

A Guide to Best Practice in Supervised Child Contact

Alan Slade

Head of Coram

Child Contact Service 1998-2006

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Coram Community Campus
49 Mecklenburgh Square
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www.coram.org.uk

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Foreword

When the relationship of parents breaks down, it is not only the adults who suffer. Children generally love and need both their parents and the effect of divorce or other separation can be seriously detrimental to the welfare of the children of the family. Wherever possible, unless the absent parent is unsuitable, the child should have the opportunity to remain in contact with him/her. In some cases unrestricted contact is not feasible but, nonetheless, the maintenance of a link with the absent parent is in the best interests of the child. To maintain contact in those circumstances is a difficult and sensitive matter.

Coram Family has many years of specialist experience in managing difficult situations revolving round issues of contact in a supervised setting between the absent parent(s) and the child. The contribution made by Coram Family to the children and adults who have passed through their doors is incalculable. The vast experience gathered from this first hand exposure to these often seemingly insoluble problems has been for some years and continues to be provided to other organisations. I am delighted to hear that the unique service provided by Coram Family has been recognised by the Lord Chancellor's Department and that a consultancy and advice service is being set up to support the establishment of similar centres around the country.

I cannot stress too strongly the importance of the service provided by Coram Family in making possible the important continuing link between the child and either or both parents with whom the child does not live. The Guide to Best Practice in Supervised Contact will give the opportunity to a much wider audience to learn about the high quality of the services provided by Coram Family and how to provide such services elsewhere.

**The Right Honourable Dame Elizabeth Butler-Sloss DBE
President of the Family Division
March 2002**

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Introduction

Coram Family, one of England's oldest children's charities, has been working continuously with deprived and disadvantaged children since 1739 when Captain Thomas Coram, a merchant sailor, established the Foundling Hospital to provide care for the abandoned children he found living and dying on the streets of London. Since 1739 Coram Family has been pioneering innovative approaches and pushing back the frontiers of professional good practice. Today Coram Family (previously known as the Thomas Coram Foundation for Children) works with vulnerable children, young people and their families to promote resilience, enabling them to take responsibility for their own lives and achieve their full potential. A number of Coram's services, such as the Coram Adoption Service, Coram Leaving Care Service and the Fostering New Links service work with children and young people who have experienced trauma and dislocation and are already separated from their families. Other services, such as the Parents Centre and Family Support Service aim to provide early intervention and parenting support to promote children's life chances.

Coram Child Contact Service, established in 1987 as 'The Meeting Place' project, was the first service in the UK to provide professional social work supervision of children's contact in a specially designed setting independent of social services and the courts. Uniquely, Coram started providing specialist contact originally to children in local authority care and then, in 1989 to children whose parents were divorced or separated, before it branched into a 'supported Contact Centre' and affiliated with the National Association of Child Contact Centres. Coram provides a supervised service in equal measure to children of divorce and separation and to children looked after by local authorities.

Its aims are to support the emotional, psychological and social development of children and young people by providing them with safe and beneficial contact to parents, siblings and other family members from whom they are separated due to care proceedings or serious breakdown in parents' relationships, or by restricting unsafe and damaging contact. The service seeks to value and promote the rich cultural and ethnic diversity of its users. It advocates for and promotes the provision of professionally managed child contact services at a national and regional level as fundamental to supporting children during and following contested family law proceedings.

Coram Child Contact Service manages over 770 professionally supervised contact visits per annum. It has provided almost 10,000 supervised visits, some 20,000 hours of contact since 1987, for around 3,000 families and 5,000 children.

The service has always aimed to influence practice and policy in respect of child contact. This *Guide to Best Practice in Supervised Child Contact* draws on Coram's experience and learning. It is intended both as a guidance manual to enable and support agencies, professionals and others to understand, assess, plan and effectively manage supervised contact in the most complex and intractable cases, and as a 'starter pack' for agencies wanting to establish a supervised contact resource or improve on already existing resources.

**A Guide to
Best Practice
in Supervised
Child Contact**

Part 1: The background to supervised child contact

Part 1: The background to supervised child contact

Contact: A brief history

In 1818 the Marine Society, which sent to sea 10,000 British boys between 1756 and 1862, was asked by MPs what provision was made to maintain contact between sailor boy and parent. After some hesitation, the Society gave the rather discouraging reply, ‘None’.¹ In a rare reference to child contact, those elected representatives posed their question on behalf of the public rather than their electors (women did not then have the vote) and without the benefit of the modern human sciences of psychiatry, psychology, and child-development. As for many of us today, it was a matter of common sense to them that contact with family might be important for those far-flung sailor boys and the parents they were adrift from.

Contact, or maintaining links between children and absent family, is a part of life for growing numbers of children in modern society. In many cases, the need for contact arises following the breakdown in the relationship of the child’s parents. Around 40,000 contact orders are made every year by UK courts in private (divorce and separation) law proceedings.² Around 4,500 Care Orders are made each year, each of which will have required local authorities to present to courts recommendations and plans for contact: there are on average around 65,000 children accommodated and looked after by UK local authorities at any one time. Divorce rates in the UK rose sharply during the 1960s³ and 1970s and have remained high, at around three times the levels of the 1960s. It is estimated that four in every 10 children born to married parents in the UK will have experienced their parents’ divorce by the time they are 16.⁴ At most, seventy per cent of divorced fathers have ‘some’ contact with their children.⁵ Therefore, a large number of children have no contact with their father, or only very infrequent or irregular contact after divorce.

The growth in the social construct of contact is also partly explained by changes in public policy for children in care. Since the implementation of the Children Act 1989, there has been a presumption of continuing contact with parents for children in care. This has not always been so. The history of social welfare interventions into so-called problem families has been something of a seesaw. On the one hand there has been an ideology of permanency or ‘fresh start’, which promotes strong State intervention, taking children away from parents viewed as unfit, and the severing of family links.⁶ On the other hand there has been an emphasis on supporting struggling families and rehabilitating children.

The presumption of contact is now applied, not only to children temporarily looked-after by local authorities, but increasingly to permanent substitute

¹ Millham, S, Bullock, R. *Lost in Care: The problems of maintaining links between children in care and their families*. London. Gower, 1986.

² Department of Health, *The Children Act Report, 1995-1999*, The Stationery Office, 2000.

³ Lewis, C, *A man’s place in the home: fathers and families in the UK*, Joseph Rowntree Foundation, 2000

⁴ Lewis, C, op. cit.

⁵ Lewis, C, op. cit.

⁶ Widdowson, J, *Child contact, welfare versus protection: the continuing dilemma*, (unpublished MA thesis [Coram]) 1998

family placements, including adoption. Over the past thirty years, adoption has changed from being predominantly about placing babies of single mothers with childless couples, to a service for children in care needing new permanent families. Only 5% of children adopted in 1996 were aged under a year, while 69% were aged 5 or older.⁷ The fact that children adopted today are far more likely to remember and have emotional links with their birth families, has provided part of the impetus for openness. If the number of older children adopted from care rises, in line with current government policy, questions around continuing direct contact will apply for a growing number of children.

The drive towards greater openness has also come from retrospective studies linking children's sense of identity with their understanding of their origins, and the possible adverse effects of secrets and deception in families.⁸ Openness in adoption was first legislated for and then practiced routinely in New Zealand from the mid to late 1980s, where a willingness to learn from and value the indigenous Maori population's child-care practices led to an open and inclusive approach to substitute family care.

Contact with an absent parent is a deeply complex and potentially problematic experience for children, even where they have enjoyed warm and largely untroubled relationships. Contact, visiting a parent by appointment, is a unique construct which has no counterpart in the relationship which children have with their parents when they are living with them. Even indirect contact, through letters, cards, or gifts for example, can stir up confusing and disturbing emotions for children. Equally, parents themselves have had little or no experience during their own upbringing to prepare them for contact.

The Children Act's presumption of contact, balanced always by the child's best interests, represents a significant advance on the legal position prior to the 1989 Act. It is vital to acknowledge however, that for some children, and for some vulnerable parents, contact may not be in their best interests. Particularly for children who have experienced serious abuse or witnessed domestic violence between their parents, there is a lack of evidence that contact is beneficial. The behaviour of the perpetrator may be so distorted that continuing contact serves only to re-open the child's wounds. Through contact, a parent may continue abusing the child, a former partner or both. On the other hand, parents suffering chronic mental health problems may try to do the right thing by visiting their children but find themselves overwhelmed by feelings of guilt, shame, and inadequacy that result in a resurgence of their illness.

⁷ *Social Trends*, 28, Office of National Statistics, 1998

⁸ Triseliotis, J. Identity and security in adoption and long-term fostering. *Journal of Adoption and Fostering*. 51, 22-31. 1983.

Part 1: The background to supervised child contact

Coram Family's definition of supervised contact

Following the research work of Wallerstein and Kelly⁹ in respect of children of divorce, centres providing a safe venue for contact between parents and children were opened in many developed countries. The first child-contact centres began appearing in the USA and Canada in the late 1970s and early 80s, in New Zealand and Australia in the mid 80s and in the UK in the late 80s. By 2001 there were almost 300 contact-centres in the UK offering supported contact.

These centres are staffed mainly by volunteers and funded largely by small grants. They work to policies and procedures drawn up by national affiliations. In the UK, this is the National Association of Child Contact Centres.¹⁰ Centres provide neutral, impartial supportive settings to help parents deal with the practical and emotional difficulties of arranging child contact after separation. Tens of thousands of children and families benefit from these centres every year. However, most voluntary centres resist the pressure from courts and social services to take cases where there are serious concerns for the welfare of the child that require contact to be supervised.

Supervised contact

Supervised contact, where children are enabled to meet a relative with an independent adult present, has become increasingly recognised by courts as necessary in cases of proved or alleged abuse, abduction or domestic violence. Sometimes supervised contact is provided by the child's social worker or by a foster carer, and takes place for example in the child's foster home or a social services venue.

Potentially, professionally supervised contact can play a therapeutic role, and can provide an opportunity for children and parents to learn new ways of relating to each other. It can also help children who will live permanently away from one or both parents to come to terms with their loss. Specially designed contact services offer both privacy and safety for children and the resident parent, and parenting support for parents. However, in every case it is important to establish early on that contact is beneficial for the child and for contact to have a clear purpose.

Coram Family's definition of supervised child contact

'Supervised contact aims to ensure safety from physical harm and emotional abuse and requires a high level of constant supervision from supervisors experienced and confident enough to intervene immediately and firmly if anything of concern arises. If safe contact is achieved supervision becomes therapeutic in the widest sense. The

⁹ Wallerstein, J, and Kelly, J, Effects of divorce on the visiting father-child relationship, *Am J Psychiatry* 137: 12, December 1980.

¹⁰ National Association of Child Contact Centres, *Directory*, 2001

contact is managed so that the child is supported in resolving issues with the parent which he or she needs to understand; or to provide opportunities for a parent to apologise or in other ways make amends; or to effect a planned and humane ending to contact. In supervised contact, the supervisor plays a role in guiding parents to improve the quality of interactions and parenting; this may include 'mediating' to improve the quality of interactions between a child's parents or between parents and substitute carers'.¹¹

The UK legal context

What does the Children Act 1989 say about contact?

Under the Children Act 1989 (CA89), the overarching principle governing decisions ordered by a court is that the child's welfare is the first and foremost consideration, the 'paramountcy principle'.¹² The Act contains a checklist of factors the courts must consider before making an order, called the welfare checklist.¹³

A key factor of the checklist is listening to children. Courts are expected to take account of children's wishes and feelings, 'considered in the light of their age and understanding', before making decisions affecting them, including about contact. However, fundamental to the Children Act 1989 and perhaps its most significant and difficult aim is the balancing of children's rights to protection by the State, with families' rights to privacy and self-governance and to protection from unwarranted state interference.¹⁴ It seeks to strike a humane and safe balance that incorporates the lessons learnt from the avoidable murders of, amongst others, Jasmine Beckford and Kimberley Carlisle and the findings and recommendations about unwarranted or inhumane state intervention in families illuminated by the Cleveland enquiry.¹⁵

The 1989 Act established a new framework, generally termed 'partnership', for the relationship between family and state. Section 1(5) of the Act ensures that 'the Court shall not make any order unless it considers that doing so would be better for the child than making no Order at all'. In doing this, CA89 sought to engender a measure of equal partner status between massive, multi-million pound local authorities and the tiny, usually impoverished, unsupported and isolated families whose children most often come to their attention.¹⁶ Instrumental to the promotion of 'partnership' is the Act's framework for child contact.

Since the implementation of the Children Act 1989, there has been a general presumption that children in care, or separated from one parent through family breakdown, should have continuing contact with their parents and relatives unless such contact can be shown to be not in their

¹¹ Coram Child Contact Service, adapted from *The Experts Report, Contact and Domestic Violence* (Drs Sturge & Glaser in Re: L, Court of Appeal, [Fam Law, September 2000])

¹² Children Act 1989, s.1

¹³ CA89 s.4

¹⁴ see Parton, N. *Governing the Family: Child Care, Child Protection and the State*. London, Macmillan, 1991.

¹⁵ see Parton, N, op cit (see above)

¹⁶ Bebbington, A. & Miles, J. 'The background of children who enter local authority care', in *Patterns and Outcomes in Child Placement*, DoH, 2nd ed., pp. 6-9. London, HMSO, 1996.

best interests. The term contact replaces the previous legal term ‘access’, reflecting a change in philosophy from parental and state-agency rights over children to an emphasis on parental responsibility and on the needs of children themselves. The term contact encompasses face-to-face meetings, telephone calls, letters, birthday cards, presents, and photographs.

**Children looked after and accommodated
(Public Law – CA89 Section 34)**

Under the Children Act, married parents or the unmarried mother of a child subject to a Care Order have continuing responsibility for their child even though they are not living with them.¹⁷ Understandably, as the child’s protector, the local authority has the power to limit parent’s exercise of responsibility in order to protect the child.¹⁸ Compensating for this qualified partnership, local authorities have a duty under CA89 to promote contact between any child they are looking after and the child’s parents, relatives and friends, again so long as this is consistent with the child’s welfare and safety¹⁹. They are also under a duty to allow children in care ‘to have reasonable contact’ with their parents or guardians. To obtain a Care Order a local authority must advise the court of its plans to promote and allow reasonable contact or, if contact is to be restricted, satisfy the court as to the grounds for this.²⁰

For children voluntarily accommodated, foster carers, children’s home staff, and social workers will arrange for contact visits or outings for a child without a court order. However, where there is a care order or interim care order, parents and guardians are entitled to apply to the court for contact to be defined within the terms of the care order. There is also provision whereby relatives and friends may, with the permission of the Court, apply for contact to a child subject to a Care Order. Children themselves have a right to apply for contact with a significant individual.

Care orders can define and describe the terms of the contact the child is allowed and may, for example, restrict contact to specific periods or places.²¹ The order may also specify for contact to be by telephone or letter. The local authority or the child may also apply for an order allowing the authority to refuse to allow contact with someone, including a parent.²² As in all contact applications, the child’s welfare, rather than the parent’s right to see the child is the paramount consideration.

**Children of divorce and separation
(Private law – CA89 Section 8)**

Where a child is not living with one parent, for example because of relationship breakdown (but not because the child is in care), that parent may under the private law provisions in the Children Act apply to a court

¹⁷ CA89 s2

¹⁸ CA89 s33(3)(4)

¹⁹ CA89 sch.2, para.15

²⁰ CA89 s.34

²¹ CA89 s.34 (7)

²² CA89 s.34(4)

for a contact order providing for the child to visit or stay with him or her.²³ In many cases, parents are able to agree contact between themselves without needing to go to court. However, even where there is no dispute between them as to whom the child should live with or about the principle of contact, the absent parent may want to apply for a contact order. The order can also cover indirect contact: letters, presents, cards, etc.

Orders may be made for contact with any person, including, for example, grandparents and extended family, siblings and family friends. A ‘contact order’ means an order requiring the person with whom a child lives, or is to live, to allow the child to visit or stay with the person named in the order, or for that person and the child otherwise to have contact with each other (Section 8 (1) Children Act 1989).

In deciding whether to grant a contact order and what the order should be, the UK court will apply the paramountcy principle. This means that the child’s welfare is put first and overrides all other considerations. The court is also able to prohibit contact between an individual and a child. However, denying contact between a parent and a child is regarded as a serious issue, and the court will consider whether there are compelling reasons why contact should be denied. The court has to decide whether the fundamental need of every child to have an enduring relationship with both parents is outweighed by the risk of harm that may be caused by contact.²⁴ The court may attach conditions to a section 8 contact order, for example, by requiring contact to be supervised or that the person seeking contact undertakes treatment, for instance for domestic violence.²⁵

Adoption

The Children Act 1989 also provides for a contact order to be made when a child is freed for adoption or when they are adopted.²⁶ The contact order may for example allow for continuing contact between children and their birth relatives, either directly or by letter. In practice, however courts do not usually impose an order for contact against the wishes of adopters.²⁷

Domestic violence

The Children Act makes no particular reference to the needs of children affected by domestic violence. Reflecting the tendency of people in authority to minimise such violence, judges and magistrates sometimes allow contact in cases where it may be harmful for children and the parent with residence. Recent guidelines for good practice from the Advisory Board on Family Law and endorsed by the Lord Chancellor’s department²⁸ aim to redress this, by setting out steps to be taken where there are allegations of domestic violence. These direct the court to consider carefully the likely risk of harm to the child if contact is either

²³ CA89 s.8

²⁴ White,R.,Carr, P.,and Lowe,N, *The Children Act in Practice 2nd ed* ,Butterworths, 1995.

²⁵ CA89 s.11

²⁶ CA89 s.8

²⁷ White, Carr and Lowe, op. cit.

²⁸ The Advisory board on Family Law: Children Act Sub-Committee, *Guidelines for Good Practice on Parental Contact in Cases where there is Domestic Violence*. The Lord Chancellor’s Department. 2001.

Part 1: The background to supervised child contact

The UK legal context

granted or refused and to consider how, if contact is judged to be in the child's interest, it should be carried out. For example, the court is directed to consider whether contact should be supervised, and how the safety of the child and the residential parent can be secured.

The European Convention on Human Rights

Article 8 of the European Convention on Human Rights, which has been incorporated into UK law by the Human Rights Act 1998, guarantees the right to respect for private and family life. There might appear to be potential for a parent to invoke Article 8 to attempt to gain contact with a child when it has been terminated by a UK court. However, current European court case precedents make clear that the paramountcy of the welfare and human rights of a child under Article 3 outweigh the rights of a parent if a choice has to be made.²⁹ So there seems little prospect of an unfit parent successfully using the European Convention to obtain contact where a UK court has ruled that this was against the best interests of the child.

Theoretical context

Why do children need continuing contact with parents and other family members?

For children separated from one or both parents through divorce or care proceedings, continuing contact with family members is usually important for their emotional and psychological development and well-being. Contact can serve the following functions:

- It can help children maintain important emotional and psychological bonds with relatives and friends.
- It can provide stability for children in care, and a source of support in young adulthood.
- It can help the child develop a sense of identity and belonging.
- It can increase a child's sense of self worth and self esteem.
- It can increase the likelihood of a child successfully returning home.
- It can help children develop a sound understanding of the reasons for separation from family and the adult's responsibility for this.
- It can help to keep children safe and in the public eye when they are away from home.

Attachment theory

It is a matter of common wisdom that an emotionally warm, supportive and continuing relationship with a parent or primary caregiver is central to a child's developing well-being. Yet, in terms of psychological theory and

²⁹ Payne v Payne, [2001] 1FLR 1052 unpublished notes from the Human Rights Act Monitoring Unit, Kings College London.

public policy it is a relatively new idea, developed over the past 60 years.

During the post war years, Anna Freud and John Bowlby documented the harm experienced by children brought up in orphanages and nurseries where their physical needs were met but they lacked the opportunity to maintain or form warm bonds with significant adults. Bowlby concluded: ‘... mother love in infancy is as important for mental health as are vitamins and proteins for physical health.’³⁰

Bowlby developed this into the ‘theory of attachment’, arguing that children are biologically predisposed to attach themselves to one figure, usually the mother.³¹ The attachment of a child to a carer was defined as ‘behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual’, most often observed ‘in strange situations’.³² A carer’s bonding with a child was defined as ‘responsive sensitivity to the child’s needs during and following its earliest months’ through ‘relatively much physical contact’ that provides ‘a secure base’ and ‘benign, containing environment’.³³

Although the fundamental principle of attachment is widely accepted, Bowlby’s emphasis on a single attachment to a mother figure has been criticised by researchers and theorists. Research carried out in the 1960s³⁴, a time when it was much more common than it is today for mothers to stay at home full-time with their children, found that the sole principal attachment was to the mother in only half of the eighteen-month-old children studied. For nearly a third of the toddlers, the main attachment was to the father. Although there was usually one particularly strong attachment, most of the children studied seemed attached to several people with varying degrees of intensity. In researching childcare cultures, Weisner and Gallimore found that:

‘In 186 non industrialised agricultural societies mother was rated as exclusive caregiver in only 5’... and ‘in 40% of all societies other persons had important care-taking roles in infancy, increasing to 80% of societies in early childhood.’³⁵

Based on her observational work with families in Africa, Mary Ainsworth described a hierarchy of attachments. She found that it was the mother’s, or other primary carer’s sensitivity to the baby’s signals, that was the key element in the eventual strength of the infant’s attachments to others . Subsequently, Michael Rutter developed this concept of multiple attachments, highlighting the importance of the role of extended family, friends, and peers.³⁷ ‘most children develop close bonds with several people, and it appears likely that these bonds are basically similar.’

³⁰ Bowlby, J, *Maternal Care and Mental Health*, World Health Organisations, Geneva, 1951.

³¹ Bowlby, J, *Attachment and Loss: I. Attachment*, Hogarth Press, 1969.

³² Bowlby, J., ‘The Making and Breaking of Affectional Bonds’. London. Tavistock, 1976

³³ Bion, W. R. ‘A Theory of Thinking’. *International Journal of Psychoanalysis*, Vol. 43, 1962

³⁴ Schaffer, H and Emerson, P, ‘The development of social attachments in infancy’, *Monogr. Soc. Res. Child Devel.*, vol. 29 no94, 1964.

³⁵ Weisner, T. S. and Gallimore, R. (1977) ‘My brother’s keeper: child and sibling care-taking’, in Smith and Cowie (1994), *Child Development*, 2nd ed. London. Blackwell.

³⁶ Ainsworth, M. *Infancy in Uganda: Infant Care and the Growth of Attachment*. Baltimore. John Hopkins Press. 1967.

³⁷ Rutter, M, *Maternal Deprivation Reassessed*, Penguin, 1972

David Howe³⁸ provides an overview of the various forms of attachment. He refers to Mary Ainsworth's 'attachment classification system'³⁹, which describes five patterns of attachment.

- Secure – 'parent' experienced as a warm, reliable and consistently dependable base
- Insecure and disorganised attachment - parent experienced as frightening and not available as a source of safety or comfort
- Insecure and ambivalent/resistant attachment – parent not directly hostile or rejecting but repeatedly inconsistent and insensitive
- Insecure and avoidant/ambivalent attachment – parent experienced as indifferent and rejecting of needs
- Non-attachment – no experience of a warm, reliable and consistently dependable 'parent'

Rutter also pointed out that a number of people play different roles in children's lives, all of which are important: 'For some aspects of development the same-sexed parent seems to have a special role, for some the person who plays and talks most with the child and for others the person who feeds the child. The father, the mother, brother and sisters, friends, school-teachers and others all have an impact on development, but their influences and importance differ for different aspects of development.'

The essential fact of attachment theory is that infant mammals, human or otherwise, actively seek out the presence of their primary carer/s in situations of perceived or actual threat.

The research of Bowlby and others shows that sudden and inexplicable separations from primary carers and familiar social and cultural experiences gives rise in children to bewildering feelings of loss, anger and abandonment, similar in most respects to the loss, anger and depression that adults experience on the untimely death of a loved one.⁴⁰ It seems it is not simply 'loss', that disturbs us, but rather loss that is ongoing, not fully understood and never properly mourned and 'closed'.

There is little dispute that the consequences for children's well-being, both in the short-term and in young adulthood, of failing to form and sustain normal attachments and bonds, or of having those attachments and bonds suddenly and inexplicably disrupted, is potentially very serious. However, different theorists have taken opposing stances on the implications of contact for children separated from one or both parents.

³⁸ Howe, D. *Attachment Theory for Social Work Practice*. London. MacMillan. 1995

³⁹ Ainsworth, M. D. et al, *Patterns of Attachment*. New Jersey. Erlbaum. 1978

⁴⁰ Bowlby, J. *The Making and Breaking of Affectional Bonds*. London. Tavistock Publications. 1979.

Psychological permanency

Goldstein, Freud and Solnit⁴¹ have argued for the swift severing of all links to inadequate parents to free the child to form a new attachment to a substitute 'psychological parent'. They emphasised that the neglected or abused child needs a: 'placement which maximises, in accordance with the child's sense of time and on the basis of short-term prediction, his or her opportunity of being wanted and for maintaining on a continuous basis a relationship with one adult who is or will become his psychological parent.' There is no doubt that this perspective is appropriate in some situations. For instance, where a baby or infant has been taken into care having developed no real attachment to its parents and where there is a pressing need to provide the child with permanent substitute parents through adoption.

However, the theory can be inappropriate when considering a child who has a store of memories and experiences of family, some good and some damaging but nonetheless an attachment has formed and is a reality. Equally, the theory's treatment of parents who may be inadequate but nonetheless have rights to be treated with dignity, verges on the inhumane and ignores the evidence that children can and do develop successful multiple attachments.

Psychoanalytic theory - object relations

Psychoanalytical ideas are particularly relevant in thinking about the sorts of *processes* which underlie child development and underpin adult experience. Many practitioners working with children find that psychoanalytic theory provides valuable insights into understanding emotional bonds between children and their parents, and the role which contact can play in helping children come to terms with separation. Melanie Klein developed object relations theory to understand how processes within the child's internal world shape the development of a sense of self and of relationships between self and other people.

Klein⁴² argued that the infant's relationship with its first love object, the breast, was the first step in building an internal symbolic fantasy world. She thought that the internalised representation of goodness was made up of the infant's early experiences of its parent/carer. The infant developed 'splitting' as a defence mechanism, so that good experiences – feeding - are internalised whilst bad experiences – absence of feeding and the infant's consequent and intolerable feelings of anger and envy - are projected outwards into a fantasised 'bad object'. When, through warm, attentive, and consistent parenting, the infant internalises that both are actually one object, it can develop a healthy relationship with its carer and itself. For Klein, weaning is a crucial stage in this infant development, because it

⁴¹ Goldstein, J Freud A and Solnit A, *Beyond the Best Interests of the Child*, Free Press. 1973.

⁴² Klein, M, *The importance of symbol formation in the development of the ego*, in *Love, Guilt and Reparation*, London. Tavistock. 1940.

represents the absolute loss of the perfect love object, the acceptance of a less than perfect reality and so precipitates mourning. The anxiety which this brings, provides the opportunity for development.

For children removed into ‘care’ or separated from one parent through family breakdown, the lost parent can be idealised or denied. There is a constant tension between the sense of missing a good absent figure and abandonment by a ‘bad’ unloving one. In order to be able to handle separations the child needs a secure internal figure. Potentially, contact offers an opportunity for the child to sustain the ‘good’ parts of a loving parent and develop emotional resilience to the ‘bad’ bits of that parent. Children can learn that their anger and frustrations are not to blame for the separation, freeing them to invest in new relationships with their substitute carers.⁴³

Object relations and contact disputes

Thinking in object-relations terms also provides a useful working tool to understand the experiences and behaviour of separated parents or of parents and local authority ‘corporate parents’ in contact disputes. The defence of ‘splitting’, of desperately holding onto only very good feelings about oneself and of projecting out all bad feelings onto others appears very common in disputed contact cases. Each ‘side’ comes to view the other as either mad, bad or both: ‘the mad-bad couple’.⁴⁴ The adversarial nature of UK family proceedings of course exacerbates this tendency to attribute fault to others and claim perfection oneself.

Psychoanalytic theory – primary parental preoccupation

Acknowledging attachment behaviour and building on and expanding object relations theory, Winnicott, and later Bion, developed concepts that described the processes between parent, or carer, and child that help develop a child’s secure sense of identity, independence, and pleasure in relationships.

Working in 1956 when parenting was in reality mothering, Winnicott⁴⁵ described primary maternal preoccupation, sometimes called ‘maternal reverie’. This is the capacity of the caregiver to being ‘emotionally stirred up’ by the baby’s distress and clinginess whilst remaining responsive, calm and warm – receptive and not rejecting. Bion⁴⁶ elaborated this concept by proposing that the way in which a parent makes contact with the baby’s state of mind, and through attention and support enables the baby to grow psychologically, establishes a relationship in which the parent’s or carer’s mind acts as a container for the baby, what Bion called the ‘container - contained’. Essentially a relationship and environment exists from ‘carer’ to ‘cared for’ that remains warm and receptive despite frustration and anger, and thus contains and diffuses bad feelings and troubling behaviours.

⁴³ Kendling, L, *Maintaining Links, a psychoanalytic perspective on contact between children looked after by the local authority and their parents* (unpublished dissertation [Coram]). 2001

⁴⁴ Clulow, C. Vincent, C. *In the Child’s Best Interests? Divorce Court Welfare and the Search for a Settlement*. London. Tavistock Publications, 1987.

⁴⁵ Winnicott, D W. *The Maturation Process and the Facilitating Environment*. London. Hogarth. 1956.

⁴⁶ Bion, in Rustin, M. et al. *Closely Observed Infants*. London. Duckworth. 1995.

Primary parental preoccupation and supervised contact

Supervision of contact is a powerful and usually wholly un-welcome intervention in parents' relationships with their children. It may variously be described as, 'totally artificial', 'like being in prison' or 'a total injustice'. In short, for parents, and for children it is a strange situation imbued with threat and uncertainty and their impulse will often be to reject and 'attack' supervisors. Applying 'container-contained' theory to the initial planning and management of supervised contact, to the environment in which it is to occur and to the manner in which the worker approaches the supervision task with the family is crucial to successful, child focussed supervision.

Black psychology and child development

It is widely known that children of some racial and ethnic minorities are over-represented in the UK criminal and family justice systems. For a child of mixed parentage, for example living with a white mother and separated from a black father, a Black psychology perspective suggests contact with the missing part of their heritage should enable a 'psychological openness',⁴⁷ 'a secure, confident and easy black identity with a pluralistic, non-racist perspective'.⁴⁸ Under the Children Act 89, courts and local authorities must have regard to a child's racial, cultural and religious background in planning and providing care for that child but there are never enough foster-carers and the paramount consideration must be to provide a warm, caring and competent family for the child. Particularly, where a perfect racial and cultural match cannot be found, contact to family can play a crucial role in maintaining positive identity development and can link a young person to valuable extended family support when the time comes to leave care.

Cognitive and behavioural theories

Piaget studied how children learn and found that they and adults learn in order to adapt to their environments. We continue learning throughout life, always constructing new internal realities because we never reach a point at which we can say 'I have arrived; I *know*'.⁴⁹ This principle provides insight into how some children of implacably hostile divorce or separation who have previously enjoyed a positive relationship with the departed parent, can come to believe the missing parent is 'bad' and that there never was a 'good' relationship.

Behavioural theory emphasises the importance of environment in shaping our actions, 'learning is the process by which an activity originates, or is changed, through reacting to an encountered situation'.⁵⁰ If a child's contact continues to take place in an environment configured by

⁴⁷ Cross, W. E. 'Models of psychological nigrescence: a literature review'. New York. *Journal of Black Psychology*, 5, 1: 13-31, 1980.

⁴⁸ Robinson, L. *Psychology for Social Workers: Black Perspectives*. London. Routledge, 1977.

⁴⁹ Piaget, J: in Gruber, H and Voneche, J.J. *The Essential Piaget*. London. Routledge & Kegan Paul, 1977

uncertainty, conflict and aggression, then the child's reaction to contact will be withdrawn, fearful, or perhaps aggressive. Managing the environment, so that contact becomes associated only with comfort, safety, and calmness is one of the chief aims of supervised contact.

Understanding cognitive development is essential when considering contact for children who have experienced domestic violence or physical abuse. Bandura's social learning theory demonstrates how children often come to learn to use aggression as a means of solving problems.⁵¹ Contact which serves only to reinforce such learning, cannot be beneficial. Violence may distort a child's thinking and behaviour in other ways. For example, the child may flinch and retreat at a sudden, innocent movement made by a well-intentioned adult or peer, as if about to receive a blow. Again, contact that does not address and attempt to correct such learned fearfulness and its origins is serving little useful purpose.

Why then, should there be any contact between children and violent fathers? Sometimes, a violent father (and in over 90% of cases it is the father who initiates violence⁵²) does form a meaningful bond with his child. Coram's experience indicates that there are many situations where supervised contact is helpful for the child, provided both the child's and mother's safety is assured and, the father has accepted responsibility for his behaviour and its impact.

'What if the child idealises and identifies with the missing father? If such a child then maintains the 'link' with the missing parent by enacting aspects of the father's behaviour, aggression and impulsiveness for instance, in his own relationship with the mother, then has aggression as a method of dealing with problems crossed generations? Is it possible that some male perpetrators of violence might yet play a positive part in their children's development if guided to correct damaging lessons of the past? Contact with missing parents fulfils a number of important functions for children: maintaining significant emotional and psychological links; testing the reality as against the fantasy of an idealised missing parent; and maintaining links to extended family and perhaps a second culture or race.'

*'... Of prime importance is the nature of the child's attachment to the father and the degree of rational hostility on the mother's part towards contact. Sustained and persistent domestic violence threatens a child's sense of safety and security, thereby disrupting the child's attachment to the father. It would be unusual for a child of such circumstances to experience the father's absence as a loss rather than as a relief. Where violence has not disfigured a child's attachment and the child appears ambivalent or is clearly expressing a wish to see the father and, if the mother, whilst hostile to contact, is able to 'see' the child's need for contact (in a safe environment), then the project would consider offering supervised contact.'*⁵³

⁵⁰ Hilgard, E. & Bower, G. *Theories of Learning*, in Nelson-Jones, R. *The Theory and Practice of Counselling*. London. Cassell, 1995.

⁵¹ Bandura, A. *Social Learning Theory*, New Jersey. Prentice Hall. 1977.

⁵² NCH Action for Children, *The hidden victims- children and domestic violence*, NCH, 1994.

⁵³ Slade, A. *Supervised contact between children and violent fathers*, *Family Law*. Vol. 30, 506-508. 2000.

Research Findings

Contact between children in care and their parents

At the time of drafting the Children Act 1989, there were widespread concerns that many children in care were losing contact with their parents. For example, one large-scale study found that fewer than six in ten accommodated children had regular contact with their parents, despite the importance placed on contact for beneficial child adjustment and development.⁵⁴ Another study⁵⁵ of over 600 American children coming into care after family breakdown found that almost a third had no family contact at all after two years in care and a further 11 per cent had only irregular contact.

In their study of children in care, Millham, Bullock, and their colleagues from the Dartington Social Research Unit⁵⁶ emphasise the strangeness of the visiting relationship, and how difficult and complex maintaining links is for parents of children in care:

‘Visiting those we know intimately in strange contexts and before unfamiliar audiences is a particularly fraught experience ... it should be obvious that a lone parent whose child lingers in the care of strangers in unknown territory, to whom the care intervention is a violation, a parent who is bereft of a meaningful role and is unversed in the rules of this unfamiliar game, will find visiting difficult. These barriers to contact are compounded by the complex feelings of guilt, powerlessness, anger and mourning that most parents experience on the removal of their children to care.’

