

Children's Contact Services

Key issues

Jo Commerford and Cathryn Hunter



Children’s Contact Services (CCSs) are designed to provide a safe, supervised environment for children to spend time with the parent they do not live with, or to facilitate the transfer of children from one parent to another, in circumstances where parents are not able to manage their own parenting time arrangements. This paper is intended for those working in CCSs as well as those working in areas that intersect with CCSs such as family mediation, family law and counselling. It identifies the characteristics of families using CCSs, and key issues in service provision that were identified through a search of Australian and international literature. The issues focused on are: understanding the best interests of children in the context of CCSs; the challenges in working with families to move to self-management of their parenting time; and the potential benefits of an integrated social services model as a strategy for addressing these issues. This paper also highlights the dearth of research investigating outcomes for children and families using the services.

KEY MESSAGES

- Families who use CCSs tend to be experiencing high levels of conflict and multiple and complex issues such as family violence, mental health problems and substance abuse.
- It is unclear from the research whether the “best interests of the child” are being met through the provision of supervision services, although in the limited research available many children express positive views about their experiences using these services.
- The family law system plays a crucial role in the CCS process with the majority of cases being referred through a court order. It is unclear how recent changes to the *Family Law Act 1975* (Cth) (FLA) will affect the number and types of families using CCSs.
- The research suggests that only a small number of families move to self-management of parenting time arrangements, with many leaving the service for other reasons or remaining in the service for long periods of time.
- There are families for whom safe self-management of parenting time may never be possible due to the complexity of the problems these families face and the degree of risk—often related to violence and abuse and parental incapacity (e.g., substance misuse and untreated mental illness).
- An integrated social services model is recommended for working with families to assist them in transitioning to self-management.
- There is a lack of longitudinal research exploring relationship, safety and wellbeing outcomes for children and families who use these services. Further to this, research exploring how CCSs operate is underdeveloped.

Aim of the paper

The aim of this paper is to provide practitioners and policy makers with an outline of some of the key issues highlighted in the research. It is not intended to be an exhaustive review of the literature. The paper begins by providing a brief overview of the service that Children’s Contact Services provide. It then discusses the characteristics of families who are using the service and identifies some of the challenges they face. The remainder of the paper focuses on issues that have been highlighted in the research: understanding the best interests of the child in the context of CCSs; challenges with assisting families to move to self-management of parenting time; and, the potential benefits of an integrated social services model.

What are Children’s Contact Services?

Children’s Contact Services¹ are independent services that enable “children of separated parents to have safe contact with the parent they do not live with, in circumstances where parents are unable to manage their own contact arrangements”² (Attorney-General’s Department, 2014, p. 2). The key objective of CCSs, as outlined by the Attorney-General’s Department (2014), is to give children the opportunity to re-establish or maintain a relationship with both parents and other significant persons in their lives, while the key goal of CCSs is to help families using the service make the transition to self-managing their parenting time arrangements, when this is a possible and safe option for the family.

In high conflict post-separation situations, supervision services allow children and non-residential parents³ to spend time together in a supervised environment, and facilitated changeover services enable parents to hand over the care of their children between one another without meeting (Sheehan et al., 2005). Families may use CCSs for facilitated changeover services in cases where parents are unable to meet without conflict, and supervised time services when there is a perceived or actual risk to the child if they were to spend unsupervised time with a parent (Attorney-General’s Department, 2014; Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2012). Circumstances that may necessitate the use of CCSs include but are not limited to:

- a lack of parenting skills or experience by one parent;
- the re-introduction or introduction of a parent;
- intractable conflict between parents that affects children during the facilitated changeover period; and
- allegations of abuse of a parent and/or child (Attorney-General’s Department, 2007).

Depending on the family situation, supervised time can occur in the child protection context, after it has been determined that the child is in need of protection, or in the context of child custody disputes occurring after parental separation or divorce (Saini, Van Wert, & Gofman, 2012).

CCS guidelines and standards for service delivery

There are two main documents guiding the operational practices of CCSs. Released in 2014, the Attorney-General’s Department’s Children’s Contact Service Guiding Principles Framework for Good Practice (the Guiding Principles) provides an outline of the operational requirements and practice principles that government funded CCSs are required to follow. Non-government funded CCSs, also known as private CCSs, are encouraged to follow the principles however this is not a requirement. The Australian Children’s Contact Services Association (ACCSA) noted that there is an increasing number of privately operated CCSs in Australia who “do not operate under any form of regulation or standard” (ACCSA, n.d., p. 1).

ACCSA is an independent, voluntary association for CCSs, currently listing a total of 86 government-funded and private CCSs as members across Australia (ACCSA, 2015). ACCSA published the Standards for Children’s Contact Services (the Standards; 2008), which is a non-mandatory document that recommends minimum practice standards expected of CCSs in Australia. The standards encourage and assist ACCSA members to offer high quality services underpinned by the following principles:

- promoting the welfare of the child;
- independence;
- accessibility;

1 Children’s Contact Services is used interchangeably throughout the report with “supervised visitation services” and “supervised access services” based on the country of origin of the research being discussed.

2 The term “contact” has been replaced in the *Family Law Act 1975* with “the time a child is to spend with another person” (s 64B). Within the current paper the terms “time” or “parenting time” are used interchangeably to indicate time spent with the parent the child does not live with. Within the context of the paper this generally refers to time spent in supervised visitation.

