Contact

Direction to staff

This document provides instructions for Child and Youth Protection Services (CYPS) to conduct its business. All staff must comply with it.

Note: Unless otherwise indicated, the term

- 'child' or 'children' also refers to 'young person' or 'young people'.
- 'children in care' refers to 'children in out of home care'.
- 'contact' refers to 'interaction between children in care and people significant to them'.
- 'days' refers to business days.

While contact is the formal term under *the Children and Young People Act 2008* (the Act), and used throughout this document, staff are encouraged to use language to describe contact in a way that is meaningful to, and agreed by the child and family. For example, family time, family visits, catch up, etc.

Summary of main points

This document outlines how to:

- plan and maintain contact arrangements
- complete and share contact records
- review contact arrangements

Purpose of this document

This procedure outlines the steps CYPS staff are to take once the decision has been made to establish contact arrangements for a child in care.

Scope

This procedure applies to CYPS staff who are responsible for case managing or supporting the case management of children in out of home care in the ACT where the Director-General has full or shared Parental Responsibility.

In this document

This document contains the following topics.

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Relevant policy

This procedure upholds the principles of the Contact policy and is to be read in conjunction with the documents listed in the 'Related materials' section below.

When to perform this procedure

This procedure is to be conducted when a

- child is subject to a Care Order with a ***contact provision*** (s.485 of *the Act*, this provision will outline the contact arrangements), or
- in circumstances where there is no contact provision, contact decisions for a child in care will be made by CYPS with the members of a child's Care Team.

Procedures

There are 8 key steps to developing contact arrangements. Depending on the circumstances of the case, the order and completion of the steps can vary:

1. Assess the needs and wishes of a child in respect of contact
2. Determine an appropriate frequency, location and duration for contact
3. Talk with the child and family
4. Update the Case Plan and provide to the Care Team
5. Arrange the contact
6. Record the contact
7. Review impact of contact on the child
8. Ongoing contact review

Understanding contact

The *Children and Young People Act 2008* defines ***contact*** as direct or indirect Contact with a person.

The *Care and Protection Principles* (S.350c) state contact **must be encouraged**, if practicable and appropriate.

As with all decision made pursuant to the Act, the ***best interests*** of the child or young person is the paramount consideration – refer to s349 ('best interests').

> The main reason for contact is to support and maintain a child's connections and attachment to the important people in their life. Regardless of the duration of a child's Care Order, maintaining these relationships is essential to positive growth and development for the child.
>
> Maintaining a child's connection with their parents, extended family, members of their community and kinship groups reflects a modern understanding of attachment theory. This recognises that there are many types of important long-term relationships between children and caring adults in their lives. Ongoing support for these relationships is more consistent with the communal child rearing practices of Aboriginal and Torres Islander and certain Culturally and Linguistically Diverse (CALD) communities.
>
> Contact is about the **rights of the child**, not the rights of anyone else.

The purpose of contact includes:

- strengthening and supporting existing relationships
- encouraging the development of new relationships
- easing the grief and impact of separation
- reassuring the child about their family's wellbeing
- supporting the child's identity
- supporting the child's connection to culture
- allowing parent/s to stay updated with their child's progress in care
- helping the child adjust to either being part of two families, or moving from one family to another

Important considerations:

To establish contact arrangements, case managers must first consider:

- **The needs of the child** – this will be a professional assessment by the CYPS case manager of the child's attachment relationships with both parents, siblings, extended family and other relevant attachment figures. The needs of the child will also be reflected in the child's case management focus and goal. For example, where a child is under the age of 2, and the case management goal is restoration, the child's contact needs will be focussed on supporting their secure attachment to a primary care giver (i.e. the parent who the child will be restored to).
- **The safety of the child** – this will be a professional risk assessment by the child's CYPS case manager, of the child's need for safety during contact. This may involve considerations about having another family member present to supervise the contact, location of contact, and any other safety measures deemed appropriate. Safety measures should be as unobtrusive as possible, remembering the primary importance of contact is to maintain and strengthen positive attachment relationships.
- **Cultural considerations** – if a child is Aboriginal and/or Torres Strait Islander or from a CALD background advice should be sought by the child's case manager about traditional kinship networks, relationships and roles, as defined by the child's family and community.
- **The needs of the child's family** – contact arrangements need to be practical and flexible to respond to the needs of the parent and individual family members who will be attending contact. Remembering that contact should be positive and successful, the capacity of each parent to attend certain locations and times must be taken into consideration.

Family finding

Case managers must conduct ***family finding*** in respect of a child and their family prior to their entry into care where possible. For those children who have already entered care, family finding will be beneficial in providing a stable and permanent placement. Once families have been consulted and new members are identified via family finding, case managers are to update family trees/genograms for the child on CYRIS.