They also point out the importance of neighbourhood and context to children’s sense of belonging and how disorientating it can be to meet familiar people in unfamiliar places. Family links are inextricably connected with the setting in which they occur:

‘When we go out or shop there are chance meetings with wider kin, with brothers and sisters, with friends, one’s whole social network and we endlessly channel, sift and embroider family information ... One of the problems of maintaining links between children absent in care and their families is that linking is a part of an elaborate package of belonging, each aspect of which reinforces the others. Preoccupation with access, particularly parental access to their children, should not blunt our realisation that belonging for the absent child is a much wider and more complex experience.’

⁵⁴ Rowe, J and Lambert, L. *Children who wait*, ABAFA, 1973.

⁵⁵ Fanshel, D, and Shinn, E. *Children in Foster Care*, Columbia University Press, 1978.

⁵⁶ Millham, S, Bullock, R. *Lost in Care: The Problems of maintaining links between children in care and their families*. London. Gower, 1986.

According to Millham and Bullock, power is another important aspect of family links. Children need not necessarily be frequently in contact through visits, letters or phone calls to feel in touch, and the knowledge that someone at a distance is keeping watch and has the power to intervene can give children a sense of security and belonging, as for example is often felt by children at boarding school:

‘Naturally, the power of parents to intervene will depend on their resources and the young person’s situation... Sadly, almost by definition, this power dimension is little enjoyed by parents of children in care, even in situations where children have entered care voluntarily and can be unilaterally removed’.

Other research conducted in the 1970s and 80s pointed strongly to benefits for children maintaining contact with their parents. Guidance from the Department of Health⁵⁷ published in 1995 states: ‘Agency policies and practice need to take seriously the now well established research finding that visiting (contact) is the key to discharge. Contact enhances the welfare of placed children and does not increase the risk of breakdown’.

The presumption of contact under the Children Act 1989, and the duty on local authorities to promote contact reflect this position. However, subsequent re-evaluation of these research findings by David Quinton and his colleagues finds that the evidence for these claims is sometimes inconclusive⁵⁸. For example, rather than visiting being the ‘key’ to discharge, it appears that a more significant factor in whether or not a child returns home is the reason why they were first removed into care. Children looked after because of serious child protection concerns, neglect, or the child’s behaviour, tend to remain in care long term.

A safer conclusion about the link between contact and rehabilitation would be that a child is unlikely to return home successfully unless he or she has regular contact with the family. Similarly, there is not yet conclusive evidence that contact enhances such children’s well-being, or that contact reduces the risk of placements breaking down. However:

‘Our knowledge of the consequences of contact is still rudimentary. Despite this, we agree with the current emphasis on maintaining links in non-adoptive placements whenever this is possible, not least on the grounds that families remain an important potential source of support for their children, especially when support from the State is withdrawn in later adolescence. The evidence on adoptive placements is not yet sufficient to make a choice either way ...

‘We wish to emphasise that this does not mean that we think that the

⁵⁷ Department of Health, *Patterns and Outcomes in Child Placement: messages from current research and their implications*, HMSO, 1995

⁵⁸ Quinton D, Ruston, A, Dance and Mayes, D, *Contact between children placed away from home and their birth parents: research issues and evidence*, *Clinical Child Psychology and Psychiatry*, Vol.2(3) 393-413, 1997.

importance of contact in human relationships and development needs to be demonstrated. That would be absurd. Human beings are social beings and their normal development depends on stable and nurturing relationships. Nor do we wish to dispute the finding that the majority of children who are looked-after in the care system have relationships with ‘good enough’ parents, relationships that the State has no right to disrupt.’⁵⁹

The view that maintaining links is important as a source of support after leaving care seems to stand the test of time. Even where family links are weak or relationships were turbulent, research indicates that most children and young people do return to their parents or some other family member after leaving care. For example; many of the young people participating in a study of 45 care leavers in Wakefield re-established family links on leaving care and benefited from support when they were living independently.⁶⁰ Further research is needed to demonstrate other benefits of contact for children who have not experienced stable, nurturing experiences with their parents.

What factors may help make contact a positive experience for children? Key findings from the Cleaver study

Research conducted in the late 1990s by Hedy Cleaver⁶¹ explores the impact of the Children Act 1989 on contact between foster children and their relatives. The research looked in depth at the experiences of 33 children, their parents, carers, and social workers. Ingredients for a successful return home included contact that had been well-resourced and aimed at improving the relationship between the parent and the child. Another ingredient was that contact was a positive experience and the child and parent both responded well to increased visiting.

Frequency and prevalence of contact. The study found that since the implementation of the Children Act in 1991 there was little change in the proportion of children being visited by their parents, but that for children who were in contact with a parent, visiting was more frequent. Around one in three children saw neither parent, but only one in six was isolated from all family members. For many children, particularly teenagers, friends are almost as important to them as family.

For more than half the children the mother was the only visitor they had but contact with the mother could also provide a gateway to contact with other relatives. Few children saw their father if they were not also seeing their mother.

The venue of contact. For about a quarter of the children, contact took place at the foster home. These meetings were more popular with children than

⁵⁹ Quinton, et al, op cit (see above)

⁶⁰ Stein, M and Carey, K, *Leaving Care*, Blackwell, 1986.

⁶¹ Cleaver, H, *Fostering Family Contact: Studies in Evaluating the Children Act*. The Stationery Office, London, 2000.

with their parents, who frequently expressed dissatisfaction and resented carers usurping their role. Contact at the foster home restricted the type of activities children and families did together. In nearly four out of ten cases social services venues like nurseries and family centres were used as meeting places. However, these were unpopular with both parents and children. They offered little privacy and restricted normal family interaction. In a few cases, the presence of a professional supervising contact was a source of reassurance for children, for example if the parent's behaviour was frightening or erratic.

The role of social services in contact arrangements. In cases where the care plan specified that contact should be supervised, visits frequently occurred at a social services venue, suggesting that without access to this resource, fewer children would be experiencing safe contact with their families. Social services are important in facilitating contact between relatives not living at the parental home, for instance, grandparents, and cousins.

Working with parents and carers. The attitude of carers played a vital role in harmonious contact arrangements. Carers were more likely to play an active and positive role in promoting contact where social workers worked in partnership with them and they shared an understanding about the role of contact. Parents also valued the time social workers spent with them and felt that they helped them keep in touch with their children. Meetings between social workers and parents enabled them to talk about and share information about the child and served to support contact between parents and their children. This worked best when social workers instigated communication, as opposed to parents having difficulties contacting social workers.

It is important for children to be able to talk to social workers about contact arrangements. However, it was rare for children to make their wishes known to carers or social workers, for example when they wished to change the frequency or duration of contact with parents or if they wanted to see other relatives and friends. Where contact was aimed at improving relationships between children and their parents, it was important for contact to be used in a therapeutic way, for example by counselling parents or children before and after visits and working with them to help change existing patterns of interaction.

Implications for policy and practice from the Cleaver study

1. Social workers need to take account of the consequences for both child and parent of different types of setting. If contact is to take place at the foster home, social workers need to acknowledge the difficulties that parents may experience and help them to understand the benefits that the venue has for the children.

2. Understanding the wishes and feelings of vulnerable children is difficult. Social workers need to work with children, carers, and parents to identify who might be the best person to communicate with the child about issues of contact.
3. Emotional links can be kept alive through telephone contact or through indirect contact, such as cards and letters, as well as through visiting. Decisions about telephone or indirect contact should be determined by the needs and wishes of the child.
4. Contact offers an opportunity for children and families to establish new patterns of interaction, yet contact is rarely used deliberately to improve relationships. To achieve this parents may need professional support and counselling before and after seeing their child.
5. Social services should help parents deal with both practical and emotional barriers to keeping in contact with their fostered child, for example by helping with transport arrangements and by offering encouragement and support.
6. Contact may be disturbing for children. Social workers should support and encourage carers to enable children to talk about family and home

Research conducted by the Birmingham Foster Care Association⁶² underlines how stressful contact can be and how important it is that contact is carefully managed: 'so that all participants are adequately supported and heard'. The research, based on interviews with all participants in contact but focussed on contact in foster carers' own homes, included instances where there was a requirement by the local authority for 'supervised contact' to be managed and overseen in the foster-home.

The study found that younger children generally felt the foster home to be a safe and comfortable environment in which to deal with the perplexing experience of contact. Teenagers, however, preferred contact to be away from the foster homes so it did not impinge on their everyday lives, and so they could have the chance to do different things and go to different places with their relatives.

Although children generally expressed dislike at 'being supervised' by social workers and foster carers, some only felt safe with another adult present. Most of the children participating in the study also felt unsupported by social workers, either because they did not have an allocated social worker or because they perceived them to be unresponsive and unavailable.

Clever's study also highlights how problematic birth parents find contact away from their own homes, particularly supervised contact. Generally, they felt unsupported by social workers and unclear about what they could

⁶² Fleming, J, et al, *Birmingham Foster Care Association's Research into Contact in Foster Homes*, unpublished study, 2000.

expect from contact and others' expectations of them. They wanted to have greater choice and flexibility about contact arrangements, including where it takes place and who does the supervision, if it has to 'be supervised'. Foster carers recognised that contact in their homes could be a positive experience, but felt that poorly managed contact could have a disproportionate impact on their own families' lives. They sometimes felt under pressure to 'do contact', including supervised contact, because no alternatives were available or resources were not available. They wanted a say in decision-making about contact.

Finally, most of those taking part in Cleaver's study wanted to see more child-centred, purpose-built contact centres, with specialist workers to facilitate and supervise contact.

Contact between children and their birth families following adoption

'Face to face contact' post-adoption is without doubt the single most sensitive and potentially most harmful type of contact children may experience; it encapsulates and amplifies the tension between the seemingly divergent social welfare philosophies of child rescue - v - family support, a tension that, to a greater or lesser extent, permeates all child contact work. Furthermore, there is a lack of conclusive empirical evidence about the long-term outcomes of open adoption.⁶³ This is partly because adoptions with some form of contact are relatively new, and so most of the research looks at the reactions of children in early and mid-childhood.

'Openness' covers a wide range of contact, from exchange of letters every few months to infrequent, direct visits between the child, the birth parent's, siblings, etc. It is important therefore to distinguish between the emotional effects on children of only receiving occasional, posted information about birth relatives, and the effect of maintaining a psychological, though very dilute link and attachment through infrequent face-to-face visits. Most significantly, the evidence is inconclusive because none of the research studies has yet been able to compare outcomes for children where there has been openness against outcomes without openness.

When considering and planning post-adoption contact, a fundamental proposition is that for the child: 'knowledge about his/her background and history, and the experience of being perceived as worthwhile should combine towards building an integrated and unified self-identity'.⁶⁴ However, sounding a cautionary note, Quinton and his colleagues conclude of post-adoption contact: '... in the case of permanent placements, the social experiment that is currently underway needs to be recognised as an experiment, not as an example of evidence-based practice.'

⁶³ Quinton et al. 1997
op cit.

⁶⁴ Triseliotis, J. Identity
and security in
adoption and long-
term fostering.
*Journal of Adoption
and Fostering*. 51, 22-
31, 1983.

Contact between children and parents following parental separation and divorce

A primary purpose of Children Act 89 legislation was to draw together under one piece of coherent legislation what were, prior to 1989, different laws for children at risk of harm (public law) and for children of divorce and family breakdown (private law). The 89 Act established a single, unified framework for courts dealing with children's cases. The Act's core principles: children's welfare the 'paramount concern', 'partnership' between families and State the goal, and no Court intervention in family life unless absolutely necessary apply then, as much to children of family breakdown and divorce as they do to children at risk.

The 89 Act marries child-protection and child-rescue functions with family dispute resolution and preventative support aims, and with good reason. In their seminal work on children of divorce and separation, Wallerstein and Kelly observed:

'Divorce is unique in that it unleashes all our most primal instincts: love, hate, jealousy'.⁶⁵

Although that research focussed on divorcing families, there is little reason to suppose that the impact of separation on unmarried families is any less disturbing. In divorce and separation, the common human experience is a compound of rejection, betrayal, and loss, and these feelings are experienced by both the 'leaving' and the 'left' partner, no matter what behaviours they were 'guilty of' during the relationship.

As suggested by object-relations theory such a combination of perceived threats to the self is likely to result in very split and polarised thinking: 'he's bad, she's mad'. The potential for open conflict, indeed for 'warfare' is clear and it is evident from all the research that it is ongoing parental conflict before and after separation, rather than the separation itself, that damages and harms the child most. Wallerstein and Kelly observed:

'Ongoing divorce conflict carries the potential for disrupting the flow of the child's developmental process, but this disruption could be reversed or modified by appropriate interventions'.⁶⁶

A more recent review of 213 studies⁶⁷ of the effects of parental separation on children concluded that children's own ability to adjust was adversely affected by parental conflict before and after separation, as well as by the parents' ability to recover from the psycho-social disturbance of parting. Rodgers and Pryor found that 'good, continuing communication between children and both parents appeared to be important in helping children to

⁶⁵ Wallerstein, M. S. W. and Kelly, J. B. *Surviving the breakup: how children and parents cope with divorce*. London, Grant McIntyre, 1980.

⁶⁶ Wallerstein, M. S. W. and Kelly, J. B. Brief interventions with children in divorcing families. *American Journal of Orthopsychiatry*, 47(1) 1977.

⁶⁷ Rodgers, B, and Pryor, J, *Divorce and separation: the outcomes for children*, Joseph Rowntree Foundation, 1998.

adapt to divorce and separation'. It emphasised that it is the quality of contact, rather than the frequency, which is important in improving outcomes for children.

Research into relationships between children and their fathers following separation and divorce has produced some surprising findings. The common sense idea that the relationship with the father before separation is the best predictor of the relationship following the break up is not entirely born out by the research findings. An influential study⁶⁸ conducted in the United States over a 5 year period during the late 1970s found that 18 months after separation, the frequency and regularity of visiting by fathers was unrelated to the quality of the relationship enjoyed with the child before the separation:

‘[Some] men who had been close to their children during the marriage and had spent every weekend with them in warm companionship failed to visit altogether or arrived infrequently and irregularly. Conversely, previously distant fathers, who had hardly acknowledged their children during the marriage or often appeared irritated by their presence, began to visit with a regularity which surprised the children and their mothers.’

The study found that relationships between fathers and their sons were particularly likely to alter following divorce, and that relationships with younger children - aged under 8 - were most likely to show rapid signs of improvement. A mother's opposition to 'visiting' did not necessarily decrease the visiting, but where her attitude was positive or welcoming it had a beneficial effect.

The study concluded that it was the capacity of both parents and children to adapt to the new conditions of the visiting relationship that was key to a successful visiting relationship after divorce.

‘Men who could bend to the complex logistics of the visiting, who could deal with the anger of the women and the capriciousness of their children without withdrawing, who could involve the children in their planning, who could compromise between totally re-arranging their schedules and not changing their schedules at all, and who could overcome their own feelings of rejection or guilt at the time of the divorce were predominate among those fathers who continued regularly and frequently to visit.’

Research on fathers, on fathering and parental responsibility

Although statistical research suggests women pose a greater threat of physical violence to childcare professionals than do men,⁶⁹ 'there is often little choice about engaging with mothers, who, as statistics suggest, are

⁶⁸ Wallerstein, M. S. W. and Kelly, J. B. Brief interventions with children in divorcing families. *American Journal of Orthopsychiatry*, 47(1), 1977.

⁶⁹ O'Hagan, K and Dillenberg, K, (1995) [as cited by Daniel, B and Taylor, J. *A critical perspective on practice with fathers in child care and protection work. Child & Family Social Work*, 4, 1999].

most likely to hold primary responsibility for child care'. It follows that fathers or male partners, particularly angry and potentially violent ones may be ignored and sidelined as holding, at best, only a secondary role in children's lives and moreover posing a greater threat, by virtue of their gender, of violence and chaos. The anomaly in the Children Act 89 that bestowed automatic parental responsibility on mothers, married or not, but disbarred unmarried fathers from parental responsibility clearly discriminates against men and fathers. This anomaly has now been rectified by an amendment to the Children Act 89 through adoption law reform. All fathers will in future have automatic parental responsibility.

There is little doubt that when professionals assess parenting they are often assessing 'mothering'. Fathering is not described anywhere in social-work manuals or texts nor is it listed on assessment checklists; fathers and fathering are subsumed into ideas of mothering. Until assessment techniques incorporate positive male attributes, good-enough fathers may fail the norm test of mothering and children may be denied a valuable relationship.

Research on domestic violence and contact

There is substantial evidence that witnessing violence between parents is harmful for children.⁷⁰ Babies and pre-school aged children may have disturbed eating and sleep patterns and scream and hit excessively. Older children suffer a range of emotional and behavioural problems. In the most severe cases children develop post-traumatic stress disorder which can profoundly affect all aspects of a child's functioning and is very difficult to treat. Often, the harm is enduring and children who have witnessed domestic violence are at risk of suffering mental health problems as adults and may experience difficulties in forming enduring, comforting relationships themselves.

Studies of domestic violence, such as research by Hester and Radford⁷¹, show that a high proportion of women and children are at risk of continuing abuse through child contact arrangements. There is evidence of courts and professionals minimising women's fears about the risks to themselves and their children, and of not questioning the quality of the children's relationships with their fathers. This is a particular problem for Asian women, where professionals often fail to recognise the additional pressure and threats that women may experience from family and the wider community. Hester and Radford conclude that the starting point should be a presumption of no contact, with the possibility of contact only if this can be arranged safely for both mother and child.

There is a lack of empirical research evidence into the outcomes for

⁷⁰ Black, D, and Newman, M, Children and Domestic Violence: a review, *Clinical Child Psychology and Psychiatry*, 1996. 1(1) 79-88

⁷¹ Hester, M, and Radford, J, *Domestic violence and child contact arrangements in England and Denmark*, Polity Press, 1996, [as cited by Widdowson, 1998].

children experiencing contact where domestic violence has been a factor. However, to presume there should be no contact would be to place domestic violence above all other forms of child abuse. In a landmark hearing in 2000,⁷² the Court of Appeal laid down guidelines for dealing with such cases and concluded that domestic violence could not be treated differently from other forms of child abuse and that diligent, informed use of the welfare checklist⁷³ is sufficient to protect children and their carers. Coram's experience of child contact since 1987 supports this position.

Summary - Key learning points

The Children Act 1989 is a comprehensive, child focussed piece of legislation and those managers and professionals involved in or supervising workers involved in child contact and related work, should be well versed in CA89 sections 1 to 11, section 17, section 22 and sections 31 to 38 - section 34 particularly. Workers supervising child contact, if they are not trained social workers, must know the principles underpinning the Children Act 89 and must have a sound knowledge and experience base from which to intervene confidently in contact and be able to answer questions about their interventions in relation to the CA89 Welfare Checklist.

Safe and effective supervision of child contact requires a good understanding on the part of the person holding the case of child development, of attachment and psychodynamic theories, cognitive behavioural theory and of diversity and anti-discriminatory practice. The ability to recognise child abuse and to protect children is essential, as is an understanding of the emotional effects of divorce and post separation conflict, on children.

Those involved in contact need to be alert to the fact that research into the outcomes of contact for children in the public care does not show an unequivocal relationship between contact and improved outcomes for these children. There does appear to be a clearer link between good contact and improved adjustment for children of divorce and separation. It is worth noting that most research studies into contact for children in care have not differentiated between types of contact; supervised, unsupervised, home visits, holiday stopovers are all lumped together.

What is clear from the research into both public and private law child contact is that it is not the frequency and quantity of contact that matters, it is the quality.

All too often, it seems that contact is seen as an end in itself, as somehow intrinsically beneficial. It is not, of course, it is beneficial only if it serves to foster the physical, psychological, social and emotional development of the child. In circumstances where there are serious concerns for the welfare of

⁷² Re: L, Court of Appeal, [Fam Law, September 2000]) op cit.

⁷³ CA 1989 s.4 op cit.

the child, supervisors of contact have a crucial and potentially life-impacting role in determining what is good quality contact, and what is and who are responsible for poor quality contact.

Recommended further reading

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Part 2: Setting the scene, the importance of environment and staffing

Part 2: Setting the scene, the importance of environment and staffing

The Environment

The significance of environment in supervised contact... people achieve most in a warm, welcoming, and open environment

The psychology of environment

As we noted in Part 1, human behaviour is shaped by environment. Cognitive behavioural theory emphasises the importance of environment in shaping our actions: 'learning is the process by which an activity originates, or is changed, through reacting to an encountered situation'.⁷⁴ Similarly, contemporary attachment theory, fundamental to understanding and assessing child contact, also emphasises the significance of environment. Attachment is defined as behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual in strange situations ... through relatively much physical contact that provides a secure base and a benign, containing environment.⁷⁵ An environment that remains warm, receptive, and responsive in spite of challenging and disturbing emotions provides a 'container' that prevents the escalation of negative and destructive behaviours.⁷⁶

The eight children of the A family were referred to Coram whilst subject to interim care orders. The siblings were accommodated in five foster-placements following consecutive breakdowns of two residential placements, reportedly due to 'disastrous' family contact. In both homes the children had, it was thought at their parents' instigation 'trashed the place and threatened and assaulted staff'. When referred to Coram the A children had temporarily closed down their second residential home by smashing windows and kicking in doors during a contact visit. The parents, echoed by the older children, complained at feeling 'on display' in the homes and of 'so many workers ... as if they expected trouble'.

The psychology of environment is routinely and profitably utilised by business and commerce and is present now in most aspects of our day to day lives. Supermarket entrances welcome and invite us, with fresh fruit and aromatic, newly baked produce; long-suffering public transport users receive smart, new, comfortable carriages long before the more costly advent of systems that actually run on time. Social welfare agencies often seem either to ignore this crucial relationship between environment and human behaviour or to use it negatively: waiting rooms too uncomfortable to wait for long in, interview rooms too impersonal and unwelcoming to elicit frank and full expressions of need. As long ago as 1987, Millham⁷⁷

⁷⁴ Nelson-Jones, R. 1995 op cit

⁷⁵ Bowlby, J. 1976 op cit

⁷⁶ Bion, W. R. 1995 op cit

⁷⁷ Millham, S, Bullock, R. et al. 1986 op cit

and his colleagues, whose research was the background for much that the Children Act 1989 says about contact, commented with some feeling on the obstacles and pitfalls posed to successful, beneficial child contact by arrangements that did not acknowledge the human needs of children and the rights of families. They pointed out contact was all too often arranged in apparently ‘public’ places; noisy, impersonal and adult orientated offices, busy communal rooms in residential homes or multi-functional spaces in social service family centres.

It is noteworthy that 14 years after Millham’s study, Hedy Cleaver’s⁷⁸ research into contact and fostering revealed that most of those taking part in her study - children and adults ‘wanted to see more child-centred, purpose-built contact facilities with specialist workers to facilitate and supervise contact’. They, like their predecessors in Millham’s study, disliked using social service family centres, that in most other respects are highly regarded and very child focussed. Similarly, many foster carers in Cleaver’s study recognised that contact in their homes could be a positive experience but felt under pressure to ‘do contact’, including supervised contact, because no alternative resources were available and saw this pressure as ‘poor management of contact’.

Children’s and parents’ lack of any prior experience or preparation for the ‘strange situation’⁷⁹ of supervised contact, ‘of meeting one another by appointment’⁸⁰ is exacerbated by an embarrassing lack of privacy in uncomfortably public and impersonal surroundings. All this will result, theory suggests, in behaviour between child and parent that may be as much to do with the unhelpful, imperceptibly ‘hostile’ environment you have created as it is to do with the actual child-parent contact relationship. The physical environment in which supervised contact occurs is then a crucial factor to either securing consistently safe and beneficial contact or to obtaining unambiguous evidence for the restriction or termination of unsafe and damaging contact.

The eight children of the A family attended for supervised contact at Coram for seven years. There was never any incident, where the children or their parents wilfully damaged or threatened Coram property or staff. At one of the early visits, the third youngest child asked mummy if she and daddy ‘live here now’. Several visits later, the middle boy painted a picture, explaining ‘it’s a hotel where we can all be happy... like this place’.⁸¹

The studies mentioned above concern children in care under public law. Coram’s experience suggests that the impact of the supervised contact environment is just as telling for children and families in highly contested

⁷⁸ Cleaver, H. 2000 op cit

⁷⁹ Bowlby, J. 1976 op cit

⁸⁰ Millham, S, Bullock, R. et al. 1986 op cit

⁸¹ Coram Family Child Contact Service. *Service User Evaluation 2001*. Unpublished report, Coram Family, 2001.

private law contact proceedings. The following comments from Coram service users illustrate this.

‘The cosy setting, like a home, the security while waiting is reassuring’... ‘We meet in a friendly and family atmosphere’... ‘Relaxed atmosphere, not having to meet with other parents and hear their stories’.⁸²

Environment and human rights

Another, equally compelling argument for agencies to afford special attention to ‘environment’ when considering the provision of supervised contact is that of human rights. Courts may impose supervision of a child’s contact to another under Article 3 of The European Convention on Human Rights (ECHR) as enacted in England and Wales by The Human Rights Act 1998, which prohibits in absolute terms all forms of inhumane and degrading treatment and punishment. Such protectionism is also manifest under Article 8 of the ECHR that guarantees the right to respect for private and family life and which clearly involves a positive obligation to reunite children with parents and family from whom they are separated unless to do so would contravene Article 3.⁸²

Supervised child contact is clearly then a balance between the State’s protection of its members from abuse under Article 3 and its respect for the dignity of private family life under Article 8.

The beginnings of European human rights law can be traced to Hohfeld, a little known and unremarkable professor of law. In 1913 he proposed that a human right must perforce correspond directly to another’s duty to meet and provide for that right.⁸³ To return briefly to the case of children in the public care for instance, a care order must develop individual identities and strengths and ‘not replicate the sense of depression about the lack of comfort and standards of care of the past’.⁸⁴ Millham cites social services ‘obligations’ to ensure children in care receive ‘alternative experiences less detrimental than the risks of staying at home’ as being the only justification for a care order.⁸⁵

Coram’s model supervised contact environment

Taking all the above together, Coram proposes that children and parents who must manage the abnormality and artificiality of professional supervision of their contact to one another should be afforded the greatest sense of privacy and homeliness that resources and circumstances can manage. Given the indisputable impact of environment on human behaviour, we maintain that the management and assessment of supervised child contact is more cost-effective, evidence based and humane if carried out in a discrete and carefully planned and managed environment.

⁸² Kilkelly, U. *The Human Rights Act 1998 and children: Part 2. Highlight.* National Children’s Bureau, no.183, London, 2001.

⁸³ Hohfeld, W. N. ‘Some Fundamental Legal Conceptions as Applied in Judicial Reasoning’, in Stone, R. *Textbook on Civil Liberties*, 1, pp. 5 – 8, 1913.

⁸⁴ Rose, M. (1984) *The Environment*, in Douglas, T. *Groups and Sub-groups.* London. Tavistock Publications. 1984.

⁸⁵ Millham, S, Bullock, R. et al. 1986 op cit

Coram's environmental priorities when it set up its supervised contact facility in 1987 were to provide:

- 1) A self-evidently child-friendly and stimulating environment
- 2) Homeliness and privacy: an environment that would pay attention to children's, parents' and carers' needs and concerns and that would make the most of the inevitably artificial circumstances in which children and adults were meeting
- 3) A culturally sensitive environment that would reflect and value the rich ethnic and cultural diversity of service users
- 4) Maximum safety in terms of the frequent need for parents or for carers and parents not to meet and to prevent child abduction and 'worker isolation'
- 5) Pleasant and technologically well provided offices for workers

Child-friendly and stimulating

Coram's supervised contact takes place in toy and activity-filled living rooms, one family per room. In the rooms and in the adjoining corridors tables are low, pictures and mirrors placed at a height to suit a child of about 8 years old. Furniture consists of homely, well upholstered sofas and armchairs that are soft to fall against yet sturdy and heavy enough to stand up to and resist intensive use by boisterous, lively and occasionally angry children and young people. There are many colourful objects arranged at child height in the contact rooms and adjoining corridors, especially high quality ornaments, carvings, and animal figures from many ethnic backgrounds.

Occasionally but regularly some resident parents, local authority carers and professionals question the success of supervised contact at Coram by querying whether, if there were not so many stimulating toys, activities and spaces available, the child would be so happy and content in contact.

'Well, Cindy just loves coming here for the toys ... it's got nothing to do with seeing her father, anyone could do well with her with all this around.'

The questionable nature of this opinion is clear. A parent would for instance have just cause for complaint if their child's after-school club provided no activities or toys for the children; a local authority would and should take a dim view of a foster-home or residential unit that disallowed toys or activities in children's rooms. Toys are a fundamental component of childhood and adolescence, of how children learn through interaction with their environment and of how they manage and order and comprehend new or confusing experiences. For it to be truly child focussed a supervised contact facility

requires a 'store' of age appropriate toys, activities and books such that the greatest number of children of similar age that can be accommodated at any one time by the facility, all have their play/activity needs met.

'Cindy, with father's help, built the wooden railway track ... she put up the bridge in the middle, and then crashed two trains together over it so that the bridge collapsed; "mummy and daddy's trains", she explained.'

Ahmed had been seeing his chronically mentally ill mother for ten years at Coram; he had just three foster-placements in that time. He always reminisced about playing an old video game that his ill mummy had excelled at years earlier and when we finally replaced this lost game with a newer, contemporary variant he and mother were overjoyed and connected with their long contact history.

Storage, upkeep, and cost

Storage of this number and range of toys is a problem when planning your supervised contact environment. Since contact rooms are prepared individually for every child's meeting there needs to be a large amount of retired, accessible shelf space. Ideally, this requirement might be solved by a centrally partitioned cupboard room; less ideally cupboards could be created in wall recesses in rooms, such as at Coram, and corridors can be used to store wheeled toys. Large painted travelling trunks, containing dressing up clothes/armour, wigs, etc., can be positioned in a corner or under a side table within contact rooms. These are popular, often indicative of what children are feeling and excite much curiosity and spontaneous, imaginative play. In the context of statements earlier in this section, on the importance of providing traumatised and neglected children with alternative positive experiences, there can be little more neglectful experience for such children than to be provided in supervised contact with broken, partly missing or age inappropriate toys.

Coram operates a routine budget of around £1,000 per annum for the purchase of new or replacement of old or broken toys and activities and, additionally fundraises each year to expand the scope and type of its toys and activities. For instance, in recent years Coram has successfully fundraised to provide high quality musical and creative arts and crafts materials for children, that reflect the rich racial and cultural diversity of service users: guitars, African and Asian percussion instruments, Karaoke machines and fine arts and crafts materials.

Outdoor physical activity spaces

Children involved in supervised contact may be suffering the effects of past deprivations and abuse or may have become unwilling containers of parents' post-separation conflict and be suffering emotionally. They often come to supervised contact with anxieties and tensions that need to be channelled and

released constructively. In almost all these children's cases, at least to begin with, the concerns and risks perceived by referrers and carers mean that supervised outings, to the park or shops for example, cannot take place. An enclosed outdoor play area such as a garden with a lawn, safe swings, play house, bicycles and ball game equipment is almost an essential requirement for these children; somewhere to discharge pent up energies or simply to enjoy and to demonstrate their growing skills and abilities to their visiting parent.

Coram is fortunate to have both a garden and, also an all-weather, under-cover play area, purposefully constructed and converted from a parking space so that outdoor activities can be enjoyed in inclement weather. If you are looking at properties in which to establish a supervised contact facility a maisonette with some under-cover outdoor space would be ideal, particularly if it also had an enclosed garden adjoining.

Environment as observational context

Another compelling reason to provide families using supervised contact with ready access to an outdoor play-area that is part of the supervised contact premises relates in part to the comments, cited above, of Tommy's mother. A softly furnished living room with an eager parent and a supervising professional in attendance is not a place that should present many potential hazards to a child's physical safety. An outdoor play-area asks much more of parents in terms of awareness of their children's physical safety and consequent parental supervision skills and therefore better tests their capacity to keep their children physically safe and out of harms way.

On the other hand an outdoor play-area that is very close to the resident parents'/carers' waiting rooms affords opportunities for them to overhear their children's noisy and happy play with visiting parents. This can and often does help focus them on their child's actual experience of contact as opposed to their own feelings and experiences of their ex-partner or the child's infamous parent.

Jose ran about happily and noisily tackling and jostling his Dad, who laughed with him, stroked his cropped hair and took on board my previous (last visit) intervention about not being too competitive with Jose and about 'scaffolding' him - helping him win and achieve without making it too easy - Jose won their football match but was sweating. When I returned him to his mother, in the kitchen after the visit, Jose announced glumly, "I didn't like it Mum". Gloria could only say, "but I heard you playing, it sounded really good". Jose smiled broadly'.

Homeliness and privacy

Since its establishment in 1987, Coram's supervised contact facility has afforded each child and family a discrete room set up like a comfortable family

living room, in which supervised contact can take place ‘privately’ and with the minimum of outside interference and disturbance. Colour is kept light - mostly yellows and pale greens. The rooms are wallpapered and furniture is comfortable and of excellent quality, indicating respect for both children and their parents, who have often felt undervalued and underestimated in their dealings with authority. A small annual budget for well tended houseplants and fresh flowers helps to convey the open, welcoming aspect which is crucial to successful work with the often sad, always important meetings taking place.

Sofas are important as they invite physical relaxation and afford opportunities for close physical proximity between child and parent. Most of the Coram service’s upholstered furniture came second hand from up-market auctions; this meant they cost substantially less in the long run than ‘cheaper’ new items. High quality, second-hand furniture can sustain well over a decade of heavy use by thousands of children and many hundreds of families and being too large and heavy to move easily, never become ready weapons or missiles for over-excited or agitated clients. Sharing homely furnished rooms with families also affects the psychological state and attitude of the supervisor.

The absence in contact rooms and waiting rooms of institutionalised fixtures and furnishings, desks, office chairs, two way mirrors, pinned or Blue-tacked policy signs, etc, means that the supervisor must feel something of the ‘private’ family nature of the meeting when occupying an armchair in a corner of a child’s contact room.

Communal spaces, security, and ‘us and them’

Coram provides a kitchen adjoining the contact rooms and provides, free of charge to families, a wide variety of soft and hot drinks and biscuits by way of hospitality. However, it is important that parents and visitors are able to prepare and provide their own snacks and meals for children and have a space to enjoy a ‘family’ meal with their children around a table. A kitchen is also another useful observational context in which assessments of supervised child contact will benefit. The potential hazards to child safety in such places coupled with the responsibility of parents to provide for the basic need of their children for nourishment, means that kitchens are an effective place to assess safe and appropriate parenting.

Since its inception in 1987, the Coram service has believed that the achievement of an ‘open’ and homely atmosphere which acknowledges and responsively ‘contains’ the artificiality of families’ situations, requires an environment that affords users largely unfettered access to workers. At Coram there are no coded-access security doors, no inaccessible ‘Us’ office spaces and no security cameras or other surveillance equipment. There are worker offices, of course, containing expensive equipment and confidential

material, but these adjoin the family spaces and unless a very clear high risk is present, they remain open and accessible. Security and safety of the 'containing environment' is achieved not through defensive and off-putting technology, but through sufficient professional staffing to keep an eye on things, and through the generation of trust and expectation of good behaviour that such openness implies.