3 Non-residential parent is used throughout the paper to refer to the parent that the child does not live with. Terms such as “minority-time parent”, “contact parent” and “spends-time with parent” are used in other contexts however for ease of readability this paper uses “non-residential parent”. Residential parent is used in this paper to refer to the parent the child resides with. In other contexts the residential parent is also known as the “lives-with parent”.

- centres that are welcoming and safe places;
- facilitating both parent–child interaction during visits and the resolution of parent–parent interaction issues; and
- providing links to other service providers (ACCSA, 2008).

Privately run CCSs can be members of ACCSA and choose to follow the principles outlined in the Standards and the Guiding Principles, however, as noted above, there is currently no mandatory requirement to do so.

Box 1: Methodological considerations

One of the key issues in exploring the provision of CCSs is the lack of empirical evidence regarding their effectiveness in providing a safe environment for children to strengthen relationships with non-residential parents and in encouraging families towards self-management of their parenting time. There is a dearth of studies exploring CCSs, particularly longitudinal research assessing associations between supervised parenting time and safety and wellbeing outcomes for children and parents using the services. Of the limited research available only two studies were Australian and neither were longitudinal. The findings in this paper draw heavily on one of these—a large scale, mixed methods study by Sheehan and colleagues (2005), which was undertaken more than 10 years ago.

Further to this, international research identified for the paper, largely from Canada, the United States and the United Kingdom, is based on supervised visitation programs and court systems that may vary from those in Australia, both in their approach and services offered, therefore comparisons should be interpreted with caution.

Families using Children’s Contact Services

Australian and international research has highlighted some shared experiences and characteristics of families using CCSs, where in many cases families have experienced a range of complex issues. Sheehan et al.’s (2005) Australian study surveyed 396 families and interviewed 142 CCS stakeholders (including representatives from government and industry, referral agents such as lawyers, CCS staff and parents). They found that 70% of families had at least two serious personal or relationship problems. Domestic violence was reported in 45% of families and alleged or substantiated child abuse by the non-residential parent had occurred in 33% of families surveyed (p. 40). Further to this, CCS staff reported that 90% of families were in need of at least two additional support programs (Sheehan et al., 2005). Across all families surveyed, only five families, or 1%, presented with no serious issues (Sheehan et al., 2007b).

International research has reported similar findings. For example, Kelly (2011) studied the characteristics of families ordered to use supervised access in two Canadian provinces and found the profile of families to be complex. Most families presented for supervised visitation with two or more personal or relationship problems such as domestic violence, child abuse, poor parenting skills, mental illness, risk of abduction, reintroduction of a parent, drug or alcohol abuse and entrenched conflict between the parents (Kelly, 2011; Oehme & O’Rourke, 2012). In most cases families presented with between two and five of these issues; families who were referred with just one of these issues accounted for only 10% of cases (Kelly, 2011).

Similarly, research from the US found that the majority of children using supervised visitation centres had experienced more than one trauma, such as being a witness to domestic violence or parental substance abuse, physical or sexual abuse, or neglect (Pulido, Forrester, & Lacina, 2011). Domestic violence was present in 70% of US families using supervised visitation (Flory, Dunn, Berg-Weger, & Milstead, 2001; Pulido et al., 2011) and verbal aggression was found to have occurred in more than 90% of families (Flory et al., 2001).

Further to this, many families using CCSs face financial and logistical challenges. CCS users in Australia tend to live in areas with higher levels of disadvantage than the general population; 62% of CCS users reside in the most disadvantaged 50% of areas, compared to 43% of the general population (The Allen Consulting Group, 2013). Larger numbers (65%) of mothers using government-funded CCSs depended on government benefits as their main source of income, compared to smaller numbers of fathers (20%; Sheehan et al., 2005). Logistical challenges were faced by Australian families using CCSs, with non-residential parents using regional centres being significantly more likely to travel long distances (100 km or more) to use a service than parents using a metropolitan service. Approximately one in five non-residential parents using a regional CCS travelled more than 100 km to attend a contact visit (Sheehan et al., 2005).

The characteristics detailed above highlight the complex profile of families using CCSs both in Australia and internationally. Families are more likely to live in disadvantaged areas than the general population and commonly have two or more serious personal or relationship problems, including experiences of family violence and child abuse. This places the majority of CCS families into the high risk or higher risk factor category of users as per the guidelines for service provision in the ACCSA Standards (2008; See Box 2). This, plus the financial and logistical challenges facing these families, has implications for all aspects of CCS service provision.

Key issues in the provision of service to families, identified through a search and review of Australian and international research into supervised visitation, highlight how the complex range of issues affecting families influence considerations of whether the best interests of the child are being met through use of the CCS for supervised visits and facilitated changeover, and the ability of families to move to self-management. These issues further highlight the need for an integrated social services model which is considered as a strategy for working with families using the CCS. These issues are discussed in the following sections.

