non-residential parent, for example a grandparent.

A **changeover** usually involves the drop off of a child by a residential parent and the arrival of the non-residential parent 15 minutes later to collect the child. Changeovers also follow the same pattern when the child returns from the non-residential parent to the residential parent. The changeover may be at the beginning or end of any length visit, some children might just be away from the residential parent for two hours, however it may also be for overnight, weekend, holiday or some other period.

Initially we thought the visits would occur when there were allegations of abuse. However we have found that these are only a very small percentage of cases.

Other reasons for requests for supervised visits include

- A recent history of lack of contact with the child and sometimes no previous contact eg fathers who have never met their child
- Lack of experience as a parent
- Refusal to let the child associate with other parties ie extended family, friends, new partners
- A history of abuse or dangerous behaviour

All cases for both supervised visits and changeovers are initially assumed to be high vigilance. A high vigilance classification requires that one staff member is available for each child present at the visit or changeover.

Whenever there are allegations of abuse, the higher vigilance rating will stand. For other supervised visits and changeovers the vigilance rating may be reduced to low if the child or children are showing no signs of distress. All cases are reviewed after every service and decisions about whether to continue service, whether to encourage progression from supervised visits to changeovers to self management are made on the basis of what is considered in the child's best interests.

Service Development

Now I would like to tell you some more about our experience with that case and others that have helped to refine our thinking on what is involved in enacting "child's best interest" in a CCS.

Relationship Based

The strength of the service offered is that it is underpinned by relationships. Our primary aim is to help children have appropriate relationships with the key people in their lives. We primarily help our adult clients through our relationship with them. As stated earlier, our focus has never been on external controls. Rather we work to help them develop skills and learn behaviours, which will facilitate their child's security, growth and development hopefully with a future which includes a relationship with them.

Another key relationship is with the legal profession including private practitioners, Child Separate Representatives, who in Australia are generally provided by the Legal Aid Commission, and personnel from the Courts including Judges, Magistrates, registrars and court counselling staff.

The third key relationship area is with our funding providers and policy makers and influencers. We work at a national level to provide feedback and information wherever we have a chance to promote a service model based on the child's best interest as the paramount consideration.

Along with other service providers and the Australian Association of Children's Contact Services we have worked to develop standards. The federally funded Family Relationship Services Program (FRSP) provides finance and require that funded services meet a set of 15 approval standards. These cover client safety, client confidentiality, staff safety,

staff supervision, staff training and development, qualifications, accessibility, governance, values and service delivery.

Independence

The other key element of the model right from the start was the independence of the service run by Relationships Australia from the various interests in the field and from the demands of the adults involved in the case.

In most family law cases there are many interested parties and there is often confusion about basic issues including who is bound by court orders, who has rights or entitlements and what is the relationship between different matters eg. How is access to children related to payment of child support. In the development stage of our CCS and wherever new matters arise we are guided by various sources as well as by our professional knowledge and experience.

We are always clear that we are not a party to orders and need to maintain an independent position. We are neutral in terms of the interests of the various adult parties. We assess each case and offer the service which we think is in the child's best interest regardless of pressure from other parties including formalized directions such as court orders for child contact.

Having said that I also wish to make it clear that our independent position is aligned with the recommendation of experts who have

formulated various documents including guidelines, legislation and international conventions

I was going to look at our interface with the Australian Family Law Act and the UN Convention on the Rights of Children but as time is short I will leave this part and will move onto the early days of the service to give you a sense of how we have arrived at our current model.

Staff

Initially we recruited staff from the Child Care sector to manage the service but quickly had to change our thinking. The senior staff do the work with clients and their legal representatives, usually at times other than when changeovers or visits are happening. We found generally that at least one of the parties was angry or frightened or both and that in fact they are at the difficult end of our spectrum of clients. The workers with only childcare experience were overwhelmed by the difficulties and wanted to screen out any clients who they identified as difficult eg. with a history or allegation of abuse. This would have screened out about 80% of our clients. We then seconded an experienced counsellor from one of our other programs to manage the Children's Contact Service. With workers from social work or psychology backgrounds, where there is an expectation that clients may be difficult, the focus is on helping to resolve problems rather than excluding people from the service.

TRAINING

We also developed program specific training which is provided by the organization.

The first level of training consists of a two day induction session for any staff member who will be working in the program. Topics covered include an overview of the Australian Family Law system, the effects of domestic violence upon family members, working with reluctant clients, managing critical incidents, supporting children during contact transitions, contemporaneous observational note taking and worker self-care. Case studies are often used during the training to highlight situations that are likely to present and to explore issues such as the maintenance of impartiality when working with families who are experiencing high degrees of conflict. This training is usually conducted in groups of between three to eight new staff members.

Monthly professional development sessions and team meetings are scheduled as another level of training.

Our Contact Services also engage in a mentoring system to help develop consistent practices. New staff members are initially invited to observe visits and are then teamed with more experienced team members before working full day shifts at the centre.