In its earliest days, 1987 to 1992, the Coram service's only 'social work office' was in its moderately large kitchen, which to this day retains a vestigial office element. The early intention was to reduce, to an absolute minimum, any sense families had of 'us and them', and the two then joint project co-ordinators worked amidst the families and were always accessible. As Coram's service evolved, proper worker offices were created, but the belief that people achieve most in warm, welcoming, and open environments has never been abandoned. Thus the kitchen is still always staffed during contact visits by a 'duty/cover' worker who, from this vantage point, can get on with written paperwork but also overhear and respond to raised voices in adjacent contact rooms or just track the comings and goings of children as they go from contact to 'check on' their waiting parents or carer. During contact visits, tensions are often relieved when visitors can withdraw to the kitchen, make a cup of coffee, and let off steam to a worker informally. This works for children and adults.

The middle boy of the 'A' family painted his hotel picture in the kitchen, at the table and he explained it to the 'cover' worker who, perhaps, was felt to be safely impartial and uninvolved.

Institutionalisation is most evident in its corridors, bland passages, bereft of any interest or warmth serving only to channel people from one place to another. In the supervised contact environment corridors often have a much more significant role to play. They are the first impression that new visitors have of the service and must therefore appear homely and welcoming. More importantly, for the child they are a sort of connection, between their primary carer in the waiting room and their contact parent in the visit room.

For very young children, beginning contact in a strange situation in a room completely detached from their primary attachment figure – mother, father or carer – may be too much for them. Their attachment needs mean they must see how to obtain proximity to their main carer or they will become anxious.⁸⁶ The corridor can be used to 'stage' contact so that a young, anxious child can be engaged with the contact parent in stimulating play, reassuringly half way between the contact parents' room and their main carers' room. Similarly, young children's regular, though not necessarily frequent, occupations of the corridor may be because it is a 'concrete'

⁸⁶ Bowlby, J. 1976 op cit

**Part 2: Setting the scene, the importance of environment
and staffing**

The Environment

physical connection between the two halves that comprise their experience of their parents, who in reality appear wholly split⁸⁷ but in their minds' eyes may be tantalisingly closer together.

Size and layout

The overriding need for a sense of homeliness and privacy, for an environment that is non-threatening and easily navigated by anxious children and stressed parents, led Coram in 1987 to focus on the physical size and layout of premises. We felt that a compact suite of private rooms, arranged closely enough together to be easily and quickly 'mapped', in children's and parents' minds, would most closely represent a safe and homely environment.

Diagram 1 - An ideal layout for supervised contact

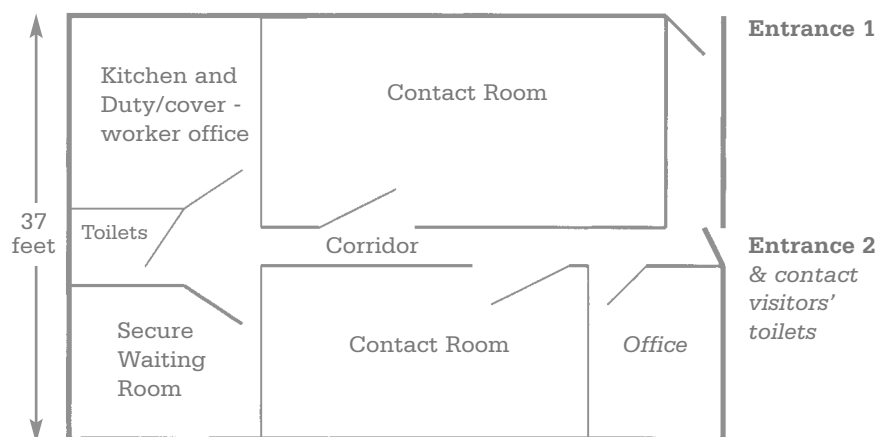


Diagram 1 depicts the original layout of Coram's supervised contact facility, as it was when established in 1987, aside from the lower right italicised '*Office*' and '*Entrance 2*'. The smallness of the area means that the duty/cover worker, in the kitchen-office, can easily overhear even mildly raised voices in the contact rooms and can detect signs of movement, doors opening for instance. The floor plan shown has successfully hosted tens of thousands of hours of supervised contact for thousands of children and many hundreds of families, without serious incident or any intentional damage. Apart from the creation of additional administrative and social work offices, Coram simply replicated the layout in Diagram 1 when it expanded in 1994. 'Entrance 2' therefore leads to almost a mirror-image facility of the original.

In short, expansion of the overall size and capacity of the supervised contact facility can take place, safely and effectively, so long as it is not an institutional 'sprawl' but a conjoining of separate, compact, and homely areas.

⁸⁷ Klein, M. 1940 op cit

Culturally sensitive environment

It is a somewhat costly but obviously crucial exercise to ensure the environment you provide is as culturally sensitive as possible and reflects as far as possible the diversity of service users. Black and Asian Barbie dolls and Dollies are still in short supply, so make sure you target your toy budget expenditure to obtain these early on, in each financial year. Ethnic and cultural minority books are available from various outlets. Take care to ensure they do not become mixed up with all your other books as contact rooms need to be prepared quickly for particular families. When decorating and ornamenting your facility, ensure décor and ornamentation reflect diversity. Batiques, woodcarvings, printed wall cloths, etc, should be visible in communal spaces and rooms to first-time visitors, and calendars detailing ethnic celebrations and holy days must be present for staff to refer to when planning contact. Games and musical instruments from the different continents both reflect your agency's commitment to valuing diversity, and provide valuable opportunities for child and parent to express themselves, and learn about one another's strengths and interests.⁸⁸

Obtaining funds for such should not prove a problem as you can convincingly argue the importance of a culturally sensitive environment to many small-grant making trusts and employing agencies. When people enter and move about and use your facility, they should be able to see and touch, at some point an object or symbol of their own or of a similar culture.

Maximum safety

It is essential in managing and 'containing' risk and anxiety that the supervised contact environment provides secure but comfortable waiting rooms for parents and carers who bring children for contact. Security at these waiting rooms need not be oppressive and visible but must be effective because, as described above, children in contact need these rooms to be reassuringly close. A single Yale lock, coupled with adequate staffing is, in Coram's experience sufficient. Diagram 1 shows that the kitchen, which contains a vestigial office element and doubles up as a duty/cover worker office during contact visits, is situated between the contact rooms and the waiting room. The duty/cover worker is therefore ideally situated to oversee access to the waiting room. In addition, two sets of toilets at opposite ends of the building, substantially reduces the risk that contact and resident parent, or parent and carer might inadvertently meet.

The close proximity of the duty/cover worker ensures that social workers supervising visits have a colleague close at hand, that they are not isolated and can receive immediate support and assistance when needed.

Importantly, in a compact environment the cover worker will already have

⁸⁸ Robinson, L. 1977 op cit

a sense of how visits are progressing. Indeed as already mentioned, they have opportunities for direct, though ‘informal’, involvement with the visiting families when, say, a child or parent or both use the kitchen-office or corridor. All this results in visitors and, just as importantly, supervisors getting a feel for the fact that there are enough staff around to deal with negative as well as positive situations: a containing environment.

Entrances, arrival points, and staffing

Entrances and exits are the weakest, least containing points, in the supervised contact environment. However, they are also your client’s first and abiding impression of your service. Having a technologically well-armed entrance - for example a camera, an intercom, mechanically activated opening device and then perhaps an imposing reception desk - must convey immediately an institutional, defensive and judgemental environment. Coram’s supervised service has just a simple front door and doorbell and therefore all those arriving at the project are greeted, welcomed, and admitted at the front door by whichever member of staff happens to get there first. From the outset, then, there is a human response and interaction, as opposed to a mechanistic one. Weighing up and balancing the various hazards, dangers and risks involved in such an approach, has been an ongoing debate within Coram’s service.

Given that, in all its years of working Coram’s contact workers have never once been assaulted and never once, in all that time, has there been a violent assault against anybody using the service, we believe the approach works. Nonetheless, a high risk of violence and the consequent powerful anxieties of potential victims, must be planned for and accommodated. If it is possible, as it has been at Coram, to establish your supervised contact facility on a site so that carers or resident parents can, if necessary, arrive first at a separate building, so much the better.

Alarms

Coram’s contact service has always had a ‘personal assault’ alarm system, provided by the company ADT which, when triggered, immediately summons police to the premises because of ‘an assault on the person’ signal. It is invisible, operated as it is by mobile phone sized, hand-held remotes and not by fixed, in the room, panic buttons. Its presence is made known to users, in advance of their contact sessions, in the service’s Terms and Conditions of Use pamphlet.⁸⁹ It is a part of Coram’s model of best practice for such a system to be in place in the supervised contact environment. Initial expenditure will be recouped by the deterrent effect of such an unobtrusive system. Coram has only ever had to use it on two occasions in supervised contact since 1987, when parents have, impulsively, attempted to abscond with their children.

⁸⁹ A set of *Terms and Conditions of Use*, for supervised contact is included in the Part 6 Toolkit

Jade (17) was referred to the service in 1991. At her first visit, she took her baby and ran down the stairs and out into the driveway. The supervisor went with her whilst the cover worker telephoned social services' duty. Talking to mum, the supervisor said he had set off the Police alarm, showed it to her and said that, if she stopped now she could continue contact 'but the Police are on their way'...she came back.

Staff environment

Almost everything about the environment in the previous pages has focussed on the efficacy of an open, accommodating, and non-institutional atmosphere where service users can feel some sense of dignity and respect for them as people. What though of the workers, who in the 'containing environment model' described above must, to a great extent, be easily accessible to users and colleagues and always aware of contacts that are occurring in the building.

Originally, Coram did not afford very much environmental recognition of the needs of social workers who are constantly exposed, on a daily basis, to high levels of human stress: separation, loss, anger, bewilderment, uncertainty and powerlessness. From 1993 onwards however, Coram has attended diligently to this dimension and its continued success, in particular its ability to attract and retain high-grade, committed social workers, demonstrates the importance of attending to the staff environment. In expanding its premises in 1994, we began to provide contact staff with pleasant and technologically well-provided offices, but not 'bolt-holes' where workers might entirely escape client contact, contravening our practice model.

Worker offices are therefore alongside service users' rooms and there are no technological security barriers between the two. During working hours these offices are only ever shut and locked, in keeping with the 'open environment' approach, if a clear high risk of theft or malign inquisitiveness is presented by a service user. Worker offices, decorated as far as practicable to their incumbents' tastes and wishes, contain good IT provision and secure hard-file storage. The respectful behaviour that Coram's open environment engenders, by virtue of the absence of defensive 'security' has rarely, if ever, been abused. In this way, pleasant but client accessible worker offices ensure staff can retreat, offload and reflect on the stresses and pressures of their work whilst still being easily available to, and in touch with, colleagues and family members in visits.

Coram Child Contact Service Quality Assurance Standard 8

8. OBJECTIVE: *To provide a well-equipped, homely, culturally sensitive and comfortable environment with the privacy necessary to moderate tense and painful family situations*

STANDARDS:

- a) CCCS will provide a sufficient stock of age appropriate, varied and culturally sensitive toys, activities and creative materials, and will ensure that these are maintained in good working order and state of cleanliness.
- b) Clients will have free access to a variety of refreshments and open access to kitchens, crockery and cutlery, in order to re-heat and prepare light meals, snacks, etc during visits.
- c) CCCS undertakes to provide all clients with an environment for contact that is comfortably-furnished, in a homely fashion and in a good state of repair and decoration. As much privacy as is possible, in the circumstances, will be afforded to families and all supervised visits will take place in a private room.
- d) CCCS undertakes to reflect the rich ethnic and cultural diversity of its clients by providing artefacts, art, decoration and furnishings that represent such diversity in the fabric of the building and its environment.
- e) CCCS will endeavour to provide a non-institutional environment that also complies with health and safety legislation.
- f) CCCS will ensure that 70% of all children's visits take place in the same room.

Staffing for supervised child contact

Coram's approach to its most important resource

The environment is of crucial importance in securing positive, long-term outcomes for children in supervised contact and, for just and fair treatment of their visitors. The staff selected to people that environment and provide the service are, however, the fundamental element of safe and beneficial supervised contact provision. Furthermore, it is not simply the people but also how they are organised and supported to work together amidst split relationships and sundered attachments.

As established by research already cited, 'most of those taking part in Cleaver's study wanted to see more child-centred, purpose-built contact

centres, with specialist workers to facilitate and supervise contact'. Foster carers 'sometimes felt under pressure to 'do contact', including supervised contact, because no alternatives were available or resources were not available'.⁹⁰

Other research 'underlines how stressful contact can be and how important it is that contact is carefully managed, "so that all participants are adequately supported and heard"'.⁹¹

Reasons underpinning the absence of specialist child contact resources

There are a number reasons, some obvious and some less so, underpinning the traditionally under-resourced and apparently unimportant place of child contact in child social welfare provision. Many are addressed in, or can be adduced from, Millham's research.⁹² For example, prior to 1991 and the implementation of the Children Act 1989, child-contact to family and friends could be terminated by a local authority internally, rubberstamped without recourse to the Courts or to anyone else, a purely 'administrative decision' as Millham described it. The upshot being, tens of thousands of children in care with no contact whatsoever to family or friends, and just 'drifting'.⁹³

Many of the child and family social workers who 'cut their teeth' and learnt their job under pre 1989 legislation, became the managers and senior managers of social services and court welfare departments, when the Children Act 1989 was implemented in 1991. Predictably, then, many departments and agencies have afforded little interest in, or resourcing of child contact. The fact that organising and overseeing contentious child contact is often a resource heavy, logistically complex affair simply compounds the perception that 'it's more work than it's worth'. Coram was fortunate that its local authority, the London Borough of Camden, and local Probation court welfare departments, Inner London and Middlesex Probation services (now Cafcass), were unusual. As early as 1991, their senior managers understood the significance and implications for children of unresolved and/or poorly managed contact.

Working directly with children's loss and pain

The absence of 'specialist workers ... and purpose-built centres' is then, partly explained by the lack of a contemporary understanding of child contact within some senior management teams. A less obvious factor, albeit one that symbiotically feeds, and feeds off, the absence of understanding and consequent poor resources is to do with workers' feelings. Child contact perpetuates social workers' exposure to the human aftermath of their decisions long after those decisions are enacted. In so doing, it confronts

⁹⁰ Cleaver, H. 2000 op cit

⁹¹ Fleming, J, et al. 2000 op cit

⁹² Millham, S, Bullock, R. et al. 1986 op cit

⁹³ Millham, S, Bullock, R. et al. 1986 op cit

them with the ongoing uncertainties of their role and task. Child contact sits precisely on the cusp of the two dominant and apparently diametrically opposed welfare philosophies, of ‘child-rescue’ versus ‘family-support’. This tension can be most evident in post adoption contact.

Eve’s prospective adoptive mother, Rachael, had originally been her birth mother’s friend and the intermittent, informal respite carer of Eve (age six). Eve’s birth mother, Helen, wavered in her support of her ‘confidant’, Rachael, when the local authority had proposed full-adoption. In keeping with the permanency plan the high level of contact, one visit per month, was reduced prior to the adoption hearing. As the first of her four per year visits came to an end Eve clung to her mother and cried; ‘I want you to be with us’ and Helen’s pain and Rachael’s anxiety were clear for all to see.

Hopkirk’s view is that ‘... the pain of children is so distressing that it is very much easier to devote energies to working around them than to working directly with them’.⁹⁴ Dr Brynna Kroll was for many years the social work consultant to Coram’s contact service. Writing about court welfare officers and direct work with children, she found that even highly professional workers ‘adopted defences against the onslaught of the pain and difficulty’ inherent in direct work with children, by restricting their direct work with children through ‘adopting institutionalised defences’ such as being ‘too busy’, or feeling it was ‘not part of their reporting role’.⁹⁵

Working with parents - focussing on children

In supervising child contact, it can be all too easy for workers to defend themselves against the painful and distressing reality of children’s experiences, by focussing on work with and support of parents. This is also an institutionalised defence, as supportive work with parents is, of course, fundamental if entrenched contact disputes are ever to be resolved. Such work should, however, never be at the expense of focussing on and protecting the child first and foremost. As Louis Blom-Cooper so eloquently put it, ‘It is axiomatic that the protection of children can usually best be achieved by working with the family, of which the child is the integral part. But the focus must invariably be on the child. If and when a choice has to be made between the parents’ wishes and the child’s interests, the choice must favour the child, even if it is against the parents’.⁹⁶

The contact supervisor

With reference to Coram’s definition of supervised contact, a supervisor must be ‘experienced and confident enough to intervene immediately and firmly if anything of concern arises’, immediately and firmly being the operative words. Given that to distinguish what is a child welfare concern

⁹⁴ Hopkirk, E. (1988) ‘Introducing Direct Work with Children to Area Teams in Social Services Departments’ in Aldgate, J and Simmonds, J. *Direct Work with Children: A Guide for Social Work Practitioners*. Batsford Academic, 1988.

⁹⁵ Kroll, B. (1984) *Chasing Rainbows: Children, Divorce and Loss*. Russell House Publishing

⁹⁶ London Borough Of Brent and Brent Health Authority, 1985, op cit

requires knowledge of child development, including ego and identity development, the most effective supervision is likely to be that afforded by someone trained in child development and, in particular, able to identify emotionally detrimental interactions. So long as parents are well prepared for contact, the ‘Jades’ of this world, that up and run off dangerously with their babies, are very few and far between. Emotional abuse and mistreatment is however, far more prevalent a problem.

The need to intervene immediately and firmly presupposes a good knowledge of the impact of trauma and loss on children, and a reservoir of skills and techniques that enable swift, firm but humane intervention with parents. This again suggests training and experience in working directly with vulnerable children and adults, many of whom will have long since ceased to trust professionals, and who may present serious behavioural or mental illness problems. Given that ‘social work’, qualified or unqualified, is about the use of self it is difficult to pinpoint qualities that go to make up a successful and effective supervisor without omitting other, equally useful attributes. However, Coram would suggest that the most effective and safe contact supervisors always have:

- The capacity for painstaking attention to detail in assessing, observing and recording children’s attachments, and interactions
- Low impulsivity levels and a great capacity for patience, subject to
- A commitment to child protection and to children as the paramount concern in all family matters
- Quiet confidence sufficient for person centred empathy and authoritative intervention
- Ability and willingness to work the unsocial hours that regular child contact visits require

Two Working Papers are included at the end of this section: an example of a Person Specification for a supervised contact sessional worker,⁹⁷ and a Job Description for contact social workers. These examples have been refined over many years and illustrate what Coram believes to be the necessary level of competence to provide effective contact supervision, the skills and values required to ensure safe, child centred practice, and the duties that go to make up best social work practice with children and adults in child contact.

Organising and supporting supervised child contact staff

The demands of working directly and protectively with confused, distressed and traumatised children, and yet simultaneously affording vulnerable adults a high quality and person centred service, places weighty and

⁹⁷ A ‘sessional worker’ is a worker paid by the hour to work with specific families (i.e., not salaried and not required to work a set number of hours per week) who is, however, not self-employed and is on the payroll and who is afforded full rights under European employment legislation (paid holidays, maternity leave, etc). A bank of committed sessional workers enables Coram to routinely provide 90% of families with a supervisor of similar ethnicity and culture.

complex demands on supervised contact staff. Furthermore, Coram's experience has been that the demand for its supervised contact has always far outstripped statutory funding, and its capacity to provide. It is imperative, then, that the allocation of contact casework to staff, is systematically controlled and monitored so that child centred contact social workers are protected from the exigencies of the task and from the under-resourced nature of child contact in England and Wales.

Weighted case allocation system for supervised contact

Working Paper 3 outlines Coram Child Contact Service's case weighting and allocation system. Although at Coram the system governs the allocation of case management and contact supervision to qualified social workers, who may then allocate the actual supervision of the child's contact to a sessional worker, it can clearly be adapted to suit other service provision arrangements. Central to Coram's model of practice is that this sort of allocation system is in place, to organise and monitor the distribution of the often painful and always important contact amongst staff, whatever their status.

Supervising the supervisors

There can be no doubt that all those working directly with vulnerable or abused children should be supervised by a line manager on a regular and planned basis. There is a great deal of literature available on social work supervision and most agencies will have their own supervision policies in place. However, the four chief functions of social work supervision as identified and described by Iwaniec⁹⁸, are particularly relevant to child contact social work.

- *Managing Service Delivery* through checking and monitoring to ensure that the agency's values, policies and procedures are being observed; that workload and resources are being managed and short/long-term objectives effectively prioritised, and that ongoing evaluation of work is implemented.
- *Developmental* by encouraging staff to become familiar with theoretical knowledge and new practice methods; encouraging professional growth and job enrichment by creating opportunities for learning; valuing achievements and performance, and using constructive criticism to improve practice.
- *Supportive* by helping and enabling staff to cope with stress and anxiety through acknowledgement that stress and anxiety are not weaknesses but legitimate reactions to the demands of social work practice.
- *Representative* through advocating staffs needs and rights with senior management when negotiating resources, facilities and training, and by representing staff at multi-disciplinary forums.

⁹⁸ Iwaniec, D.,
Supervision and
Support of Workers,
in Owen, H,
Pritchard, J. eds.
*Good Practice in
Child Protection*.
London. Jessica
Kingsley Publishing,
1996.

The first and last of these are of particular relevance because, as already noted, there is a dearth of specialist contact resources and as a consequence, constant pressure on projects and staff to take on new cases. Helping to hold a firm yet flexible boundary (responsive but not permeable) between chaotic external demand and measured best practice is a chief function of the supervision of contact workers. Representing staff needs and rights to senior managers, in such a turbulent environment, follows as day follows night. The developmental function of staff supervision is also clearly relevant. As was acknowledged above, child contact is as yet not comprehensively researched, nor wholly evidence based and keeping up to date with current research and trends in practice is essential. In addition, workers who chose to commit to this specialised and historically under-resourced area of work may feel increasingly out of touch with their counterparts, unless offered opportunities to pursue knowledge and skills training that is wider than just ‘child contact’ and transferable to other contemporary social work practice.

Assisting staff, through supervision, to cope with the exigencies of child contact work demands ‘supportive’ supervision. As stated earlier, child ‘contact’ both perpetuates social workers’ exposure to the human aftermath of decisions, and to the pain and distress of children. Furthermore, when one considers the split position, the ‘he’s bad, she’s mad’ syndrome⁹⁹ that many adults in contested or interim contact occupy, it is apparent that workers are, continually, having to walk a tightrope between two ‘sides’.

The uncertainty, anxiety, and recurrent frustration this generates can cause workers to ‘mirror’ the splitting, and to begin unconsciously favouring one ‘side’ against the other. Whilst it is an issue for all child and family social workers (how to avoid falling into the adult-centred trap of seeing all strength in one parent, and all weakness in the other) in contested contact this dynamic is profoundly affective. It can skew assessment and thwart lasting resolution of the problem. Supportive staff supervision can contain this dynamic and help staff refocus on the paramount concern, the child, often ‘lost’ amidst the powerful adult dynamics.

The size of the team and the importance of team meetings

We have addressed how the size, scale, and ‘feel’ of the physical environment of supervised contact, is crucially important. Clearly, the number of staff that manage and populate such an environment is thus constrained by the physical size of the building and determined by the absolute necessity for a containing environment. The core team should be small and intimate, ‘family sized’, so that awareness amongst individual team members of each other’s families is high and interdependency

⁹⁹ Clulow, C. 1987, op cit

between colleagues is emphasised. Just as the physical environment must be small enough in scale to be ‘easily mapped’ in children’s and parents’ minds, so the team must also be small enough for families to meet and identify easily during their anxious, early visits.

Coram’s supervised contact service holds weekly team meetings and, in addition, holds three ‘team days’ per year, and has monthly social work consultancy from an external expert. All this communication and exchange between service staff, occurring at a high frequency, aims to ensure that staff providing clients with a ‘containing environment’ benefit from such themselves. Team meetings must be functional: case weighted allocation lists are amended and new cases allocated; meetings are practice orientated, particular cases and casework issues are discussed and they are organisational – organisational developments, plans and team output/outcome performance are discussed.

Given these three functions, weekly meetings are essential if there is ever to be time for individual team members to think and talk amongst themselves about their stresses, anxieties and, most importantly given the powerful family dynamics they have to ‘contain’, their own working relationships within the team itself - how they feel about and perceive the teams’ dynamics.

Coram Child Contact Service Quality Assurance Standard 2

2. OBJECTIVE: *To provide staff who are appropriately qualified, skilled and experienced and who can manage conflicting needs and rights to develop positive working relationships with both children and adults.*

STANDARDS:

- a) CCCS will provide a primary staff team of qualified social workers and social work senior practitioners working full-time, supported by a secondary team of sessional workers, most of whom will be qualified and/or appropriately experienced workers, and a tertiary team of suitably qualified and experienced volunteers.
- b) Staff will be expected to establish positive working relationships with child and adult clients focussing always on children’s needs as the paramount concern, but working in an impartial and sensitive way with parents in conflict or distress, working always to Coram’s policies and procedures.
- c) CCCS will ensure that workers are fully aware of and understand the legal proceedings relating to particular children and families and that work is consistent with Courts’ orders and referring agencies conditions. Staff will be encouraged to enable children and adults to secure their rights and identify options for resolving conflict and dispute through counselling and, where appropriate, mediation.
- d) Suitably qualified, skilled and experienced staff will be encouraged to work directly with children and young people to enable their voice to be heard in discussions and planning within the service and with other professionals.
- e) All staff will participate in team meetings and in regular, planned staff supervision at a frequency corresponding to their role. Full time workers will attend weekly team meetings and receive monthly supervision, and supervision of sessional workers will be at a minimum of every two months.

Summary - Key learning points

Environment is a crucial determinant of how children and adults behave in stressful situations, during supervised contact, for instance. The extreme artificiality of the circumstances in which supervised contact participants must meet can, in Coram’s view, be greatly moderated by the provision of an open and homely yet private-feeling, comfortable meeting place that is child friendly but respectful of the needs of all those involved. It is important that this specialist environment reflects ethnic and cultural

diversity, is small enough to feel safe and non-institutional to children and adults, but is secure enough to protect vulnerable people from harm. If the environment generates a feeling of respect, trust and safety, those using it are much more likely to respond positively, and assessment of contact is less likely to be skewed by situational factors.

Such an environment and task requires confident, experienced and theoretically sound staff, able to intervene firmly and immediately when necessary, but also humanistic in approach and able to work closely and painstakingly with all manner of human pain and distress, albeit always with the welfare of the child at the centre of their practice and reflection. Supervision of ‘the supervisors’ is essential if the uncertain and emotive nature of contested contact is to be ‘held’ and contained in such a way as to ensure consistent, positive child focussed outcomes. In order to model, effectively, communicative and caring ‘family systems’ the size of the core staff team needs to be small and intimate.

Recommended further reading

Cleaver, H, (2000) *Fostering Family Contact: Studies in Evaluating the Children Act*. The Stationery Office, London.

Owen, H, Pritchard, J. eds. (1996) *Good Practice in Child Protection*. London. Jessica Kingsley Publishing.

Kroll, B. (1994) *Chasing Rainbows: Children, Divorce, and Loss*. Russell House Publishing.

Working paper 1

CHILD CONTACT SERVICE

Person Specification

Job Title: Sessional Worker – Supervised Contact

Reporting To: Supervising Social Worker/Senior Practitioner

Necessary Qualifications and Experience

(Essential = E/Desirable = D)

1. The person appointed will hold a CQSW, Dip.SW, or other recognised social work qualification or will have substantial specialist child care experience, such as fostering, adoption, teaching or family work or will hold a recognised qualification in counselling or in interpretation. **E**
2. (S)he will have a minimum of three years experience in working with children or caring for children looked after by local authorities, or such other experience as the Head of Service deems appropriate for the safe and effective supervision of child contact. **D**

Knowledge Base

3. (S)he will demonstrate knowledge of:
 - i) Child development. **E**
 - ii) The impact of trauma and loss on child development and the role of contact in child development. **E**
4. (S)he will demonstrate some understanding of the impact of continuing parental and carer conflict on children following family breakdown or reception into care. **D**
5. (S)he will demonstrate a good understanding of the impact of race, culture and religion on children in care and children of separated parents. **E**
6. (S)he will have a good understanding of child protection procedures and of the signs and symptoms of child abuse, including neglect and emotional abuse. **E**

Skills

7. (S)he will demonstrate the confidence and experience necessary to intervene immediately and firmly with parents and carers in the interests of child protection and child welfare. **E**

8. (S)he will demonstrate a commitment to working with families and supporting parents to overcome obstacles and barriers to contact or to accessing appropriate resources. **E**
9. (S)he will demonstrate the ability to work directly with traumatised and neglected children in a sensitive and supportive manner. **E**
10. Good communication skills, including:
 - i) Recording. **E**
 - ii) Writing reports. **D**
 - iii) Direct work with children and with parents. **E**
11. (S)he will demonstrate the ability to work constructively within a team or of working collaboratively with child-welfare professionals. **D**

Values

Candidates need to demonstrate:

12. A commitment to the welfare of the child as the priority in work and decision making. **E**
13. A commitment to Coram's equal opportunities policy and to the Contact service's anti-discrimination policy. **E**
14. A commitment to promoting and enabling individuals wherever appropriate to resume control of their lives and the private care of their children. **E**
15. A commitment to providing users with a high quality environment that values them as people and acknowledges the artificiality of the environment in which they must meet their children. **E**

Working paper 2

CHILD CONTACT SERVICE

Job Description

Job Title: Social Worker – Supervised Contact

Reporting To: Deputy Head of Service

Job Purpose

1. To organise, supervise, record and assess child contact, with particular regard to children’s racial and ethnic backgrounds and always with the needs and safety of the child as the paramount concern.
2. To function as a member of a small team carrying out and developing the duties and responsibilities required for the day to day running of the service, and reporting to the Deputy Head of Service.

Duties and Responsibilities

1. To plan and provide child centred social work supervision of children’s contact to family, friends and carers, working always within the terms of court orders and referring agencies’ conditions of contact and as far as possible in partnership with parents and carers.
2. To provide concise, relevant and accurate recording of contact sessions in line with service guidance and informed by relevant theory, and to carefully record communication and discussion with other agencies and professions.
3. To undertake assessments of child and family contact for care proceedings and where required to prepare, and if necessary present reports to courts and referring agencies.
4. To manage an allocated caseload, making case decisions where appropriate and to ensure case-files are up to date, accurate and relevant, and that client confidentiality is maintained at all times.
5. To intervene and act in accordance with child protection procedures and referring agencies’ conditions of contact.
6. To implement and develop anti-oppressive practice and policy in all aspects of the work and post, including responsibility for the upkeep and provision of a homely and culturally sensitive environment and monitoring and evaluation of service delivery.
7. To take referrals to the project, working to the services’ detailed referral policy and procedures.

8. To engage with referrers, agencies and families in partnership to assess the appropriateness of referrals and to ensure an effective Referral Agreement ‘contract’ for use of the service is understood and agreed by clients and referrers.
9. To function at times as one half of a ‘paired worker’ system in work with separating and divorcing families, by providing contact-focussed-counselling to individual parents and by using a mediatory approach with parents where appropriate, and to incorporate this ‘paired’ approach from time to time into work with families involved in care proceedings.
10. To function as an energetic and committed member of a small staff team, by participating in supervision, team meetings, team days and in-house training, and by working flexibly in response to unplanned events and in order to ensure a quality service to all clients at all times.
11. To take responsibility for organising your own workload, prioritising tasks and working under your own initiative in a creative and flexible way.
12. To provide planned and recorded supervision to sessional workers and volunteers, either individually or in a group setting, and to monitor their training needs and develop training initiatives in consultation with the Deputy Head of Service and Head of Service.
13. To ensure the service meets its statutory obligations under legislation governing health and safety, fire safety and first aid, and to undertake necessary training as directed by the Deputy Head of Service to enable the project to meet its obligations.
14. From time to time to attend and represent the service at inter-departmental and organisational meetings within Coram or with other agencies and professions.
15. To undertake such other duties and responsibilities (following consultation with the Deputy Head of Service) that may from time to time arise and that fall within the general purpose of the job

Working Paper 3

CASE WEIGHTING AND ALLOCATION - GUIDELINES

Introduction

1. These guidelines are to ensure that allocation of child and family contact cases, to Service social workers, is managed in a planned and fair way. The two prime functions of a case weighting and allocation system are:
 - 1) To ensure that workers are not overburdened with complex and weighty cases
 - 2) To ensure that service users receive a quality service at all times
- 1.1 Case weighting, like everything else in social work, can never be an exact science. The system has to be easy to operate and transparent. It must give a clear picture of current caseload, but the allocation of cases will also involve professional judgement: what is appropriate for the particular family's needs, which worker is likely to be most effective for the family, etc. Given these factors, and the chaotic nature of the input into social welfare agencies, a situation where all workers share exactly similar case weights never occurs. However, a weighted case allocation system should ensure that particular workers are not swamped, with complex specific issues, or 'orphan' cases.

Weighting

- 2 The weighting system is graded as follows:
 - 5 = Very High/4 = High/3 = Moderate
 - 2 = Moderate-low/1 = Low.
- 2.1 The grades are applied across 4 factors, or 'bands', as set out in Table 1 below.

Table 1

Frequency of Contact	Type of Involvement	Abuse/ Risk Potential	Ethnic Variance
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- 2.2 Table 2 illustrates grades applied across bands. The 'Abuse/Risk Potential' column in table 2, relates to Coram's eligibility criteria which are described in Part 3 and reproduced in full in the Part 6 Toolkit, in the Initial Referral and Eligibility Form Parts 1 & 2. The ethnic variance column records, only, the 'match' between the allocated social worker and the child: the child's contact may be supervised by a sessional worker of similar ethnicity and language to the child; it is the variance of the allocated social worker, the assessor and planner, that is measured in this column.¹⁰⁰

¹⁰⁰ Output and Outcome measures for service delivery, in respect of ethnic, cultural and physical diversity are set out in full in the Toolkit at Part 6, under 'Monitoring and Evaluation'.

Table 2

Frequency of Contact		Type of Involvement		Abuse/Risk Potential		Ethnic Variance	
1 or more visits week	5	Supervising contact	5	Sexual/Physical abuse Forensic mental health Undermining placement/severe emotional abuse Recent abduction	5	Different ethnicity & language	5
2 visits per month	4	Shared supervision & working with resident parent/ carer.	4	Neglect/learning difficulties Alleged sexual abuse Domestic violence Undermining of full-time carer/ placement	4	Different ethnicity but 2 nd language same	4
1 visit per month	3	Supervision by sessional SW staff	3	Limited or unproven domestic violence Pre adoption/ potential emotional abuse	3	Different ethnicity/ same language	3
8 to 6 visits per annum	2	Counselling/support for non-contact adults	2	Proven abduction Poor parenting Post long-term placement	2	Similar ethnicity/ same language	2
1 or 2 visits per annum	1	Supervision by adoption agency	1	Post adoption/need for 'neutral' and geographically friendly venue	1	None	1

Case-weighted allocation of supervised contact

3. The average number of families registered for supervised contact at any one time, divided by the number of full-time, salaried staff, gives the average number of cases to be held by each individual staff member.
- 3.1 Case weighting, however, must allow allocation according to previous social work experience and experience in the job. Thus, an experienced senior practitioner may hold fewer cases, numerically, but have a higher case weight than a social worker new to the job.
- 3.2 Because at Coram, since 1987, the average number of families registered for a supervised contact service at any one time is 69, Table C. shows case weighting across four 'bands' for 69 cases, allocated to three social workers irrespective of complexity and need. In short, then, Table C. shows that 23 cases weighted at five in each four 'bands', equals a case weight of 460. Twenty-three cases weighted at two for all four 'bands', equals a case weight of 184. The optimal (average) case weight is therefore 276.