Box 2: ACCSA's overview of family circumstances and required levels of supervision

The ACCSA Standards (2008) outline the main types of supervision that can be provided to families in the CCS. This is based on an assessment of the family's level of risk:

- *Low risk factors:* families for whom a comprehensive assessment has been undertaken, and a series of positive visits has been previously recorded, resulting in the conclusion that there is a low level of risk associated with the family (for instance the family has low degrees of conflict or low risk of abduction). The CCS provides general monitoring (onsite or off-site) of visits or facilitated changeovers and aims to promote healthy relationships that can be independently managed outside of the CCS.
- *High risk factors:* families who may have high degrees of parental conflict, lack of parenting skills, manageable abduction risks, low risk of potential violence, and cases where the parent's substance abuse or psychological problems are being effectively managed. The CCS provides assistance to ensure the safety and welfare of the child and parent at visits and facilitated changeovers, and supports the child–parent relationship. Moving to independent management of parenting time in some cases is considered possible in the medium/long term.
- *Higher risk factors:* families who have more serious levels of risks are in this category where allegations of family violence or sexual abuse are potential issues. It is recommended that the CCS should only accept families with these risk factors into the CCS if they are equipped to provide highly vigilant supervision using highly skilled supervisors who are, for instance, trained in family violence or sexual abuse. In the majority of these cases the prospect of progressing to independent management of parenting time will not be a viable goal in either the mid- or long term. If these families do use the service, it is recommended the CCS continually review the appropriateness of offering the service.

Are the “best interests” of the child being met in CCS service provision?

Over a decade ago, Jerry Dunn and colleagues (2004) in the US, discussing custody and visitation disputes noted:

Although well-intentioned, the “best interests of the child” concept is at best elusive and at worst indeterminable. This is particularly true when children’s parents are involved in high-conflict post-separation custody and visitation disputes. (Dunn, Flory, & Berg-Weger, 2004, p. 60)

With a lack of longitudinal studies exploring outcomes for children and families who use CCSs, there is still little evidence of whether the best interests of the child are being met.

There is a lack of knowledge regarding the safety and wellbeing outcomes for children and families who have used the CCS. In high-risk family environments, particularly where there is a risk of domestic violence or allegations of child abuse, CCSs offer the family law system a way to grant regular time with both parents while minimising the child’s exposure to harm (Sheehan, Dewar, & Carson, 2007a). But without longitudinal studies following the families who use the service there is little evidence to identify whether the service does in fact minimise the child’s exposure to harm. Over the last decade, researchers have consistently called for more research into the long-term outcomes for families who have used CCSs, to investigate if the use of CCSs is in the long-term best interests of children and families.

Underpinning concerns over whether the use of the CCS is in the best interests of the child is the complexity of the families. Kelly (2011), discussing the Canadian context, noted:

[Supervised access] can do an excellent job of offsetting risks associated with poor parenting skills and parental drug and alcohol use [however] ... few of the families involved in supervised access arrangements present with only one issue. (p. 308)

Similar to Australian families using the service, most had a complex array of parenting and relationship concerns, and in the majority of cases violence and/or child abuse was a factor (Kelly, 2011). In Kelly’s analysis of family law judgments over a 2-year period, it was found:

Courts give very little attention to the gravity of the conflict, presuming that access is almost always in a child’s best interests and that supervision addresses all risks equally ... [however] the research findings are far less clear than the judges suggest. In high-conflict families and families where domestic violence is present, ongoing access between children and violent parents may actually increase the risk of harm to children. (p. 308)

Supervised visitation services, or CCSs, are built on the assumption that children will benefit from contact with their parents, especially during periods of transition or stress (Saini et al., 2012). For high conflict families, however, the benefit upon child development of maintaining the parent–child relationship may not be as clear as it would be for families in which there is no violence or conflict (Birnbaum & Chipeur, 2010).

In summarising the limited, often methodologically problematic and equivocal research on post-separation contact (with non-resident fathers in most cases) and child wellbeing, Gilmore (2006) highlighted that after family separation, whilst most children do want continuing contact, there are several other factors beyond contact time alone that may be important for children’s wellbeing, including:

- the quality of the relationship with the non-resident parent;
- having at least one authoritative parent who can set appropriate boundaries and use consistent and effective non-violent discipline practices;
- the relationship between parents and the level of parental conflict; and
- the influence of the resident parent (in lessening adverse effects of the separation and also potentially as a gatekeeper to contact).

Research linking the quality of the relationship between children and their non-residential parent to children’s outcomes has been more consistent than the effect of frequent contact on children’s

levels of adjustment (Dunn, 2004). Further to this, although not specifically investigating families using CCSs, Australian research exploring the experiences of families post-separation has reported that for a number of families violence and safety concerns continue to be experienced well after separation, up to 5 years later in some cases (Qu, Weston, Moloney, Kaspiew, & Dunstan, 2014). Considering the high rates of family violence reported amongst families using CCSs it is likely that some parents and children are experiencing ongoing violence. Such findings point to the potential inaccuracy of assuming that contact with a non-resident parent, in and of itself, will always be in the best interests of children (Caffrey, 2013; Pryor & Rogers, 2001; Smart, Neale, & Wade, 2001; Smyth, 2004). In Australia, recent amendments to the *Family Law Act 1975* (FLA) commencing in 2012 were made to require courts to accord greater weight to “the need to protect children from physical or psychological harm from being subjected to abuse, neglect or family violence” (FLA s 60CC(2)(b)) over “the benefit to the child of having a meaningful relationship with both of the child’s parents” (FLA s 60CC(2)(a)) when considering the best interests of the child in parenting matters.⁴

CCSs, the family law system and the best interests of the child

The courts play a crucial role in the CCS process, particularly in relation to the families they order to use CCSs and in considering what is in the best interests of the child. Fehlberg and Hunter’s (2007) analysis of data from Sheehan et al.’s (2005) Australian survey of cases indicated that, in 80.6% of cases, referral to CCS was made by court order. These court orders made for supervised time or facilitated changeover could be made at the interim stage of court proceedings, or as final orders, and could be made by consent (with the agreement of the parties) or by judicial determination.