ADVISORY GROUP

To both facilitate referrals and to garner as much expertise from the community we set up an Advisory Group. Initially the Advisory Group met monthly; the group included representatives from the Legal Aid Commission, Family Law Practitioners Association, Family Court Judiciary, Family Court Mediation Section, Child and Adolescent Mental Health Service, Community Police, Child Care Education, Child Support Agency, Tasmanian Government Statutory Children's Services as well as senior staff from Relationships Australia.

During the first year we also learnt about the individuality of each case and worked to identify themes which would help us to improve our case planning. We found that most initial approaches were from non-residential parents and were surprised at how many were referred by legal practitioners often before there were any court orders in place.

At the end of that time we were clear that a lot of work was done before the first changeover or visit. We had one case where we did 19 hours of work with the individual parents but never ended up doing a changeover or visit.

The non-residential parent was able to accept that they should not persist at that time with action to see the child face to face. They were helped to develop a plan to start to build a relationship initially through letters and cards, photos etc so that trust could be slowly built.

Experience has also shown us that the work does not end once changeovers or supervised visits have begun. The twenty five changeovers and ten supervised visits which may occur on the weekend have required hours of work by office staff, talking with parents and legal representatives, confirming arrangements and reassuring parents who are anxious, in order to ensure changeovers and visits which are meeting the need of the children.

From the early cases, in consultation with the Advisory Group we developed a Service Agreement. **(OH 2 a b c & d)** Although we started with under twenty clauses in the Agreement, it now has twenty six and all adult parties, not just parents, who use the CCS are required to sign the service agreement. At the assessment stage we work through the new agreement with the adult and find that getting to the point where they are able to sign in an informed manner is a significant part of the work. For example we spent nearly two hours with a non-residential father who has been court ordered to see his child using the Children's Contact Service and who was angry about not being able to take his child home with him. While we are working through the agreement with the father we would be talking with him about the importance of maintaining contact with his child, how he can best support his child in the process and allowing him to express his distress and anger. Most of these parents leave the intake session with an understanding that we are a

neutral service who wants to help them have the best contact with their children possible given the legal constraints.

We treat every contact with clients as a therapeutic contact. This means that staff are always drawing on their professional expertise. The work can be conceptualised using a range of models, in family therapy terms we consider issues such as bridging and matching and modelling, in self psychology terms we would say we are tracking, mirroring and containing and helping to build the core self.

Working through the Service Agreement achieves a number of things –

- We are modelling that complex emotional issues can be broken down into separate components so that the whole situation is not so overwhelming.
- Our insistence on informed agreement also provides some containment, regardless of demands of by parents that we provide service “now”, we demonstrate that the issue is too important to rush
- We are also very clear that we are not bound to offer the service and will suspend service if there are breaches of the agreement. This helps to give anxious, reluctant residential parents some reassurance and reinforces the limit setting.
- Clause 5 and 6 - we also give clear messages that we believe the parties can work together
- And behave responsibly

The end of the assessment phase is marked by the signing of the Service Agreement by both parties or by the decision not to offer the service.

Once the supervised visits or changeovers start each case is monitored and individually planned.

Case Management

One useful tool to facilitate case planning including the allocation of sufficient resources to any case has been a complexity rating developed by Relationships Australia, Tasmania **(OH 3a & b)**

All cases are rated on the following variables

- 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.

On going case management also often involves liaison with other parties such as the Courts and Child Separate Representatives. We worked with Justice Boland who developed a guideline to facilitate referral to services

and to clarify the relationship between the services and the legal system whilst families are involved in both.

The Guideline is intended “to raise” awareness and improve knowledge of both the court personnel and CCS personnel about the process and procedures of the respective services ¹.

The Guideline is an excellent document and I can arrange to send a copy to anyone who would like to request it, email is probably easiest.

In Tasmania, which has a population of under 500,000 we have been able to establish relationships with the resident Family Court Judge and Federal Magistrate. In the early days of service delivery we invited the local judge to visit the service and meet with staff to see and hear about how the service works. This meant that orders were usually framed to take into account the capacity including opening times of the organization to offer the service and sufficient time to assess the case.

The close working relationship with the Court personnel has helped to highlight the neutrality of the CCS. Clients often mistakenly assume that the CCSs’ are bound by the orders of the court and this problem is exacerbated if orders don’t make it clear that the service will independently assess whether or not they are prepared to offer the service and whether they will continue to offer the service if they consider it is not in the child’s best interest.

Appropriate Organisational Culture

The Australian Government evaluation of the first ten funded CCS by Strategic Partners (1998) summed up the aspects of the sponsoring

organization which have a major influence on the way the service developed (p117) 2.

The features of the sponsoring organization identified as critical features which influence an organizations ability to provide a service which is focused on a child's best interest are:

Commitment to the service

Understanding of the implications of Domestic Violence

Child and Family focus

The range of supportive services offered by the organization

Strong external network

Clear documentation

Child Focused environment

Consistent practical supervision and training

A planning approach which integrates research and evaluation

In summing up I would just like to emphasis that we believe the child's best interest in a Children's Contact Service is most likely to be achieved by using a model which is based on relationships and independence.