Table 3

Cases	Weighting	'Bands'*	Total Weight
23	x 5	x 4	= 460
23	x 3	x 4	= 276
23	x 2	x 4	= 184

4. Table 4, below, illustrates a part of a social worker's weighted case allocation list, with need and complexity factored into the equation. Produced on Excel spreadsheet, this list is quick and easy to update, error free and transparent. Workers review printouts of their own and their colleagues' lists during weekly team meetings when the lists are up-dated.

Table 4

Case Name Contact	Frequency of Contact	Type of Involvement	Abuse/Risk Potential	Ethnic Variance	Weight
Family A	2 per week	5 Supervising sessional worker	3 Neglect/ interim care order	4 Dif' ethnicity Same language	3 15
Family B	2 per month	4 Working with resident parent	2 Domestic Violence Emotional abuse	3 Same ethnicity	1 10
Family C	2 per annum	1 Shared supervision	3 Post adoption Large sibling group	2 Mixed parentage	2 8
Family D	1 per month	3 Supervision	5 Sexual abuse Full care order/ Permanency planning	5 Dif' language Dif' ethnicity	5 18
					51

**Part 3:
Managing,
assessing and
planning referrals
for supervised
child contact**

Part 3: Managing, assessing and planning referrals for supervised child contact

Managing referrals and demand

How to prioritise need, screen out unwarranted intervention and target scarce resources

We have already remarked on the paucity of professionally managed child contact provision, on the research evidence that suggests a need for more such provision, and on some of the reasons underpinning the absence of properly funded specialist child contact resources in the UK. If you establish a professional supervised contact service it will be inundated with referrals of both private and public law cases. Such has been the experience of Coram and of others such as the Welcare Accord Centre, and, judging from the conclusions and recommendations of The Lord Chancellor's Advisory Board on Family Law report,¹⁰¹ the need for more specialist and 'therapeutic' contact provision is now acknowledged at the highest levels.

Private and public law children 'under one roof'

Coram Family, when it set up its dedicated supervised contact facility in 1987, did so with the aim of providing a specialist service to children in care. In little over a year, Coram's supervised contact service began receiving and accepting referrals of private law cases also. Predictably, courts and lawyers, who first became aware of the service through public law cases, began referring to it in complex private law cases. The advent of the Children and Family Court Advisory and Support Service (Cafcass) in 2001, has finally solemnised the Children Act 89's marriage of public and private children and family legislation, by providing one body responsible for reporting to court on all family proceedings concerning children.

Cross fertilisation of practice skills

It is fundamental to Coram's model of best practice that effective supervised contact provision is 'quality assured' for safety and efficacy, if it is professional enough to protect children subject to care proceedings or full care orders, and yet able to engage and work safely and successfully with their families and their local authority 'parent'. Such supervision can contain and safely resolve entrenched conflict and acrimonious disputes between children's parents in private proceedings. Working with children in care can demonstrate the enduring value of long-term, supervised contact for some children, and this awareness can be applied to private law children, for instance, where child-abduction has previously occurred.

Similarly, working intensively and therapeutically with children and their 'split' and conflicted parents in private law, provides many valuable lessons

¹⁰¹The Children Act 1989 Sub-Committee of The Lord Chancellor's Advisory Board on Family Law. *Making Contact Work: A Report to the Lord Chancellor*. The Stationery Office. London. 2002.

and methodologies for work with public law contact. For example, working in a conciliatory way to ‘mediate’ between birth parents and corporate parents to improve children’s experience of contact.

Rights and needs – Coram’s priorities for a supervised contact service

Coram operates a policy of prioritising need and eligibility for a service based on rights and needs according to the following general criteria and priorities.

That there are serious concerns for the welfare of the child in contact or resulting from the absence of contact, or, that previous attempts at less protective and artificial contact have failed in a manner likely to have been detrimental to the welfare of the child. In such circumstances supervised contact, is offered by Coram, according to the following priorities:

Priority 1: Children subject to care proceedings or full care orders

Priority 2: Children subject to or previously subject to contested private proceedings

Priority 3: Children adopted following care proceedings

Children subject to care proceedings or full care orders

Children who are subject to section 31, CA89 care or supervision proceedings receive priority for supervised contact, firstly, because they have a ‘substantive right’¹⁰² to contact. That is, they have a right legislated for by government (section 34, CA89), ‘which applies whether or not its beneficiaries know about it and which imposes a duty on another (in this case local authorities) to meet that right’.¹⁰³

Secondly, the need of children in care or subject to care proceedings to maintain some safe contact is, at least initially, very powerful. They have, suddenly and sometimes only temporarily, been detached from all previous ‘attachments’, from mother, father, siblings, extended family, from habitual routines of life and from familiar environments, friends, etc. Even where their home experiences were likely to have been detrimental to their welfare, to be suddenly and completely cut-off and adrift from all previous experiences and history can be as traumatic for the children as the alleged abuse from which they first needed protection, severance compounding their pain and confusion. This affect was a major concern of the Cleveland inquiry.¹⁰⁴ Bradshaw describes such need as ‘normative need defined by the expert or professional’.¹⁰⁵ If you establish a supervised contact resource, ethically you should make provision for ‘section 34 children’ a first priority.

Coram’s experience is that local authorities will refer to and pay for specialist services where breakdowns in contact are resulting in repeated

¹⁰² Braye, S. and Preston-Shoot, M. *Practising Social Work Law*. MacMillan. 1992.

¹⁰³ Bradshaw, J. (1972) ‘The concept of social need’, in *New Society*, 19 (496), 640-643, 1972.

¹⁰⁴ Secretary of State for Social Services. *Report of the Inquiry into Child Abuse in Cleveland*. Presented by RH LJ Butler-Sloss, Cm 412, London. HMSO. 1988.

¹⁰⁵ Bradshaw, J. 1972 op cit

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distress to children, increased court hearings and heightened conflict between authority and family. A frequent reason for referral to Coram by local authorities is that the child's contact is to be long term, post permanent-alternative family placement, and a specialist service devoted to contact can be trusted to manage this in a focussed and planned manner.

Children subject to private law contact proceedings or long-term, safe contact

Section 8 of the Act does not impose a legal duty on another - the parent/carer with whom the children reside - to meet a right of the children to have contact with the parent with whom they do not live. Thus, such children do not have the substantive claim to specialist contact provision of their in many ways less fortunate counterparts. Clearly, however, there is a strong argument that contact following parental divorce or separation is a fundamental need of children unless an 'absent' parent is unsuitable.

Bradshaw describes this as a 'comparative need',¹⁰⁶ 'where people are assumed to be in need if they experience the same conditions as others who receive a service'.¹⁰⁷ If contact is a legal right of children in care it follows it is potentially a 'right' of all children separated from one or both parents. If children living with both parents generally seek out, and need the love of both their parents, then children separated from one parent experience a comparable need. However, offering supervised contact too freely and easily to children in private proceedings may divert parents from their capacity to protect their children from the impact and effects of loss, separation and conflict.

Generating clients and courting dependency are not aims or goals of ethical social work practice. Nevertheless, as is apparent from the report and recommendations of CASC,¹⁰⁸ the situation of children needlessly deprived of potentially important and positive attachments to parents and extended families, following divorce or separation, is damaging. It is detrimental, both to the individual children and to the State and society in general, and warrants state resourced intervention.

Children adopted following care proceedings

On an adoption order being made birth parents, or anyone else who previously held parental responsibility, lose it (unless of course the child is adopted by someone who previously held parental responsibility). There is, then, no claim to contact whatsoever following adoption for parents or other adults and, as we have noted in Part 1, courts rarely if ever risk the lasting rescue of the adopted child by imposing contact under section 8 CA89. There is a difficult and evolving area of competing rights and needs where sibling contact following adoption is concerned. At present even where older siblings, looked-after under full care orders, apply for contact to an

¹⁰⁶ Bradshaw, J. 1972
op cit

¹⁰⁷ Braye, S. and
Preston-Shoot, M.
1992 op cit

¹⁰⁸ The Children Act
1989 Sub-
Committee of The
Lord Chancellor's
Advisory Board on
Family Law, 2002 op
cit

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adopted sibling courts are reluctant to order so if there are expressed concerns by the adopters for the welfare of the adopted child in contact, despite both the substantive right and comparative need of the looked-after children.

The basic tenet of Coram's provision for infrequent, direct post adoption contact is that the birth family at least nominally accept and validate the adoption, and the adopters agree with contact, understanding the potential benefits to their child of such contact. Eligibility for direct post adoption contact at Coram is best described through revisiting our definition of supervised contact cited in Part 1:

'Supervised contact aims to ensure safety from physical harm and emotional abuse and requires a high level of constant supervision from supervisors experienced and confident enough to intervene immediately and firmly if anything of concern arises. If safe contact is achieved supervision becomes therapeutic in the widest sense. The contact is managed so that the child is supported in resolving issues with the parent which he or she needs to understand; or to provide opportunities for a parent to apologise or in other ways make amends; or to effect a planned and humane ending to contact. In supervised contact, the supervisor plays a role in guiding parents to improve the quality of interactions and parenting; this may include 'mediating' to improve the quality of interactions between a child's parents or between parents and substitute carers'.

For Coram to offer direct post adoption contact it would be necessary to assess at the point of referral that the first sentence of this definition is not applicable. The aim and purpose of Coram's involvement is then purely 'therapeutic': sensitive and careful facilitation by theoretically sound professionals operating in a child friendly, private environment. Thus, post adoption contact is the third and last of Coram's priorities as it is not strictly speaking supervised contact.

Reporting policy: prioritising the provision of as much safe contact for as many children as possible

Coram's policy on reporting is a firm plank of our model and one that, we believe, is central to the high level of positive outcomes we have achieved for thousands of children. Coram's reporting policy is that 'it does not routinely report directly to courts about contact it is supervising', routinely and directly being the operative words. This policy applies unequivocally to all private law cases. In public law, Coram does provide a separate assessment and court reporting service but, for reasons that will be described shortly, only does so in cases it has had no previous involvement with and where it has not been asked to provide ongoing supervised contact for families.

Part 6 Toolkit includes (3) Coram's *Terms and Conditions of Use*. Paragraph 12 of the terms describes Coram's reporting policy, whilst paragraphs 4 and 5 describe why and how Coram reports on child protection and child welfare concerns.

Child protection reporting (Toolkit – (3) Terms and Conditions of Use)

However, it is crucial to distinguish between routine court reporting and child protection/child welfare reporting. The contact service operates within Coram Family's Child Protection Policy, which is agreed and validated by the local authority Area Child Protection Committee. Where a concern for the safety or welfare of a child or adult using the service arises it is communicated immediately to the referring agency. The terms and conditions of use referred to in the box above detail this process.

Providing more contact

There are three reasons why Coram's model requires a general non-reporting stance, saving child protection or welfare concerns:

- To provide as much contact to as many children as possible
- To work 'therapeutically' with children and families
- To work in a multi-disciplinary way to protect children

With regard to the first of these, Coram set up its service to provide a better experience of contact for children, and the more children it can do this for the better. Annually, we provide almost eight hundred two or three hour visits for around 200 children and 100 families. As any child and family field social worker will testify, court reporting and court appearances soak up a great deal of time, resources and psychological effort and energy, and it is difficult to manage both competent work 'for children and families' in court and at the same time sustained and intensive work 'with children and families' out of court. Were Coram to take on a 'quasi statutory' reporting role (and pressure on it to do this has always been present) then it would provide far less contact to far fewer children than it does.

Screening for eligibility and managing delivery of supervised contact

The imposition of professional supervision of contact is a powerful intervention into the 'private family life' of children and families. Equally, the harm caused to children's welfare and development through the construction of unsafe or ineffective contact arrangements is a significant failure on the part of the state and welfare agencies to protect children. It is

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imperative then, if you set up for supervised contact, that you have referral systems in place to screen out unwarranted intervention and to safely assess and begin planning for safe and appropriate referrals.

'Referred access' intake policy

Coram accepts referrals for supervised contact only from child and family social work professionals; that is, from local authority field social workers, Cafcass officers (including Legal Services and Special Casework), and from looked after children and adoption teams. This 'referred access' to the service enacts the priorities set out for ethical service delivery as previously described. It prevents inappropriate referrals, for example from solicitors representing only one 'side', and thereby avoids unwarranted and inefficient intervention:

'...We are instructed then, that the children do not want to see the applicant father... our client is therefore opposed to any direct contact other than closely supervised contact and we ask you to forward application papers as a matter of urgency'.

'What damn right do you have to put me in supervised contact', might not be such an unreasonable reaction from the father concerned, were you to accept such a 'one sided' referral. Coram restricts referrals for supervised contact to childcare professionals because:

- To accept referrals from one or other legal representative might be to 'generate clients', imposing a service on the contact parent when such may not be warranted and consequently 'courting dependency' from the resident parent/carer who wants supervision imposed.
- An assessment as to whether a particular child may benefit from supervised contact, must have been made by a local authority social worker or Cafcass officer ('the purchaser'), independent of Coram ('the provider') to prevent 'unnecessary institutionalisation of individuals'.¹⁰⁹
- Contact supervisors need child focussed, theoretically informed referrals in order to protect, promote, and enable the long-term welfare of the child concerned.

Managing delivery and demand: un-referred court orders – standing up to courts

We maintain this practice guards against Coram being drawn into the split and 'schizoid' dynamics of disputed contact and avoids the tendency of specialist services to see themselves as the panacea, and to over-prescribe their service as a result. This policy of 'referred access' also means Coram can, and regularly does, refuse to accept Court orders stipulating supervised contact where there has been no prior referral from a child-welfare professional.

¹⁰⁹ Griffiths, R. *Community Care: Agenda for Action. Report to the Parliamentary Select Committee*. London, HMSO. 1988.

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Coram's Terms and Conditions of Use (see Toolkit (3)) establish its position in respect of 'court orders made without prior consultation with the service'. Such 'un-referred' orders may be flattering, and may be child-focussed, but the management of service provision and delivery must rest within your service, not with a Court concerned with one individual case. 'Referred access' prevents Courts from unilaterally 'capturing' service provision and ensures you remain in charge of managing delivery and demand within your service. The rights and needs of the hundreds of children actually using your service, far outweigh the rights and needs of the individual child and family the Court is seized upon, at least until such time as you can assess and determine whether you may, competently, provide the service the Court believes necessary for 'its family'.

Coram Child Contact Service Quality Assurance Standard 1

1. OBJECTIVE: To enable children and young people to maintain safe and beneficial links to family from whom they are separated from and yet may return to or with whom they may develop a relationship that helps promote their sense of identity and self-worth.

STANDARDS:

- a) To provide a maximum of 20 sessions per week of professionally supervised contact, of which 70% may be during out-of-school hours.
- b) To provide a maximum of 27 sessions per week of supported contact, 22 of which will be during out-of-school hours.
- c) A formal contract for use of the service will be agreed with each family, which recognises the reasons for referral, needs, and risks and the terms and conditions for use of the service. Families will be provided with written schedules of contact, that accord with Court orders or referring agencies contact conditions, and the service will in all cases obtain sufficient and relevant oral and written information from referring agencies to ensure safe practice with families.
- d) Where appropriate and with the signed agreement of all parties, closely supervised contact will be provided by a suitably qualified, skilled and experienced worker who will monitor, assess and, where necessary intervene in child – visitor contact to protect and promote the children's welfare and provide support and guidance to visitors. Detailed, relevant records of all supervised contact sessions will be entered on individual case files.

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- e) Referrals of children subject to care/supervision proceedings will be responded to within 2 working days; all other referrals will be responded to within 4 working days. Referral procedures will be detailed and all relevant case papers will be required by the service prior to contact.
- f) Supported contact sessions will be managed by paid Centre co-ordinators assisted by volunteers and at all times a qualified staff member will be available for support/consultation.
- g) A stock of well-maintained toys, activities and creative materials will be provided for children of all ages and care will be taken to ensure children's rooms/areas are consistently set up according to each child's particular needs and wishes in order to ensure continuity of experience.

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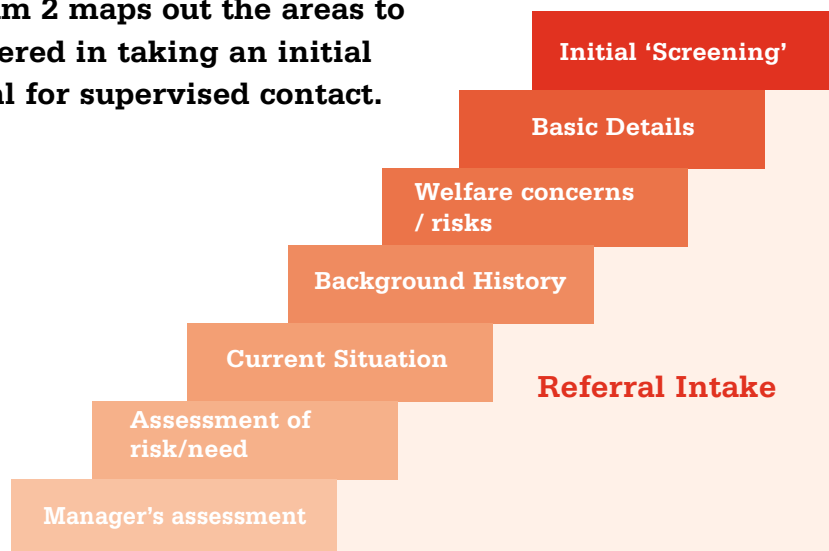
How Coram takes and assesses new referrals and plans for contact

Referral intake form – initial telephone referrals

Referrals to the Coram service are made first by telephone and are dealt with by the duty social worker for the day, using the referral intake form. If a new referral arrives in the form of a letter, the duty social worker will telephone the writer, and take the referral using the 'intake form'.

Part 6, Toolkit includes (2) *Referral Intake Form - Parts 1 and 2*. Please read this before continuing, including the 'Service Eligibility and Complexity' table at the back of the intake form.

Diagram 2 maps out the areas to be covered in taking an initial referral for supervised contact.



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Referral intake and initial assessment

Initial screening - costs and other information about the service (Toolkit (2) Referral Intake Form Part 1, page 1)

Any referral system is a two-way process wherein essential information is exchanged between referrer and provider. Part 1 of the Referral Intake Form (Toolkit (2)) shows that the first step in the referral process is ‘screening’. If the referral is from social services, find out straight away, whether the referrer has management agreement to fund the cost of supervised contact by giving the referrer information on costs and on the non-reporting policy. For Cafcass, the reporting policy is that when they recommend referral for supervised contact to the court, they also ‘recommend that a further report from Cafcass, on the progress of contact, is also ordered’.

Referrers, in ascertaining whether their agency is willing to fund and use your specialist resource, will need to know what the parameters of the service provided are, for instance, that contact visits are available on weekdays, during after-school hours or on Saturdays but not on Sundays. Other restrictions of your service, for example set times of visits, should be clearly set out in a Customer Information Leaflet, to which staff can refer when dealing with referrals and which can be forwarded to prospective referrers and families. Being clear with referrers about the levels and quality of staffing provided and the specialist environment will assist them in working out the ‘best value’ provided by your service.

Part 6 Toolkit includes (5) *Customer Information Leaflet*. This describes the supervised contact service provided by Coram, including timings and days for visits, facilities, etc.

Basic details as part of planning for a service (Toolkit - Referral Intake Form Part 2, page 2)

Page 2 of the intake form records the basic details of the family. Referrers, anxious to secure a possible solution to the intractable problem facing them, may rush ahead with telling you why the child needs your service, the concerns about contact, risks, etc. This allows referrers to ventilate their anxiety about the case, and gives you an impression of how the case ‘feels’ to the referrer. However it is necessary that you control the process, and so you should listen but not record at this stage. Having listened you should take control quite quickly, and direct the referrer back to giving you the basic details of the case.

Going back to basics, searching the file for dates of birth, ethnicity, etc., helps the referrer to focus on the people involved and thereby the original concerns. It helps you as the referral taker to begin gathering information essential for your ‘initial assessment’: issues of ethnicity and language,

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gender, time of day when contact could occur due to ages of children, and so on.

Initial assessment of risk and concerns (Toolkit - Referral Intake Form Part 2, page 3)

Page 3 of the intake form begins with a section recording concerns. The ‘original concerns’ phrase used above is a benchmark that appears throughout the remainder of this Guide. When you expend frequent intensive periods, over time, with a troubled child and family and your committed and professional work appears to be bearing fruit it becomes all too easy, when ‘change’ appears to occur, to lose sight of the original concerns that first prompted intervention.

As the referral taker it is your job to begin determining whether the service might provide a safe ‘course’ towards the solution of the child’s contact problem. To navigate child and family safely towards this goal requires that you know all about, and never lose sight of, the first point on the compass, ‘the original concern’. The hoped for outcome and goal of supervised contact must correspond to the risks and concerns first presented. You should at this stage of any referral be thinking in terms such as depicted in diagram 2.

**Diagram 3 -
Planning for and Assessing ‘Change’ and Progress**

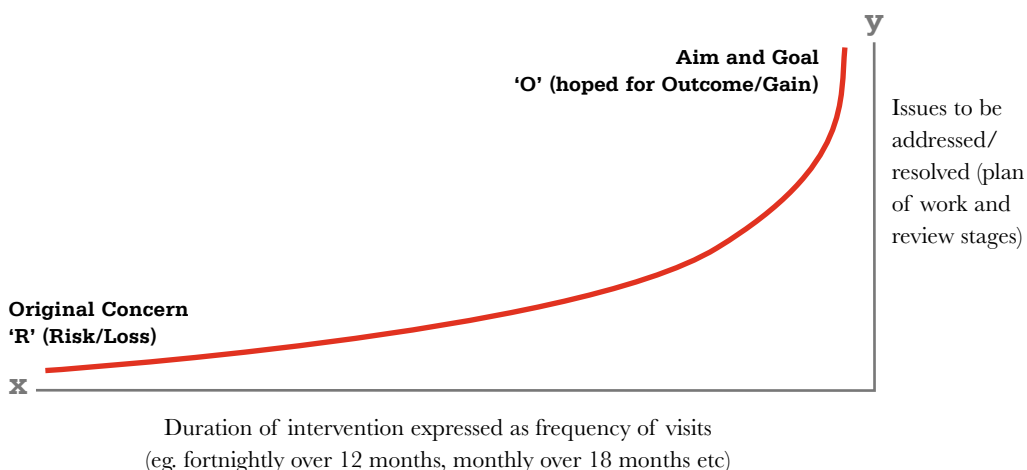


Diagram 2 depicts a measurement of change and achievement of supervised contact goals: to move from ‘r’ to ‘o’ requires ‘x’ plus ‘y’, the ‘change agent’, your planned intervention. It is essential for the supervised contact provider, at referral, to think in terms of identifying and planning achievable and measurable mid to long-term goals. Frequently, referrers and courts will only have thought as far ahead as getting the contact re-started, via supervision. Crucial to your referral task of thinking ahead is

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the ‘x’ component of the equation in diagram 2, which is fundamental to the protection of children’s welfare and to the well-being of vulnerable adults. Children must not ‘for ever’ be anxiously awaiting the resolution of their contact relationship.

The example provided by overly protracted adoption procedures where children have waited years for promised new families, ‘one foot on the platform, the other on the train’, illustrates the irreparable damage such interminable uncertainty can cause.¹¹⁰ Failure to take account of all the original concerns and risks, when beginning to plan for contact at referral, can result in the implementation of unachievable goals, inappropriate time-scales, and therefore unsustainable visiting frequency. This applies similarly to a failure to acknowledge, at referral, the psychological demands and impact on adults having supervised contact. For example, a court welfare officer phoned to make the following referral:

‘...The Court is being asked to consider fortnightly supervised contact... the mother is psychiatrically diagnosed as suffering from an untreatable borderline personality disorder and a depressive condition... she set fire to her flat while Mary was in bed (unharmful but shocked). Her psychiatrist says that supervised contact to Mary will help her recovery... the father is in agreement with supervised contact’.

Anyone involved in supervised contact will recognise the sort of thinking and dynamics this court welfare officer was grappling with. We will discuss in more detail a ‘slide rule’ for determining frequency of supervised visits shortly. The adult psychiatrist had determined only that supervised contact would be safe for the child (comparative need – other children have such contact to ‘unsuitable’ parents), and beneficial for her patient (normative need – the client needs a service). The mother’s solicitor, in representations to the Court, had fastened on the maximum frequency, fortnightly visits, provided by Coram in private law matters (comparative need – other parents receive this service). It fell to the referral taker to establish early on that the risks and concerns (‘r’) meant that the likelihood of contact ever becoming wholly unsupervised (‘o’) was very low, that supervised contact might be necessary for several years (‘y’) and, therefore, the duration and frequency of visits (‘x’) must correspond to the reality of ‘o’ being long-term supervised contact.

Alternatively, a referral might be taken from a local authority social worker (‘our plan is either to place for long-term fostering or to free for adoption’), asking for one hour of supervised contact per month for a nine-year old boy subject to the last available interim care order period, who previously ‘enjoyed’ weekly contact. This resulted in the referral taker suggesting that monthly, one-hour visits would neither allow the child time to orientate, to

¹¹⁰ Quinton et al. 1997
op cit.

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settle and to ‘feel’ his way back into the relationship, nor would it realistically afford the contact parent opportunities to apologise or in other ways make amends.

You must also gather information on any risks posed by the referral to other children and adults using your service and organisation, and just as importantly any risks posed to workers or buildings. For instance, you record here whether a moderate to high risk of violence proscribes parents, or parent and social worker, from meeting.

Initial assessment of loss and need attachments (Toolkit – Referral Intake Form Part 2, page 3)

The second section of page 3 refers to ‘Background History’. When addressing this section you will draw on theoretical and research knowledge as described in Part 1. This part of your referral discussion aims at gleaning from the referrer a sense of the nature of the child’s attachment to the contact applicant before separation and the breakdown of contact. You will also be seeking to gather pertinent information about the family and social history of the child’s parents or relatives. With reference to Part 1, you will be exploring the nature of the parent’s object relations and childhood attachments, issues of culture, ethnicity and discrimination, patterns in relationships (violence, drug abuse), etc.

The reason Coram requires that only experienced and qualified child and family social workers manage referral taking is that a sound understanding of attachment theory is crucial to the safe assessment and planning of child contact. Part 1 gives an overview of the basic precepts of attachment theory and notes the different types of attachment a child may form resulting from negative ‘bonding’ behaviour of parents/primary carers: not all attachments are ‘secure’ or healthy and you need to begin, at the initial referral stage, to obtain a picture of the referred child’s attachment. From this you inform your initial assessment of what, if any, level of contact you might provide (diagram 2, ‘x’), that is, what the risk to the child of any ‘loss’ of contact actually is (diagram 2, ‘r’).

To illustrate how attachment theory prefigures assessment of contact, we will revert briefly to Part 1:

‘Sustained and persistent domestic violence threatens a child’s sense of safety and security, thereby disrupting the child’s attachment to the father. It would be unusual for a child of such circumstances to experience the father’s absence as a loss rather than as a relief’.¹¹¹

Sustained and persistent domestic violence, witnessed by a child, predicates ‘insecure and disorganised attachment’.¹¹² The violent father is experienced

¹¹¹ Slade, A. 2000 op cit

¹¹² Ainsworth, M. D. et al, 1978 op cit

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as frightening ‘and therefore not available as a source of safety or comfort’:¹¹³ the raison d’être of him as a ‘parent’ (protector and nurturer) has been nullified, by his repeated violent behaviour. Attachment theory means that, as referral taker, you will also consider that the child’s attachment to the mother may also have been compromised. Repeated violence will have repeatedly frightened the mother and she may have been rendered inconsistent and insensitive to her child’s attachment needs because of her own unmet needs. Another initial referral, this time from social services, illuminates how abuse organises all attachments in the family:

‘Kate (the mother) was ‘in and out of care as a child’... has since had a series of violent relationships... police involved... Class A drug use... Pete’s father was also violent but hasn’t been seen for years... Pete and his two younger sisters, Shamin and Anise were brought into Care, under Police protection following a firearms incident at home... Pete had previously been injured defending his mother during domestic violence, but also spent a lot of time on the streets, away from home situation’

Here, as referral taker, you are beginning to assess supervised contact provision for 7-year old ‘Pete’ (as an individual distinct from his two younger sisters, whose contact you have also to consider), and in your initial assessment you hypothesise that Pete may have an ‘insecure and ambivalent/resistant attachment’¹¹⁴ to his mother. Kate has not been directly hostile or rejecting to Pete, but has been repeatedly inconsistent and insensitive, a result of her drug misuse and abusive relationships, and Pete’s oscillation between ‘clingy’ need and ‘mature’ independence (enforced maturation) finally placed him in harm’s way. Perhaps the older of Pete’s two younger sisters, having experienced the mother’s drug use as indifference to and rebuttal of her own needs, has developed an ‘insecure and avoidant/ambivalent attachment’: feeling little sense of reliable safety whilst still yearning for it, she becomes ‘watchful’ of her mother but warily avoids physical proximity and becomes ‘seen but not heard’.

In this section, if the referral is private law, you are also seeking information on the history of the birth parents’ relationship: the length of time they lived together, how long the child and contact parent lived together before separation. This information is vital. If a young child never lived with the contact parent then there will be no actual attachment, and your assessment will then be about introducing child to parent and whether this would be in the child’s best interests.

‘Current situation’: initial planning and provisional offer of a service (Toolkit – Referral Intake Form Part 2, page 3)

The third and final section of page 3 ensures you request information on

¹¹³ Howe, D. 1995 op cit

¹¹⁴ Ainsworth, M. D. et al, 1978 op cit

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‘the current situation’. If it is a public law referral you will need to know what the local authority’s ‘final’ care plan is likely to be, how contact fits in with that plan, and at what stage in the proceedings the case is (first, second, third interim care order... approaching final care hearing; adoption freeing hearing, etc.). You should also be seeking information on the current state of the contact parent’s relations with the authority, whether the social worker can attend to observe contact or whether conflict is so dangerously high as to preclude this. If you are dealing with a private law referral, you will want to know from the Cafcass officer whether both parents know of the referral and if either is more or less in agreement with this.

This section is the culmination of your discussion with the referrer, and it is wise to take this opportunity to reiterate some of the essential terms and conditions of use of the service - the cost, reporting policy, etc.- just to be certain the referrer is absolutely clear about these. By now you will have recorded enough information to assess whether to make the referrer a ‘provisional offer’ of a service and so to advise how the referral can be progressed. You can advise on the current or likely availability of places (days and times of visits), corresponding to the child’s age and situation and, if necessary, on the availability of a supervisor of similar ethnicity, culture and language.

Your initial decision will be informed by reference to the ‘Service Eligibility and Complexity’ table (Toolkit (2) Referral Intake Form, page 5). You make only a ‘provisional offer of a service’ at this stage. Coram’s practice is that your line manager must assess your initial referral to confirm that all the implications of the referred child’s contact, have been considered. For instance, the impact of the referral, on overall service delivery (contract and partnership targets and staff case-weights) and any potentially critical risks to other service users or to your organisation that warrant a refusal to offer a service.

Initial assessment of case complexity and manager’s assessment (Toolkit – Referral Intake Form Part 2, page 4)

Your initial assessment of the referral is recorded in the first section of page 4 of the intake form, which has, at its head, a suggested list of factors to take into account. Clearly, this ‘checklist’ is not exhaustive. It is a thumbnail guide to the assessment of complex supervised contact referrals and is in fair measure management driven (risks to others, to organisation, likely frequency of visits vis-à-vis funding targets, ethnicity vis-à-vis staffing availability, etc). This record of initial assessment informs the second section of page 4 of the intake form, the manager’s assessment of the referral. Given the pressures on management and the high risks frequently presented, it is necessarily a checklist guidance that is succinctly and bluntly focussed on ‘original concerns’ and presenting risks and strengths.

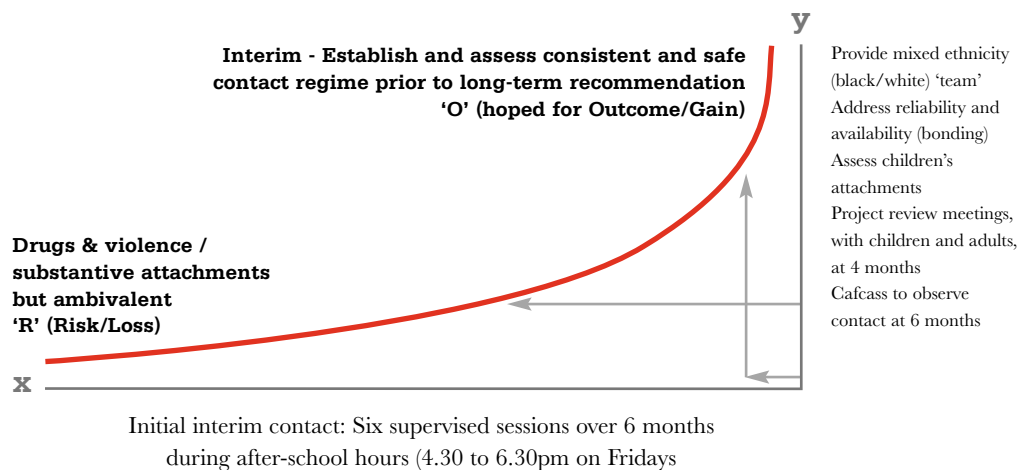
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This section may be completed as simply as:

- Children in care for a time (child protection register categories neglect/physical abuse)
- Now a Private law contact matter/Cafcass referral... Children lived with Kate up to ages 6, 4 and 3...are reported by Cafcass as ‘wanting to see mum’...No contact for 12 months following an assault by Kate on P/G/M (slapped and pushed her)...
- Father in USA and estranged from his family - not involved
- >Six 1 per month visits suggested to referrer (minimise impact of any erratic inconsistency by mother) to assess quality for future contact...Needs white female supervisor (positive white ‘mother’ modelling)...Mother and P/G/M not to meet at present
- >Helpful if black worker with grandmother - address risk of physical threat and ‘placement’ stability...work to deescalate tensions (‘mediation’ possible longer-term goal)
- >Contact after-school weekdays or Saturdays...Nan says she and girls can manage weekdays at 4.30pm...>>Firearms risk previously presented by mother’s associates.

**Diagram 4 -
Planning and Assessing for ‘Pete, Shamin and Anise’**



The account above assists the line manager to grasp quickly and easily all the risks, issues and dynamics of the referral, but it is nonetheless theoretically informed and sound. It assesses the potential for attachment loss - lived with mother for 6, 4, and 3 years and the possible risks – firearms, violence and poor bonding behaviour/inconsistency (‘r’ in diagram 3). The consequent needs of the children involved - ‘all want to see mum’, have clearly been

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weighed against probable risks of attachment distortion ('unavailable' and /or 'unsafe' mother affectively disturbing placement/home stability), so that the offer of a service is a child protective low risk six visits over 6 months ('x'). The suggested interventions, to achieve this measured, interim goal are represented at 'y' in diagram 3.

Manager's initial assessment: provision of a service and unacceptable risk (Toolkit – Referral Intake Form Part 2, pages 4 & 5)

In terms of the management of service delivery, the referral taker has recorded enough information for the manager/staff supervisor, to quickly assess service management implications and to begin to consider allocation of the case in terms of the weighted case allocation system, described in Part 2. For instance, the manager can begin to consider implications for the allocation of the case within the team on the probable racial and cultural needs of the children, reflecting the quality assurance standard 'to provide 70% of children with a worker of similar ethnicity and culture' (Toolkit (1) Quality Assurance Standards, objective 3).

Of most concern to the manager, in assessing the intake referral for Pete and his sisters, will be the issue of a police confirmed firearms incident and Kate's assault on the paternal grandmother, the children's last experience of contact. We have already noted the issue of 'unacceptable risk' but also that risk is also fluid and changeable. Coram Child Contact Service is perhaps fortunate in that its assessments of unacceptable risk are made relatively clear cut by the fact that it is on a site - the Coram Family Community Campus - which every day hosts many hundreds of children and parents in nurseries, a parents centre, homeless families' centres and special needs projects.

