

25 November 2021

Ms Kathleen Denley
Assistant Secretary
Family Law Branch
Attorney-General's Department

By email: flsisection@ag.gov.au

Children's Contact Services – Methodology to select locations for additional services – comments

Dear Ms Denley

I am writing to comment on the proposed methodology to select locations for additional Children's Contact Services (CCS). Relationships Australia has for some time advocated for funding to establish additional CCSs, and to enhance the services provided by CCSs to support families to build parenting capacity (rather than functioning narrowly as monitors or supervisors of contact).

For several years now, Government-funded services have been unable to meet demand, both in terms of existing locations and in terms of emerging locations with a need for a CCS. This is partly attributable to increased awareness, and identification, of risk, and to families needing supervised (rather than unsupervised) contact for longer periods. There is general agreement among providers and users that existing CCSs are desperately underfunded:

- causing unacceptable delays in accessing services, often to the point of preventing parents from spending any time with their children, despite the courts having ordered that contact be facilitated – this is a source of deep pain and frustration, and undermines parents and courts
- preventing Commonwealth-funded CCSs from realising their full potential as enablers of healthy and resilient parenting, and
- incentivising the use of unsupervised providers of uncertain quality and safety.

By definition, each child referred to a CCS has already faced many adverse childhood experiences, yet this service stream is perhaps the most inadequately funded, innovated and researched. The consequence of these gaps is that the most vulnerable children are the ones most at the mercy of facilities that, because of resource constraints, are barely able to carry out the most minimal of their intended functions.

Accordingly, Relationships Australia warmly welcomed the provision, in the 2021-2022 Budget, of a funding boost, and the Government's intention to establish new CCSs. We very much appreciate the opportunity to comment on the draft methodology for selecting new sites. This brief submission canvasses views expressed by our Federation's member organisations.

Comments on proposed methodology

Relationships Australia considers that the proposed methodology is, overall, sound, and we suggest that the following criteria should also be reflected in the selection of sites for new CCSs:

- waiting lists for existing CCSs, as indicating whether a location is under-served relative to demand
- the needs of First Nations communities, including in regional, remote and ultra remote locations
- while the methodology refers to proximity, we would encourage a more precise focus on travelling time to CCSs – some of our members report that, in certain locations, families must drive or be on public transport for up to seven hours each way to a CCS; this is problematic for a range of reasons, including:
 - the inherent difficulties of subjecting children to such lengthy trips
 - travel restrictions imposed to contain COVID-19 outbreaks, and
 - dependence on weather or other environmental issues that may affect the ability to travel
- in addition to the consideration of pathway services described in the proposal – qualitative and quantitative data from other agencies and services which may be regarded as ‘pipelines’ leading towards a court ordering supervised contact, including data and records from the Federal Circuit and Family Court of Australia (for example, from its Evatt and Magellan Lists), child protection, local police, and magistrates and specialist family violence courts, and
- prevalence, within given locations, of large families with multiple co-morbidities.

Finally, face to face service delivery should be considered the mainstay or ‘core characteristic’ of CCSs. While pandemic experience has demonstrated that online service delivery of CCS-type services can be a valuable add-on, there are strong safety, child development and therapeutic reasons to continue to centre face to face services. The value that CCSs offer through face to face connection is expressed in client feedback such as:

I avoided the contact centre for nearly 2 years due to not wanting to expose my children to social workers and the experience of "a contact centre & supervised access" I saw it as this monster that I didn't want my children to be exposed to, to have it in their memories and psyche. What I have found is it is a safe and warm place of solace for the kids and I. I am spoken to and told in general "kids had fun". Staff communicate with me! :) On our first visit the workers knew the kids medical history and listed off everything I'd told another worker. It was amazing to have the communication. It is the complete opposite of what I thought it would be. It has been a saving grace for us. (There's no build up of tension of what's going to happen). Looking back, trying to navigate what was happening before was what I'd never want my children to see or be exposed to. If I had my time again I'd do the child contact centre much earlier. THANK YOU!!"¹

Children's Contact Services for the future

We have advocated, in submissions to Parliamentary inquiries, the Australian Law Reform Commission, and to the Attorney-General's Department, that CCSs should be re-positioned to offer more interactive

¹ Consent given to use comments in publications and reports.

opportunities for parents to learn and enhance parenting skills, as well as offering warm referrals to other specialist services. There are already CCSs that seek to offer enhanced services to build parenting capacity, and which have had success in moving families from 'high vigilance needs' to 'low vigilance needs' through, for example, facilitating Supportive Parenting Groups.

We have elsewhere expressed our concerns about absence of regulation for children's contact services, which has the potential to put children at risk (see, in particular, our response to the Department's consultation on accreditation of CCSs – email to Ms D Orr from Dr S Cochrane, 17 May 2021). We would welcome the opportunity to discuss this with you further.

We would urge Government, as a matter of priority, to fund CCSs to move beyond providing supervised contact to services that support parenting, with gradual reductions in services to families as their parenting capacity is supported and promoted by the CCSs. We acknowledge that this would involve considerable expenditure; however, the current pattern of spending money on expensive short-term supports for fragile families in crisis only guarantees an ongoing need for recurrent spend into the next generation. It does not enable the community to reap the social, cultural and economic benefits of healthy families (separated or intact), or to enjoy the downstream savings delivered by lower expenditure on health and intergenerational social welfare dependency. Properly funded and re-conceptualised CCSs would:

- collaborate with other specialist services
- offer long-term support for higher needs families with complex needs (something not addressed by current CCSs operating as standalone services)
- offer parenting education and other services, and
- proactively transition families from high to lower need, and ultimately, to self-management.

Finally, there is often an expectation (including from the Court) that CCSs offer case management services, particularly in respect of families presenting with multiple co-morbidities and needing services from multiple providers. This goes beyond warm referrals, to active case management and co-ordination. This work is presently unfunded, and adds to the workload of CCS workers.

Case study - Relationships Australia New South Wales

The four CCSs run by Relationships Australia New South Wales have implemented a process in which parents who have undertaken an approved parenting course (eg 'Parenting After Separation' or 'Circle of Security', and who have attended the CCS for six months, may be selected to attend a low vigilance service. These services have a reduced ratio of staff to children, and included ongoing parent education sessions held before and after the children attend. The topics for the parenting education are developed by the parents themselves, in partnership with staff. Having the capacity to move parents to a low vigilance service has contributed to reduced waiting times and transformed the relationship between staff and parents to one which is described by parents as more collaborative. Most important, parents have been supported, through development of improved parenting and communication skills, to move towards self-management of contact with their children.

Conclusion

Thank you again for the opportunity to contribute to this vital programme development. Should you wish to discuss any aspect of our comments, please do not hesitate to contact me at ntebbey@relationships.org.au or our National Policy Officer, Dr Susan Cochrane, at scochrane@relationships.org.au. Alternatively, we can be reached by telephone on 02 6162 9300.

Kind regards

A handwritten signature in black ink, appearing to read 'Nick Tebbey', with a stylized flourish at the end.

Nick Tebbey
National Executive Officer