**Submission by CatholicCare Sydney to ALRC Discussion Paper November 2018**

CatholicCare Sydney broadly welcomes the focus areas and intentions of the Discussion Paper and appreciates the work undertaken to consult and formulate these proposals. Having made an initial submission to the ALRC, as referenced in the Discussion Paper, this will be a more limited response to some of the Discussion Paper proposals and questions.

Adequate and sustained resourcing of the sector, and for the proposals in the Discussion Paper, have been identified by many practitioners and managers in recent forums held to discuss this paper as critical to achieving the outcomes identified by the ALRC Review. This must include resourcing for community legal services and family violence services to support real and sustainable change in family law and safer, better outcomes for children and parents.

**Question 3:1 How should confusion about what matters require consultation between parents be resolved?**

We agree that replacing the term “parental responsibility” is positive. More clarity might be provided if the new term specifies “decision making responsibility about major long term issues” , which is how the principle is often explained during FDR, giving examples such as decisions about children’s education.

The proposed education/awareness initiatives should also assist to reduce confusion about what the legislation means for parents considering parenting agreements or seeking orders.

**Proposals 4:1,4:3, 4:4 Families Hubs**

The concept of co-located services in Families Hubs, informed by community consultation, builds on the work done by many FRCs and agencies who seek to provide accessible and diverse services to clients. For example CatholicCare Sydney FDRPs are co-located at sites which also provide services including Financial Counselling, Men’s Behaviour Change programs, Aged Care services, Personal Helpers and Mentors Programs, Parent Education courses, Counselling and Post-Separation Case Management.

The “CALA” pilot project for Culturally Appropriate, Legally Assisted FDR at Bankstown FRC is of particular relevance to the Families Hubs concept. We were recently evaluated by ANU researchers engaged by AGD, who commissioned the 8 pilot sites nationally, and Dr Siobhan McDonnell will include information about CALA in her report to ALRC in November. The CALA model has a strong partnership approach which provides face to face legal advice, legally assisted FDR, post- separation case management, case coordination, domestic violence support and men’s behaviour change groups and/or counselling as required for each family. (See also Workforce capacity response)

The integrated social services model out lined in the AIFS CFCA CCS Commerford and Hunter (2015) publication would be a useful resource to consider in design of Families Hiubs.

Community consultation (4:4) was and is integral to the design of the CALA model; CatholicCare Sydney appreciates the proposal that Families Hubs would similarly be informed by consultation with local communities to provide culturally safe environments and processes. We note that it is also important to ensure that such Hubs would be safe and accessible for victims of family violence.

**Proposals 5:5, 5:10 Dispute Resolution**

The extension of FDR into property and financial matters, with related obligations and training needs for FDRPs, is a valid response to community needs to settle such disputes, where possible, outside of court processes. The CatholicCare Sydney FDR team has since 1999 provided property and financial mediations irrespective of the clients also requiring FDR regarding parenting matters.

We also value legally assisted FDR through our partnerships with South West Sydney Legal Centre and Macarthur Legal Centre, and welcome the provision of further guidelines for FDRPs to work in legally assisted models as well as in property matters. We note that such extensions of FDR practice will require increased and adequate funding of accessible community legal services. Anecdotal evidence from clients highlights ongoing barriers to accessing legal advice and support, including for working families ineligible for Legal Aid, but without financial resources to pay for legal services.

**Proposals 7:2, 7:3, 7:5,7:6 Children in the Family Law System**

As noted in our original submission, the safety and wellbeing of children should be integral to family law interventions. We note the above proposals which cover areas such as child participation, the provision of child specialist services as part of integrated Families Hubs, and ongoing risk assessment for children involved in family law matters.

CatholicCare Sydney has been working towards better outcomes for children through resourcing our family law service teams with a Post Separation Child Specialist role, to develop capacity for child focused and child inclusive practice across our programs and sites. Our Sydney Children’s Contact Service has an integrated therapeutic model of service delivery which seeks to provide safer outcomes for children as it ensures ongoing risk assessment and accountability through integrated service delivery to CCS families. This model is being presented at the 2018 FRSA Conference as explained in the abstract:

**More than supervised contact? An integrative therapeutic model promotes safer contact and progression to self-management>**

Children’s Contact Services (CCSs) provide service to highly complex and vulnerable families, with most families having experienced two to five problems such as family violence or child maltreatment, entrenched parental conflict, substance misuse or mental health issues, and reintroduction of a parent (Kelly, 2011).