The unacceptable level of risk presented by recent lethal or near lethal firearms or arson offences or a history of predatory paedophilia will in all likelihood preclude Coram from offering any service. However, there will always be exceptions to any rule. For example, when a parent has a conviction for the manslaughter of the other parent there may well be a strong therapeutic argument for ongoing supervised contact, once psychiatric therapy for the child has determined this to be so.

When faced with such considerations the common sense question is quite simply 'do we want to bring this person onto this site, and if we do, what is our justification for doing so, for taking this risk?' The risk assessment would have to be that 'the referred child wants contact, needs supervised contact, and the critical risk presented by the parent is manageable and worth taking to achieve this goal'.

We suggest that, whilst other projects and agencies may not share the immediate public concerns that Coram's service faces because of its site, nevertheless attention to basic, common sense child and public safety issues

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Referral assessment and planning for a service

will help in quickly and unequivocally restricting dangerously unsafe and harmful contact. The manager's referral intake assessment (page 4 of the intake form) might then read as follows:

- Firearms - drug related two years ago/not mother's use
- Assault on P/G/M one year ago, impulsive and in context of failures in contact regime
- Three children express wish for contact to mother, have had no contact for 12 months
- A Cafcass referral of black/white mixed-parentage children assessed as requiring a mixed black/white 'team' of paired workers for contact, judged to be sufficient on a monthly basis (able to be provided within Cafcass funded partnership targets)
- Previous but isolated violence to carer (P/G/M), not a global risk - no adult history of violence to professionals or to buildings - agreed mother and grandmother must not meet
- Cafcass has assessed that supervised contact will be in these children's best interests (within Cafcass partnership funding); able to be on weekday evenings – Friday evenings best as no school next day.

The manager's intake assessment will also record if a particular sessional social worker could best effect appropriate contact supervision for the child (see Part 2). For instance, if a particular Black or Asian female, or male worker, should be considered or if a Bengali or Urdu speaking supervisor must be allocated. You are now in a position either to provide contact immediately or to begin an assessment of the referral for supervised contact.

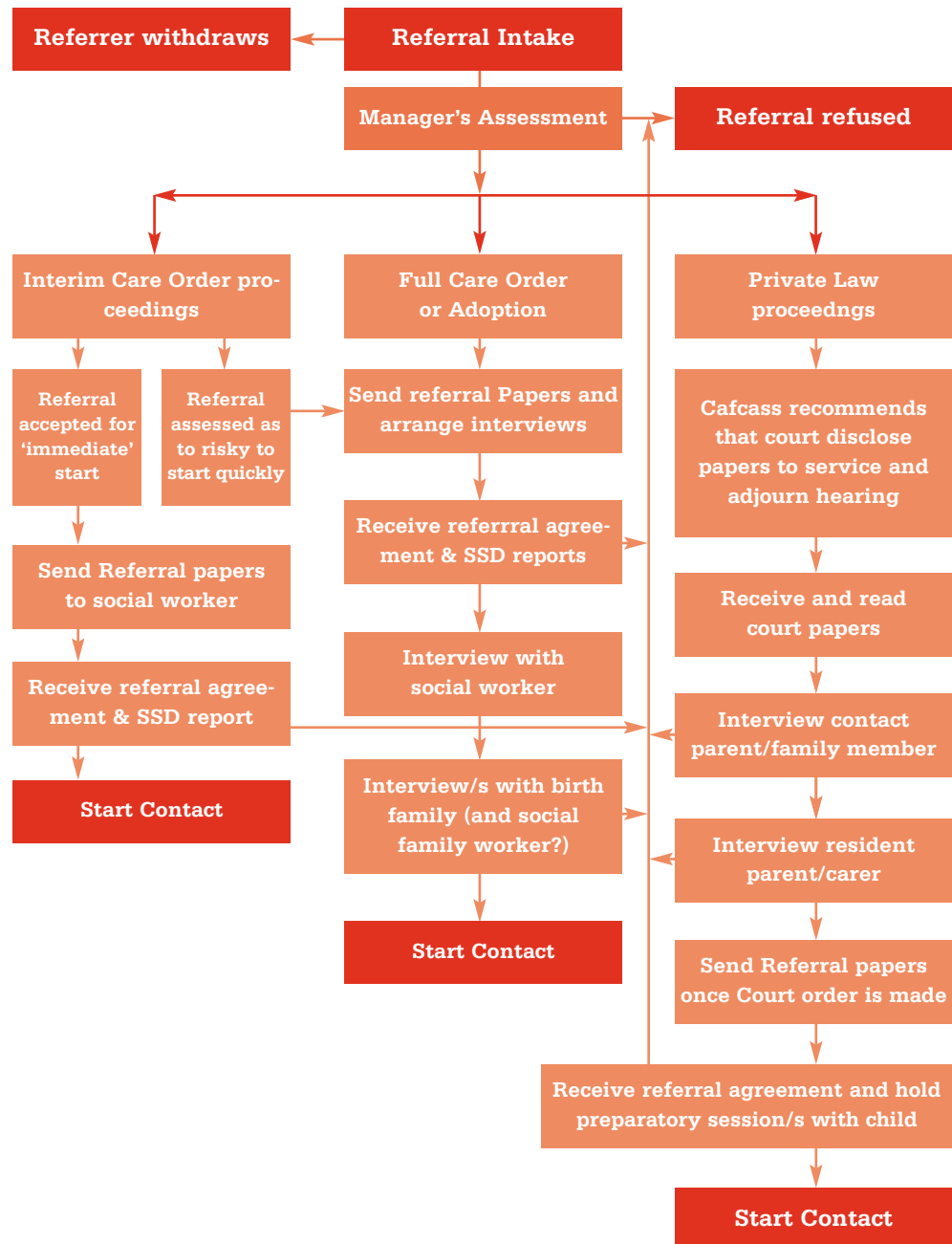
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Careful assessment and preparation as the key to beginning supervised contact in highly problematic cases

You have assessed at the point of the initial intake referral that supervised contact may in theory, be safe and beneficial for the child, and sustainable by child and contact parent/s. Coram's referral process from intake referral to first contact visit corresponds to the rights and needs priorities described above. That is, the speed with which supervised contact is provided, to a child, by Coram depends upon rights, needs, and risk.

Please read Working Paper 4, *'Referral Process'* at the end of this Part and in particular, the sections titled 'referral assessment'.

**Diagram 5 -
Coram’s Supervised Contact Referral Process**



Assessment guidance

Working Paper 4 sets out Coram’s referral procedures in respect of its three priorities for offering a service to child users. The decision not to require a ‘referral assessment’ (sections 2, 5 and 8 of WP 4) is the only part of its practice that Coram organises to reflect and give effect to these priorities, providing as this does a ‘fast track’ referral for some children subject to care

proceedings. Even so, if the original concerns present a high degree of risk then the referral will move from ‘fast track’ to full referral assessment. The referral assessment serves a number of purposes but has one chief aim: to assess whether the provisional decision, taken at referral intake, to offer supervised contact, is the right decision when assessed against more comprehensive evidence gleaned from reports, court papers and from interviews with the family.

‘Assessment’ - terminology

The Oxford English Dictionary defines to ‘assess’ as to ‘estimate the worth or quality or likelihood of’. This describes precisely what assessment of supervised contact aims to achieve.

A theory of assessment in supervised contact – beginning ongoing assessment

Malcolm Payne describes two forms of assessment¹¹⁵ that serve different functions but that can be combined. The ‘questioning and procedural’ approach to assessment uses a standardised question and response assessment form. To paraphrase Payne, it ensures that assessed needs and risks are recognisable to the court and child contact system and that workers’ judgements are open to systematic appraisal, by employing agency and Court. This approach is that which is generally employed by ‘court welfare’, now Cafcass, and fits exactly the requirements for swift and succinct reporting to a court seeking to determine, without delay, a child’s future. Incorporating this very necessary questioning-procedural approach into an assessment designed to plan and implement intensive and extensive ongoing work with a child and family, is what Coram’s referral assessment aims to achieve. We suggest this is achieved through combining the ‘procedural assessment’ approach with Payne’s second form of assessment, the ‘exchange’ approach.

Payne defines this approach firstly as an assessment process that ‘takes place over time’: there is not just one assessment meeting with the client but several meetings. If you arrive at the point of interviewing parents and carers or of beginning supervised contact following initial intake referral, you have already made a provisional judgement that supervised contact can ‘safely’ be attempted. You are working from a hypothesis that supervised contact should be attempted and you anticipate many more ‘meetings’ with the family. Payne describes the ‘exchange’ model of assessment as a process wherein the respective views, beliefs, and goals of client and professional are made explicit by both and realistic objectives and agreed plans to meet those objectives are achieved.

Payne sees the ‘exchange’ approach as identifying significant information arising from the process wherein the user - worker relationship informs the judgement, insight, and perspective of both. The aim of Coram’s ‘referral

¹¹⁵ Payne, M. (1995) *Social Work and Community Care*. London. MacMillan

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assessment' is to engage with both contact and resident parent as the start of an anticipated process of working together to assess and achieve appropriate goals for the child.

In the sorts of situations encountered in disputed and highly contested child contact, where all trust between separated parents or between parents and local authorities has long since disappeared, engaging with and beginning to form a 'working relationship' with the protagonists at the point of referral is crucial to much supervised contact work. However, the rights and needs of the child must remain paramount.

Priorities – limited referral assessment of children subject to interim care proceedings

Working Paper 4 shows that Coram does not undertake a comprehensive referral assessment in all care proceedings referrals. For these children, the starting point is that they need and have a substantive right to safe and beneficial contact as quickly as possible. As they have a local authority safeguarding and promoting their welfare, undertaking family and placement assessments, etc, the need for your service to undertake a full referral assessment prior to contact commencing should not arise in many cases.

Working Paper 4 flags up the best practice of providing the contact parent with a preparatory visit to the service (see 1.1), but supervised contact at Coram for a child of care proceedings is not conditional upon such a meeting taking place before the day of contact. You are seeking to provide for the immediate need of a child inexplicably and suddenly sundered from all 'links' to his or her past and childhood and, if at the initial intake referral you assess such contact can be safely arranged almost immediately, than you begin arranging it. As Working Paper 4 shows, where children are subject to full care orders and the immediate need for contact is not so pressing, Coram undertakes a referral assessment prior to contact commencing.

Priorities - children subject to or previously subject to contested private proceedings

There are four reasons why Coram undertakes a full 'referral assessment' of all private law referrals when it does not do so in all care proceedings referrals.

- In private law cases, you may be the only social work provider working directly over time with the family. It is essential you have as full an understanding as possible of the family's social history, the contact history, the potential risks and benefits of contact, and that you engage with the parents/family members prior to the imposition of supervised contact

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- You have a duty to protect other users of your service and of your organisation, and so must obtain as full a picture as possible of dangers and hazards posed by any new referral that do not necessarily relate to the contact application and will not necessarily then have been addressed in the court papers
- If your agency accepts a private law referral, it is taking on, in most cases, sole responsibility for attempting to resolve an apparently insoluble, intractable problem that may have exercised the Court for several years. Referral assessment is essential to manage effective distribution of your scarce resources
- In most private law referrals to supervised contact there is a history of repeated attempts and failures to secure the child's contact arrangements. In almost all cases considerable time has elapsed since the last contact when the case is first referred

Constructive Delay. Two impressions may arise from the description of Coram's referral process and procedure in Working Paper 4. First, it is complex and exacting, reflecting as it does the nature of the child and family situations referred to professionally supervised contact. Second, Coram's procedures in many cases occasion some delay between initial referral and commencement of contact. Whilst any delay in determining a child's future is anathema, in protracted child contact proceedings dealing with repeated breakdowns in contact, delay or 'time-out' can be constructive. As Department of Health guidance to the Children Act 1989 suggests, delay can be constructive if it is used to plan and implement achievable, positive outcomes for the child concerned.¹¹⁶

Comprehensive Referral Assessment (Working Paper 5)

If the initial intake assessment is that supervised contact may be appropriate (as distinct from it being definitely appropriate (fast-tracked)) a referral assessment occurs. The parent or family member who is seeking contact is interviewed first, as if she or he refuses to utilise supervised contact and to work in partnership with the supervisor, having full knowledge of what that entails (social work supervision), then the referral will collapse. The interview with the parent or carer with whom the child resides does not go ahead if the contact parent refuses the offer of a service, thus preventing unnecessary stress and expenditure.

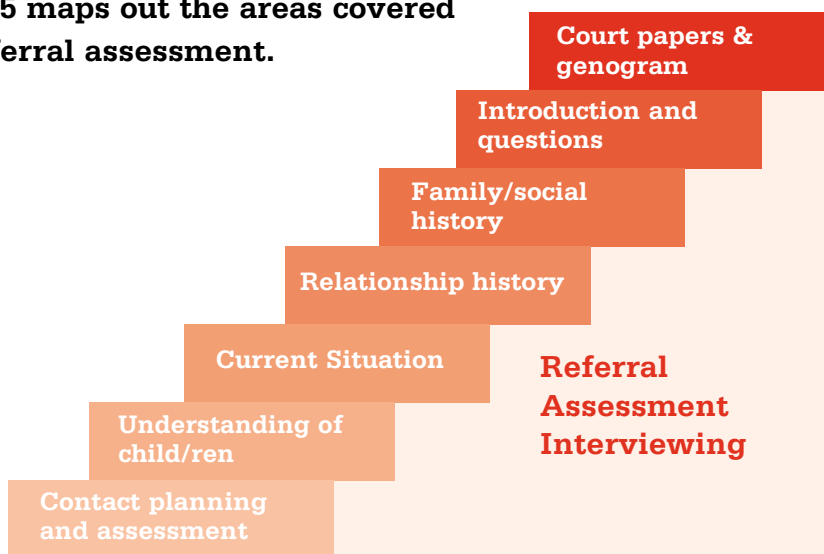
¹¹⁶ Department of Health (1991) *An Introduction to the Children Act 1989*, London, HMSO

Please read Working paper 5, Coram's format for undertaking and recording referral interviews, which includes, in italics beneath each section heading, risk and loss assessment checklists.

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Diagram 5 maps out the areas covered in the referral assessment.



Whilst each section of Working Paper 5 is to be addressed at interview, the ordering and structure of the interview must be client-focussed. So long as each area is covered, it does not matter in what order sections are taken. It may be that your client comes to interview with a great need to ventilate pent-up emotions, at the outset. Indeed the opportunity provided to ask questions at the beginning often ‘releases’ this. You should manage the interview, as much as is practicable, at the clients’ pace and follow their leads (‘exchange’ model) whilst remaining focussed on the information-gathering task (‘procedural’ model).

Why interview - beginning to ‘engage’ and continuing to screen for eligibility

Having had access to all the court papers or to social service’s reports, the referrer may question, given the delay incurred, why you also need to interview the adults and possibly the children involved before commencing contact: ‘why hear the same story over again?’ Your answer will refer to the theory of assessment cited above: that in most contested contact cases, and in particular, in private law cases where you will probably be the main, perhaps only service provider, it is essential to begin to engage with clients prior to child contact commencing. At interview you begin engaging closely with a client who you may be working with for very many months.

The information contained in court papers in private law cases focuses on the ‘issue’, contact, and the problems pertaining to it. These papers, including the Cafcass section 7 report generally tell you very little about your prospective clients that does not pertain to their contact application, and quite rightly so. The exception to this is where a psychiatrist or psychologist has reported on a private law contact issue, but such full

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background information as is contained in psychiatric reports does not obviate the need for you to ‘engage’ with your client through interview.

There may have been significant developments, affecting the clients, since court papers were last filed (see WP5, section 4 ‘the current situation’). It is not unheard of to sit down with a ‘resident’ parent for interview only to hear, ‘Since the last court, I have let my ex have Sofia for three Saturdays at his home; he and I are maybe reconciling...our families are talking’. Interviewing clients at referral can and should prevent inappropriate referrals and thus prevent a great deal of wasted time, energy, and cost. Alternately, if the above quote were from a mother who had suffered domestic abuse over several years, interviewing affords the opportunity to intervene and provide information, for instance, about an Asian women’s domestic violence help-line that may help your ‘client’ reassess her situation and decision making.

Giving information about your service and how supervised contact works (Toolkit (3) Terms and Conditions of Use and (5) Customer Information Leaflet) is an essential function of referral assessment, whether comprehensive or ‘fast-track’ in interim care proceedings. Ensuring the client fully understands the role and remit of your agency and the terms and conditions of use of the service; how to make a complaint for instance, is basic best practice and part of both ‘procedural’ and ‘exchange’ approaches to assessment.

Referral assessment interviewing and recording (Working Paper 5)

Section 7 (genogram and ecomap)

Contact is essentially about relationships, their meaning, their usefulness, and their dangers. Theories and research findings underpinning child contact, as detailed above in part 1, point to early childhood experiences of the quality (environment created) and nature (attachment) of relationships as prefiguring subsequent behaviour and development.

It is imperative then, if you are about to enter into a long-term professional relationship with various individual members of a fragmented family, to obtain as clear a picture as possible of the family life and upbringing experiences of all those involved. Assessment is the gathering, ordering, and classification of information in order to provide evidence from which to estimate ‘worth, quality, and likelihood of’. It is necessary that such evidence is recorded in a form that is helpful to you, the assessor, but that is also recognisable to your agency and to the court, should your assessment be challenged.

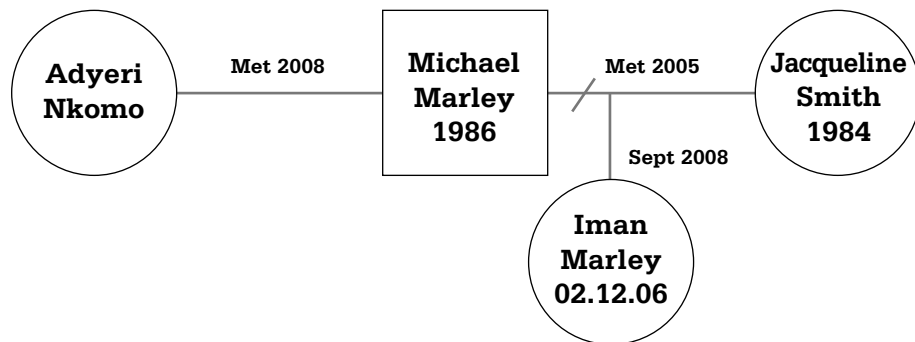
Section 7 and 7.1 of Working Paper 5 illustrate two tried and tested systems for gathering and ordering information about children and families: the

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genogram or ‘family tree’ (7) and the ‘eco-map’ (7.1). Coram recommends use of these aids, because of the huge advantage of having an accessible visual representation of the histories and ‘worlds’ of the child and adults at interview. You begin a genogram of the family whilst reading the court papers/social work reports, in preparation for interviews. This ensures that, as you sit down to begin what might be your third interview of the day, you have at your fingertips a visual representation, an aide-mémoire of the key people and facts, as illustrated by the example given below in diagram 6.

**Diagram 6 - Interview Genogram (aide-mémoire) for ‘Iman’:
Working Paper 5**



A genogram is an accepted, recognisable method for recording and ordering information about family structures and relationships. There has been some criticism of the genogram from an ethnic minority perspective as being allegedly euro-centric, and it has been argued it is unable to represent extended family relations and multiple attachments. This criticism is perhaps based on a misapprehension of what purpose a genogram serves and how it is produced. The ‘family tree’ you draw up whilst reading the court papers or reports, and then add to whilst interviewing the parties, can be simply inscribed in pen on A4 lined paper. The genogram is an aid to assist you in assessing referrals, not a bureaucratic burden to be laboured over. Simply drawn, by hand, it can be as extensive as it needs to be.

Similarly, the eco-map is simple and quick to sketch during interview, and will be particularly useful when gathering information about the ‘current situation’ (Working Paper 5, section 5).

Contrary to some criticisms of these aids, with skill and judgement they can be used (during client interviews) in a non-intrusive and helpful way. Showing interest in your adult client, gaining awareness that there is more to life for them than just ‘this contact dispute’, shifts the focus from ‘failures’ to manage contact to strengths in other life areas. From the

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exchange perspective, the genogram is also helping you gather information with which to inform the assessment of potential long-term contact plans. For instance, is there a relative, an uncle say who is trusted by both parties and who might, in time and if contact is eventually assessed as safe and beneficial, provide a resource to enable visits to occur less artificially and outside of agency and state interventions.

Assessing and planning for the logistical problems of contact

The eco-map, designed to overcome the supposed shortcomings of ‘family trees’, helps in short-term contact planning (Working Paper 5, section 6), as such ‘maps’ invariably depict in graphic detail the busy life of the child, and thus inform planning of when visits can take place. The example given in Working Paper 5, section 7.1, shows that Saturday visits cannot happen as ‘Iman’ has ballet school (which she enjoys immensely), and she regularly attends an after-school club, suggesting her father’s employment may effect weekday, after-school contact. Father’s partner could bring ‘Iman’ for weekday, evening contact, in the short-term, but reference to the genogram shows his partner is pregnant, and so on.

Working Paper 5, section 1 (introduction and questions)

Referral assessment interviews must begin with an introduction, by you, of your service, your agency’s role in the child’s contact, your status and telephone contact number, thereby ensuring the client knows what the service on offer is and how to contact you should there be further queries or issues to raise following the interview. As you would in any job recruitment interview, so you should approach referral interviews with a clear understanding that clients are also ‘interviewing’ you. Review the ‘original concerns’ recorded on the referral intake form (Toolkit (2) page 3) before starting interviews.

As cited above, there must ‘be serious concerns for the welfare of the child’ concerned for a referral to professionally supervised contact to have been made. Whether the potential hazards centre on alleged or actual dangers posed to the child by the visiting parent or relative, or dangers posed to the child by the resident parent/carer or local authority irrationally or unreasonably restricting contact, is not the issue at the point you begin the interview. What clients need from you, at the outset, is professionally presented information, to help them form a judgement as to how safe their child, and they, will be using your service. Given the conflicted, ‘split’ positions of the adults involved, you are effectively being ‘interviewed’ as to how impartial and objective your agency’s approach to the contact problem is. At the outset of the interview, you can summarise your starting point as follows:

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‘Although we are a contact service, we are not pro-contact; not ‘for contact’ at any cost, we are here to help work out whether contact is in a child’s best interests. If contact is not safe enough or ‘good’ enough, we will restrict it or end it. However, irrespective of what you or he, or others might want, if we assess and see that contact is in the child’s best interests, we will actively and vigorously promote it by challenging and seeking to change any behaviour that impedes the child’s right to a beneficial and helpful relationship’.

As a respondent to the Coram service’s customer-evaluation survey in 2000/2001 said, ‘Very impressed with the policy of putting child first and addressing resident parents’ concerns’. Just as important at first interview is to offer the contact parent/relative, gloomily or angrily staring social work supervision in the face, the thought that:

‘... it can protect you too, from further unsubstantiated allegations; there is an independent, impartial witness to your contact, and to the behaviour and influence of others’.

Thus, a prime goal of any supervised contact referral assessment is to determine as quickly as possible the ‘likelihood of’ clients accepting supervision, however nominally, and agreeing to work with your service. The likelihood that supervision will or will not be accepted can be tested through early discussion of ‘special measures’, such as staggered arrival and departure times:

‘Having read the papers and reports, it is clear that chance meetings, between you and Julie, at the start or end of contact visits, have been ‘flashpoints’. That is not going to happen here. Should we decide to offer a service, we will insist that you arrive fifteen minutes before the start time of visits and that you wait behind, in the project, at least fifteen minutes after Julie has left the building. It is ‘time’ you and we can use to talk about the approaching visit or, afterwards, how the visit went; any problems and worries that came up for you. However the waiting time is used, there must be agreement to this arrangement before we go ahead with supervised visits...’

Working Paper 5, section 2 (family/social history)

This part of the referral interview aims at gathering information from which to assess your client’s experiences of parenting, identity and attachments, as described in Part 1 above. Its italicised risk/loss checklist is not prescriptive but does address the chief areas of information necessary to form an assessment of your client’s cognitions about relationships and contact. Fundamentally important, in this section, is the gathering of information relating to how your client perceives his/her identity, ethnic

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and cultural background, and how he or she sees this in relation to the child's developmental needs. Similarly, discussing adolescent and early adulthood experiences should provide some indication of your client's perceptions of authority and social expectations and, thus, his or her likely relationship to you as contact supervisor. You will be gathering information that will have a bearing on your assessment of the potential strengths or weaknesses in parenting that may cause harm to the child in or around contact.

'I never had a father and it never did me any harm; mum was wonderful and did everything for us... I'm not going to lie to Georgia and pretend I believe in this contact because I don't, and I don't lie to my children, if that's what you're asking me to do'.

'Her mother's a liar and I'm going to tell her her mother's a liar, and nothing you can say will change that; she needs to know the truth... you can't expect me to allow my child to be raised on a pack of lies'.

As has already been discussed in part 1, serious disputes around child contact precipitate in the parents a loss of focus on the individual child's experience, as the 'splitting' situation tends the adults involved to focus on their own immediate experiences and needs. Acknowledging this psychodynamic through focussing during interview for some time on the adults and their experiences is humanistic and empathic, and may open the way to refocussing on the children once the adults' need to be heard has been sated.

Working Paper 5, section 3 (relationship history)

You will already have read in the court papers very full accounts of the history of the parents' relationship or, in social work reports, the relationship history of the contact parent/relative. You will have represented such information in the beginnings of the genogram. This section seeks first, to ascertain whether previously reported facts, feelings, and perceptions about the relationship are still pertinent to clients' thinking when interviewed by you. Secondly and crucially, you are gathering further information on the alleged or proven hazards and dangers posed to the child through contact.

Working Paper 5, section 4 (current situation)

The italicised checklist in section 4 of Working Paper 5 explains the aim and purpose of this part of referral assessment interview. Section 4 and its checklist must be used with reference to the theoretical perspectives in Parts 1 and 2 and with reference to practice guidance in this part. You will be especially interested in any further recent incidents of harassment, stalking or violence, or 'chance meetings' that may or may not have passed off without incident. It is also important to discuss with the resident parent/carer what the child knows of the current situation. Do they know of the possibility of contact occurring and if not, when would this

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preparation take place. In some cases it may be appropriate, if the resident parent cannot agree to prepare the child positively, that you agree to undertake this when the child comes for the introductory visit.

Working Paper 5, section 5 (understanding and perception of child needs)

The checklist at the head of this section gives a full though not prescriptive indication of what information should be gathered and recorded. It is vitally important to record the reactions and responses of the contact parent/relative to questions about the impact and affect on the child of any violence and abuse that the child has witnessed or been subjected to, and reactions to what you suggest needs to be done in contact to effect reparation. It is here that the ‘original concerns’ underpinning the referral are addressed for the last time.

Coram’s experience is that, however the client leads the interview, this section (thinking about the child’s individual needs) is often left for you, the assessor, to raise somewhere towards the middle to end of the interview. This section, then, often falls more or less in its chronological order, and is an important stage of the interview as it focuses the interviewee back onto the child.

Coram does not routinely ‘interview’ children before making a decision to offer supervised contact, although it always holds ‘preparatory’ meetings with children prior to commencing contact. Mindful of the need to avoid children being ‘interviewed’ by too many people, you should have a clear picture of the age, development, and stated wishes and feelings of the child from either the Cafcass or social work report. If it does seem appropriate and necessary to interview the child, this is arranged with the resident parent or social worker at the end of his/her interview to avoid unnecessary delay. The pressures and stresses which may affect children in contested contact and care proceedings, should be borne in mind. You must at all costs avoid burdening the child with too heavy a weight of responsibility for decisions, whilst at the same time trying to gain a clear impression of the child’s wishes and needs.

There are specific reasons why Coram will interview children at the referral assessment stage and prior to making any decision to offer contact:

- To correct or moderate unhelpful fantasies and misunderstandings. The child is reportedly stating a wish not to have contact, but this seems based on fears and anxieties that bear no relation to professionally supervised contact. For example, ‘I don’t want to go to her house’, or ‘daddy wants to take me away’, or ‘I don’t want to live with him’, or ‘mummy will beat up dad again’.

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- To give information about supervised contact and your professional role to the child that will be reassuring and will help him/her to a more informed judgement about coming to contact.
- To ease the burden of weighty decision making in situations of loyalty conflict (see previous points) and to provide the child the opportunity to suggest 'conditions' for making contact work.
- To listen to a child's continued resistance to contact following the previous points and to assess the impact on the child of going against his/her stated wishes. For example, would this undermine the child's self esteem and self-belief, would it suggest that the father's past violence is acceptable behaviour to be rewarded, or would it lift an intolerable burden of responsibility?

Assessing risk of harm or loss in offering, or refusing to offer supervised contact (Working Paper 5, section 6)

This section is where you record your assessment of the referral. You are seeking to estimate the probable worth of contact for the individual child, the likelihood of contact being safe, and the likelihood of agreement from the parents to supervised contact. Begin by re-examining the purpose of contact, question yourself as to how the referral conforms to the theoretical aims of child contact as cited in Part 1:

- Will it help the child maintain important emotional and psychological bonds with relatives and friends?
- Is it likely to provide stability for the child in care, and a source of support in young adulthood?
- Is it needed and likely to help the child to develop a sense of identity and belonging?
- Is it likely to help build the child's sense of self worth and self esteem?
- Will it increase the likelihood of the child successfully returning home or having unrestricted contact?
- Is it needed and likely to help the child develop a sound understanding of the reasons for separation and the adults' responsibility for this?
- Will it help provide a safe environment for the child away from home?

Needs: categories of children requiring supervised contact

Clearly, not all the above aims will always be applicable in every child's case. Which are applicable depends on the needs of the particular child. Coram's model has adapted a list produced by Finkelstein¹¹⁷ who defined

¹¹⁷ Finkelstein, N. E (1980) 'Children in Limbo'. *Social Work*, 61, 100-105

six categories of children ‘in care’, each category highlighting a different set of needs. Given the original was produced in the context of permanency planning, it adapts very well to categorise the different contact needs of children, whether public, private or post proceedings.

Categories of children requiring supervised contact

- A. Children with no attachment – those who have never met or never lived with the contact parent and who require careful, gentle introduction and nurturance
- B. The child from emotionally committed parents and family, where supervised contact is short-term and unsupervised ‘family’ managed contact the most likely outcome, once parents/family have been helped to work through issues of separation and parenting¹¹⁸
- C. Children with attachments and roots who cannot be cared for at home or through unsupervised, staying contact, but who need continued contact with their natural family or non-resident/parent (this identification needing nurturance rather than replacement), perhaps as a prelude to less restricted contact or family placement but not necessarily
- D. Parents who are intellectually committed to the child’s contact, but do not follow through on commitment – the child thus becomes increasingly confused, and often needs considerable time to work through his/her feelings of rejection before being able either to accept infrequent, long-term supervised contact or to say goodbye
- E. Parents/family members judged unfit, where, interim contact work having failed, long-term therapeutic contact is needed to help the child develop a real picture of his/her parent’s strengths and weaknesses and the reason for intervention by the state
- F. Adolescents who can be helped to form independent views on future contact in the privacy of a specialist service away from the intimacy of family life

¹¹⁸ ‘Serious concern for the child’s welfare’ here (the caveat for supervised contact), centre on the potential loss to the child of an emotionally committed parent or parents if a specialist service is not provided

Clearly, a child’s needs develop over time. In the context of supervised contact need may change dramatically according to the quality of the contact that occurs, and assessment of need is ongoing throughout the term of supervised contact. Thus, a child assessed at referral as falling into category D may be later assessed as needing to move to category C if your service effects a significant improvement in the reliability and consistency of the parent’s commitment to contact. How Coram assesses the quality of a child’s contact, and re-evaluates worth and need, is set out in Part 4.

Risk: A model for understanding and making risk assessments

The goal of referral assessment for supervised contact is to determine what action, by you, will be least likely to result in harm and loss to the referred child. Serious concerns for the welfare of the child exist and your assessment of risk will determine what you assess the child's needs to be (which of the categories above applies to the child at referral) and consequently, what, if any, offer of a service you make and what risks you are prepared to take.

Risk is dynamic and fluid, affected by various interdependent factors that need to be clearly understood. Brearley's risk assessment model works from clear definitions and first principles.¹¹⁹ Originally drawn from the field of actuarial insurance where the concept of risk or loss analysis is a fundamental requirement, Brearley demonstrated and refined the models 'effectiveness across a range of user settings'.¹²⁰ Key definitions and principles underpinning the ongoing evaluation of risk as proposed by Brearley are as follow:

- Risk refers to the chance of harm or loss or the occurrence of an unfavourable or undesirable contingency resulting from a decision or course of action.
- Probability refers to the relative likelihood of such harm/loss occurring.
- Hazard refers to any factor that increases the probability or introduces the possibility of an undesirable (loss) outcome.
- Strength refers to any factor which reduces the probability of an undesirable outcome
- Danger refers to the feared potential of any hazard expected to result in a loss outcome.
- Uncertainty refers to the subjective reactions of an 'observer' exposed to potential risk
- Risk-taking occurs if the 'actor' (you the assessor) is conscious of the risk, if the potential loss is irreversible, and if risk is accepted in the hope of relative gain

So for instance, all car journeys carry some element of 'risk', of harm or loss (crash) or of an undesirable contingency (pollution). The 'hazards' of fog or ice increase the 'probability' of the car crashing and of pollution. The 'danger' is harm to or loss of life. Before getting into his car the 'observer' (driver) looks at the weather conditions, sees the hazards, and is 'uncertain'. 'Risk taking', the driver ('actor') sets off anyway. The 'strength' is his decision to drive slowly and carefully, a new undesirable contingency

¹¹⁹ Brearley, C. P. *Risk and Social Work*. London. Routledge and Kegan Paul, 1982

¹²⁰ Cooper, D. M. & Ball, D. *Social Work and Child Abuse*. British Association of Social Work. MacMillan. 1987

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being he risks upsetting his boss by being late for an important meeting. In other words, risk is dynamic and changeable.

This system of definitions and principles of risk is applicable to all supervised contact referrals. Brearley formulated a method for simplifying the analysis and recording of complex risk assessments. He recommends listing ‘predisposing’ and ‘situational’ hazards together with ‘strengths’, in columns alongside ‘dangers’, giving a visual representation of the material components of the risk analysis. Predisposing hazards refer to factors in a client’s background increasing the probability of harm or a loss outcome. Situational hazards are factors specific to a present situation introducing or increasing the possibility of harm or a loss outcome; strengths and hazards are as defined above.

Part 6 ‘Toolkit’ at (2) Referral Intake Form - Parts 1 and 2. The ‘Eligibility and Complexity’ table gives categories of the types of need and risk most frequently encountered in referrals to Coram.

