

# Orders for Supervised Time: What Works?

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# Funded Children's Contact Services (CCSs)

- Part of the suite of federally-funded Family Law Services.
- The priority of a CCS is the safety and wellbeing of the children, parents, and staff. The best interests of the child is paramount.
- Supervised contact is a transitional service, which occurs whilst families complete therapeutic services to address risks so visits are no longer required, or the Court orders no / little ongoing time.



*Photo: Sydney  
Children's  
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# Orders for Supervised Time: What Works?

- What are the requirements of funded CCSs, and differences between funded & private CCSs?
- How do CCSs support parents & children to be ready for supervised time?
- What is the best practice model for CCSs?
- How can the Court and CCSs work collaboratively?
- What are some of the safety risks / challenging parent behaviours around supervised contact, and how might they be managed / mitigated?
- What are some considerations for drafting of Orders to a contact centre?

# **Funded and Private Children's Contact Services (CCSs)**

# Funded Children's Contact Services

- There are no accreditation requirements for funded or private CCSs.
- But, Federally Funded CCSs are required to follow the Attorney General's Guiding Principles Framework for Good Practice & FSP Administrative Support Guidelines
- Baseline standards for funded CCSs include:
  - Requirement for comprehensive intake, screening and assessment process, including child familiarisation / assessment (risk, safety and referral needs, child's willingness to participate)
  - Requirement to consult with the ICL (esp. regarding child abuse / safety)
- Contact service staff should have high level training - ideally an appropriate degree or other formal qualification, and training in:
- Family violence and sexual assault, trauma recognition and responses, critical incident management.

# Private Children's Contact Services

- Federally Funded CCSs are required to follow the Attorney General's Guiding Principles Framework for Good Practice.
- Private CCSs function under no regulation and accreditation process. There is no qualification requirement, and no requirement for a complaints procedure to be available to clients.
- Accordingly, Guidelines for CCSs and Family Law Courts recommend that the Court enquires the ability of privately operated CCSs to appropriately manage the safety of children and families.
- It is the position of the Australian Children's Contact Services Association (ACCSA) that all CCSs – both funded and private, be subject to regulation and accreditation.

# The families who use Children's Contact Services

- Most families who use CCSs have experienced two to five problems such as family violence, child maltreatment, entrenched parental high conflict, mental health and substance or alcohol misuse issues, reintroduction of a parent (Kelly, 2011; Oehme & O'Rourke, 2012).
- Research suggests that most children have experienced **at least one trauma** (e.g. witnessing domestic violence or substance use, child abuse) (Pulido, Forrester, & Lacina, 2011).
- Parents may **lack parenting skills**, and may have **poor parental reflective capacity** (Sheehan et al., 2005).
- Most families fall into the **high risk or higher risk factors** set by Australian Children's Contact Services Standards (2008) (Commerford & Hunter, 2015).

# **Children's Contact Service Practice Models and Interventions**

**What is the best practice model  
for Children's Contact Services?**

# Integrative Therapeutic Case Management Model

- **Rationale:** Parents need opportunity to address the issues that led to an Order for supervised time, increase movement towards safe self-management (Commerford & Hunter, 2015; Sheehan et al., 2005)
- Trained & qualified CCS workers support parents (coaching, psycho-education, feedback meetings)
- Parents also receive intensive therapeutic support (e.g. Court-Ordered family therapy, parenting orders program, men's behaviour change program, drug / alcohol rehabilitation)
- CCS steers this coordinated approach – communicating with the therapists and ICL to discuss concerns / progress.
- Note that some CCSs may observe only, adopting a passive role (not considered best practice).