Information gathered from family finding can be used to organise a case conference or Family Group Conference (FGC) to meet the best interest of the child at any stage of CYPS involvement. For more information on FGC, please see "Family Group Conferencing – Information for CYPS staff".

Step 1. Assess the needs and wishes of the child in respect of contact

The CYPS case manager must determine the needs and wishes of the child in respect of contact, with consideration of:

- Their age and stage of development
- Any views and wishes expressed by the child (see Step 3)
- The goals of case management
- The quality of existing attachment relationships and a professional determination about how contact could be used to strengthen these
- The child's cultural rights and needs

Persons who may suffer from active mental health illnesses or cognitive disabilities may require additional support to ensure contact is both safe for the child and is of high quality.

Step 2. Determine appropriate frequency, location and duration for contact

The preference is for all children in out of home care to have face to face contact unless it is unsafe to do so (e.g., during a pandemic). This means contact takes place in comfortable, accessible, non-stigmatising environments wherever possible.

Contact may take various forms, including indirect contact such as video calls, phone calls, e-mail and sharing photographs or messages via social media.

The most suitable method of direct engagement or contact is through face-to-face visits and spending quality time with family members. For the purpose of this document, face to face contact will be referred to as ***direct contact*** and other interactions over phone calls, letters and social media will be referred to as ***indirect contact.***

2. 1 Risk assessment

It is also important to consider the child's potential exposure to risk during contact.

Once family members and other attachment relationships have been identified, the CYPS case manager will consider all information held in respect of these individuals to determine what (if any) safety risk they might pose to the child.

Where a potential risk is identified, this **does not** prevent contact from occurring. It needs to be honestly and openly discussed with the individual in question, and suitable action taken to mitigate the risk. For example, use of indirect contact coupled with supervised contact.

If new family members are identified through family finding, FGC or other case management activities, then a child protection history check (CYPS and interstate) and National Criminal History check must be completed on the person to establish their suitability to have contact with the child.

To complete an interstate child protection check, staff must use the Connect for Safety national database on families engaged with child protection. This will let you identify if information exists for a person in a child protection agency in any State or Territory.

- If you identify a potential match on the database, contact the Interstate Liaison Officer to request the information from the relevant jurisdiction.
- Do **not** contact the family directly using the information found on Connect for Safety.

- Send an email to the Interstate Liaison Officer at [Redacted] with:
    - the person's name, date of birth and any known addresses
    - the reason for requesting the information
    - any potential matches from Connect for Safety including the client number from the relevant jurisdiction
- If you can't identify a clear match, but you believe a person could have a record in another jurisdiction, contact the Interstate Liaison Officer.
- Record as an Event and Case Note (ECN) – Information gathering that a Connect for Safety check has been completed, whether or not any potential matches were found.
- When you receive confirmation and any information from another jurisdiction, you must record this on the child's CYRIS person record.
- For more information on Connect for Safety, please access the Connect for Safety Information Sheet and Quick Reference Guide.

Risk assessments are aimed at identifying potential:

- **safety risks** – considerations must be made to ensure the safety of the location/venue where contact may occur, and whether supervision is required.
- **physical or psychological risks** – considerations must be made to ensure the child does not experience significant emotional distress from engaging in contact.

If psychological risks are identified, the case manager **will** engage with the Therapeutic Assessment Team to review how to address this risk while still supporting positive contact. Options may include reviewing if contact remains in the child's best interest (for more information, see the Step 8: Ongoing review of contact).

2.2 Case management goals

The CYPS case manager must:

- align the child's goals of contact with the goals (involvement purpose) of their Case Plan and case management direction.
- communicate honestly the direction and goals of case management with the child and their Care Team
- enable all parties to have time to reflect and share their expectations of contact.

Examples of case management goals:

Short-term orders: Where a child is subject to short-term orders, the primary purpose of contact will be to support the parent-child attachment while restoration planning takes place. In this situation contact should gradually increase in frequency, reduce in supervision and where possible, take place in the parent's home, including sleepovers when risk factors to the child have been addressed by the parent.

Long term orders: Where a child is subject to long-term orders the primary purpose of contact will be to support the parent-child attachment and connection to birth family. In this situation contact should remain consistent in frequency, be as natural as possible, reduce in supervision and where possible, take place in the parent's home, including sleepovers when risk factors to the child have been addressed by the parent.

Placement stability: When restoration is deemed no longer in the child's best interests, the purpose will be to preserve the child's ongoing connections and sense of identity, while encouraging placement stability and relational permanence (long-term relationships that help a child or young person feel loved and connected).