Again, such an exercise need not be time-consuming and bureaucratic. It could be recorded by hand, so long as your assessment for section 6 of the referral intake form is informed by a risk analysis. For example, in the case of ‘Iman’, mentioned earlier and in Working Paper 5:

Table 5 - Risk Assessment for ‘Iman’

Predisposing hazards	Situational hazards	Strengths	Dangers
Iman’s mother’s forensic personality disorder leading to violence to and oral denigration of Iman’s father in or around contact	Contact bringing father into proximity with mother	Mother has agreed to ‘special measures’: staggered arrival and departure times	Emotional abuse of Iman, violence to father and further breakdown in contact
Iman is a mixed parent-age, White/ Black child.	Iman currently has no contact to white UK mother	Iman wants to see her mother	Loss of opportunities to develop identity and self worth and loss of attachment
Untreatable nature of mother’s long term, forensic personality disorder	Mother’s solicitor seeking fortnightly contact	Cafcass agrees with Coram’s intake assessment that this contact is likely to require indefinite supervision and frequency must reflect this	Too frequent contact will lead to unsupervised contact and exposure of Iman and father to violence/ disruption of home stability

Part 3: Managing, assessing and planning referrals for supervised child contact

Referral assessment and planning for a service

Iman has an attachment to and interest in her white mother who, unfortunately, suffers from a personality disorder that precipitates violent and unsocial behaviour and that may lead her to unwittingly emotionally abuse Iman through denigration of her main carer. From the above analysis, the clear assessment is that Iman’s needs at referral, fall within C and E of the categories of children requiring supervised contact (box above). The probability of contact being able to become unsupervised is low and therefore the frequency should reflect the planned outcome, which is sustained safe contact requiring long-term supervision. The prognosis for another case might be:

Table 6 - Risk Assessment for ‘M’

Predisposing hazards	Situational hazards	Strengths	Dangers
Father had suffered depression prompting a single incident of domestic violence at separation	Both parents show ambivalence at separation and focus of ‘contact’ (child) may be lost	Much indirect contact that mother welcomes and child happily prepared for contact	Unplanned reconciliation may be a danger

It must be understood that in contact situations the term ‘risk’ encompasses the loss of a beneficial relationship and the harm this will occasion to the child. If supervised contact is commenced then further, planned risk and need assessments will occur, for instance at the ‘review’ stage or as a response to behaviour during contact that is in breach of your service’s terms and conditions of use.

Contact equals constant assessment

In supervising child contact it is wrong to view risk and need assessment as occurring only at set times, reviews for instance. It is certainly utterly wrong to limit risk assessment only to occasions when something goes wrong as this entirely skews your estimation of the ‘probability’ of harm or loss.

As we noted in Part 2, contact continually exposes workers to the aftermath of their decisions long after those decisions have been taken and the fluid dynamics of risk and need are very clearly illuminated by problematic contact. During supervision of each of a child’s contact visits, you should be critically assessing your own original assessment. The usefulness of the clear definitions and first principles of Brearley’s model of risk analysis is that, easily learnt, it provides a mental tool for framing ‘on the hoof’ risk assessment in any given contact situation. We shall discuss this further in Part 4.

Planning for contact: determining the frequency and timing of contact visits – offer of a service (Working Paper 5, section 6)

You have reviewed the theoretical purposes of contact and the category or categories of ‘contact-need’ that the referred child falls within and you have assessed the risk of harm and loss. As a result, you are now in a position to estimate the amount of contact most likely to meet the child’s needs.

It is true to say that there is no completely scientific or legal method, no ‘slide-rule’ to determine the right frequency of contact for any given child. Coram believes however, that the need and risk assessment model above does permit consistent estimation of the quantum of contact, equated as it is to the purposes of contact, to the child’s need and to the risks of harm or loss. Coram includes a standard clause in letters to referrers when offering a service that explains the principles behind the way it assesses the quantum of contact:

‘We consider that the frequency of supervised contact visits must reflect the likely long-term outcome of such contact. That is, if it appears more likely than not that contact may, with help, progress to unsupervised, unrestricted contact, then supervised visits should be as frequent as practicable. If it is more likely than not that contact might never progress beyond supervision, or may not progress beyond supervision in the foreseeable future, then contact visits should be infrequent. In some cases it may be that the likely outcome is for somewhere along this continuum. The frequency of contact visits sends a significant message to the child, the contact parent, and the resident parent/carer. That is, frequency establishes certain expectations, hopes, and anxieties’.

For example, a need and risk assessment for frequency might be as follows:

Hassan, age 7 was retrieved, by his mother, following abduction by his father to Egypt. He nonetheless has a positive emotional and psychological attachment to his father and wants to see him. The father admits he intended for Hassan, and, hopefully his ex-wife, to reside with him in Egypt (hopes to reconstitute the marriage often playing a part in child abduction). As the mother took steps herself to retrieve Hassan there have been no court proceedings against the father for child abduction. The father has agreed he will apologise in contact, over time (that is not just once), for taking Hassan away from mummy. The risk of further abduction, until Hassan is of an age and physical size to protect himself from this, appear high. The mother is understandably highly anxious and does not think she would be successful in retrieving Hassan a second time. Supervised contact should continue until Hassan is 13 years or over. The father must travel from Egypt, which he is prepared to do. The purpose

Part 3: Managing, assessing and planning referrals for supervised child contact

Summary – Key learning points

of contact is to sustain the attachment between son and father but not with a view to moving to less restricted contact. The frequency of contact should be during school and religious holidays on 4 to 6 occasions per annum. It is agreed, that Hassan may have two supervised visits, on consecutive days, during each occasion, a maximum of twelve visits per annum.

Similarly, in cases where the person applying for contact is suffering from a forensic mental illness or disorder, the likelihood of the child being able to enjoy a reliable, dependable, and consistent relationship, unsupervised in the future, is frequently moderate to low. The risk of a recurrence of violent behaviour on the part of the person applying for contact necessarily diminishes the likelihood of the contact progressing very quickly to unsupervised contact, if it ever does.

Summary - Key Learning Points

We have strongly recommended that providing a service to children in both public and private law proceedings is necessary to meet the rights and needs of all children under the Children Act 89. Supervised contact should only be imposed in cases where there are serious concerns for the welfare of the child in contact or resulting from the absence of contact, or where previous attempts at less protective and artificial contact have failed in a manner likely to have been detrimental to the welfare of the child.

Coram suggests that children's and families' long-term welfare, and sustained, positive contact outcomes for as many children as possible, is most effectively and efficiently achieved through a clear demarcation of the 'reporting on' and the 'working-with' roles. Not reporting directly to courts, but working closely with Cafcass and social services, enables the provision of as much contact as possible for as many children as possible, and ensures supervised contact may continue after proceedings and court based conflict have ended.

Careful and considered assessment of referrals screens out inappropriate referrals, engages clients in the process of supervised contact, and ensures that contact is based on the child's needs, one of which is to be protected from the risk of harm and loss. 'Delay' in order to assess, plan, and engage with families can clearly be, and in effect is, constructive in many supervised child contact cases. However the duration and extent of such delay in providing supervised contact in contested private law proceedings clearly also equates to the paucity of 'on the ground' resource provision, for such cases, measured against the ever increasing numbers of such cases that courts are presented with.

The assessment of need and risk must be framed by clear theoretical perspectives and some ‘aids’ to achieve safe and effective assessment have been recommended.

Recommended further reading

Braye, S. and Preston-Shoot, M. *Practising Social Work Law*. MacMillan. 1992

Howe, D. *Attachment Theory for Social Work Practice*. London. MacMillan. 1995

The Children Act 1989 Sub-Committee of The Lord Chancellor’s Advisory Board on Family Law. *Making Contact Work: A Report to the Lord Chancellor*. The Stationery Office. London. 2002

Working Paper 4

REFERRAL PROCESS – SCHEDULE OF PREPARATIONS and RISK MANAGEMENT

Introduction

This paper sets out each step in Coram’s referral process, from initial referral to commencement of contact, and illustrates Coram’s commitment to prioritising supervised contact places in accordance with children’s rights and needs.

Priority 1 - Public law proceedings and full care orders (social services referrals)

1. *During Referral Intake (Toolkit (2) Referral Intake Form)*
 - 1.1 Arrange with social worker a preparatory meeting with the contact parent/s, if care proceeding timescales permit, but definitely if management of serious risk is necessary, and always if a full care order has already been obtained
 - 1.2 Offer social worker a provisional starting date for contact and, if requested, subsequent dates for contact, subject if necessary to interview with parent/family and absolutely conditional on receipt of satisfactorily completed Referral Agreement Form (see above)
 - 1.3 Stipulate social worker must send the service a full background history report; case conference minutes, etc, to ensure the contact supervisor has full and accurate background knowledge with which to protect and promote the child’s welfare.
 - 1.4 If your professional judgement and assessment is that the referral is wholly appropriate, even if some significant risk is presented, post or fax to social worker (same day) and prior to line manager’s approval, *Referral Agreement Form, Terms and Conditions of Use, Customer Information Leaflet, Anti-Discrimination Statement* and map of service’s location. You should include a covering letter if you have doubts concerning specific aspects of the referral
 - 1.4.1 Seek manager’s approval before sending referral papers if a high risk to other users, or to staff, or both, is present in the referral, or if concerns exist for the appropriateness of contact
 - 1.5 Provide manager with completed referral intake form for manager’s assessment, for filing in public law intake file or for immediate case allocation at weekly team meeting (if referral papers have been forwarded)

Part 3: Managing, assessing and planning referrals for supervised child contact

Working Paper 4

2. Referral Assessment (Working Paper 5)

2.1 Receive and consider social worker's report. If care proceedings are ongoing, reassess whether referral can progress to contact without separate interview with contact parent/family

2.1.1 If the answer to 2.1 is no, referral should be halted subject to an absolute requirement that interviews take place at the service, with social worker and then with contact parent/family

2.1.2 Hold preparatory meetings and interview, first with social worker and then with contact parent/family

2.2 If the answer to 2.1 is yes, offer a preparatory meeting with contact parent/family to occur one hour before the start time of the first visit and start contact as soon as possible

2.3 If referral is post full care order and is for long-term contact, interview contact parent/family and social worker before confirming date of first contact

3. Before commencement of Contact (Toolkit (3) Terms and Conditions of Use and(4) Referral Agreement Form)

3.1 Ensure a satisfactorily completed Referral Agreement Form has been received at least 24 hours before first scheduled contact visit

3.1.1 If referral agreement has not been received 24 hours before contact, check with referrer and if it unlikely that completed form will be received, cancel first contact session and offer another date

3.1.2 If referral form is received but is not satisfactorily completed, cancel first scheduled contact and return form to social worker, offering another date for start of contact

3.2 If not already done under 2.1 above, hold preparatory meeting with contact parent/family before commencement of contact, as set out at 2.2 above

3.3 Provide typed schedule of future contact visits to visitor/s at first contact visit and post to local authority social worker

Priority 2 - Private law proceedings (Cafcass referrals)

4. During Referral Intake (Toolkit (2) Referral Intake Form)

4.1 Advise Cafcass officer that his/her section 7 report should recommend referral to your service through the Court giving leave to disclose its case papers to your service for a full, internal referral assessment of the case

- 4.1.2 Advise Cafcass officer of the time required for completion of your referral assessment, from the date you receive the court papers, and that this assessment will comprise of separate interviews with both parents, and an interview with the child if appropriate
- 4.1.3 Advise that Cafcass s.7 should recommend that the matter be adjourned pending the outcome of your referral assessment and that an order stipulating supervised contact be made at the adjourned hearing depending on the outcome of your assessment and recommendations
- 4.2 Ensure Cafcass officer reports that your agency will write to Cafcass, explaining the outcome of your referral assessment and what, if any, offer of a service you are making
 - 4.2.1 Ensure the Cafcass officer reports to the Court that your agency has a standard ‘non-reporting stance’ in supervised contact cases and that, should supervised contact at your service be ordered by the court, a further s.7 report from Cafcass ‘on the progress or otherwise of contact’ must be ordered at the adjourned hearing
- 5. *Referral assessment (Working Paper 5)*
 - 5.1 Receive and read the court papers and arrange, through the parties’ solicitors interviews with parents/family members
 - 5.2 Interview contact parent/family member
 - 5.3 Interview resident parent/person with parental responsibility
 - 5.4 Interview child if papers indicate strong resistance or ambivalence to contact (see 3.5 below)
 - 5.4.1 Interview contact parent again if, having interviewed the child, you feel supervised contact might progress so long as the child’s stated wishes and views are accepted and acted upon by the contact parent/family member
 - 5.5 Complete written referral assessment, using service guidelines, and write to Cafcass referrer setting out basic details of assessment (which papers read and date this occurred, dates of interviews or cancelled and rescheduled interview dates) and what your offer of a service is (frequency, days and times of contact and any special measures)
 - 5.6 If the assessment is not to offer supervised contact, write to Cafcass referrer explaining in detail your assessment (a ‘report in the form of a letter’), and setting out the reasons for refusing to offer a service and any recommendations you wish to suggest to the court

6. *Following court hearing and before commencement of contact (Toolkit (3) Terms and Conditions of Use and (4) Referral Agreement Form)*
- 6.1 Receive confirmation from solicitors in the form of the clerk's handwritten note of the order, that an order for supervised contact, along the lines you have recommended, has been made
- 6.2 Send, to solicitors for the resident parent/person with parental responsibility (also see 5.2 below), the Referral Agreement Form, Terms and Conditions of Use, Customer Information Leaflet, Anti-Discrimination Statement and map of project's location. Include a covering letter setting out any special measures required, for example, that the resident parent and child are to arrive at a different entrance/building from that where contact will take place, to wait to be escorted to contact once the contact parent/family member has arrived in the project
- 6.2.1 Instruct solicitors in your covering letter, to forward referral agreement form directly to solicitors for contact parent/family member, or directly to contact parent/family member if not legally represented, as soon as they and their client have completed the form
- 6.3 Send to solicitors for the contact parent/family member, or directly if not legally represented, Terms and Conditions of Use, Customer Information Leaflet, Anti-Discrimination Statement, and map of project's location. Include a covering letter clearly stating the date on which you sent the Referral Agreement Form to the resident parent's/family member's solicitor, and setting out any special measures required. For example, that the contact parent is to agree to arrive for contact 15 minutes before the start time of each visit and is to remain in the project 15 minutes after the child and resident parent have departed
- 6.4 When a satisfactorily completed Referral Agreement Form is received, send typed 'Schedule of Contact Visits', to solicitors, including in resident parent's schedule but not in contact parent's, a date for the child to attend a contact-preparatory session at the service
- 6.4.1 If the referral agreement is not received 48 hours before first contact visit, cancel visit and confirm new start date for contact
- 6.5 Hold a 1 to 2 hour preparatory meeting with child before commencement of supervised contact, introducing and familiarising the child client to the 'supervisor', to the environment and available activities, and to the way in which their parents/family members will be situated during contact

Priority 3 – Post adoption referrals (social service permanent placement team referrals)

7. During Referral Intake (Toolkit (2) Referral Intake Form)

- 7.1 Stipulate, that the referral will not be confirmed, and that facilitated, open adoption contact will not be offered until the birth-parent/s have attended at the service for an interview and preparation/planning meeting
 - 7.1.2 Suggest to referrer that they also may want to meet with staff to discuss the child's history and birth family/adoptive family dynamics, and that this might be best achieved through their attending with the birth parent/s for his/her interview (4.1 above)
 - 7.1.3 Offer, to the referrer, that it may help the adoptive parent/s if they have the opportunity to visit the service, to meet with staff and to hear about the service and to discuss the proposed contact
 - 7.1.4 Where post adoption contact is between separated siblings, with the adopters present, it is a matter of professional judgement as to whether the artificiality of such contact should be 'flagged up' through holding preparation meetings with the siblings (it may suit them better 'just to turn up' and to get on with it)
- 7.2 Offer the referrer a provisional first date for the commencement of contact, and agree provisional dates for meetings with the adults before the commencement of contact
- 7.3 Send *Referral Agreement Form* and supporting papers to referrer. (Where a local authority permanent placement team is pursuing 'supervised contact' post adoption it can usually be taken as read that a great deal of their thinking and the court's time has been exercised by the question of such contact. There is normally no need for the referral taker to obtain their manager's agreement to the referral before they offer a service)
 - 7.3.1 Send referral papers with a covering letter, stipulating the requirement that the birth parent attends a preparation and planning interviews, and noting that the service believes that preparatory meetings with the social worker and adoptive parents would be highly desirable
8. *Referral Assessment (Working Paper 5)*
 - 8.1 Receive and consider social workers report
 - 8.2 Hold preparatory interview with referring social worker (see 2.2.1 below)

8.2.1 Hold preparatory interview with birth parent/birth family relative, possibly with referring social worker also present for interview

9. *Before commencement of contact (Toolkit (3) Terms and Conditions of Use and (4) Referral Agreement Form)*

9.1 Ensure a satisfactorily completed Referral Agreement Form has been received one working day before first scheduled contact visit

9.1.1 If referral agreement is not received one day before contact, check with referrer and if it is unlikely completed form will be received, cancel first contact session and offer another date

9.2 Hold preparatory meeting with contact parent, if practicable, before commencement of contact, as cited at 1.1 and 2.3 above, or if necessary for safety as at 2.2 above

9.3 Provide typed schedule of future contact visits to visitor/s at first contact visit and post to local authority social worker

10. *Inter-agency work*

10.1 Copy all your correspondence, to solicitors and parents/relatives, to the Cafcass or local authority referrer and continue to do so throughout your involvement with the child and family

10.2 Where proceedings have ended but continued supervised contact is at the discretion of your service, continue copying all correspondence to the Cafcass referrer for their file information, for at least one year after the final hearing

10.3 Where a referral is from Cafcass Legal Services and Special Casework, in wardship proceedings, the Referral Agreement Form can be forwarded to the child's guardian ad litem to arrange for completion, together with a covering letter suggesting any special measures. The referral supporting papers (Terms and Conditions of Use, Customer Information Leaflet, Anti-Discrimination Statement, and map of project's location) must be sent to the parties with a covering letter, setting out clearly the date on which the referral form was sent to Cafcass LSSC, and any suggested special measures

Working Paper 5

REFERRAL ASSESSMENT RECORD

Name and Date of Birth of Child/ren concerned:		Iman Smith-Marley DOB 2nd December 2006	
Date Court Papers/SSD Reports read by:		30th January 2010	
Name of contact Parent/Family Member:	Jacqueline Smith (Mother)	Date Interviewed:	2 nd February 2010
Name of resident/adoptive Parent/Family Member:	Michael Marley (Father)	Date Interviewed:	5 th February 2010

1. Introduction of service (to contact and resident parents/family members)

- Explain who you are, what your position within the service is and ensure the interviewee has written information on how to contact you directly, how to make a complaint, and confirm background details to the referral (who/which agency referred and why)
- Briefly introduce the organisation to the interviewee, its history and its relationship to the Courts and to the statutory services
- Explain key policies and practices – ‘not-reporting directly to Court’, ‘not promoting contact but seeking child focussed resolutions to contact disputes’, ‘can provide for supervised contact in the long-term (infancy to adolescence) if such is necessary’
- Invite questions on any of the above

2. Family/social histories (of contact and resident parents/family members)

(Begin genogram before interviews [derived from papers] and enter additional information during interviews. Try to include in this section places of birth and places moved to during childhood, physical/mental health, cultural and religious backgrounds, composition of families and employment, childhood family relationship patterns, educational achievements, experiences of adolescence and young adulthood, hobbies and interests, employment history since adolescence and close personal relationships [not in intrusive detail] prior to relationship with referred child's parent)

Michael was born in Kingston, Jamaica, in 1986. He describes himself as black African Caribbean. His religion is Rastafari. He has no stated physical or mental health needs. Jacqueline was born in Lambeth, London, in 1984. She describes herself as white English UK. Jacqueline, diagnosed as suffering from a ‘borderline personality disorder’, has no other special needs. Michael’s parents remained married until the death of his father when he was aged 21. Jacqueline’s parents separated when she was 7: at that time her father was charged and convicted of sexually abusing Jacqueline. Michael’s father was a teacher; he has three younger siblings ...

3. Relationship histories (of contact and resident parents/family members)

(Add to or amend genogram during this section. Try to include where and how those involved first met [a party, work, introduced by friends, arranged marriage, etc], duration of or absence of any co-habitation [N/A in most care and adoption referrals], nature of first attraction to other parent [N/A in most care and adoption referrals], relationship attachment patterns [disengaged-no cohabitation, enmeshed – ‘love-hate’, ambivalent – ‘on-off’].

- You must address Domestic abuse [violence, economic oppression, emotional abuse, oppression by extended family], duration and magnitude of abuse, whether witnessed [heard or seen] by child/ren and on how many occasions and whether there is or is not any substantive evidence of abuse [injunctions, undertakings, GP or Police records]

- You must address Child abuse, whether or not there is or is not substantive evidence or a civil probability finding of this), whether there is any acknowledgment or willingness to ‘apologise’ or in other ways make amends)

Jacqueline and Michael agree they first met in 2005 at a party given by mutual friends, and both agree they were very attracted to one another. Michael says he ‘fell in love with her, she was gregarious, exciting and had a big media job at the time... she seemed perfect’. Jacqueline says Michael ‘seemed gorgeous, creative and interesting and one thing led to another, but I soon found out he was just using me, like all of them’...Michael and Jacqueline began living together in...

4. Current situation (of contact and resident parents/family members)

(Add to genogram. Try to include/explore current feelings about the other ‘party’/social services, new close personal relationships [in some detail if co-habiting], current participation in statutory assessments [social services, Cafcass, psychiatry] and perceptions of these assessments/assessors [working with/not working with assessors], mental health, are divorce proceedings occurring, current employment and economic situations, whether studying or regularly attending other appointments [that may need to be considered in planning contact])

Jacqueline says she ‘hates Michael; he has taken away ‘my baby’ and she does not ‘ever want to see him, if we do have to come here’. Michael’s partner is ‘expecting a baby in six months time’...Michael still fears Jacqueline’s violent outbursts, ‘this scar is from her, Iman was a baby when it happened but she was screaming and crying...’

5. General understanding of children's needs and particular perceptions of child/ren concerned (of contact and resident parents/family members)

(Try to establish the knowledge and insight of: basic and sophisticated child needs [safety and security, nourishment, warmth, attachment/containment, acceptance and validation, education, autonomy versus dependence], of the concerned child's benchmark dates [birth experience – normal/protracted, first word, age first walked, age of entry into nursery], educational achievement, any health issues [asthma, hyperactivity, etc.] and parents' perceptions of child [are these accepting and appreciative or critical and demanding].

- *You must include here the child's experience of their last contact with contact parent/family member*
- *You must explore here the child's experience of adult conflict and insights into the likely effect of this on 'any child'*
- *You must include a list of the child's likes and dislikes, sports and creative interests, etc)*

Jacqueline and Michael both agreed, independently, on the approximate ages that Iman met her early milestones. Jacqueline and Michael both described a normal and easy birth; Michael was present at the birth. Jacqueline says Iman was 'restless' as a baby and 'it was because she's like him...but she was so loving'...Michael says Iman loves drawing and is always making things...

6. Summary assessment and contact plan or reasons for decision to refuse contact

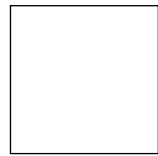
(Address: parenting capacity and insight of contact parent/visitor [based on childhood, upbringing, adult behaviours and interview], willingness of each of those involved to work with the supervisor/service, acceptance of terms conditions of use of service, acceptance of any special measures [staggered arrival and departure times, liaison between service and Community Psychiatric Nurse, etc.].

- *You must include your final assessment of the risks [of harm – hazards, or loss - dangers] to the child concerned, to other adults involved and other children/adults [including workers and other users of your organisation]*
- *You must include contact planning: days and times parents/family members can attend for contact, assessment of ethnic/cultural/health needs of those involved], and your suggested frequency of any contact planned)*

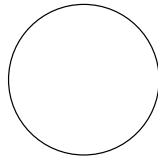
Assessment Conducted by: (Print Name)		Position (Job Title):
Signature:		Date:

7. Appendix: Genogram (family tree) guidance

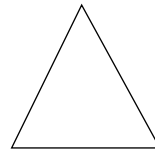
Genogram symbols



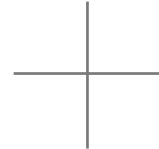
Male



Female



Gender Unknown
(i.e. Pregnancy)



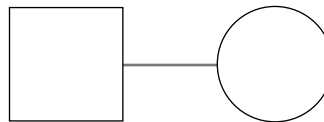
Death



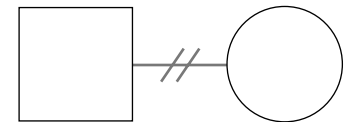
Miscarriage
or abortion

Unions:

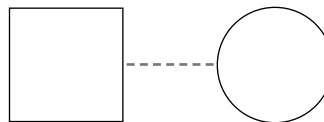
Enduring
Relationship
(Marriage or
Cohabitation)



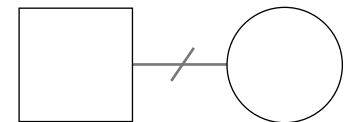
Divorce



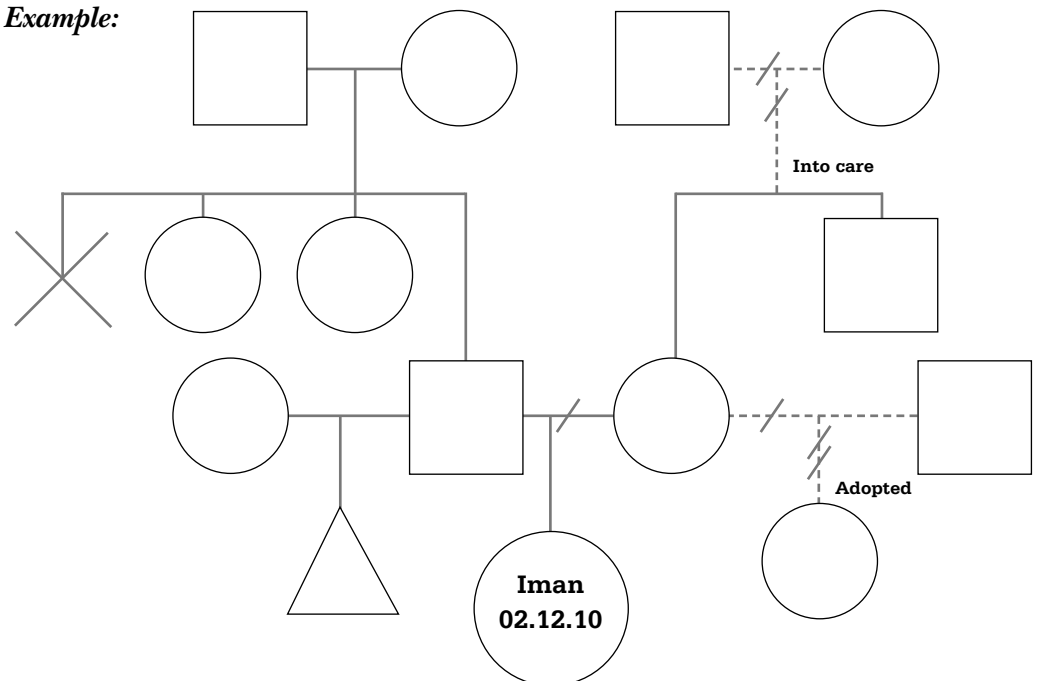
Transitory
relationship



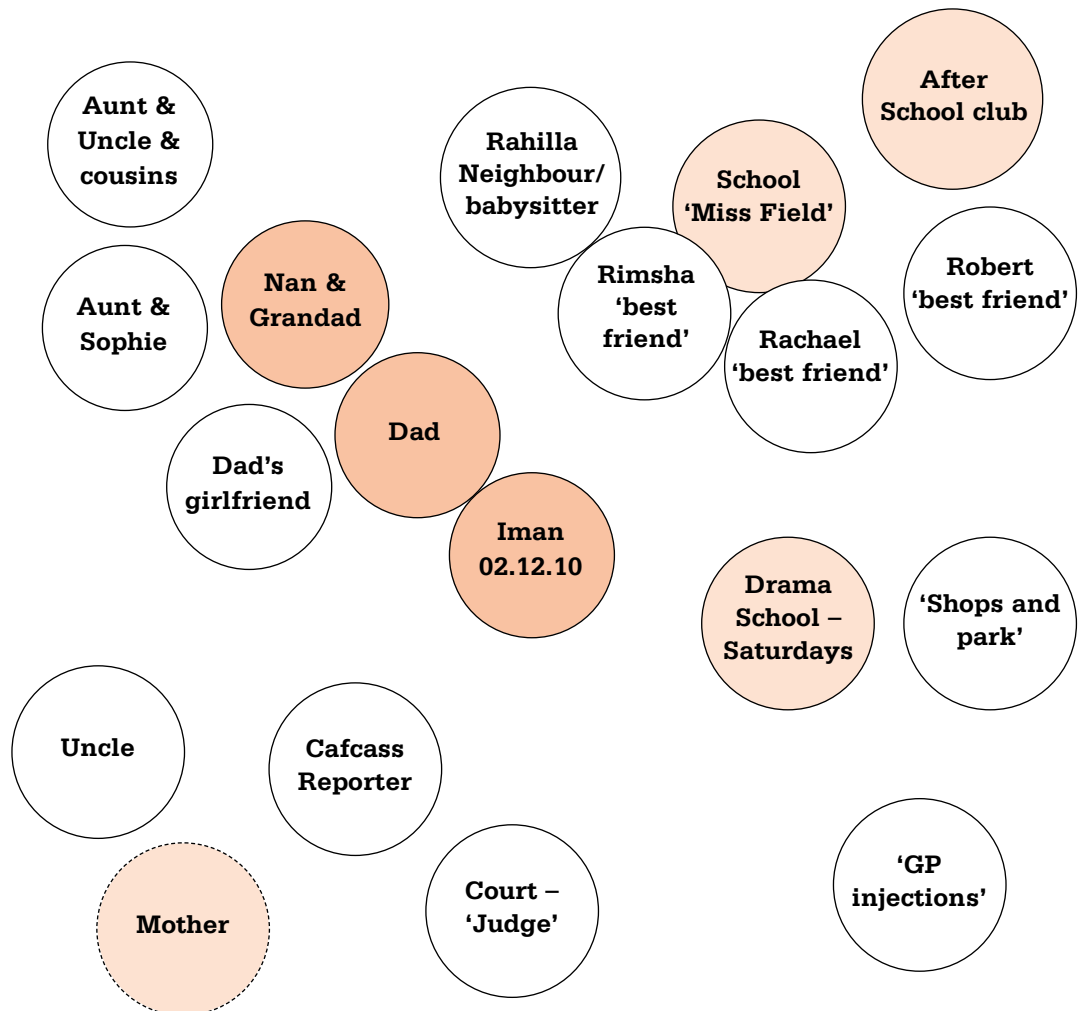
Separation



Example:



**7.1. Appendix: Ecomap (child's and family's daily life and
supports/attachments)**



**Part 4:
Guidance on
the supervision,
assessment and
recording of child
contact**

Part 4: Guidance on the supervision, assessment and recording of child contact

Supervising Child Contact

Defining supervised contact and agreeing the 'contract' for use of your service

Part 4 examines in detail what is involved in providing safe and effective supervision of children's contact. This first section examines the meaning of supervision in the context of child contact and the importance of a 'contract' governing supervised contact.

What is 'Supervision?'

It will become apparent in this section that the functions and aims of supervision in child contact are broader and more varied than the term 'supervision' might on cursory inspection suggest. To begin with then, we need to examine a dictionary definition of supervision:¹²¹

'Supervise 1: To direct or oversee the performance or operation of.
2. To watch over so as to maintain order, etc'.

'Supervisor 1: A person who manages or supervises...
2. Under a Supervision Order advises, assists, and befriends...
3. A tutor supervising the work...'

A definition for supervision of contested and problematic child contact:

'Supervise 1: To oversee, direct and record the quality of interactions between parent and child;
2. To intervene to protect children and vulnerable people from harm'.

'Supervisor 1: Plans, implements and supervises child contact;
2. Provides 'advice', assistance, and befriending to promote beneficial contact and reduce disorder;
3. Assesses the quality and worth of contact for the child and the likelihood of safe and beneficial unsupervised contact

'Supervision of child contact is proactive and involved'

Thus, supervision of child contact cannot simply be to oversee, to listen out and be vigilant. For instance, we have already noted in Part 2. under 'staff supervision' three functions of supervision other than 'overseeing work'. As the dictionary and the above adaptation of its definition illustrate, 'supervision' is proactive, interventionist when necessary and supportive where appropriate in order to manage 'work' and to promote change and development whilst guarding against risks. To revisit Coram's definition of supervised contact:

'Supervised contact aims to ensure safety from physical harm and emotional abuse and requires a high level of constant supervision from supervisors experienced and confident enough to intervene

¹²¹ Collins English Dictionary, Updated Edition. HarperCollins, 3rd edition, Glasgow, 1994

Part 4: Guidance on the supervision, assessment and recording of child contact

Supervising child contact

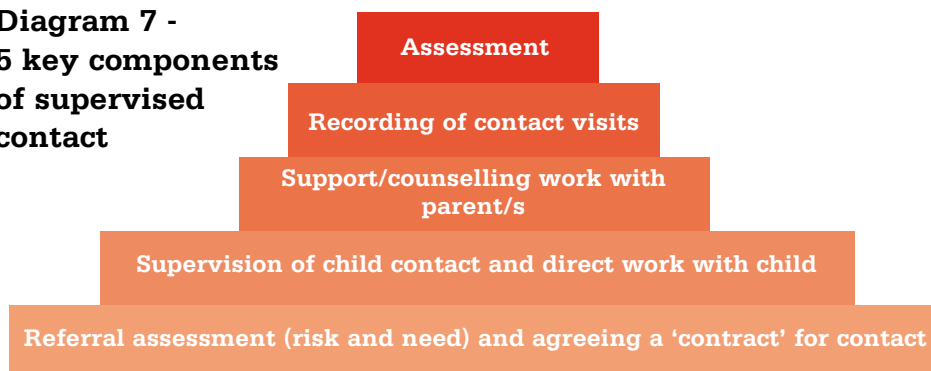
immediately and firmly if anything of concern arises. If safe contact is achieved supervision becomes therapeutic in the widest sense. The contact is managed so that the child is supported in resolving issues with the parent which he or she needs to understand; or to provide opportunities for a parent to apologise or in other ways make amends; or to effect a planned and humane ending to contact. In supervised contact, the supervisor plays a role in guiding parents to improve the quality of interactions and parenting; this may include ‘mediating’ to improve the quality of interactions between a child’s parents or between parents and substitute carers’.

Previous parts of this guidance have highlighted the inevitable artificiality and the power imbalances between parents and supervisor inherent in supervised contact. Where serious concerns for the welfare of a child in or around contact exist, such artificiality and ‘control’ is sadly but emphatically necessary, at least to begin with.

However, for supervision of child contact to be effective it must consist of much more than this primary function of protecting children and vulnerable people from harm. It must also provide ‘tutoring’ in the new and unfamiliar ‘contact skills’ parents need to learn and develop to better manage contact parenting. It needs to consist of counselling support for the parent/carer with whom the child lives as well as supervision of the actual contact and it must implement planned goals, monitor progress towards those goals, and assess likely outcomes (diagram 3 Part 3).

Coram identifies the following as the five key components to supervision of child contact.