Some CCSs hold the position that they should purely observe parent/child interactions in a passive role, without intervening or providing an integrated social services model. However, researchers recommend that families should receive an integrative therapeutic service model, in order to give them the best opportunity to address the safety risks that led to a Court Order for supervised time in the first place, and to therefore make self-managed contact arrangements a possible future option (e.g. Commerford & Hunter, 2015). This model provides families with a better opportunity to safely repair and develop parent-child relationships, and provides increased scope to monitor ongoing risks for families and to allow children more spaces to process their supervised time experiences. Without the provision of an integrated social services model, supervised time may actually increase risk of harm to children, particularly if supervised time terminates early due to unaddressed risks, or if families move to self-management before it is safe to do so (Kelly, 2011; Sheehan et al., 2005). Providing an integrated therapeutic services model to assist the safe progression of families from supervised contact is seen as increasingly important given the significant waitlists of most funded CCSs.

Accordingly, the Sydney Children’s Contact Service has implemented an integrative therapeutic case management model, which involves referring families to other family relationship services – including parenting order programs, men’s behaviour change, family dispute resolution and parent education providers – and liaising with these services to provide a coordinated approach to addressing areas of concern, and to facilitate the safe repair of parent-child relationships. Our service shares information about safety concerns and family progress with the Family Court, so that they can receive a clearer view of any ongoing risks to assist in their decision-making of the readiness of families for less-supervised forms of contact.

This presentation will discuss how this collaborative model of practice works, and whether this model has demonstrated effectiveness in promoting safety and change in families to progress towards self-managed contact. We will also provide suggestions for how the above mentioned family relationships services can collaborate with CCSs to support the particular needs of these families, such as trauma-informed relationship repair.

The presentation will explain the value of this approach but also acknowledge challenges for the family relationships service sector in being able to provide and sustain such practice models. These include the need for workforce training and capacity to undertake such practice (Sydney Children’s Contact Service has all tertiary qualified staff); having proximity to a range of accessible and relevant services, which are willing and able to work with the CCS towards shared family goals; and the resource intensive case management required to support change and safety for CCS families, given the very limited funding for such services.

**10:3 Workforce competency**

The proposal covers key areas for workforce training and capacity. We also note the vital role of Family Law Pathways Networks in providing cross sector training, exemplified in the excellent forums and events held by Greater Sydney FLPN and Parramatta Region Family Law Interagency. Ongoing funding of these networks is vital for workforce capacity.

The value of common and comprehensive training for the sector has been illustrated by the Bankstown FRC CALA project, described previously. Partners with the FRC’s CALA team (two community legal centres, a local domestic violence service and local men’s behaviour change/counselling service) shared design of the model and participated in foundational training such as David Mandel’s Safe and Together (family violence), cultural awareness training and trauma informed practice. We recommend such content as critical elements of workforce capacity building to enable integrate and effective practice.

We endorse the submission made by Australian Children’s Contact Services Association (ACCSA) regarding practitioner qualifications, which also proposes that referrals should be made only to services accredited in accordance with CCS Guiding Principles and Families and Children Administrative Approval Requirements. Good governance, as well as practitioner qualifications, is critical to CCSs working with very high conflict family law cases. As suggested in our original submission, we view relevant tertiary qualifications and CCS induction/training as the best standard for this complex work with children and parents.

**10:7 The *Family Law Act 1975* (Cth) should provide for the accreditation of Children’s Contact Service workers and impose a requirement that these workers hold a valid Working with Children Check**.

We support this amendment from the Australian Children’s Contact Services Association (ACCSA):

Amended Proposal 10-7: *The Family Law Act 1975 (Cth)* should provide for the accreditation of Children’s Contact Services and impose a requirement that referrals made to Children’s Contact Services via Family Court orders, family dispute resolution practitioners, Family Relationship Centres, family law practitioners and their staff only be made to accredited Children’s Contact Services.

Considerations and reasons are expounded in the ACCSA submission.

We also endorse ACCSA recommendations for safe service environment standards for CCSs as outlined in the *Children’s Contact Services* Guiding Principles Framework *for Good Practice (2014)*

We also note that more CCSs are needed nationally, noting the prevalence of long waiting lists and delays compounded by the courts. We are particularly concerned by referrals/orders to private and unregulated services due to the extensive waiting times at most funded services.