Undetermined care plan goal: where the care goal is yet to be determined. To avoid future delays for the child, case managers may talk to parents and families early on about planning for several options for the future care of a child, to ensure there is a backup plan should restoration not be achieved - this is called parallel planning.

2.3 Supervision

The CYPS case manager must determine whether supervision is required for contact. Supervised contact may need to take place in a controlled setting such as a secure room in a contact centre where:

- the court has specified this
- there are concerns the parent may try and abduct the child
- in cases where there has been physical or sexual abuse
- there are concerns about the parent's ability to manage the child safely
- there are concerns about psychological risk to the child caused by parental substance abuse
- the child is frightened or anxious or does not feel safe
- the parent is angry and abusive.

Supervised contact is not the preferred long-term model for children and families.

There are 3 types of supervision:

1. **<u>Supported supervision</u>**

   The preferred model of supervised contact is called 'supported supervision' and ensures the child's safety, by supporting and enhancing the parent-child relationship, through skilled paraprofessional staff providing supervision and support to facilitate safe, positive, and well-planned contact visits.

2. **Direct supervision**

   These are contact visits undertaken by a practitioner, who engages in direct observation of the parent and child, in a secured room/setting. This usually includes the worker placing themselves in close, physical proximity to the child and exercising adequate safety precautions (e.g., using duress alarms, etc). This type of supervision is most suitable when there is a degree of risk to the child, or the visitor may be considered as a reasonable threat to the safety and wellbeing of the child. The support worker is required to write notes of their observations and share the report with relevant parties (including the parent) within five business dates (or prior to the next visit) of the contact event.

3. **Family supervision**

   Supervision can often be provided in a relaxed and child-friendly way by simply having a trusted family member present, to encourage organic and natural contact. Grandparents can be an excellent choice, or other extended family members. Kinship and foster carers may also be suitable for providing supervision of contact as long as the power dynamic does not create stress and the family is comfortable with this arrangement.

4. **Contact as a means for further assessment**

Where CYPS wants to use contact as a source of information for the purposes of further assessment (e.g., to assess the viability of restoration), this needs to be clearly communicated to the family members involved and supervision should occur only for the period necessary for assessment, unless there is a safety risk to the child.

2.4 Frequency and duration

Case managers must refer to the table below to guide decisions about the frequency, duration and conditions of contact for a child.

In determining the total number of contact visits per year, case managers must consider the following:

- The child's needs – consider age and development
- The child's routine - school hours, holidays, extracurricular activities, and other potential changes to the child's routine.
- Potential changes to the case plan goal

When contact frequency is being discussed, the need for it to be sustainable for all parties and determined in consideration of the needs of the birth parent and family members, is important. This will optimise the success of contact in the short and medium term. This might include arranging help with transport, accommodating medical appointments, and adjusting the contact arrangements to meet people's work schedules, mental health needs, and availability of support persons.

Recommended standards for contact frequency, duration and conditions based on age of child

Note: At CYPS we believe in exercising best practice standards, and minimum standards ensure basic safety and wellbeing needs of children. Though minimum standards have been outlined below, the frequency of contact should be based on the best interests of the child. Staff responsible for contact must ensure children have **more frequent** contact than the minimum standards prescribed below.

Age	Recommended frequency	Conditions
0-36 months	***Minimum*** twice a week for 2 hours unless the child is being breastfed (see 3.1 for more information on breastmilk).	Frequency of visits are based on the following: • The geographical distance between the child and their parent/significant other is less than 2 hours ○ Where the distance between children and their families is more than 2 hours (e.g., interstate), the service provider holding case management may provide financial and other relevant support to encourage frequent contact for the child in care. • Where the child is being breastfed (see 3.1 for more information on breastmilk). • The person visiting the child has been risk assessed and is considered 'safe' for contact with the child
36 months to 5 years	***Minimum*** once a week for 2 hours	
5 to 12	***Minimum*** once a fortnight for 2 hours	
12 - 18 years	***Minimum*** once a month for 2 hours	

		○ Where the safety of the child cannot be guaranteed, arrangements will be made to hold contact in a safe place with supervision, and gradually build up to visits in public (unless safety remains an issue when reviewing contact arrangements)

Location

The location of contact should be as natural and non-stigmatising as the circumstances regarding safety and risk, permit.

If the child, parent or both parties are placed in a residential setting such as a mental health facility, correctional/detention centre, or drug and alcohol treatment facility, more planning and preparatory work may be required to facilitate meaningful contact, including consideration of the frequency of contact.