**Diagram 7 -
5 key components
of supervised
contact**



The supervised contact ‘Contract’ – the Referral agreement form and supporting papers

The use of ‘contracts’ in social work has a long pedigree. Contracts ensure service users are fully aware of the agency’s role, expectations, and rules/terms. They ensure individual clients have a written statement of what is

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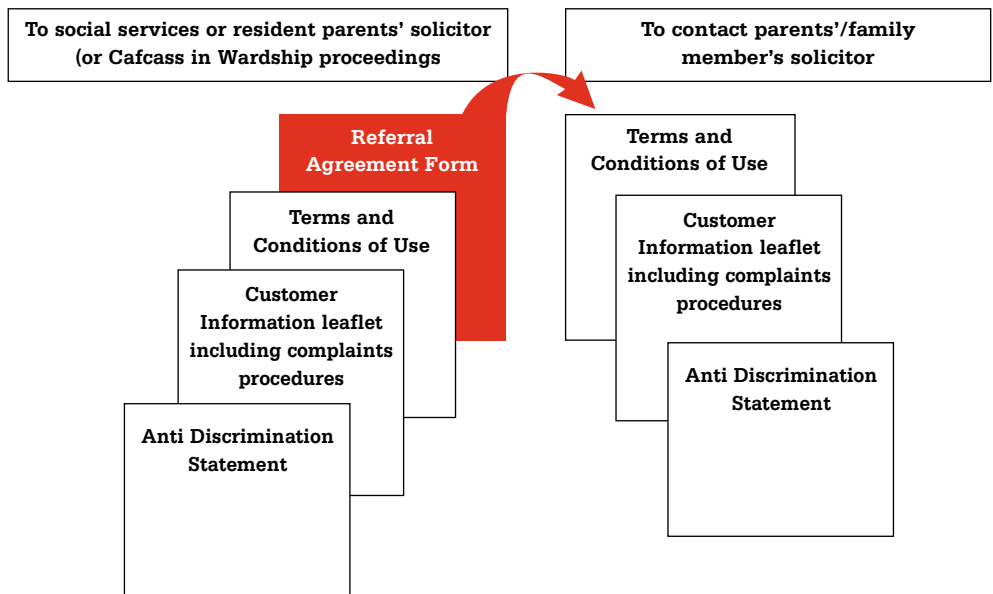
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expected of them in order to continue to receive your service, and what the particular terms governing their use of the service are. Equally, the contract establishes what is expected of the agency and its staff and what work the agency is to undertake in order to meet its obligations to the service user. The contract relates to the terms and conditions of use of the agency, which service users read before agreeing to sign the contract.

Part 6 ‘Toolkit’ (4) Referral Agreement Form (contract for use). This should be studied now in conjunction with ‘Toolkit’ (3) Terms and Conditions of Use to which the agreement refers.

Your client must have adequate information about your agency before being asked to agree any ‘contract’. The following diagram illustrates the papers Coram circulates when having agreed to offer supervised contact. Coram’s referral papers can all be found in the ‘Toolkit’ at Part 6.

Diagram 8 - Referral agreement and supporting papers



The Referral Agreement Form (RAF)

This form is the single most important document in Coram’s supervised contact toolkit and it is a key intervention in starting contact in as safe and beneficial way as possible. It is a signed agreement between all those concerned regarding the purpose of contact and what will and will not happen at visits. Diagram 8 shows that only one such agreement form is circulated per family, and that it is first completed by the resident parent or social worker before going for agreement and signing to the contact parent. It is not necessary to examine each clause of the RAF so long as key principles and aims of the form are understood. This is best done by beginning at Page 6 of the form, the signatories to the agreement.

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Agreement and ‘containment’ (‘Toolkit’ (4) RAF, clauses 22, 24, 25, 30)

The section on theory (Part 1), examined the dynamics that come into play when parents split acrimoniously and families separate involuntarily. The ‘he’s bad, she’s mad’ guilt and blame syndrome leads almost inexorably to an ‘are you for me or are you against me?’ way of seeing anyone who becomes involved.

A completed RAF with the signatures of both parents often constitutes the only agreement between them since separation. However, as diagram 8 shows the RAF is first completed by the resident parent or social worker before going to the contact parent and this can be seen as ‘one sided’, favouring the local authority or resident parent.

The referral agreement ‘contract’ is a fundamental part of the ‘containing environment’ Coram seeks to foster, as described in parts 1 and 2. The containing environment requires you ‘start from where the client is’ in order to be able to recognise and then ‘hold onto’ and contain his or her anxieties and concerns. As the child is the client, you start from where he or she is, that is living with mother, with father, with social services, etc. If the resident parent/carer or care authority does not ‘trust’ you with the child your efforts to foster appropriate levels of contact will ultimately founder.

Therefore, the specific conditions of contact are entered onto the RAF by the child’s main carer. By accepting a completed referral agreement form (‘contract’), your agency is agreeing to uphold the conditions set out in the referral form by the child’s carer, for example, ‘Who may come to contact’ (RAF clause 24), ‘Level of supervision required’ (RAF clause 22). Note that contact parents/family members are able to put forward their views and opinions (RAF clause 25[i]) and to attach to the RAF an addendum page/s setting out their reservations and disagreements with the form as completed by the child’s main carer.

Derek, seeking contact and refuting unproven allegations of child abuse took exception to signing an agreement in which his ex-wife had entered, at clause 25, a risk of sexual abuse. During the course of a long telephone discussion the worker pointed out that clause 25 asks only ‘what risks do you ‘feel’ exist’, not what risks ‘do’ exist. Hearing that clause 25 is a ‘guide’ to the main carer’s anxieties and concerns; a point on a map ‘showing where we are starting from’ and not a statement of fact, enabled Derek to sign the agreement by attaching an addendum page stating his repudiation of this risk – a different point on the map.

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Rachael, fiercely contesting adoption proceedings, needed an hour of discussion at the referral assessment interview to convince her that signing Coram's agreement did not constitute her agreement to adoption, because social services at clause 18 had entered that the purpose of contact was to 'maintain appropriate contact until adoption'. On her addendum page she wrote simply 'I agree to come here but not to adoption'.

Crucially and in line with the information giving function of referral, parents and referring professionals need to know that the chief aim of the 'single referral' agreement form is to secure their mutual agreement to comply with your agency's terms and conditions of use. The question, 'why should we have an agreement when we don't agree on anything?' is answered by explaining that the referral agreement refers to your agency's terms and conditions of use. For instance, you may say to the concerned parent that having an agreement before contact starts prevents rows 'over the child's head', at the first visit, about what is supposed to happen and so avoids either or both parents immediately contravening rules preventing the emotional abuse of children.

Coram's policy of having only one 'contract' signed by all concerned, means that the parties to the dispute must at least agree on one thing before contact starts, to abide by Coram's terms and conditions of use in return for being allowed to use its facilities (Clause30, RAF). Thus, a limited but important agreement is struck between the parties. At the same time your position as an independent provider of a service and facilities to the family (as opposed to one or other side), is made explicit and acknowledged. Some 'ownership' of supervised contact, by both parties, is thus achieved by using a 'single referral' format.

Risk management – guarding against harm or loss (Toolkit' (4) RAF clauses 22, 25, 29, 30)

As a childcare agency engaged in work that frequently involves significant risk, Coram's public and employee liability insurers require it takes every reasonable precaution to guard against risks; child abduction, child molestation, assault against the person, etc. The 'disclosure' requirement of the RAF clause 29 requires social workers and solicitors to sign that they have provided you 'with full disclosure of the facts and matters of the case as requested in the form'. You cannot reasonably be expected to take precautions against hazards and dangers you were never made aware of, for instance, if you were not told the contact parent has a recent conviction for arson.

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Clause 25 of the RAF therefore requests information on ‘felt’ (perceived) dangers posed by the referral and the degree of risk posed. Taking the example just given, the referrer is culpable if he or she does not disclose under section 25(i) of the RAF, that Arson is a danger and that the risk of this may be high. Alternately, if clause 22 requires ‘constant supervision’, but your agency slips into providing only ‘moderate supervision’ without the prior written agreement of all concerned and harm to the child results, you and your agency is quite clearly culpable.

The referring social worker or resident parent’s/carer’s solicitor may themselves not be aware of a new contingency increasing the risk of harm or loss, for instance a very recent and suspicious fire currently being investigated by police. Clause 30 of the RAF is therefore an indemnity clause. So long as the contact supervisor and the agency are not negligent in meeting any of the conditions of contact as set out and agreed in the completed RAF ‘contract’, harm or loss resulting from previously unknown hazards which you and your agency had no awareness of and no control over cannot be laid at your door.

The upshot of this formulaic intervention is that referrers and solicitors generally go to great lengths to ensure they have told you everything you might need to know in order to ‘protect’ the child.

Establishing the level and context of supervision

Clauses 22 to 24 of the RAF govern the basic essentials of supervised contact, the level of supervision required (22) and the context of visits: whether supervised outings are possible (23) and who may attend for the child’s visits (24). Coram provides two levels of supervision described as follows:

- a) Constant supervision (supervisor remains in sight and sound of child/ren throughout the meeting)
- b) Moderate supervision (supervisor does not need to remain in sight and sound of the child/ren at all times)

Generally, moderate supervision occurs as a ‘stepping stone’ once a period of constant supervision and work with the family has determined that it is safe and appropriate to reduce supervision. Referrals requiring only moderate supervision from the outset need to be carefully assessed, particularly in private law matters where this level of supervision may have been set by a misguided parent in order to entrap the other with further allegations, which you can neither confirm or refute as you were not in the room. Clause 22 therefore carries a ‘rider’:

‘Where allegations of a serious nature have been made (i.e. sexual abuse) Coram Family will not view favourably a referral where the

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requested level of supervision appears inappropriate to the stated concerns’.

‘Moderate supervision’, from the outset, is much more likely to be appropriately requested by local authorities, for example, where teenage children have requested contact to a non-abusing but long-absent parent. In this sort of situation, the aim of moderate supervision is to provide a supportive and private environment where the family can re-establish contact and move towards normal contact in the community. Nevertheless, it is important in all cases of ‘moderate supervision’, to make a further risk and need assessment as to whether to go forward with the referral. As diagram 5 (Part 3) shows, Coram can decide to refuse the referral on receiving a completed RAF if the assessment is that the child’s or parent’s safety and needs will not be met by moderate supervision.

Supervised Outings: As discussed in Part 3, a full and comprehensive assessment of a parent’s ability to sustain safe contact requires observation of their parenting abilities in situations less supportive and safe than inside a childcare project. Furthermore, if supervised contact goes on for many months the child is likely to tire of being ‘stuck’ in one or two rooms (however child-friendly they are) inside your project. Supervised outings play an important part in assessing parenting and testing the safety of unsupervised contact.

Who may attend contact: It is essential to the containing environment that no one who is unknown to you comes to contact visits. It is the value and worth of the relationship between the child and the contact parent/s or family members that you are seeking to develop and assess, not the introduction of the child to father’s new partner or mother’s best friend. Quite apart from distracting from the purpose of contact, public safety requires that unknown visitors cannot be allowed into a childcare project.

Some dangers of the ‘single referral’ form

There is some risk presented by using a single referral agreement form. For example, clause 2 of the RAF requires the home address details of the child. This clause is qualified with a rider that, if the child’s home address is confidential, then it should not be entered onto the RAF (which is to be sent to the contact parent for agreement). Solicitors or social workers, when completing the RAF however, might miss this rider. The referral intake assessment (Part 3) should have alerted you to this issue of address confidentiality, and you should have alerted the referrer to the fact that ‘confidential addresses’ should not be entered on the RAF.

Another danger, presented in private law matters, is that of the resident parent delaying completion of the RAF in order to delay contact starting.

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You, or more properly the child concerned, should be able to rely on the contact parent telephoning you to find out ‘what the hell is happening’. This will alert you to the delay and you respond by directing the contact parent to instruct his/her solicitor to ‘chase up the other side’. In those cases where the contact parent is not legally represented your advice should be that they write to the solicitor for the other party, but you may decide also to write yourself as ‘there are many children and families waiting and you cannot hold a place open indefinitely’. In private law matters, if you follow Coram’s procedure for referral intake (diagram 5, Part 3), there will be at this stage a Court Order directing supervised contact at your service and unconstructive delay, ‘obstruction’ is ultimately a matter the court can deal with through a swift, ‘slip-rule’ hearing.

Interpreting delay in assessing referrals: Bearing in mind that assessment (of child contact) is ongoing, should a significant delay in the processing of the RAF occur and yet there has been no communication from the contact applicant or their solicitor during that time, you might interpret this as indicative of the applicant’s commitment to contact.

Scheduling contact

Once you have received a satisfactorily completed referral agreement contract, you are ready to start supervised contact. At this stage you send to the parent’s solicitors and/or the referrer a schedule setting out all the dates and times of contact for the period you have offered.

Never schedule contact visits beyond the date of the next court hearing as to do so presumes what the Court’s decision will be. It may also unnecessarily increase conflict between your agency and the contact parent who may be applying for a variation to the order for supervision and who will view a schedule from you extending beyond the court hearing as pre-emptive.

Children’s introductory visits – preparing children to ‘manage’ the start of supervised contact

We hope that by now this guidance has established the case that safe and effective supervision of child contact is much more than simply just being there when ‘it happens’. Contact supervision requires a careful environment, assessment, planning and, above all else, preparation.

Preparing Children for Supervised Contact

Coram stipulates that, in all private law referrals, children must have an introductory, preparatory visit at the service before their first contact visit and these visits constitute the start of contact, that is, they are paid for by the referring agency as a ‘contact’ visit. In public law referrals, the above stipulation is sometimes waived in Interim Care order proceedings, for reasons fully described in Part 3.

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Preparatory/introductory visits for children should take place about one to two weeks before their first contact visit. The chief purpose is for children to be introduced to their contact supervisor and to familiarise themselves with the environment and with the mechanics of their contact visits.

A child who does not have an introductory visit has often to cope with the resident parent's or carer's uncontained anger or anxiety over the pending first visit as well as their own unsupported fears; an uncertain journey to a strange place to be supervised by a strange man or woman and separated from their resident parent or carer. All this to meet a parent who they do not know or whose last contact with them could have been very traumatic. It does not bode well for a relaxed first contact, quite apart from not being in their best interests. If a child cannot attend before the first contact visit, then a lot more 'work' has to be done by the supervisor in helping the child cope with all these anxiety-provoking aspects at the first contact visit.

Without an introductory visit, many children will withdraw emotionally at the first visit, until they know they will be going home with their resident parent or carer afterwards, and they will not 'invest' in the contact. The enormous stress on children starting supervised contact cannot be overstated and they need to be given every possible ounce of control over their predicament. Contact parents are likely to react with suspicion and negativity to such 'withdrawal' on the part of their child at the all important and longed for first visit, so an introductory visit reduces the risk of the child experiencing emotionally abusive behaviour and of the contact parent 'falling at the first fence'.

Setting up the room – 'the importance of environment'

You will have learnt during the referral process what activities, toys, and interests the child likes, or at least (urgent public law referrals) what their age, ethnicity and gender suggest they might like. You set the room up accordingly at least 30 minutes before the planned start of the introductory visit, a pattern you will adhere to for all subsequent visits the children make. If the room has just been used by another family it must be tidied and arranged so as to appear to child clients as 'unused'; as if there solely for him/her. This establishes the room as their 'space', helping children and young people to feel themselves to be within a safe and containing environment that they leave wanting to revisit or at least not averse to revisiting.

'Meeting' the supervisor

Children's preparatory visits are not 'interviews' in the strict sense of the word. They aim at reassuring children by establishing a degree of trust, in you as the contact supervisor and in the environment, as being responsive

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and safe. Introduce yourself and identify your position and role clearly; 'I'm Lee and I'm a social worker here and I will be with you and looking after you, and Mum, when you see her here'.

Begin prep visits by encouraging the children just to 'play' and to freely explore the environment, and engage in developing play, encouraging them to tell you what other toys and activities, if any, they want in 'their' room. Show them to the toy cupboards and let them choose what they want: give them 'control' over the environment. Outlining the mechanics of the first visit from beginning to end is especially important for the children involved when they come for their introductory visit. They need to know 'this is the room where you will see Dad', and 'this is the room where Mum will be' and 'Mum and Dad will not meet; at the end of your visit I will take you back to Mum'.

As referred to in Part 2, it is important to tell children that they can visit their resident parent/carer if they need to do so during contact and so show them the short 'route' from contact room to resident parents' waiting room. Having the resident parents'/carers' waiting room adjacent to the children's toilet (diagram 1, Part 2) provides the child with reassuring and unobtrusive 'access' to their main carer; a fleeting 'hello' around a call of nature may feel very normal and natural to the child. Children who have been or who are alleged to have been sexually abused need to know who will take them to the toilet, 'I'll take you to Mummy'. Those with mentally ill parents need to know that the supervisor will postpone or cut short a visit if Mummy or Daddy is too ill and that 'one of the other social workers here will take you to Daddy's waiting room while I talk to Mummy'.

If supervised outings are agreed from the outset (unusually), then children need to know that their resident parent/carer will be waiting at the project for their return and that you, the supervisor, will stay beside them for the entire outing. Some children experience outings as potential 'abduction' even if this has never been threatened. Many fantasise, if the environment is as homely and private as it should be, that their contact parent lives at the project and so fear being left there at the end of a visit as a penalty for enjoying or participating in contact against their resident parent's wishes. Conversely, as already cited, some children in care express this fantasy in terms of 'I wish we could all live here'.

The adults have 'agreed': Once children have relaxed and engaged with you, it helps to talk about the last time they saw their contact parent or, if they cannot remember them, what they think he or she will be like. This brings out their fears of the visit and their hopes, realistic or otherwise. If their last experience of a parent was traumatic, then they need to know 'that we

don't allow that to happen here' and that, to make sure that it does not happen here, 'Mummy and Daddy have signed a form with us agreeing that it will not happen here'. It can be very reassuring for children to learn that 'Mummy and Daddy' or 'Daddy and social worker' can still actively communicate in some way.

Children and supervision

Asking children what 'nice things' they remember about their visiting parent/family members, can reassure them that nice things might still be possible. Children also feel ambivalent towards you, the supervisor. Many will feel relieved at being 'protected' from the rigors of the dispute between the adults and at having a buffer; you. Equally, they will feel that the supervisor is 'spying' on their contact and may report back, to their resident parent or social worker, betraying them in the process - such is the risk they run entering into this situation.

Carly, living with her mother and younger sister was 4 when she, her mother and younger sister started coming for supervised contact to visit her older sister and brother who were in care and looked after by the local authority. When she was eight, her 16-year old brother absconded from care and returned to live with mother. Her older sister remained looked after. At age 8, during a supervised outing to the local shops, Carly stationed herself beside the supervisor and challenged 'why do you have to be here; you don't have to be here...it's because they think mummy will take Gemma away but she won't, so why are you here anyway?'

Carly had always gotten on well with the supervisor and even as she challenged she smiled and stood close, taking her hand to cross the road to the shops following her mother and siblings.

'Look; sometimes things get said or done in these kinds of visits and the social workers get a mixed up message about what happened and what was said... if there's no one like me there, to say Mum did or did not say or do that, Mum might get blamed for something she didn't do or didn't say. I'm here to look after Mum as well as Gemma'

'They could take us away from Mum because they think she did wrong and you saw she didn't so they wouldn't?'

'Well maybe, but it's much more that Gemma's visits could be stopped, yes'

'Okay, but you don't need to be here you know'

'Well I'm glad to hear it...but we'll see yes; anyway I like being here with you all'

'Okay...'

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Involving resident parents/carers in preparing their children

You can rehearse the first visit for the child by asking the resident parent/carer to spend some time in the waiting room whilst you and the child spend time in the contact room. How the first visit will end is often crucial to both parents and children, as separating re-enacts the loss or trauma that has brought them to the project and is invariably difficult. Enacting how you will take the child back to the parent/carer in the waiting room whilst their contact parent remains behind in the contact room helps the child visualise the containment you will provide around separation.

However, for most of the introductory meeting the resident parent will be present. As all parents want to be the best they can for their children and appreciate the lovely environment you have provided, a ‘fresh start’, it helps to mention towards the end of the introductory meeting how they can best prepare their children for the first contact; a week before, a day before and on the morning of contact. You can embed into this discussion how parents themselves need to prepare; that the atmosphere of the initial contact is important and although you understand they cannot be friendly, hostile words, glances, or ‘poises’ are not conducive to a ‘happy child’.

Finally, at the end of introductory visits it is helpful to remind parents that they can ‘phone you, with any questions they have forgotten to ask or that occur to them after the introductory meeting. This offers them a space to air mounting anxiety as the first contact visit approaches.

Supervising child contact – protecting children and supporting families

Social work with children and families must be founded on knowledge of law, theory, and research (Part 1) and framed within a value system (Part 2), but in the final analysis it is all about the ‘use of self’ as a ‘tool’ to effect change (Part 3). Nowhere is this truer than in simultaneously working directly with children and their families. This section explores aspects of the supervision of contact - child protective and therapeutic interventions - and supportive work with parents and carers.

Skilled workers however, use themselves according to their self-awareness of what it is about them that ‘works’ for their clients, so this section can only be a rough guide, pointing you in the right direction and establishing some do’s and don’t’s of supervised contact. A first stricture however is: don’t go into supervising child contact without a sound understanding of the areas and issues covered in Parts 1 to 3.

‘Safety First’

It is important before visits to review basic tenets of supervised child

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contact. The following checklist, arranged in order of importance is an aide-mémoire you should reflect on before every child contact visit you supervise.

Table 7	Supervisor's Pre-Contact Reflective Checklist
a)	Child protection: the child is your chief client and the child's safety and welfare is your paramount consideration when supervising contact (there is as yet no unequivocal research evidence that contact of itself is better for children than no contact at all)
b)	Child welfare: protection of the child is best achieved through work with the family of which the child is the integral part but if an intervention has to be made it must favour the child even if it is against the parents
c)	Supporting families: supervised contact is unavoidably artificial and restrictive and children and parents/visitors need time and a supportive environment to acclimatise to it; they won't get it all right straight away
d)	Contact and shared parenting: is very different from the day to day care of children and many parents/family members will have had little or no preparation for this style of parenting and will need guidance and advice
e)	Use of self: supervised contact requires a lot of 'thinking on your feet' but even in crisis you should always think first; 'what am I going to say, why am I going to say it and what do I hope to achieve by saying it'.

'Paired and cover' working - effective supervision requires two workers to ensure safety and a 'containing environment'

Coram's model requires that contact supervisors have a 'back-up'. As touched upon in Part 2, safe contact supervision is guaranteed only if sufficient staff members are available to contain and manage unplanned events and the 'conflict' between the parties. Insufficient numbers can lead to a derogation of supervision and to worker isolation. As a well respected, highly experienced London foster-carer once complained:

'I had a one month old baby detoxing from 'crack', a 7 year old who was just lovely but she needed time...and they told me I had to closely supervise James and his mother...on my own...the Gasman came to read the meter, the baby needed 'changing' and I had to leave James and his Mum alone for a few minutes...it was then that she told him' .

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The Cover Worker

Consistently safe and ‘therapeutic’ contact cannot be provided by one person in isolation. Coram requires that a ‘cover worker’ is always available to contact supervisors, stationed close enough to be able to overhear and respond to ‘problems’ without the need for the supervisor necessarily to raise the temperature further by calling for help. Just popping your head round the door to ask if ‘everything’s alright’ or does ‘anyone want a drink’ can divert an angry parent and reassure your colleague. Part 2 and diagram 1 illustrates how environment is crucial to this element of unobtrusive yet responsive safety.

The cover worker is also crucial to ‘therapeutic’ work. For example, if there is a need for the supervisor to speak briefly with the contact parent alone, mid-way through a visit, because the parent is verging on abusiveness then the cover worker can step in and spend time with the child. This is an opportunity to learn how the child has been affected by the altercation, to provide reassurance and to assess whether the child wants to or should continue with the visit. An alternative response might be that the cover worker takes the child to the resident parent/carer or to play in another room whilst the supervisor speaks with the contact parent in the contact room.

If a dangerous situation arises during a supervised outing, it will be the cover worker back at the project that the supervisor mobile telephones to request assistance and who will instigate appropriate action. There may be three supervised visits occurring simultaneously but your agency’s referral and risk management systems (Part 3 above) will not have allowed three ‘very high risk’ visits to be going on simultaneously and one ‘cover’ worker – four social workers in total – is sufficient, particularly as at least one of these three visits is likely to be a private law case and there will be a ‘paired worker’ for that family, making 5 workers in total. When one considers that three families may constitute anything between 9 to 15 individuals or more, plus social service escorts or foster-carers waiting in the building, this staffing ratio is far from profligate.

Table 7.1	Maxim for contact supervision
‘Staffing the problem’ is the key to deescalating conflict and to protecting children caught up in it.	

The Paired Worker

Coram’s theoretical approach to supervising private law cases is that the ‘split’ and ‘schizoid’ characteristics of these entrenched contact disputes

cannot be therapeutically managed or effectively resolved without direct work with the resident parent.

Firstly, it is poor practice to have a parent travel miles to bring a child to your project for 12, 24 or even 3 contact visits if no one from your agency spends any consistent, quality time with her or him in the process. Secondly, this resident parent may have been violently and/or emotionally abused by the contact parent or 'just' betrayed and rejected; being brought back into close physical proximity to the victimiser through contact will frighten or disconcert her (see Part 1) and she will need reassurance and support to be able to cope with this.

Working with 'splitting': The third reason why Coram provides a 'paired worker' for the resident parent in private law cases is that in most of these cases the agency is being asked to evaluate the likelihood of contact continuing safely in the long-term without supervision and the resident parent's views and feelings are therefore crucial. The paired worker provides a 'counselling' type service for resident parents who, in the nature of these disputes, will begin contact with the perception that your agency is 'for him and his contact' and 'against me and my "illogical" opposition to it'. As referred to in Parts 2 and 3, this paired worker 'support' is aimed at helping parents to disentangle their own feelings and experiences from those of their child.

Through the empathetic support of your agency's paired worker the resident parent begins to perceive your agency as 'for me as well' and, in accordance with the theoretical hypothesis of 'object relations' (Part 1), your agency as 'the bad object' begins to be perceived also as 'a good object'.

Attachment, loss, and 'splitting': Family break-up is not a one off experience but a process that runs its course over time, perhaps 2 to 4 years. It is similar to, or bears the hallmarks of the processes of loss and grief in attachment theory (a violently abused mother can still be grieving, angrily, for the loss of 'the ideal of a good marriage' and all the wasted years). The support worker is there first to listen actively to expressions of anger and loss ('good object') and to begin introducing the idea that these emotions can be expressed in a different way ('bad object) in 'these sessions' rather than in front of the child at home. Over time, this worker helps the parent to see the true value and worth of contact for their child – if there is any – and, not having dismissed the parent's feelings can bring an acceptance that the child's needs may be different from their own ('whole object'). As described in Part 2 the environment should enable the resident parent to 'overhear' their child's happy play and eager chatter and the support/paired worker in effect bears

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witness to this contact: ‘she sounds happy’, ‘...yes, she does’. This theory-based ‘befriending’ of resident parents helps them to a more balanced view of your agency and of ‘contact’ and is critical in moving contact safely on to an unsupervised setting, where appropriate. For example, you can provide guidance about personal safety to mothers who have been abused by highlighting the need to avoid future unsafe arrangements occasioned by sudden changes to contact that may bring them into far too frequent and too close proximity with the other parent.

Depressing and reality-basing ‘success’

The feeling that the contact ‘problem’ has finally been resolved can be a great relief to parents who have been embroiled for years in Court disputes. They may suddenly and without much warning perceive that your agency wants them now to forget all about the past in order to ‘move on’; a sort of hubris and unquestioning trust in you and your agency can take over. The support worker must be alert to this residual of ‘splitting’ (your agency as suddenly ‘all good’) and must counter it by reminding parents (depressingly) that ‘it could all go wrong again’ if X, Y and Z should happen or be allowed to happen. Even if supervised contact has worked, ‘safety first’ is still the benchmark.

If the assessment of supervised contact is that direct contact must stop or be reduced to infrequent, identity contact, the support worker’s assessment over time, of the resident parent, will have fed into this decision and the paired/support worker can then prepare the resident parent by providing guidance on the various ways the child might react and appropriate responses.

Preparing to supervise child contact

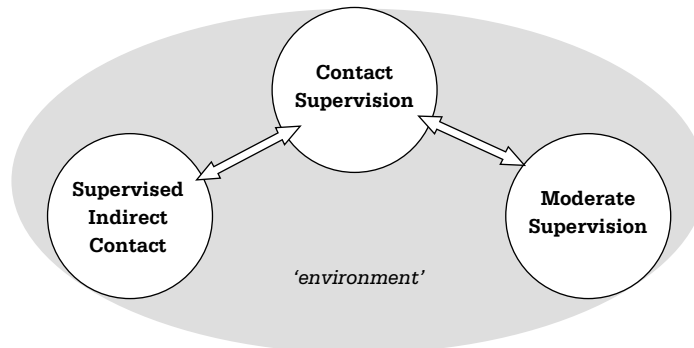
As described previously in this guidance, good preparation is the key to successful supervised contact. Parts of the schedule for preparedness set out in table 8 below may become less necessary as you get ‘used’ to supervising a child’s and family’s contact and they get used to you and supervision. However, for the child’s initial visits it is, Coram suggests, essential to adhere to the schedule in table 8. You will find as you practice supervised contact, that very careful management of the first and second visits is crucial to successfully establishing supervised contact. Whether supervising the first or the fourteenth contact visit, parts A, B and C of the following schedule must always be part of your preparation for visits.

Table 8	Schedule of supervised contact visit preparation
	A) 1 or more days before visit: Discuss case and impending visit with paired worker or cover worker and give instructions on issues to be addressed with resident parent, or special measures/new concerns/new risks, etc.
	B) 1 or 2 hours before visit: Re-read conditions for contact in Referral Agreement form (contract) and read recent record/s of previous visits (if any) where necessary, for instance, if supervising for a colleague during annual leave.
	C) 30 minutes before visit: ensure room is prepared and ready for use half an hour before visit to allow for early arrivals: don't just set out toys/activities and refreshments but tidy and order room so that it appears as if unused by anyone else and check the temperature is warm.
	D) 20 minutes before visit: ensure case file is to hand (to access referral 'contract' if needed, say if an uninvited guest arrives) and that you have pen, paper, and accurate working timepiece.
	E) On child/ren's arrival: check with the child/ren that toys and activities in the room are agreeable and if anything else is needed and if so, either take the child/ren to the toy store or call support/paired worker to fetch additional requested toys.

Supervising child contact

This section will describe Coram's recommended practice in the supervision of child contact in respect of three main types of supervision Coram provides. These are set out in diagram 9. The arrows illustrate the interplay between types of supervision. For instance, moderate supervision of a local authority, sibling contact case can lead to constant supervision if the relationship between siblings deteriorates. Constant supervision can evolve into moderate supervision in many private law cases, but supervised indirect ('letterbox') contact should never lead to moderate supervision.

Diagram 9 - Types of ‘Supervised Contact’



Welcome and refreshments: Whatever the type of supervision the ‘environment’ provided is crucial (Part 2 above). When visitors arrive for constant or moderate supervision, they must be welcomed warmly and offered refreshments once they have settled into their room. If they have arrived early, or if the start of the visit is delayed due to non-arrival of others, keep popping in to ask if they are ‘alright’ or need anything.

‘Delay’, as we have already argued in this guide, can be constructive. You can use prolonged waiting time, whether occasioned through early arrival or late starting to engage with clients and help them manage the ‘wait’, which is often a time of anxiety. For supervised-indirect-contact your letters, to sender, recipient and referring agency confirming that appropriate contact occurred, need to sound encouraging and reassuring such that all parties are acknowledged as doing very well to keep up this most unusual of ‘contacts’. Various research studies have shown that parents find ‘indirect contact’ unrewarding, ‘like sending messages into a Black Hole... they never come back’. You at least can ‘reward’ the indirect contact parent for making the effort.

Constant Supervision – ‘supervisor remains in sight and sound of the child at all times’

Everything in this guide to best practice has made clear that the chief purpose of supervised contact is the protection of children, whether from the effects of their separated parents’ conflict or from actual or alleged child abuse. As noted earlier in this Part 4, ‘constant supervision’ means that the supervisor must never be out of sight and sound of the child even for a moment. Unsupervised ‘moments’ can lead to emotional abuse of the child or worse, as already described above and it is better that you, as contact supervisor, never quit the child’s ‘space’; with a cover worker nearby you should never have any reason to ‘expose’ the child in this way.

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Supervising child contact

The following are some common questions of new supervisors.

Q: 'What if one child needs to use the toilet and the other does not want to leave their (contact) parent?'

A: 'You pop your head out of the contact room door and call for the 'cover worker' or 'paired worker' to take the child to the toilet', or, you have the cover/paired worker step-in to supervise contact whilst you show the other child to the toilet'.

Q: 'What if I'm supervising 5 excited children and 4 of them want to go outside but the parent wants to stay with the one child who wants to remain indoors?'

A: 'Stay with the parent and call for cover-worker assistance with the other children, or explain they cannot go out unless their parent agrees to go with them'.

Q: 'What if I am supervising an outing in a café and the 7 year old boy asks his Dad to take him to the toilet?'

A: 'You can accompany father and son, and check in the toilet that it is empty then wait outside the door with father'.

Q: 'The boy states, 'I want Dad to come in with me''

A: 'Dad knows we can't do that right now, we'll be right here waiting for you...go on, you're a big boy now'.

Q: 'What if a fourteen year old says she does not want to be supervised and angrily states 'so leave us alone''.

A: 'I wish I could but if I do Mum and I could get into big trouble...tell your Guardian about this and maybe something different can be worked out'.

Q: 'Why can't you; I'm telling you to and you're supposed to listen to me...that's what they said'.

A: 'I'm not the Judge; only the Judge and your social worker can change the way things are...it's not 'up' to me and Mum... honestly'.

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Unfortunately, a parent may use any ‘gap’ in supervision to pressure a child for an address or to make threats to the residential parent through the child; this can happen in just a few seconds, confusing and frightening seconds for a child who ‘thought you were going to protect her from all this happening again’.

Even if it ‘feels okay’, it is better never to allow ‘moderate supervision’ until it has been properly assessed as safe to do so and agreed with all parties in writing. We will discuss how this transition is managed further on in Part 4.

If the experience of momentarily being left alone was unpleasant, the child will tell their resident parent, who can complain that not all the contact was supervised and a child’s allegation that ‘He hit me’ could be true. You would have to believe the child even if the first you heard of it was a telephone call, initiated by the resident parent many days after the visit. A child may have to say that they were threatened to ‘keep in’ with their resident parent’s and their own image of the other parent. You must be in a position either to confirm or refute this therapeutically, so conversation needs to be overheard. The passing of notes, etc, and whispering is more awkward still as it is usually perfectly innocent and private, but you must intervene to ascertain what has been ‘transmitted’ otherwise you are not ‘supervising’.

Part 6 ‘Toolkit’ (8) Coram’s Record of Supervised Contact Form. A section on recording observations of contact comes at the end of Part 4, but here it will be useful to look at Coram’s record of supervised contact form, as the rest of this section will refer to it.

‘Therapeutic supervision’: Henceforward the therapeutic value of properly supervised contact will be referred to by way of explanations for why you must do or must not do certain things in the supervision of child contact. Therapy is essentially the remedying of a condition that is causing ill health and impeding development. ‘Development’ in the context of supervised child contact is first, the child’s emotional, psychological, and social development (mental health) and, second, the parents’ emotional, behavioural and intellectual adaptation to contact.

The importance of time – the supervisor as timekeeper: Imagine seeing your child, the child you love but could not keep or are not yet permitted to look after normally, for just two hours once every month or even twice a month. Imagine being 7 years old and desperately waiting to see the mum you still love, whose love for you, you feel uncertain and confused about.

If a child is brought late, whether by ten minutes or thirty minutes, this is

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relatively speaking a massive loss for the contact parent but unlikely to be perceived so by the person who has the child '24/7'. If a child's mother has still not materialised thirty minutes after she was due, this is a highly anxiety provoking, confusing and ultimately 'rejecting' experience for the child. Punctuality is then highly significant which is why it is the first section of Coram's contact record.

Working Paper 6, section 1 at the end of Part 4 illustrates Coram's recommended practice for recording timekeeping and attendance.

Coram's terms and conditions of use (Part 6 'Toolkit' 3) make clear at clause 3 what the policy is on punctuality and attendance; essential do's and don't's of timekeeping are as follow.