**What services may support families to address risk and safety concerns whilst having supervised time?**

# Referrals for CCS clients

- **Men's Behaviour Change Program & specialist counselling –**  
See Men's Behaviour Change Network for details of NSW providers.
  - NB: anger management is not suitable where DFV has been identified.
  - **How can it help?** Addressing 'toxic' thinking, increasing child-focussed & future oriented thinking / goals, fathering values, responsibility and accountability framework, confidential partner support worker
- **Parenting Orders Program**
  - E.g. Keeping Contact / The Anchor (Uniting)
- **Family Recovery Program**
  - Groups and counselling for family members of an individual who misuses drugs / alcohol (includes kids' groups) (CatholicCare Sydney)
- **Post-separation Parenting Courses**
  - E.g. Keeping Kids in Mind (CatholicCare), Parenting after Separation (Relationships Australia), Parents not Partners (Interrelate)
  - Often mandatory for CCS families to complete. May not be intensive enough for CCS families.
- **Parenting Programs (Circle of Security, Emotion Coaching)**

**How can the Court and Children's  
Contact Services work  
collaboratively?**

# A collaborative relationship between ICL & CCS

- Communicate about:
  - Progress of the family
  - Any safety / risk concerns; and any recommendation to re-list
  - Any decisions regarding a family being assessed as unsuitable, given a warning for misconduct, suspended or terminated (or if the contact service is considering resuming supervised contact after suspending a family)
- Provide suggestions for therapeutic intervention, or how CCS can support progression of contact arrangements.
- Request ICL meet with the child to ascertain views

(cf. Guidelines for Family Law Courts & CCSs)

**How do Children's Contact Services assess and support parents and children to be ready to commence supervised time?**

# Parent Intake Assessment

Exploring and enhancing the capacity of parents to support a safe relationship with their children and the other parent

- How has a parent's violence, drug / alcohol (etc.) impacted the children? What did the children witness?
- How will the parents respond to difficult questions or memories that children may raise during / after visits?
- Do the parents have a separation / contact arrangement 'story' prepared to use with their children?
- How will the parents support the child's relationship with the other parent? (transitions, co-parenting)
- How can the parent manage and contain their feelings of blame, anger towards other parent (to protect child)?
- Future thinking: 'How do you want your children to see your co-parenting relationship?' 'What are you doing now to support a respectful co-parenting relationship, and to demonstrate that to the Court?'

# Child Familiarisation / Assessment

- Purpose:
  - Build rapport, sense of security, and trust with contact worker
  - Assess the child's readiness for supervised visits and ascertain their views
  - Familiarisation of contact centre and procedures
- The role of the contact worker is explained, and strategies which may increase their sense of security during visits are discussed.
- It is an opportunity to address children's concerns / anxiety / fears, and help children develop confidence and positive expectations about proposed visit.
- Children may share frightening memories
- CCSs can work with child psychologist / counsellor to prepare children / parents for supervised time.

# Assessing and Supporting Readiness to Commence Supervised Time

- Some families may need to be slowed down and referred to therapeutic intervention to make supervised time safe and viable

# Ethical Considerations Raised in Research

- Supervised contact may be seen as a compromise in cases where time should not be considered until parent/s engage in required therapeutic services to make contact safe.
- Supervised time ordered at interim stage where no-time orders are being considered, or when allegations of severe maltreatment or violence have been made.
- May be balanced with concerns about parent-child relationship attenuation, CCS waiting lists.
- Risks include:
  - Further traumatisation of parent / child
  - Greater risk posed to families and CCSs if CCS assesses as unsuitable for supervised time to commence – parent may consider supervised contact their ‘last hope’.
  - May be further delays at Court if assessed that therapeutic intervention needed before sup. contact is re-considered.
  - Supervised contact starts but breaks down early due to unaddressed safety risks, which undermines the capacity of families to have successful and safe contact in the future.