Concerns have been raised in research from the United Kingdom, Canada and Australia regarding the courts use of the CCS for assessing the risk of harm that contact may pose to children. Judges interviewed in England and Wales saw supervised time as a way for parents to prove themselves capable of appropriate parenting behaviour, and in a smaller number of cases, as a diagnostic tool to determine if contact should go ahead (Perry & Rainey, 2007). A concern for the study authors was when the pro-contact approach of the courts, focusing on the long-term benefits to the child of having parental contact, interferes with welfare considerations for the child in the short term (Perry & Rainey, 2007). In Canada the concern was raised that judges may see ordering supervised access as a *compromise* in cases where visitation should have been terminated until the non-residential parent received the help they required. Furthermore there were concerns that supervised access should not be used as a parenting time assessment in child custody cases (Birnbaum & Chipeur, 2010).

Similarly, Australian research (Sheehan et al., 2007b) identified a tension between the courts giving interim orders for supervised time and the best interests of the child. The authors highlighted a clash between the stated child-centred focus of CCSs and their operational reality: facilitating contact between parents and children in what can be a high-risk set of circumstances. In Australia at the time of the Sheehan et al. (2005) study, the most common type of order for supervised parenting time or facilitated changeover services was an interim order, with almost twice as many interim orders made as final orders (Fehlberg & Hunter, 2007; Sheehan et al., 2005; Sheehan & Carson 2006). Data from the study indicated that in some high-risk cases the courts may have been unwilling to prevent contact at the interim stage even in cases where allegations of severe maltreatment, violence or abduction had been made. The supervised time may have been ordered to determine the risk of harm to the child that contact may pose in the controlled environment of the CCS. Sheehan and colleagues (2007b) argued that this itself might be of harm to the child.

Section 60CC of the FLA provides guidance when determining what is in the best interests of the child in the context of post-separation parenting arrangements. Amendments made to the FLA in 2006 enshrined the right of the child to “spend time on a regular basis” with both parents. These 2006 amendments also introduced a rebuttable presumption to be applied by the court when making a parenting order that “it is in the best interests of the child for the child’s parents to have equal shared parental responsibility” (s 61DA). This guiding principle of equal shared parental responsibility has

⁴ See FLA s 60CC(2A) and s 60D.

impacted the growth of CCSs in Australia by encouraging a pro-parent–child contact environment (Sheehan et al., 2007a). However, the “protection from harm” primary consideration in s 60CC(2)(b) (noted above) was also introduced by the 2006 amendments. In addition, when making a parenting order, a court must also ensure that it “does not expose the child to ‘an unacceptable risk of family violence’ (s 60CJ) [or abuse or neglect]. To achieve this the court may impose conditions and safeguards it considers necessary” (Sifris & Parker, 2014, p.10).

As noted above, amendments to the FLA commencing in 2012, further amended the Act to prioritise the protection of children and families who are at risk of violence and abuse (*Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011*; Attorney-General’s Department, 2012). Prior to the introduction of the 2012 family violence amendments there “were no specific provisions in the legislation which prioritised protection from harm over the need for a child to have a meaningful relationship with both parents” (Sifris & Parker, 2014, p. 5). When determining if contact between parents and children is in the best interests of the child, the 2012 family violence amendments helps “people within the family law system to better understand, disclose and act where there are family violence and child abuse concerns” (Attorney-General’s Department, 2012, p. 1), giving greater weight to protecting children from harm.

It is unclear as yet how the 2012 amendments to the FLA will impact on the number and characteristics of families ordered to use CCSs, particularly if this will equate to less families with experiences of family violence being ordered to use the CCS, or more families if the CCS is interpreted as a suitable “safeguard”. Research is needed to further understand the effects of the amendments on the provision of CCSs.⁵

An issue closely related to the courts’ use of the CCS as an assessment tool is how observational reports made by CCS staff may be used in court decision-making processes. This is discussed further in Box 3.

Children’s experiences of supervised visits

With regards to understanding what is in the best interests of the child in CCSs, there is very limited research directly exploring *children’s* understandings and experiences of CCSs. What is available suggests that whilst many children report having positive experiences of supervised visits, some have ambivalent feelings (Fitzgerald & Graham, 2011; Sheehan et al., 2005; Szirom, Jaffe, McIntosh, & Holmes, 1998).

An Australian qualitative study of 13 children (Fitzgerald & Graham, 2011) addressed children’s views of their involvement in decision-making processes regarding supervised visits. Nearly all of the children stated that:

- the decision to use the CCS was made without them “having a say”;
- that they were confused over the roles of different adults;
- that they were given no information regarding the CCS and did not understand what CCSs were prior to their first visit; and
- they felt they did not have anyone to talk to about their feelings and experiences of supervised contact.

The children interviewed felt the most important component of “having a say” was being listened to, and the majority of children believed “having a say”, was something all children should have. Having a say in the decision to attend supervised contact however, was not something that all children *wanted*, with some children being highly ambivalent about “having a say” for reasons such as fear or concern over their parent’s response and believing that adults have the responsibility. The study suggested practitioners rethink ways to strengthen the capacity of children to be involved in decision-making. Sheehan and colleagues (2005) also reported that some stakeholders felt that children’s (particularly *young* children’s) voices were not always heard in relation to supervised parenting time arrangements.

⁵ A large-scale project has been undertaken by the Australian Institute of Family Studies examining the impacts of the 2012 amendments to the *Family Law Act 1975* in the area of family violence. The Evaluation of the 2012 Family Violence Amendments project is not specifically focusing on the impact of the amendments to the FLA on CCSs, however it may provide some insight. For further information see <aifs.gov.au/projects/evaluation-2012-family-violence-amendments>.