Where a parent is incarcerated, the case managers must contact the Senior Manager, Offender Services and Corrections Programs, ACT Corrective Services on [Redacted] or email [Redacted]

When booking a contact visit for a child in care with the incarcerated parent, the following details should be included in the email:

- Full names of all visitors attending the gaol
- Organisational details such as best contact number for case manager and e-mail address
- Detainee's full name
- Preferred scheduled meeting time, date, and length of visit

For more information on supporting incarcerated parents with engaging in contact with their child, contact arrangements and contact settings, please contact the Alexander Maconochie Centre (AMC) specialist children support service operated by *SHINE for Kids* which includes the 'Prison-In-Visits support program' and 'Children's Supported Transport Service'.

Step 3. Consultation with the child and family about proposed contact

The CYPS case manager must consult with the child and family about the proposed contact, including frequency, location and duration. These discussions may occur either as a whole group, or through individual discussions with Care Team members and the child.

The case manager must not finalise contact arrangements until consultation has taken place with the following people:

- with the child (depending on age),
- the child's their siblings
- each parent
- any other family members who are proposed to have contact with the child
- the carer
- the Cultural Services team, where the child is Aboriginal and/or Torres Strait Islander
- Therapeutic Assessment team
- Service provider with primary case management

Contact arrangements should then be finalised in collaboration, in the context of a meeting (or several meetings) of relevant members of the child's Care Team, including the parent/s, the child or young person, their siblings, carer/s and any relevant support services.

The table below provides an overview of who should be consulted and key considerations to guide the consultation.

Who to be consulted	Tips and considerations to guide consultation
The child	Obtain the child's views about what type of contact will meet their best interests and increase opportunities for connection with minimum disruption to the child's daily routines. For more information on supporting children with contact, please access the Contact planning sheet for children and young people and the Easy English guide: Stay in touch with family and friends.
The parents	Consider the rights of a parent and the child when decisions are made regarding contact. If a parent is incarcerated or in a rehabilitation facility, all efforts must be made to include the parent in the consultation. For more information on supporting parents with contact, please access the 'Contact planning sheet' for parents and the Easy English guide: Stay in touch with your children.
The carers	Identify if the kinship or foster carers can provide transport to and from contact visits and feel comfortable staying throughout the visit (where the parent/ family welcomes this or the child requires it). They may also facilitate other indirect contact arrangements between the child and their family (e.g., weekly video calls between siblings, sharing monthly letters and photographs with grandparents, etc). The carer may offer to supervise contact visits or other indirect interactions between the child and the parent (where the carer and parent feel comfortable with this). For more information on supporting carers with contact, please access information for kinship carers, information for foster carers, Contact planning sheet for carers and information for carers about transport.
Siblings	The child may or may not have an established attachment with their siblings. The child may also have siblings placed in different kinship/foster care placements. Based on each sibling's age and stage of development, siblings and/or their carers should be invited to attend a portion of the consultation pertaining to contact with siblings.
Significant others	Extended relatives may have been identified through family finding activities. It is important to consider such relationships to ensure the child can build connections with all members of their family where safe to do so.
Cultural Services team	It is important to identify the family and kin structure early so that children are not disconnected from people who are important in their lives. The Aboriginal and/or Torres Strait Islander Cultural Services Team may be consulted or invited to a case conference (with the family's agreement) to help develop suitable contact arrangements. Where contact relates to an Aboriginal and/or Torres Strait Islander child, the case manager **must** make active efforts to seek a submission to contact decisions (either verbally or in writing), from a service providing ongoing support to the child or their family.

Culturally and Linguistically Diverse supports	Where contact relates to a child from a Culturally and Linguistically Diverse Background, the case manager **must** talk to the family about important cultural practices, identify language needs and seek information from services involved with the family, such as the Migrant and Refugee Settlement Service.
Therapeutic assessor	Carers may have concerns about or negative reactions to contact. It may therefore be relevant to invite a representative from the Therapeutic Assessment and Support team or Melaleuca Place to a case conference, or consult with them separately, to ensure consistent messages are provided to all parties and they feel confident with the advice provided.
Service provider with primary case management	Where a service provider is responsible for case management, referrals for contact will be accepted and finalised contact arrangements will be implemented as planned. Where CYPS is responsible for case management, it is important to engage with the service provider implementing contact to confirm organisational resources and capacity to undertake the prescribed contact arrangements, prior to referrals being accepted.

3.1 Informing family members about contact expectations

To ensure positive and safe contact interactions, it is important for all involved to understand the expected behaviours during contact. Case managers are encouraged to consider a variety of recommendations or conditions, as described in the table below and based on the needs of the child and family circumstances.

The case manager must clearly communicate expectations with everyone, to ensure they understand and agree to the expectations prior to contact. The case manager is then required to document evidence of these conversations and share copies with relevant parties (including the parent).