# When might cases be assessed as unsuitable?

- Significant safety concerns
  - Parent cannot contain hostility / blame / is abusive
  - Child appears significantly distressed about potential contact - e.g. may also report memories of experiencing DV / child abuse, and / or child has expressed views against contact (with regard to the child's age / maturity)
  - A CCS may not be able to mitigate identified risk of harm
- A parent significantly undermines the child's capacity to form a relationship with the other parent
- A parent's alcohol / drug use or mental health is not sufficiently stabilised
- There is a current Police / JIRT criminal investigation concerning child abuse allegations

**What are some of the safety risks and challenging parent behaviours at supervised contact, and how might they be managed / mitigated?**

# Safety risks / concerning behaviours at supervised contact

- Supervised contact may not be a true indication of parent's willingness to be a safe parent – it is a controlled, supervised environment.
- Child is emotionally unsafe – e.g. exposed to inappropriate parent behaviour / strong memories of past frightening experiences.
- Child refusal where child runs away from centre / caregiver.
- Parent is aggressive / intimidating towards staff in the child's presence – and / or ignores staff interventions during visits.
- Parent grooming of child during visits (child sexual abuse / DV).
- Family member of parent will intimidate / follow the other parent home.
- Parent attempts to locate the mother / children through questioning the child at visits.
- A parent brings a weapon / attempts to threaten or cause physical harm to the child at the contact visit / abducts (fails to return) child.

# Other concerning parent behaviours

- Undermining behaviours that sabotage contact
- Pattern of intrusive behaviours from parent - child response may be to freeze, move away, appear dysregulated
- Appears to privilege own needs over child (e.g. affection appears for parent's benefit rather than child's, seeks emotional comfort from child)
- Overt or subtle criticisms about the other parent (e.g. their caregiving ability)
- Authoritarian-style parenting / disciplining

# **What are some Considerations for Drafting Orders for Supervised Time?**

# Drafting orders for CCS contact

- Speak to CCS regarding ***contact availabilities***
- Specify who is ***responsible for payment of fees***.
- Should Orders include conditions relating to ***therapeutic intervention*** (parenting orders programs, men's behaviour change, counselling)?

# Drafting orders for CCS contact

- Is it ***appropriate for relevant information to be made available to the CCS*** such as a Family Report, expert report, or a judgement?
- It is helpful to include a ***notation about findings of fact or allegations*** made in a case
- Is the proposed ***CCS able to offer the supervision required*** (that is, does it have the capacity / skills)?

# Drafting orders for CCS contact

- ***Does the order permit variation?*** (CCS providers may assess that the period in the supervised environment is too long for a child, or conversely a family may be progressing well and could move to lower-supervision visits or to changeovers / self-management. NB: CCS can ask ICL to re-list matter)
- “Does the Order provide ***that the CCS may terminate its services?*** (many CCS providers say parents insist their court orders compel the CCS to provide supervised contact, or that they will naturally progress to unsupervised time and have to ‘wait supervised visits out’, notwithstanding the CCS believes it is inappropriate for supervised visits to continue)” (p.8)

# Drafting orders for CCS contact

- Because families using CCSs tend to be ‘high conflict’, there is a greater need for ***precision*** in drafting the orders (e.g. school holidays, visitors) – but note it is often ***not helpful to specify day / time*** as this depends on CCS availability.
- Detail any ***restrictions relating to parent behaviour*** in contact visits (e.g. photography / filming, denigrating the other parent).
- Refer to ***‘model Orders for supervised visits and changeovers’***

Reference: A Guideline for Family Law Courts and Children’s Contact Services

# Key Messages...

- Make enquiries about the capacity of the intended CCS to adequately manage the safety of families.
- Integrative therapeutic case management models work best to achieve safety, accountability for parents, and chances of moving towards self-management...so where possible, refer early to therapeutic intervention to increase successful and safe supervised time.
- Let's look for opportunities to increase collaborative practice and appropriate information sharing between the Court and CCSs

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## Further information and reading:

- Australian Children's Contact Services Association ([www.accsa.org.au](http://www.accsa.org.au))
- Children's Contact Service Guiding Principles Framework for Good Practice, Attorney-General's Department (2014).
- A Guideline for Family Law Courts and Children's Contact Service, Attorney-General's Department (2007). **(includes model Orders)**
- Commerford, J., & Hunter, C. (2015). *Children's Contact Services: Key issues* (CFCA Paper No. 35). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.