Box 3. Use of CCS workers' observational reports in decisions regarding the best interests of the child

Notes taken by staff during supervised visits can be admitted as evidence if requested by one of the parties at court (Birnbaum & Chipeur, 2010). ACCSA's Standards state the reports provided to the court should be of an observational nature, and include opinion only when the person writing the report is formally qualified. The Standards state that it is generally inappropriate for CCS staff to provide evaluative or professional opinion reports on visits (ACCSA, 2008).

Concerns have been raised regarding the use of observational reports by the court. For example, discussing the use of observational reports as evidence in Florida, Oehme and Maxwell (2004) stated:

This trend is troubling because it creates the ethical "trap of the good visit" ... [where] highly orchestrated visits, governed by rules that the parents are frequently informed of before and during visitation to ensure compliance and make the child feel safe, are later used as evidence that unsupervised visits would likewise proceed satisfactorily. (p. 47)

Oehme and Maxwell claimed that one of the parties at court, and the court itself, often want the reporting visitation staff to "extrapolate from the visit how the same parent would act with the child if the visit had been unsupervised" (p. 47); however consider this a concerning practice as these staff are not licensed mental health practitioners.

Using CCS observational reports at court may be a particular concern for families with experiences of family violence, where "it is imperative to remember that non-problematic visits do not indicate safety for the mother and children between visits" (Parker, Rogers, Collins, & Edelson, 2008, p. 1322). Parker et al. (2008) also argued it is possible that "batterers" could alter their behaviour to present themselves in the best light if they knew observational reports were being taken, suggesting that "the quality of the visits can change significantly when batterers clearly understand that the [supervised visitation centre] will not provide written parenting evaluations or recommendations to the court" (p. 1322).

Using these observational reports in court to assist in making decisions about future parenting time arrangements could therefore be problematic to making decisions in the best interests of the child, particularly in cases where family violence has been present.

Although expressing ambivalence about the decision-making process regarding supervised visits, most of the children in Fitzgerald and Graham's study reported enjoying their experiences of supervised visits (Fitzgerald, 2007). Reasons given by children for their enjoyment of the supervised visits included that they liked seeing their non-residential parent, felt safe during contact, and that the centre was fun. Some expressed ambivalence and found the supervised visits to be difficult for a range of reasons including: sadness and a sense of loss; a lack of choice about contact arrangements; not liking visits being supervised; no one to talk to about supervised visits; supervised visits disrupting everyday life; not enough time for visits; and not enough activities for older children (Fitzgerald, 2007).

Reporting similar findings, Sheehan and colleagues (2005) found that the majority of children interviewed (24 mostly adolescent children aged 5–15 years) identified wanting to spend time with their non-residential parent, enjoying their visits, and feeling safe and supported by staff while in the centres. The authors did note, however, that it was possible that children who did not feel this way may have stopped using the CCS and therefore would not be represented in the study.

There were a small number of children in the Sheehan et al. (2005) study for whom the use of the CCS and any supervised visit may not have been in their best interest. There were children who reported wanting no further contact with the non-residential parent and the authors reported that some children were still exposed to conflict between parents and potentially abuse from the non-residential parent even when attending the CCS (Sheehan et al., 2005). The authors further noted that attending contact where there has been a history of abuse or family violence may send the

message to children that child abuse and domestic violence are acceptable and may re-traumatise children who have experienced abuse. As noted previously, the 2012 amendments to the FLA may affect orders for supervised time under circumstances of abuse or violence but as yet there are no data available on this.

Outcomes for children and families

One of the biggest concerns with understanding whether supervised time is in the best interests of children is the dearth of longitudinal research following families and children through the service and beyond. There is a lack of understanding of how attending the service may impact children's relationships with non-residential parents and their ongoing safety and wellbeing after leaving the service. This is despite CCSs operating in Australia, the United States, Canada and the United Kingdom for many years. In both child protection and child custody dispute contexts there is a "complete dearth in methodologically sound studies addressing the outcomes of supervised visitation" (Saini et al., 2012, p. 166). Most research has focused on measuring levels of conflict between parents and their use of the court system, and has assessed children's level of adjustment to supervised time by asking parents (Barker Brandt, 2007). There is little empirical support "demonstrating a relationship between supervised visitation programs and child/parent relationship outcomes" (Birnbaum & Chipeur, 2010, p. 81).

One unpublished qualitative doctoral thesis, although limited by its small sample size and retrospective methodology, has investigated outcomes for children using supervised visitation. Corcoran (2005) asked young adults in the United States about their experiences of supervised visitation as children. Eight participants (evenly split between those experiencing visitation while they were in foster care and those experiencing it during custody disputes) were interviewed, on average, 11 years after they last used the service. In four of the eight families the non-residential parent was deceased, and in one other family the parent had lost contact. Major themes were identified as those which five or more participants reported, and included: feeling that their relationship with their parent was disrupted by being supervised; that being watched had, at times, both a positive and negative effect on the child's emotional expression and behaviour during visits; that their parent altered their behaviour within the contact; and that their relationship felt "distant and superficial" (p. 118). The author suggested that supervised visitation, although providing physical protection, was not experienced as nurturing or supportive and was not effective in maintaining or rebuilding relationships between children and parents. Due to the sample size and the retrospective nature of the study the findings are not generalisable and should be viewed cautiously but are included due to the lack of research exploring the experiences of past users of supervised contact services.