The table below outlines key conditions of contact to be followed by all parties (including a parent, carer, child and contact supervisor).

Conditions of contact	
Contact will be ended	• if a anyone is visibly drug/alcohol affected • if the person arrives more than 15 minutes late • if the person causes distress to the child, on more than one occasion
Illness	• if a child or parent is sick on the day of contact, they should inform the CYPS case manager or the service provider holding primary case management as soon as possible to reschedule.
When contact doesn't go ahead as planned	• a makeup visit or call should be arranged, if the number of days between the missed event and the next one is over a month.

Smoking	• smoking during contact can be considered as long as the person is physically distant from the child, support workers, carers and/or CYPS staff and smoking takes place outdoors, in permitted locations.
Photos, videos, social media	• parents and significant others visiting the child may take photos and videos of the child, however, they must not identify the child on social media as being in out of home care. • Where safety risks are identified (e.g., sexual abuse) or concerns regarding parental behaviour, consider the purpose of the photos or videos being taken, inform parties prior to the visit and prevent parties from photographing or videoing during contact (where required)
Use of mobile phone	• parents and families are permitted to use their phone for personal reasons during visits. If use of the phone appears to impact the quality of a contact interaction, support workers and carers may encourage parents to engage positively with the child.
Discipline	• parents or family shall not use physical punishment or verbal aggression to discipline the child. Support workers and CYPS staff will redirect negative or escalating behaviours in a strength-based manner, to ensure the child continues to experience positive contact interactions.
Gifts	• parents or family members should inform support staff or case manager of any gifts they might wish to bring for the child and ensure the gift is in an open bag (not gift wrapped). The case manager or support worker may inspect the gift (where appropriate) prior to the child's arrival, to ensure the safety and appropriateness of the gift.
Food	• parents or family members may offer healthy food during contact with the child. The contact supervisor will be made aware of any allergies that the child may have.
Breast milk	• CYPS supports the Australian Government Department of Health position and infant feeding guidelines which recommend exclusive breastfeeding of infants to around six months of age, when solid foods are introduced. Therefore, where breastfeeding occurs during CYPS involvement, consider sustaining breastfeeding where it is in the child's best interests. Practitioners will seek medical clearance or consult CARHU (where required).
Regular failure to attend contact	• regular failure to attend scheduled family time arrangements by a parent will be recorded by a support worker and provided to CYPS for consideration of a change to contact frequency. Please refer to Step 8 of this procedure for more information on contact Reviews.

Step 4. Update the Case Plan and provide to members of the child's Care Team

Once contact arrangements have been agreed collaboratively with all parties, the case manager must:

- Record contact arrangements as a Decision or Significant Action (DOSA) on CYRIS
- Reflect the arrangements in the child's Care Plan
- provide a copy to all members of the Care Team within 5 days of endorsement.

Step 5. Arrange the contact

Case managers must undertake the following activities when arranging contact for a child:

When a child first enters care

For circumstances when a child a child first enters care, case managers will **within 2 days** of the child's entry into statutory care:

- Establish interim contact arrangements between the child and their family
- Complete and submit a referral form to the *contact transport team*
- Arrange a case conference within the **first five days** of a child's entry into statutory care (if the child is placed in kinship care following Emergency Action, the case conference will be facilitated by the CYPS Case Conferencing Unit).

During the case conference, the facilitator of the meeting will:

- discuss and finalise holistic and sustainable contact arrangements
- provide an action plan to the CYPS case manager within 5 days of the meeting.
- ensure a record of the discussions and follow up actions from the meeting are documented and upload it to CYRIS
- share copies of meeting records with attendees and upload evidence of this to CYRIS within 5 days of the meeting.
- Review the following documents for more information:
    - arranging contact, see 'Practice Guide: Developing contact arrangements'.
    - contact and transport, see 'Booking a supervised contact and or transport event'
    - tasks following a child's entry into statutory care, see the 'Emergency Action Procedure', 'Planned Application Procedure' or 'Voluntary Care Agreement Procedure'.

Following the case conference, the CYPS case manager will submit contact arrangements to the court via the child's Care Plan.

5.1 Ongoing contact arrangements

Once frequency, location and duration has been agreed in collaboration, the case manager of the child will implement the following arrangements:

Transport	It is expected that children will be transported to contact by the child's carer (where they are open to this and have positive relationships with the child's family). Where the carer is unable to provide transport, an alternative arrangement should be made that minimises the impact of unknown adults transporting a child.