1 *Guidelines For Referrals From Family Courts To Children's Contact Services* , Draft, Family Court of Australia, Melbourne, September 2004.

2. Strategic Partners *Contact Services in Australia-Research and Evaluation Project* Melbourne 1998, pp109-111.

Attachments:

OH 1

**“Relationships Australia, Tasmania working to develop and enhance personal, family and community relationships”
Supervised Visiting Service Agreement**

OHS 2 a b c d

I would like to apply to use the Children's Contact Service and have read and accepted the following terms and conditions which apply to the use of the service.

Identification

1. I agree to submit relevant personal information including a photo on file for identification purposes.
2. I understand that the Children's Contact Service will only allow authorised persons to visit or collect children from the Centre for contact. "Authorised" means that the person has been agreed to by both parents prior to the visit, his or her photo is on file and (s)he has signed the Service Agreement.
3. In the case of an emergency, I agree to the Service Supervisor authorising another party to deliver or collect the children as required.

Administration and costs

4. I understand that I may be required to meet with the Service staff after using the service a number of times for the purpose of reviewing the contact arrangements and to plan for the further use of the Service.
5. I understand the schedule of fees for the Service and agree that I will pay fees for use of the Service, as negotiated. I understand that these fees may be changed as required by the Service
6. I understand that both parties are considered equally responsible for payment of service costs unless there is a written agreement to other effect'
7. I understand that should I fail to pay fees, that my use of the service may be suspended until payment is made.

Punctuality

8. I will always attempt to be at the Children's Contact Centre on time for the visit. (On time means within 5 minutes of the appointment).
9. I will notify staff at the Centre if I am delayed for any reason.
10. (For the visiting parent) I understand that if I am more than 20 minutes late and have not notified the Service, the Supervisor
 - will advise the other parent.
 - may arrange to return the child(ren) to the other parent.
 - may not arrange an alternative visit for that weekend.
11. If I am late in collecting my child, a fee may be charged to cover the costs of the extra staff time required.

Conduct of supervised visit

I understand that whilst using the Centre, the following rules will apply to myself or any other accompanying adult:

12. I will abide by all instructions regarding entry and exit points, times of arrival/departure.
13. I will not seek personal contact with the other parent inside or outside the Centre, unless otherwise arranged.

14. A staff member will be present at all times in the room or playground and (s)he will be happy to discuss his or her role during the visit.
15. All toileting of children will be supervised.
16. I will refrain from discussing or commenting on the other parent, contact arrangements or other family law matters in front of my child(ren). Such matters can be discussed with office staff during office hours.
17. I will accept staff members' guidance on appropriate topics of conversation with my child(ren).

Grounds for discontinuing the visit and/or withdrawing the Service

The Co-ordinator reserves the right to withdraw the use of the Service temporarily or for longer periods, at their discretion as follows:

18. If a parent persists in discussing inappropriate matters in front of children or staff.
19. If a parent displays anger or makes threats towards the other parent or displays any behaviour perceived as threatening or inappropriate towards children and staff at the Centre or at the Service

In this event, the supervisor may refuse to allow the parent to remove the child from the Centre unaided.

20. If a child is unwilling to participate in the visit or shows other signs of distress. If such behaviour persists, the Service may be discontinued altogether for the time being.
21. In the event of an (attempted) abduction of a child the Police will be notified immediately.

Records and reports

22. I understand that the Service will pass on information to the other parent regarding the child's use of the service, if such information is considered to be in the interests of the child.
23. I understand that the Service is happy to facilitate the exchange of information between parents at the time of the visit but that any messages, whether verbal or written are to be strictly limited to information about children and their needs.
24. I agree to allow the Service to keep a copy on file of any Court Orders relating to family law matters involving myself and my child(ren).
25. I understand that the following information may be recorded on file and reported on:
 - a) observational information regarding children's and parents' use of the Service
 - b) telephone conversations with service users
26. I understand that all other information kept on files is confidential and subject to privilege under Section 19N of the Family Law Act.

OHS 3 a and b

**Parents in Contact/Childrens' Contact Service
Case Complexity Scale**

1. **Compliance** (willingness to use the service)
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Voluntary _____ Involuntary _____
2. **Conflict with x-partner**
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Low _____ High _____
3. **Power & Control** (Family violence, abuse, dominance/submission)
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Low _____ High _____
4. **Lack of separation of own from children's needs**
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Low _____ High _____
5. **Inflexibility - inability to negotiate,**
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Low _____ High _____
6. **Additional high indicators** (score 2- 5 if yes)
- Allegations of child abuse
 - Allegations of inappropriate/neglectful parenting
 - Record of poor impulse control / domestic violence
 - Psychiatric disorder (PTSD, Depression, Schizophrenia etc)
 - Intellectual disability
 - Other medical conditions: epilepsy, communicable diseases, drug & alcohol addiction

Total score for Nos 1-5 (Max score is 50) _____

Score for No 6 (Max score is 25) _____

CASE TOTAL _____