Longitudinal research investigating relationship and wellbeing outcomes for children after they leave the service is required before it will be possible to say whether supervised time in these generally highly conflicted families is in the best interests of the child.

Transitioning to self-management of contact

Government guidelines underpinning CCSs state the key goal of supervised contact is enabling families, where possible, to be able to move to self-management of their own parenting time arrangements (Attorney-General's Department, 2014; FaHCSIA, 2012). Self-management is defined as "safely self-managed contact conducted independently of the centre" (Sheehan et al., 2007a, p. 153). In cases where supervised parenting time is considered to be in the child's best interests, CCSs are encouraged to support positive interactions between parents and their children supporting the strengthening of their relationship and encouraging, where possible, movement to the self-management of their own contact arrangements (Attorney-General's Department, 2007).

Self-management is considered in the Guiding Principles document (Attorney-General's Department, 2014) to be a key goal of CCSs, however Sheehan and colleagues found that the main stakeholders in the provision of CCSs held divergent views regarding the central role of a CCS. These key groups

often did not consider the move to self-management to be an actual role of the CCS; rather, it was perceived as an outcome of the provision of the service (Sheehan et al., 2007a). Interviews with referral agents, and government and industry representatives showed an expectation that CCSs function to enable supervised parenting time to occur in a safe and secure place for children. On the other hand, CCS staff believed the central role was to facilitate the repair and development of the non-residential parent–child relationship and to protect the child (Sheehan et al., 2005; Sheehan et al., 2007b).

Residential and non-residential parents also held different views: residential parents felt the central role of the CCS was to provide a safe and secure contact environment for both them and their children whilst non-residential parents saw it as enabling parenting time that they otherwise would not or could not have (Sheehan et al., 2005; Sheehan et al., 2007b). These divergent views can create challenges for service provision and one of the challenges is in regards to the move to self-management. Sheehan and colleagues reported that of 44 parents interviewed, 15 residential parents and nine non-residential parents reported not wanting to self-manage contact and having no intention to do so in the future. The authors recommended that the role services play in moving families to self-management of their parenting time arrangements needed to be clarified at the policy and service practice levels.

Factors influencing transition to self-management

There is a lack of clear guidance surrounding *how* services should manage the transition of families to self-management and, as discussed above, varying expectations by key groups of what the central role of CCS is. The Guiding Principles suggest that when assessing the suitability of families to use the CCS, consideration must be given to how they will benefit from the CCS services (including referrals to other professionals) in terms of being able to move to self-management (Attorney-General's Department, 2014), however there is a lack of clarity regarding when to consider a family safe to move to self-management.⁶ Whilst the Guiding Principles clearly state the key goal of CCS is to move families to self-management, where safe to do so, there are multiple influencing factors external to the CCS that interact to influence this decision.

Factors affecting parents' and children's transition to self-management were outlined by Sheehan and colleagues (2007a) and include:

- the court order specifying the use of the CCS for a set period of time, that the family will move on to using a different service type, or that a date is set to review the use of CCS at court;
- the centre arranging for families to trial facilitated changeovers or a period of unsupervised time;
- referrals for parents and children to other support services and programs that are networked to the centre assisting families with their personal and relationship problems;
- the confidence of residential parents and children in the non-residential parent's capacity to look after the children;
- the ability of parents to effectively and safely communicate with one another without the assistance of CCS staff and to be flexible with their supervised parenting time arrangements;
- the children becoming old enough to stop the supervised visits or to manage the contact arrangements with the non-residential parent themselves; and
- the quality of the relationship between the child and the non-residential parent.

Within this list of factors there is limited scope for CCSs to be actively involved in transitioning families to self-management, although operating under an integrated social services model may allow services to support families through connection with other programs and services. This model is discussed further in the final section of the paper.

⁶ Individual organisations may have their own policies and procedures for working with families to transition to self-management.

Families unable to transition to safe self-management

The limited studies that have reported on families transitioning to self-management of their parenting time arrangements have found that making the transition is not an easy task and may not be possible for all families. The studies that have investigated families' reasons for leaving the CCS indicate that low proportions are identified as moving to self-management. Sheehan and colleagues (2005) reported that moving to self-management is challenging and takes some families a long time. During the study period the survey data showed that, on average, families had been using the CCSs (for both supervised time and facilitated changeover services) for 1.5 years (ranging from 1 month to 9 years). A quarter of families surveyed had been using the CCS for longer than 2 years. Of the 60 families terminating their use of the service during the study period, only 11 families (18%) were identified as moving to self-management (Sheehan et al., 2005). The study found the main reason families were leaving was that the CCS terminated the service due to concerns for the safety and welfare of the child and/or the safety of CCS staff (32%; Sheehan et al., 2005). A smaller Canadian study of a supervised visitation service identified 34% of families as leaving to self-manage (D'Abate, Gamache, & Rowe, 2005).

This research raises concerns regarding the apparently large number of families for whom self-management may not be a possibility. Almost all families included in one Canadian study (Kelly, 2011) were identified as high-conflict families for whom the risk to children of unsupervised time was considered to be high. In many cases, due to the complex array of problems each family had, it was likely that it would take years for each family to resolve them (if this was possible at all), and be ready to safely self-manage (Kelly, 2011). Kelly suggested that for many families supervision could be "a long-term or even permanent feature of the access relationship" (p. 292).