	If transport cannot be provided by a known adult, transport will be arranged through a service provider. When a child is in residential care, contact and transport will generally be managed by the service provider. For a parent getting to and from contact visits by public transport, the CYPS case manager will empower parents to take responsibility for arrangements and provide support where required. Once the contact details are agreed, the CYPS case manager will clarify funding requirements with their team leader and make a referral to CYPS transport. The case manager will use the contact supervision and transport request form (part b) on CYRIS.
Supervision Role of the support worker	To request supervision reports of contact, case managers are required to complete the Contact supervision and transport request and confirmation form. CYPS transport will triage the request and submit the Contact supervision and transport confirmation-transport-proposal request to the service provider for consideration. Once agreement is made between the service provider and CYPS, the case manager may contact the service provider, the carer, and anyone else involved to confirm initial arrangements. Where a supervised contact arrangement is necessary, there may be a **support worker** used to facilitate and make a record of, how successful the contact was from both the child and parent's perspective. It may be the role of the support worker to ensure the safety and wellbeing of children in the supervised contact setting. The record of supervision should be written in strength based, non-stigmatising and objective language and shared with the person being supervised within five business dates (or prior to the next visit) of the contact event. Support workers can also be asked to assist in the smooth functioning of contact by providing advice to parents and family as well as supporting them to engage with the child.
Funding	On a case by case basis, financial support can be provided to parents and family members to cover the cost of transportation, accommodation, food, activities and snacks for the child during contact. Contact considerations relate to the best interests of the child and should not be influenced by the financial capacity of parents or carers. For information on financial support for carers, refer to the Subsidies and financial support guide.
Medication during contact	If a child requires medication, prescription or otherwise, to be provided during the contact visit or transport, the case worker will need to provide authority for the birth parent or relative and/or support worker to administer this. Medication needs to be in original packaging with the name of the child and authorised dosage clearly visible.

The ACT Together Transport and Support team provides contact supervision and transport on a fee for service basis for children placed in foster care on a short term Care and Protection Order, where restoration is being actively pursued. Where ACT Together cannot accommodate contact, Support or Transport services immediately (only related to children not case managed by ACT Together), referrals will be placed on a wait list.

Where the family is involved with Uniting Children and Families ACT (CFACT) for restoration services, supervision of contact will be transferred to their Contact Service. Please see the 'Practice Guideline: Uniting Children and Families ACT' for more information.

5.2 Post contact feedback

Following each contact, the support worker must provide all parties with a brief review regarding any strengths observed or areas for further improvement. This will ensure parties are not surprised by the content on contact reports shared with them and is provided with adequate time to make relevant changes in time for future contact.

Step 6. Record the contact

Reports of contact by support workers or CYPS

Parents and families should be told clearly by both CYPS and on the day of the contact by the support worker or CYPS case manager, about documenting the contact visit and writing a report.

If these reports are going to be used by CYPS as part of assessment or for evidence in the Childrens Court, the parent or family member must be told this by CYPS.

If a contact report is likely to form part of evidence the record must be accurate and reflect independent observations made by either the support worker or case manager.

Contact reports should be uploaded to CYRIS as a face-to face service event within five business dates (or prior to the next visit) of the contact event. Contact reports may inform the ongoing direction of case management and the viability of restoration.

The record of contact should provide observations about:

- who attended
- the length of the visit
- location of visit
- the interaction between parent and child
- the extent to which the parent exercised his or her role (responding to the child's needs setting limits, disciplining the child, etc)
- whether intervention was required
- how the parent and child separated
- observed reactions after the visit

Language used in reports must be strength-based and written in plain language. Where the child is Aboriginal and/or Torres Strait Islander or from a CALD background, applying a cultural lens to contact reports is vital. For more information on practice considerations regarding Aboriginal and Torres Strait Islander families, see the 'Working with Aboriginal and Torres Strait Islander families – providing culturally response practice' guide.

Parents should be given a copy of each contact report within 5 days, by the support worker or CYPS case manager.

Step 7. Review impact of contact on the child

If the child has entered care for the first time, or has moved to a new care placement, the agency who is responsible for the placement (e.g. CYPS for kinship care placements, a service provider for foster and residential care placements) will arrange the case conference within **five days** of the child entering care or a new placement.