The interview component of the Sheehan and colleagues (2005) study asked government and industry representatives, referral agents (e.g., lawyers) and CCS staff (including CCS management committees and auspice organisations) to identify family characteristics that would preclude a family from moving on to safe self-management. These were identified as families where one or more of the following were present:

- one or both parents have a serious mental illness that remains untreated;
- one or both parents suffer from chronic substance abuse;
- the children have been physically and/or sexually abused by the non-residential parent;
- the children fear the non-residential parent;
- there is a history of extreme domestic violence;
- there is strong parental opposition to contact;
- there is fear of child abduction;
- the conflict between parents is entrenched; and/or,
- the non-residential parent is intellectually disabled (Sheehan et al., 2007b, p. 298).

The characteristics identified as precluding a family from self-management closely matched the characteristics of the majority of actual CCS users, suggesting that those identified as unlikely to be able to self-manage were most likely to use the service (Sheehan et al., 2005; Sheehan et al., 2007b). Families such as these fall into the *high risk* or *higher risk* factor category specified by ACCSA (see Box 2). Clients in the *higher risk* category are not expected to be able to self manage their own parenting time arrangements (ACCSA, 2008). There is a tension inherent in accepting families into the service when the families' *high risk* or *higher risk* factors mean it is likely they may never be able to safely self-manage, and this is particularly problematic considering a key goal of CCSs is to move families to self-management of contact. In this situation, when families use the CCS for an indefinite period, the Attorney-General's Department noted:

For some children supervised visits may, if continued indefinitely, not be in the best interests of the child and if the child cannot maintain a safe face-to-face relationship with a parent the court may need to determine whether time with the other parent should be for a fixed or indefinite period or cease permanently. (2007, p. 21)

The limited data available suggests self-management occurs for only a small proportion of families and raises questions regarding what happens to the parenting time arrangements of the other families once they leave the service. Considering the characteristics of families using CCSs, the majority of whom face multiple and complex issues in their lives, it is possible that these families, and particularly the children, may be left in a vulnerable position after leaving the service.

The integrated social services model

In response to the varied and complex circumstances faced by families and the potential problems some families may have in moving to self-management of parenting time arrangements, organisations need to be able to provide a flexible service that can identify and meet each family's specific needs. Positioning CCSs as part of an integrated social services model whereby the centres “develop strong working relationships and cohesive referral pathways with a range of human service providers” (ACCSA, 2008, p. 15) can enable families to access services and programs to assist them with these often complex and multiple problems. The recommendation for CCSs to operate as part of this model has been repeatedly made in the research. In Australia this recommendation was made as early as 1998 in the report evaluating 10 pilot CCS services (Szirom et al., 1998), and was reiterated by Sheehan and colleagues in 2005, while Canadian research in 1997 found supervised visitation worked better when offered alongside other therapeutic interventions (D'Abate et al., 2005). Sheehan and colleagues (2005) noted:

The challenge of moving parents through services and on from the centre requires the adoption of an *integrated social services model*. For some of the CCSs this would require that they become part of an effective network of complementary programs and support services, while for others it would require them to make greater use of their existing networks by referring families to other support services and programs. (Sheehan et al., 2005, p. 224)

All government funded CCSs in Australia provide integrated services through their collaboration with other services (Attorney-General's Department, 2014). The role of the CCS in the integrated social services model is to facilitate the repair and development of the relationship between the non-residential parent and the child, with the CCS operating as a central hub referring families onto a range of complementary support services and programs (Sheehan et al., 2005), either co-located with the CCS, or at another location. The researchers recommended:

all CCSs should operate on the integrated model, but it would be a matter for parents to decide whether they wanted to seek referrals to other services, or take up referrals offered to them. (Sheehan et al., 2005, p. 217)

They further reported that while additional services needed would vary based on the individual circumstances of each family, the most common services and programs that CCS staff felt their clients would benefit from included:

- individual counselling for parents (73%);
- parenting after separation education (57%);
- individual counselling for children (47%);
- mediation (46%); and
- anger management programs (38%) (Sheehan et al., 2005).

Internationally, CCSs have evolved to cater for the needs of their high-risk clientele, with 45% of visitation services in Florida, USA, providing community referrals and 26% offering parenting education classes (Crook & Oehme, 2007).

In conjunction with the integrated social services model, some providers offer therapeutic supervision and/or intervention during supervised visits as strategies to address some of the additional needs of families. These are discussed in Box 4.

Box 4: Integrating therapeutic supervision or intervention in supervised visitation

Therapeutic supervision: During therapeutic supervision a mental health professional oversees the visit and makes clinical observations in reports to the court or child protection system, “treating” the parent–child relationship during the visit (Pulido et al., 2011). The mental health professional is active in the visits, assisting the parent to repair or restore the relationship with their child, however still ensuring the relationship moves at a pace that feels safe for the child (Pulido et al., 2011). For CCS to provide therapeutic supervision, the ACCSA Standards (2008) suggest the visit must be supervised by a mental health professional, qualified to practice in Australia, in conjunction with a tertiary qualified CCS worker.

Therapeutic intervention: Different from therapeutic supervision, some supervised visitation centres offer therapeutic intervention in conjunction with an integrated social services model. Therapeutic intervention is supervision led by trained professionals (often social workers) who assist families during the visits to meet the goals established during the intake process and to make the transition to self-managed contact (D’Abate et al., 2005). Supervisors however do not make recommendations or evaluations to the court or the child protection system (D’Abate et al., 2005). This model extends the service from just providing a safe space for contact, to assisting families to focus on the best interests of their child through offering ongoing therapeutic conversations and informal education during visits (such as role modelling by CCS staff) (Flory et al., 2001). Therapeutic intervention, compared to therapeutic supervision, does not provide therapy or act as a substitute for therapy (Flory et al., 2001). When it is determined that a family could benefit from counselling or other interventions such as anger management programs, these will be arranged separately, complementing the work in the CCS (Flory et al., 2001).