For matters where CYPS is responsible for organising and chairing the case conference, the CYPS case manager must ensure:

- an agenda has been set and invitations sent to all Care Team Members (not later than **24 hours** before the case conference)
- arrange for the declaration of a Care Team to facilitate information sharing (or update an existing Care Team declaration to include additional members)
- all Care Team members have a copy of the Care Plan with the contact schedule included
- where a person is not able to attend, they have been offered opportunity to provide information and this has been uploaded to CYRIS
- the case conference is used to discuss how the child has adjusted to their new care arrangements, as well as the impact on the rest of the Care Team members
- the case conference will also review if any adjustments to contact arrangements might be beneficial for the child and make sure that there are no known obstacles to the agreed contact arrangements
- a record is made of who attended and of the discussions that took place. A record of the meeting discussion and any follow up actions requires must be uploaded to CYRIS within five business dates of the event.
- the Initial Contact Schedule template is completed and uploaded to CYRIS

Children can access their CYPS files, including information held on CYRIS, when they turn 18. Files hold critical information about why certain decisions were made for children in care. Therefore, all contact arrangements should be typed, entered into CYRIS, and copies provided to the child and their family. See the Information sheet: Responsible Client Record Keeping

Step 8. Ongoing review of contact

Contact arrangements should be reviewed and adjusted over time. This ensures that contact is child-centred, consistent with the case management goals, and in the child's best interests.

8.1 Informal contact review

All contact arrangements should be reviewed as the child grows and develops. Contact arrangements should therefore be discussed at any case conference or meeting of the Care Team which takes place as part of ongoing case management.

Changes to contact frequency, supervision and duration might depend on a variety of reasons. A **review of contact arrangements** should take place at least quarterly, within the context of a Care Team discussion. Case managers are also encouraged to review the child's Therapeutic Assessment Report or the Therapeutic Assessment Review Report to identify contact strategies recommended. If concerns persist, case managers may make a referral to consult with the Therapeutic Assessment Team, when:

- there are consistent absences (where CYPS, the carer, or service provider with case management responsibilities have been notified prior to the event)

Note: where contact is cancelled due to parent, child or carer sickness, inability to attend, or other unforeseeable circumstances, that does **not** trigger an official review of contact arrangements.

- there are concerns being expressed by the child's carer about the impact of contact on their wellbeing (including psychological and/or behavioural changes)

  Note: these behaviours may not necessarily indicate that the child is not enjoying or benefitting from contact.

- a member of the Care Team has made a recommendation to change the arrangements
- the child has asked to change the arrangements (e.g., refusing to see their parent/s or a family member)
- there are significant changes in the parent's situation and demonstrated changes in capacity to care (for example improved wellbeing, incarceration, relocation, drug/alcohol rehabilitation or treatments)
- the child's routines and commitments change
- there is a change in case management direction or to a Care Plan goal (e.g., decision to restore, decision to move in care, etc.)

All contact arrangements form part of the child's Care Plan and Case Plan, and any changes can only be made in collaboration with the Care Team and endorsed by the delegate (CYPS Operations Manager). A review of updated contact arrangements must be undertaken within 2 weeks of any changes made.

Where case management has been transferred to a service provider, and when minor, short term adjustments (less than 3 months) are required due to either child or parent illness, interstate travel, or other unforeseen circumstance, the child's case manager can make temporary changes to contact arrangements provided endorsement has been sought from CYPS.

Changes to contact arrangements must be reflected in an updated Case Plan and provided to all Care Team members within 10 working days. The CYPS manager will also complete a DoSA with this information on CYRIS.

8.2 Formal contact review

In addition to an informal review of contact, a formal review should take place **at least annually**. This review can be part of the Annual Review process.

A formal contact review will take the form of a meeting of the declared Care Team or a Case Conference, as decided by the CYPS case manager. Changes to the contact arrangements will be made in partnership, consistent with how the arrangements were developed.

All contact arrangements form part of the child's care plan and case plan, and any changes can only be made in collaboration with the care team and endorsed by the delegate (CYPS). A review of the contact arrangements must be undertaken within 2 weeks of any changes made.

Where long term adjustments are required for other reasons, and the matter has been transferred to a service provider for case management, the child's case manager is required to put forward a Contact Decision-Making Template with recommendations in relation to contact frequency. This will result in CYPS convening a formal contact review in line with this procedure.

Changes to contact arrangements will be reflected in an updated Case Plan and provided to relevant Care Team members within 10 working days. The CYPS manager will also complete a DoSA with this information on CYRIS.

Complaints

Contact decisions may also change due to concerns and/or complaints raised during contact. All concerns and complaints about contact should be resolved as early as possible at the operation level.

As contact decisions can be subject to an internal review, where an affected person is dissatisfied following attempts to resolve the complaint at the operational level, the affected person may apply for an internal review. In this circumstance, the case manager must undertake the following to assist them:

1) Provide the affected person with an internal review fact sheet and application. Application forms will also be located on the ACT Community Services Directorate website.
2) Provide the affected person information about advocacy services such as specialised advocacy services that can assist them through the internal review process. These may include services for:
   a) birth families,
   b) people with a disability,
   c) and children.
3) Consider a consultation with the Cultural Services Team for Aboriginal and/or Torres Strait Islander families, to ensure the affected person is appropriately supported.
4) Tell the affected person or their nominated advocate or support person to **submit** their request for an internal review to CSDCYFComplaints@act.gov.au within **30 calendar days** of receiving the original decision.
5) See Internal Review Procedure for more information.

There is also an option for a party to appeal contact decisions proposed by CYPS when proceedings are still ongoing in the Childrens Court, by making a cross-application for different provisions (s.428). If proceedings have ended and a party wishes to amend the order, or a provision in the order, they would need to make an application (s.466), if it is in the best interests of the child.

Roles and responsibilities

The following table outlines the roles and responsibilities under this procedure.

Role	Responsibility
Case manager	• Determine appropriate frequency, location, duration and type of supervision for contact • Submit a referral form to the contact transport team to establish interim contact between the child and their family within 2 days of the child's entry into statutory care • Identify key stakeholders to form the child's *Declared Care Team* • Undertake family finding, FGC referral, or other case management activities to identify existing/new family relationships • Update the child's genogram on CYRIS

Role	Responsibility
	• Consider all previous assessments and information received, to determine the suitability of persons identified to have contact with the child • Complete a Police check on new family relationships or persons identified through family finding, FGC or other case management activities to ascertain their suitability to have contact with the child • Make a referral to the Case Conferencing Unit or organise a case conference within the first five days of a child's entry into statutory care to consult with the child, their parent/s, carer/s, siblings, significant others, cultural teams, therapeutic teams, care team and other service providers • Send out meeting invitation letters (including, a request for written updates from those who cannot attend, including health professionals or teachers), an information sheet on case conferencing and the meeting agenda to all members of the child's care team. • Make a record of the discussion and any decisions made during a case conference. • Upload meeting minutes and evidence of sharing them with relevant parties on to CYRIS within 5 days of the meeting. • Share copies of meeting records with attendees within 5 days of the meeting • Finalise contact arrangements and submit to the court via the child's Care Plan • Clarify funding requirements with the team leader and make a referral to CYPS transport • Complete the Contact supervision and transport confirmation-transport-proposal request form to book transport and supervision through an external provider (where relevant) • Contact each person with whom the child will be having contact, to confirm final arrangements and key expectations during contact • Document these conversations and share copies with relevant parties within five business dates of the event. • Align the child's goals of contact with their case plan and case management direction. • Record contact arrangements by using the Goal and Action function on CYRIS • Provide a copy of the updated case plan to all members of the child's Care Team within 10 working days • Prepare all parties for contact • If providing supervision, ensure contact observations are recorded and uploaded to CYRIS within five business dates (or prior to the next visit) of the contact event. • Where a support worker is providing supervision, contact reports are obtained, uploaded to CYRIS and shared with parents within five business dates (or prior to the next visit) of the contact event. • Conduct contact decision reviews as relevant • Address any complaints as they arise

Role	Responsibility
	• Review and update contact arrangements in collaboration with the Care Team.
Team Leader	• Approve contact arrangements following consultation with the child's care team. • Confirm funding requests as relevant
Contact Support Worker	• Engage with and support positive interactions between children and their families • Make accurate records of the interaction between children and their families • Share copies of these records with CYPS and the person being observed (parents, siblings, other significant' person) within 5 days of the Contact event
Case Conferencing Team	• Accept referral from case manager to facilitate a case conference for the child • Provide an action plan to the CYPS case manager within 5 days of the meeting • Facilitate additional case conferences when contact decisions need to be reviewed
Out of home care service providers	• Make recommendations on contact decisions as relevant

Record keeping

All decision-making statements completed by CYPS staff or shared by external service providers **must** be linked to a DoSA record on CYRIS.

Related materials

The following materials directly relate to this procedure.

Legislation

- *Children and Young People Act 2008*

Other documentation

- Policy: Contact
- Procedure: Internal Review of Decisions
- Procedure: Working with Uniting Children and Families ACT
- Practice guide: Developing contact arrangements
- Information sheet: Information for carers about transport
- Information sheet: Keeping contact with children and young people - information for kinship carers

- Information sheet: Keeping contact with children and young people - information for foster carers
- Information sheet: Stay in touch with your children (Easy English)
- Information sheet: Stay in touch with your children
- Information sheet: Stay in touch with your family and friends (Easy English)
- Contact supervision and transport confirmation-transport-proposal request
- Initial contact schedule
- Contact planning sheet for carers
- Contact planning sheet for children and young people
- Contact planning sheet for parents

Document information

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Version history

The following table details the published date and amendment details for this document.

Date	Amendment details
3 December 2021	First publication of this procedure.
25 January 2022	Level 2 changes regarding record keeping and financial support

Definitions

For definitions of terms used in this document, access the CYPS glossary.