There is a lack of agreement in the literature about what levels of therapeutic involvement CCSs should engage in with families. Some CCSs offer more intense and involved interventions (where the worker engages with the family using therapeutic conversations and behaviour modeling), while other CCSs offer a less involved approach where the supervisor is, in the main, simply an observer (these centres consider that involving themselves in the legal process, or proactively intervening to help address the reasons clients were referred, would compromise their neutrality) (Morrison & Wasoff, 2012). The tension exists regarding what the central role of the CCS is: a safe environment for supervised visits where safe contact alone is the goal of the service and where workers are neutral observers only, or a service that provides more than supervised visits alone where staff actively work with families during supervised time to gain the skills needed to move to self-management (using therapeutic supervision and/or intervention).

Conclusion

As is evident from both Australian and international research, the majority of families who use CCSs are experiencing high levels of conflict and multiple and complex issues in their lives. This has ramifications for the operation of the service and is a factor underlying many of the concerns identified in the research regarding the best interests of the child and assisting in the transition to self-management of parenting time arrangements. A key goal identified for the service is to move families, where possible, to safe self-management. This may only be possible for many families in the medium to long term, or may not be possible at all. The limited research available indicates that only a small proportion of families leaving the service are actually transitioning to self-management of their contact. Furthermore, despite self-management being a key goal of CCS, there are limited guidelines for CCSs to follow regarding when families are ready for self-management. External factors often appear to interact and lead to cessation of service, rather than the transition to self-management being a process actively facilitated by the CCS. Although further research is needed, it appears that offering the service as part of an integrated social services model, that links families with other programs and services, can assist in helping families move to safe self-management of parenting time.

The greatest challenge to understanding if the service is in the best interests of children and their long-term relationships, safety and wellbeing is a lack of research. There is very little known about what happens to children and families once they leave the service. There is a need for longitudinal research investigating outcomes for these children and families, and also a need for research exploring whether the introduction of the family violence amendments to the FLA has affected CCS use and outcomes for children.

Finally, there is also a dearth of research exploring the current operation of CCSs and how societal, cultural and policy/funding changes may have affected these since the publication of the last major Australian research a decade ago. As a result, practices in the provision of supervised contact services are an underdeveloped area of research with limited knowledge of their efficacy and a multitude of questions as yet unanswered. For example:

- How have current models of CCS service delivery changed, if at all, over time and are these in alignment with the Guiding Principles. Are these service models reflective of best practice? What are best practices in CCS service delivery?
- The research to date indicates families (including the residential parent and extended family) using the CCS face multiple and complex issues. Are CCSs working with the residential parent and extended family, as well as the non-residential parent, to improve outcomes for children and if so, how?
- Have societal and cultural changes (such as anecdotal reports by practitioners of increased use of drugs such as methamphetamine by parents referred to the centre) impacted CCSs operations?
- What effect do staff training and qualification levels have on the quality of service delivery in CCSs? With no formal qualification benchmark required for staff to work in CCSs, each service sets its own staff entry requirements (ACCSA, 2008). How do services attract and retain suitably skilled staff, particularly in regional areas and in light of the often casual/part-time nature of the work. Are staff training needs being met at an appropriate level to provide them with the skills required for working with families presenting with a wide range of complex needs?
- How are CCSs meeting the needs of Indigenous and culturally and linguistically diverse (CALD) families? Are there barriers, both cultural and procedural, preventing these families from using the service?

Further resources

[A Guideline for Family Law Courts and Children's Contact Services](#)

Attorney-General's Department (2007)

www.federalcircuitcourt.gov.au/wps/wcm/connect/fccweb/reports-and-publications/publications/family-law/a-guideline-for-family-law-courts-and-childrens-contact-services

[Children's Contact Service Guiding Principles Framework for Good Practice](#)

Attorney-General's Department (2014)

www.ag.gov.au/FamiliesAndMarriage/Families/FamilyRelationshipServices/Documents/ChildrensContactServicesGuidingPrinciplesFrameworkforGoodPractice.pdf

[Standards for Children's Contact Services](#)

Australian Children's Contact Service Association (2008)

accsa.org.au/wp-content/uploads/2013/02/ACCSA-Standards.pdf

[Children's Contact Services Bibliographies](#)

Australian Institute of Family Studies

aifs.gov.au/cfca/bibliography/childrens-contact-services

Domestic and family violence resources

CFCA will release a suite of publications on domestic and family violence in late 2015. The publications will examine children's exposure to domestic and family violence; domestic and family violence in pregnancy and early parenthood; in LGBTIQ communities; and also in regional, rural and remote communities.

Sign up to CFCA News <aifs.gov.au/cfca/subscribe/> to receive an alert when these resources are available.

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Jo Commerford is a Research Officer and **Cathryn Hunter** is a Senior Research Officer with the Child Family Community Australia information exchange at the Australian Institute of Family Studies.

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Australian Institute of Family Studies
 Level 20, 485 La Trobe Street
 Melbourne VIC 3000 Australia
 Phone: (03) 9214 7888 Fax: (03) 9214 7839
 Internet: <www.aifs.gov.au>

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