If contact time is lost due to late arrival of the child (for whatever reason) Coram will always make up this 'lost time' by extending the visit or subsequent visits. This may irritate or anger the resident parent or foster-carer but therapeutically it helps them to see the value your agency places on its contact time and on the contact parent's court order. Poor timekeeping around contact, perhaps only through an intellectual lack of awareness of the significance of this time for the other parent, needs to be addressed with the resident parent as this sort of basic issue is all too frequently at the root of breakdowns in contact and subsequent conflict between parents or between parents and local authorities.

If the child has arrived and time is lost due to the contact parent arriving late (for whatever reason), that time is lost and is not made up.

Therapeutically, the contact parent needs to experience feelings of frustration and loss similar to those of the 'waiting child' to learn that reliability and consistency are keystones to making contact work.

'Perhaps if you were to set out half-an-hour earlier, better to be safe and early rather than late and sorry'.

If this particular contact experience is to have any therapeutic value for the waiting, 'abandoned' child, you must not 'rescue' the late arriving parent (by making up lost time) or the child will be denied an opportunity to experience safely the reality of her parent. Equally, the contact parent will be denied the opportunity to empathise with the feelings of the child and will not learn then how to repair the damage done.

'There's something wrong with her, what's up...what's that 'B' said to her now, eh?'

'She's been waiting a long time; perhaps she just needs you to say sorry for being so late, and if you use that word again about her

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mother, ever, these visits will end.’

‘Sorry; I’ve been stuck in traffic for an hour...I’m sorry darling, really, how’s your Mum?’

The do and don’t rules above apply in exactly the same way to failures to attend for contact. If the child is not brought to contact (for whatever reason) a ‘compensatory visit’ is always added to the contact schedule, either between scheduled visits or at the end of the schedule.

Therapeutically, this demonstrates to the resident parent that missing visits does not mean that visits are avoided or denied. If the contact parent fails to attend when the child is present, then the visit is lost unless the parent’s failure to attend was due to a mistake on the part of you or another agency. This mirrors for the parent the ‘loss’ and rejection the child experienced.

Staggered arrival and departure times – domestic violence and abuse: As noted in Parts 2 and 3, you will have agreed certain special measures at the referral assessment stage in cases where there is a clear risk of violence or aggressive altercations, or of abduction. As the example at Working Paper 6 (1) shows, it is usually safest to require the violent or allegedly violent parent to arrive 15 to 30 minutes before the start time of the visit and the victim and child to arrive moments before the start time. Your record will highlight a pattern of failing to comply with these measures and one intervention may be to flag up that you will reduce the length of visits by starting 30 minutes later to ensure the parent does get to the project at the required time. This ‘behavioural modification’ will often have the desired effect.

Intervening at the level of child and adult: The last case example given above illustrates how an effective contact supervisor can intervene in a way that helps both child and parent simultaneously. Providing protective and therapeutic interventions that make sense and are acceptable to both child and parent requires skills and techniques that really can only be learnt by experience. In the example above, the supervisor has first ‘verbalised’ for the child feelings of anger and confusion that she could not risk expressing herself. Simultaneously, the supervisor has prompted the parent to ‘parent’, to say sorry and to atone and lastly, has laid down a categorical social and behavioural expectation, where consequences of failing to comply are unambiguous. Should this parent not have responded in the way he did the child could be left in little doubt that the suspension and/or ending of contact was his responsibility, not hers, or her mother’s.

However, the opportunity presented by this father’s apology and his retraction of the ‘B’ word (‘how’s your Mum’) should be grasped by the supervisor to therapeutically change the dynamic between child and parent.

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‘You’re angry with yourself... three years of trying to see Rachael through the Courts and you arrive late because of traffic... London’s a mess for traffic’.

‘Ain’t that right... I s’pose you’re gonna report what I said, what I called her’.

‘We’ll talk about it afterwards, just get on with the visit... you’ve been waiting a long time now to see Dad haven’t you’

‘Yes’

Here, the therapeutic messages are that the child is very important, that her father concedes he was wrong to say what he did and that the ‘adults’ are going to talk about it amongst themselves.

Supervisor’s relationship to the child and family: As contact supervisor, you should involve yourself in the visit as little as possible and as far as possible facilitate contact for the child only where necessary. The easiest way for families seems to be to try and give an approving attitude to the proceedings, while keeping sufficient distance to intervene if necessary; to ‘be a part of and yet not part of the family’ but generally ‘approving okay contact’ as warmly as possible, but with reservation.

Try to avoid being monopolised by the child, as this will lead to resentment by the parent having contact. It can be very flattering until you remember what the child’s experience of parents has been. Be sensitive: if a toddler can walk make sure the carer puts her down outside the door of the contact so that she toddles into her mother’s room rather than let mother see you carrying her child and being, apparently, a better parent than she. If carrying a baby into contact, hand him straight to his parent when you enter the room and then, if necessary, prompt his parent to remove his outdoor clothing or to slowly carry him around the room to allow time to get used to smells, shapes and sounds. Do not take it upon yourself to settle the baby unless the parent clearly needs help.

With older children (8 years plus), the same rules apply but you must not reject their overtures for your attention too quickly. Rather, you should happily engage in the proffered game of football, video game, or imaginary homemaking but quite quickly, you must seek to bring the contact parent in to replace you. ‘Okay, it’s one-all, but I bet Dad can do better than me’, or, ‘Thank you for this pizza and tea...I think Mum is hungry too now’. Therapeutically, the contact supervisor uses himself as a ‘bridge’, to afford every opportunity for positive interaction between child and parent.

Supervising children who have ‘learnt’ to abuse – social development: It is an aim of Coram’s quality assurance standards (Part 6 ‘Toolkit’ 1. Quality Assurance Standards) that supervised contact promotes children’s social

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development. Part 1 describes how supervised contact can help correct the effects of having witnessing domestic violence. For example:

‘Why can’t I hit her, you used to hit mum’.

‘I know, and I’m sorry... I wish it never happened... but I’m telling you, you must not hit your sister’.

‘She asked for it, anyway’

‘Do you think Mum asked Dad to hit her?’

‘No, ‘course not’.

Neglected and abused children may exhibit dismissive and abusive behaviours during contact. It is vitally important that you ‘correct’ these behaviours so that behaviour during contact mirrors behavioural expectations at ‘home’ and in society, school, etc. Such intervention need not be ‘heavy handed’; avoid accusing or blaming the abused child, but help him to free himself of unhelpful learnt behaviour.

‘Mary had told me she was giving Paddy £50 and so I made sure to tell him to say thank you and to appreciate the gift, ‘I wish someone would give me £50 for my birthday’. Paddy’s initial reaction was to grab the money and grunt dismissively. I challenged this with a grin, ‘You what, what do you say?’ and he grinned back and gave his mum a quick hug and said, ‘thanks Mum’.’

Reinforcing respectful, non-abusive behaviour for abused and neglected children who may mimic and act-out abusive, unsocial behaviours, thus becoming the ‘abuser’, is an important part of supervision. It is essential that supervisors set and uphold normal social expectations on child behaviour, understanding why the abnormal behaviour is present, and so challenging it in a friendly but authoritative manner so that the cycle of ‘you hurt me so I’ll hurt you’ is not perpetuated. Children appreciate containment and direction from the supervisor so long as they feel the supervisor likes them and just wants them to do better.

Supervising Outings: Outings may be agreed at the outset of supervised contact but generally speaking do not occur until safe contact, and hence your relationship with the family, has been established. This issue of yours and the family’s relationship is important because outings require you to adjust the balance between ‘being part of and not part of the family’. In public, you need to ‘disguise’ your role in order that the family does not feel too self-conscious and so you will be more ‘part of the family’, walking with them and not trailing behind like a shadow.

Being close is necessary anyway in order to overhear conversations amidst the noise around you. For short journeys, it is better if possible to use taxis

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rather than buses or crowded trains as you will be much more able to maintain 'constant supervision'; parents and children appreciate this 'luxury' anyway. Unless you are certain the risks of inappropriate contact are low, it is better not to drive yourself as you may not see the note with the telephone number being passed across the back seat.

Outings, as we have remarked in Part 2 provide excellent opportunities to observe and assess parenting skills in a more testing environment than your project (although that may feel 'testing' enough to many parents).

Ending visits: At the end of contact you should remind the family that there are 10 minutes left, as they often feel disorientated and have lost track of the time. It helps to remind children and parents of the date of the next contact and any changes coming up, summer holiday gaps, etc. The parent having contact may make no effort to help the child end the visit, and may covertly try to extend time through starting activities or remembering they 'haven't taken the photograph I promised Nanny'. Ending visits is a difficult time for contact parents but if they adopt a 'passive aggressive' attitude this can lead to children becoming distressed or unsocial and aggressive themselves. It is important to 'help' them to end the visit so that 'everyone goes away feeling happy or sad, but not angry'.

Returning a child to a hostile residential parent is awkward and you may have to intervene on criticisms about gifts of clothes, if it is obviously hurting the child, or talk to the parent separately. It helps them to have the cover or paired worker around at the ending, to give the message that discussing the contact dispute is not for children, or to be managed in front of them. The other worker (if available) can divert the child away from the discussion in progress.

Support/de-briefing sessions: It is usually necessary and beneficial to spend time with the contact parent after the visit to let them talk about how they feel and how the visit went, as the ending is usually a very difficult time for them. It is imperative you spend time with the parent if you have had to intervene forcefully during the contact as you will be conveying your concerns to the referring agency and the parent needs to know what you will be saying and why, and to have the opportunity to put their point of view across.

Often the ending of contact visits causes a resurgence of the feelings of separation and loss that accompanied the end of the marriage or the removal of the children and parents need support with their grief, their anger or depression afterwards. This time spent actively listening and providing, if possible, positive reinforcement of their 'good' contact helps parents begin to deal with complex and painful feelings in a constructive

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way. It is also a time to provide guidance on contact-parenting skills, particularly if contact is soon to become unsupervised.

‘In counselling with Alexander, the worker reflected on his competitiveness with Jose and raised parenting skills issues: ‘scaffolding’ in particular, letting Jose win sometimes, and the fine line between encouraging Jose’s confidence and achievement through subtle throwing of occasional games, and condescension’.

Moderate Supervision – ‘supervisor does not need to remain in sight and sound of the child at all times’

Moderate supervision may be agreed from the outset, for example in long-term fostercare cases and in some post adoption contact. Coram only provides this level of supervision in private law cases once a period of constantly supervised contact has occurred and moderate supervision is being used to test the safety of an assessment that contact can move to an unsupervised arrangement or supported Contact Centre setting. In all such situations, it is imperative that the referral agreement form (‘contract’) is amended to show that supervision is now to be moderate and the amendment must carry beside it the signatures of the resident and contact parents or parent and social worker. In most cases, Coram will have written to Cafcass proposing this change in time for the next court hearing and so will also have a Court order agreeing ‘such further contact as recommended by and at the discretion of Coram Family’.

Very little needs to be said about moderate supervision that is not explained by the instruction in its title and by what has been said already about constant supervision. For this type of visit, the supervisor prepares for and starts the contact, monitors that special measures are being adhered to, sees the child into contact, observing the greetings and when the visit is happily underway, withdraws to a nearby room.

You must prepare children, according to their age and understanding, in advance of this change, once parents and/or social workers have agreed it. Children need to know where to find you should they need to and that you will be ‘just in the next room’, or ‘in the kitchen’ and that you will be ‘popping in to see how you are now and again’. You will have explained to the parents and the child that, for the first two or three sessions you will have a chat with the child, alone, after the visit has ended to ‘talk a little about what it was like’.

‘Unsupervised Outings’: If moderate supervision progresses in line with the assessment of its likely safety, then negotiated unsupervised outings will be the final assessment test prior to contact leaving the supervised setting.

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Again, this needs to have been agreed by all parties beforehand and the child will need reassurance from both parents, separately, or at this stage perhaps together, that going out is agreed by everyone.

The child needs to know where the parent is to take them and to begin with Coram suggests outings are of short duration, 30 to 40 minutes, and in the local area with an agreed time set for the parent to return to the project. Again, everyone will be told that you will spend time with the child after the visit to de-brief and assess how the child has been affected.

‘Paired workers and a ‘mediatory approach’ in supervised contact

A change to moderate supervision and eventually unsupervised outings means in effect that both parents have begun to accept that the child has benefited from supervised contact. In Part 2 we discussed how some children of divorce ‘exploit’ the environment to bring their parents closer together, in their minds at least, by going back and forth between them.

If contact is able to move safely out from the supervised setting, the separated parents are going to need to manage negotiations about contact arrangements in the future without your professional help. If there has been no opportunity during supervised contact to ‘test’ negotiation skills and safe boundary setting, ‘parallel parenting’, then an opportunity has been lost and chances of contact breaking down again are increased.

A vital function of Coram’s model of paired workers is to work with both parents on an individual basis, so that over time some communication and negotiation can be managed between the parents through the two social workers – ‘shuttle mediation’ (from shuttle diplomacy).

‘Paired work’ proper begins when the resident parent’s support worker swaps with the contact supervisor for part of the visit so that the supervisor can spend time with the resident parent, and vice-a-versa. This usually happens once contact is established. The resident parent now has the opportunity to ventilate exactly how they feel about the visits, and the supervisor can feedback on the contact, in general terms and without breaching confidentiality. This begins the process of ‘changing perceptions’ about the contact (so long as visits are positive). Equally, the contact parent gets to work with the resident parent’s worker for a time. Remembering the ‘for me or against me’ syndrome of these cases, this temporary crossover helps parents to see your impartiality. For the children, who will have frequently seen support workers with their resident parents, the image of ‘Mummy’s helper helping Daddy’ demonstrates that it is all right to ‘be’ with both parents.

Supervised Indirect Contact

‘Letterbox contact’: Over the years Coram has provided for a steady trickle of these referrals from local authorities and in some private law matters, where it is crucial that the address of the placement or child’s home is kept confidential and that the content of the indirect contact is assessed for appropriateness before it is sent. Some basic pointers to managing such contact are:

- 1) ‘Red flag’ case-file with ‘Highly Confidential’ sticker (use a red file for extra safety): the contact may continue for many years, the ‘original concerns’ may be forgotten, the project social worker holding the case may leave - accidental disclosure of the address is a risk therefore that may increase over time so take visible and unambiguous precautions.
- 2) Ensure another member of staff is present with you when opening letters and parcels, as witness to what was sent, money for instance.
- 3) Make copies of letters, entries on birthday cards, etc., and send one set of copies to the referring (funding) agency.
- 4) Write to contact parent acknowledging receipt, listing contents checked, and positively reinforcing ‘good’ contact; put a copy of your letter in with the parcel/letter/card when forwarding to fostercarer/resident parent.
- 5) If content, or parts of the content is inappropriate and likely to be damaging to the child, send this registered delivery to the referring (funding) agency, amend letter to contact parent (4) accordingly, listing what has been ‘stopped’ and action taken and forward any appropriate contact to carer/resident parent together with copy of your letter to the contact parent.

Proxy Contact: In this type of indirect contact, an intermediary passes information and messages between child and contact parent without the child having to actually meet the contact parent face to face. Coram only ever provides such ‘contact’ where it has assessed that face-to-face contact might in time be possible, and so its offer of a service is strictly time-limited, usually no more than 3 to 4 sessions.

The reason for this ‘gate-keeping’ is twofold. Firstly, as previously noted in Part 3, Coram does not wish to court dependency and generate clients. Inviting a child into a long-term ‘contact relationship’ with a welfare agency in lieu of a ‘parent’ is not considered by Coram to be ultimately beneficial; much better if a mutually agreed family member or mutual friend of the child’s parents undertakes this ‘godparent’ role. Second, it is

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resource intensive: each ‘contact’ requires meeting first with the child, then with the contact parent and finally with the child again to pass agreed messages and information and answer agreed questions.

Given Coram’s criteria for such contact, the role of the supervisor as ‘intermediary’ is more active and participatory than merely acting as a conduit of information. Coram will have assessed that part of the child’s resistance to direct contact (it does not provide proxy contact where a high risk posed by the non-resident parent is the reason for it) springs from unfounded fantasies and frivolous or distorted reasoning.

C: ‘He wants to bury me in Africa... he’s black and ugly... and... he just changed the channel when I was watching my favourite, favourite cartoon!’

S: ‘I hate it when people do that; I just tell them and get them to say sorry and turn it back over...’

C: ‘He’ll never say sorry, he doesn’t even know the meaning of the word.’

S: ‘He told me to say sorry for him to you, for whatever he’s done that was wrong.’

C: ‘He would say that to you... you don’t know him like we do.’

S: ‘Do you know him though, I mean I know he’s Black but nobody here thinks he’s ugly, perhaps he’s got prettier since you last saw him...’

C: (with a giggle) ‘I don’t mean he has to be pretty... Dads aren’t pretty, stupid.’

S: ‘They’re ‘ugly’?’

C: ‘No... in between I s’pose... but I don’t want to see him even if he was pretty.’

This case never led to direct contact but the father withdrew his application, which perhaps relieved his daughter of the need to hate ‘him’ or else left her casting about for another wholly ‘bad object’. You should note that, in Coram’s experience such entrenched, fantasised power and control dynamics in children are very rarely if ever changed through professional contact supervision, even in proxy contact. The damage, it seems, is far too ingrained for simple social work intervention alone to rectify, but such ‘proxy contact’ may at least moderate in some small degree the child’s distorted perceptions – ‘not pretty but not ugly’.

The 'Referring on' function of contact supervision

Part 3 touched upon the need for contact professionals to understand that there is much more to a child and family's life than just 'the contact issue' (Working Paper 5, (7.1) Ecomap) and to appreciate the limitations of 'contact work'; it is not a panacea. There will be many instances - referrals and ongoing cases - where your task as contact supervisor is to recognise that 'you are out of your depth' and that the child's need cannot be met without a more skilled assessment and involvement. Social workers are 'expert' in child development and adult life-course development, but not in child mental health and adult psychiatric diagnoses. As with the last case example above, you should never hesitate to recommend the involvement of other professionals and agencies, psychiatry, counselling, domestic violence treatment providers where necessary.

Coram Child Contact Service Quality Assurance Standard 4

4. OBJECTIVE: *To work in partnership with children and young people, parents and carers to prepare families for resuming full parental control of contact or to help them cope with eventual reduction or termination of contact.*

STANDARDS:

- a) In supervised contact with children of family breakdown/divorce, staff will be allocated to work with the family throughout their use of the service and 70% of their visits. Staff will listen to the anxieties, concerns and wishes of the children and of both parents, in order to moderate tensions, identify potential problems and enable families to aim toward resolution of court proceedings.
- b) In all cases staff will have as their prime concern the observed experience and needs, and the stated wishes of, children and young people.
- c) Staff will be sensitive to and able to work directly with the pain and distress caused to parents by loss and termination of contact. Workers will liaise closely with relevant professionals to ensure plans for contact take account of this suffering and the rights of people to be treated with dignity and courtesy.
- d) Where termination of contact is planned staff will meet with relinquishing parents prior to the final visit to help them prepare, emotionally and physically, and to provide them with information in respect of agencies and therapies aimed at helping in these situations.

Coram Child Contact Service Quality Assurance Standard 5

5. OBJECTIVE: *To ensure that all children and young people have the same worker present for at least 70% of their visits at the service.*

STANDARDS:

- a) The project will employ sufficient staff, on a permanent or sessional basis, to ensure that children's visits are arranged to occur with the same worker present for 70% of those visits.
- b) Children's contact will be planned so that an appropriate worker is identified prior to contact commencing, and that worker will be committed to continuing work with the child.
- c) Each case referred for supervised contact will be allocated to one of the permanent social workers who will be responsible for planning the schedule of contact so that the identified supervisor is available for 70%

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of visits, and so that contingency plans are made to cover absence/ staff leave.

- d)** Where circumstances arise that dictate a change in supervisor or co-ordinator, every effort will be made to ensure a hand-over occurs over a period of time that is appropriate to the particular child's age and understanding.
- e)** Staff will be encouraged and supported to work with families in ways that do not court dependency and to aim always to empower families to manage contact positively with a minimum of staff involvement.

Coram Child Contact Service Quality Assurance Standard 6

6. OBJECTIVE: *To provide counselling support, where appropriate, to children, parents and carers aimed at helping them to cope emotionally and physically with contact arrangements and to provide mediation where appropriate to help parents agree independent contact arrangements.*

STANDARDS:

- a)** Staff will respond flexibly to need and provide time and space for clients, as required, to help them ventilate anxieties and concerns. In particular, staff will set aside time to be with parents either before or after visits where the parent has presented emotional distress or confusion.
- b)** Suitably qualified and skilled staff will work directly with children and young people who are presenting in a distressed or confused state, to try to clarify the cause of the problem and help the children cope with their situation.
- c)** Staff will employ the technique of 'shuttle mediation', that is, helping parents communicate about arrangements and issues without their having actually to meet, in order to begin to promote problem solving strategies and reduce the potential for conflict.
- d)** Where both parents agree, without undue persuasion, that they wish to meet together with staff to discuss ways forward, a separate mediation session will be arranged and facilitated by suitably skilled and experienced staff. A letter setting out the points of agreement reached will follow each mediation session.

Assessing Child Contact

Framework for assessing the quality of supervised contact

A two-hour, supervised contact visit is full of ‘moments’ of interaction between child and parent, sibling and sibling, child and supervisor and parent and supervisor. As both ‘observer’ of, but also ‘actor’ in these relationships, it is vital you have an objective framework for evaluating and assessing the quality of parenting and the likely long-term benefits of contact. This short section aims to equip you with this.

Non-reporting policy as an instrument of change

Coram’s firm policy is that children’s and families long-term welfare, that is, positive and sustainable contact outcomes for as many children as possible is most effectively achieved through a clear demarcation of the ‘reporting on’ and ‘working-with’ roles. In practice, Coram provides the professional supervision of the child’s contact (*working with*) and the local authority or Cafcass social worker provides the report to court (*working for*).

Coram’s aim in supervised child contact is ‘therapeutic’; it seeks to change a condition that is negatively affecting the child through direct work with the child and parents. It is not possible, in Coram’s opinion, to engender a ‘therapeutic’ relationship whilst also holding a ‘reporting to Court’ role and remit. The ‘for me or against me’ schizoid split and dynamic, present in all heavily contested child contact cases could not be quickly moderated if the parents and the child knew you were personally going to present your views on their behaviour to the Court. You become a part of the ‘split’ and not a impartial and reassuringly ‘impotent’ observer and recorder of it. As reporter and court attendee, you have omnipotent power and as such, you must then ‘either be for me or against me’.

From a child’s point of view, if you are not involved in his or her parents’ court battles you may be safer to talk openly to, and to invest trust in, than were you going to expose his or her innermost thoughts and secret wishes in open Court. Law courts, Coram maintains, are not places where estranged families and children can quickly heal themselves, and furnishing courts with reports should be less of a priority than providing a lot of children with a lot of positive contact.

Part 6 ‘Toolkit’ (7) Coram’s Guidelines on the Observation and Recording of Child Contact. Parts of this ‘tool’ are reproduced below in order to illustrate assessment of child contact.

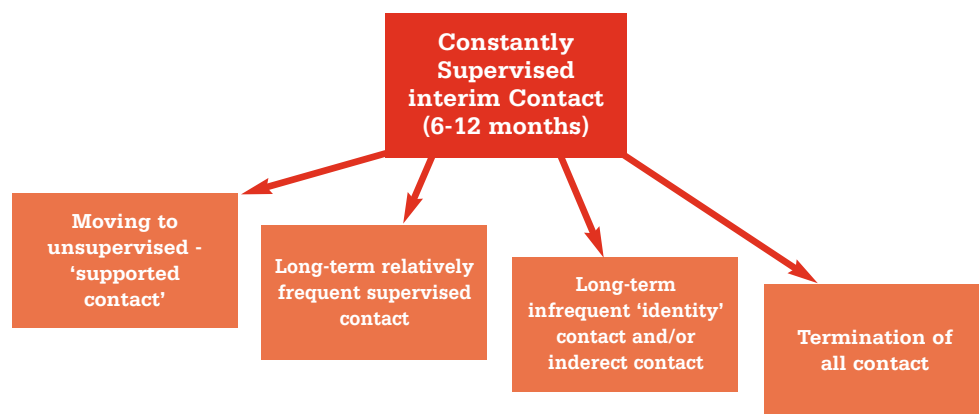
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Assessing child contact

Outcomes for interim supervised contact

Following on from Part 3 above, and building on observations within this Part (4), the assessment of a child’s contact must start from or be leading to a clear identification of its goals and hoped for outcomes. Coram Child Contact Service identifies four chief outcomes of interim supervised contact as illustrated in diagram 10 below.

Diagram 10 - Outcomes of interim supervised contact



As we have already discussed supervised contact is a process that changes over time as the child’s needs develop and as their parents’ capacity to meet those changing needs becomes clearer. You will find in the toolkit ‘guidelines on the observation and recording of child contact’ and parts of that guidance are reproduced now for explanation.

Attachment checklists as contact assessment tools

The key to evaluating how much and what sort of contact is in a child’s best interests lies in assessment of the quality both of the child’s attachment and of the parents’ bond with the child. In all private law and in some public law cases you will have already begun this assessment during the referral assessment process (Part 3). For the purposes of assessing child contact Coram has adapted the attachment checklists developed by Vera Fahlberg and featured in the ‘orange book’ Guide to Social Workers undertaking a Comprehensive Assessment.¹²²

Babies: Birth to one year
During contact does the child

- appear alert?
- enjoy close physical contact?
- exhibit discomfort?
- appear to be easily comforted?
- exhibit normal or excessive fussiness?
- appear outgoing or passive or withdrawn?
- vocalise frequently?

¹²² Department of Health. *Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment*. HMSO. 1995.

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These checklists are suited perfectly to supervised contact as they focus separately on the child's behaviour and interactions and on the parent's behaviour. Assessing the frequency of baby contact is as we have noted in part 3 a difficult judgement to make. However, the baby's behaviour during contact will be one factor in determining the right frequency of visits; is the baby very uncomfortable and fussy during visits such that visits 4 times a week are too disruptive for her. Does she vocalise happily and settle quickly when comforted? The second section of each list guides your observations of the behaviour and interaction of the parents.

Babies: Birth to one year

During contact does the parent

- respond to the infant's vocalisations?
- change voice tone when talking to the infant or about the infant?
- show interest in face to face contact with the infant?
- exhibit interest in and encourage age-appropriate development?
- respond to the child's indications of discomfort?
- show the ability to comfort the child?
- enjoy close physical contact with the child?
- initiate positive interactions with the child?
- identify positive or negative qualities in the child that remind the parent of another family member?

In assessing parent and baby contact under supervised conditions, the quality of the relationship is clearly of prime significance. For inexperienced parents in private law cases the supervisor's assessment task will be first to guide and teach parenting skills and then to observe how quickly and effectively these are 'learnt'. Coram's experience of private law suggests that it is rare for supervised contact to occur with children younger than one year and it is more often 'toddlers' and infants that are involved.

Children aged one to five

During contact does the parent

- show pleasure at being with the child?
- show interest in child's development?
- respond to child's overtures?
- play with the child?
- encourage physical closeness with the child?
- comfort the child in a positive way?
- praise child appropriately?
- accept expressions of autonomy and independence?
- see the child as 'taking after' someone? Is this positive or negative?
- initiate positive interactions with the child?

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Your assessment of a new contact in these circumstances, say for a 18 month old child, will include how accepting the parent is of expressions of autonomy and whether they provide the ‘comfort’ the child needs by agreeing to the child ‘travelling’ to the resident parent when he wishes to. We saw in part 2 how young children’s attachment needs in the strange situation of contact are for ‘access’ to their resident parent. One measure of how well the contact parent manages will be the time it takes for the child to invest trust in the contact parent so that visits to the resident parent for reassurance diminish. From this and the quality of other interactions and parenting will come your assessment as to whether the relationship is beginning to have meaning for the child.

Primary school children

During contact does the parent

- show interest in child's school performance?
- show pleasure at being with the child?
- engage in games or other activities with the child?
- accept expression of negative feelings?
- respond to child's overtures positively?
- give support for child in terms of developing healthy peer relationships?
- handle problems between siblings equitably?
- initiate affectionate overtures?
- use appropriate disciplinary measures?
- assign age-appropriate responsibilities to the child
- praise the child appropriately?

The checklists work well in terms of the ‘purposes’ of child contact as set out in previous parts of the guidance. For instance, does the father say ‘it’s alright, if you don’t want the present I’ll hang onto it’ (accept expressions of negative feelings). Does he intervene to stop his son snatching his daughter’s toy (handle problems between siblings equitably)?

When son says ‘why can’t I hit my sister, you hit Mummy’, does he say ‘because it’s very wrong to hit people, I wish I’d never done it and I’m never going to do it again, nor must you’ (give support for child in terms of developing healthy peer relationships)? When daughter states ‘you frightened me Daddy, when you smashed the TV’ does father reparate, ‘I’m sorry darling, really really sorry for everything... look I’ll kiss ‘it’ better’ (accept expressions of negative feeling and initiate affectionate overtures).

Behavioural checklists as tools for assessing parents’ capacity to manage contact

These attachment checklists, set out in full in the observation and recording guidance Part 6 ‘Toolkit’ (7), inform the observations recorded by the

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supervisor in the Record of Supervised Contact Part 6 ‘Toolkit’ (8) which we have already referred to. As you will have noted, each section of Coram’s ‘record of contact form’ contains as a header a succinct checklist of questions that relate specifically to the dynamics of supervised contact, guiding you to frame your observations of the parent-child interaction within the context of disputed and conflicted contact. These are essentially behavioural checklists as, in supervised contact you are also assessing parents’ capacity to work with you within the agreed contract and terms and conditions of use of your service. If a parent cannot begin to work cooperatively with you it is almost certain they will not work cooperatively with the other parent. The reality of supervised contact is that some parents present with quite serious behaviour management problems, including violence and aggression, personality disorder, drug and alcohol problems, etc.

Table 9 below lists characteristics of parents that, in Coram’s experience of supervised contact, strongly suggest a level of dangerousness that significantly increases the probability of risk of harm to the child or resident parent/carer should contact ever become unsupervised. Whilst it is unlikely that a parent having one of the following characteristics will not also present a second or third, it is nonetheless a ‘cluster’ of two or more of these hazard factors that suggest a level of dangerousness in and around contact indicative of high risk.

Table 9 - Characteristics of contact parent suggesting dangerous contact

Characteristic	Impact on purposes of child contact
Inappropriate expectations of children	Inability to accept expressions of negativity and to assign appropriate responsibilities leading to likelihood that potential for reparation is low
Ineffective (escalating) control methods	Inappropriate disciplinary and dispute resolution methods leading to likelihood that potential for helping develop healthy peer and sibling relationships is poor
Disproportionate rate of negative as opposed to positive interaction with others	Insufficient expressions of warmth, interest and affection leading to likelihood of quality of relationship being poor
Low frustration tolerance and high impulsivity levels with aggressive and violent behaviour patterns	Inability to provide safety and comfort through very poor capacity to contain and manage conflict leading to instability and disruption

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Characteristic	Impact on purposes of child contact
Socially isolated and disadvantaged with no supportive networks	Inadequate emotional and social resources to provide for a 'good' experience of contact outside of supervision

The negative impact of the above factors on parenting capacity, and on negotiation and dispute resolution skills, is such that the likelihood of beneficial contact occurring, other than in a closely supervised setting, is low. As illustrated in section 5 of the 'record of supervised contact' form (as produced in Working Paper 6 below), a section specifically recording 'disputes/conflicts' is featured and it is here that a description of behaviours likely to have been detrimental to the child's welfare or to the safety of others is highlighted.

The 'record of supervised contact form' is Coram's assessment tool for child contact. As can be discerned from Working Paper 6, its questions and behavioural checklists also ensure that supervised child contact is assessed in the context of behaviours not only of the contact parent but also of the resident parent/carer. Just a few months of work in the supervised contact field will provide you with memorable experiences of behaviour by the resident parent (and sometimes even the local authority carer) that are tantamount to emotional abuse of the child. Your assessment must include observations of the resident parent's behaviour and approach to contact if it is to have balance and if it is to identify a realistic 'solution'.

Over a decade, Coram has identified the following characteristics, the presence of two or more suggesting a resident parent/carer may become 'dangerous' as a result of contact, such that the relationship of the resident 'parent' to the child becomes seriously distorted and at risk.

Table 10 - Characteristics of resident parent suggesting dangerous contact

Characteristic	Impact on purposes of child contact
Inappropriate expectations of children	Inability to accept expressions of fond regard and attachment to contact parent and assigning inappropriate responsibility leading to likelihood that potential for containment of conflict is low
Low frustration tolerance and high impulsivity levels with overt passive-aggressive and falsehood-telling features	Ineffective negotiation and dispute resolution skills leading to likelihood that potential for helping develop healthy contact relationships is poor

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Characteristic	Impact on purposes of child contact
Disproportionate rate of negative as opposed to positive interaction with others	Insufficient expressions of warmth, interest and understanding of contact leading to likelihood that potential to accept expressions of autonomy and independence about contact is poor
Socially isolated and disadvantaged with few supportive networks	Inadequate emotional and social resources to provide for a 'good' acceptance of contact outside of supervision

Components of interim supervised contact assessment for future contact

Drawing on guidance in Parts 1 to 4, the component parts of your assessment are as follow:

- 1) The purposes of child contact
- 2) The 'original concerns' and the likely 'outcome' identified at referral assessment
- 3) The child's developmental and attachment needs
- 4) The contact parent's childcare skills and bonding
- 5) The conflict management and interpersonal skill of both parents or parent and foster-carer

It may be that the Court, on the recommendations of the local authority or Cafcass, has already decided what the long-term nature of contact will be. As referred to in Part 3, your agency may have contributed to that decision either at the point of 'initial referral' or during your referral assessment process. However, this is often not the case and a period of interim, supervised contact is required to gather sufficient, independent evidence from which to base a decision about contact in the longer term. There are only four possible outcomes to interim supervised contact using Coram's model, and diagrams 11 and 12 illustrate the process of testing change over time in which the characteristics of parents predetermine the likely outcome of interim supervised contact.

Diagram 11 - Assessment of likely supervised contact outcome - 'contact parents'

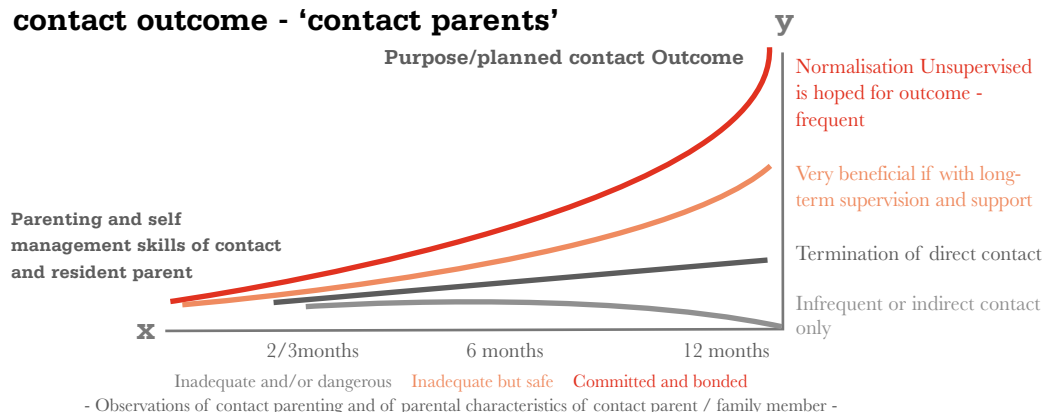
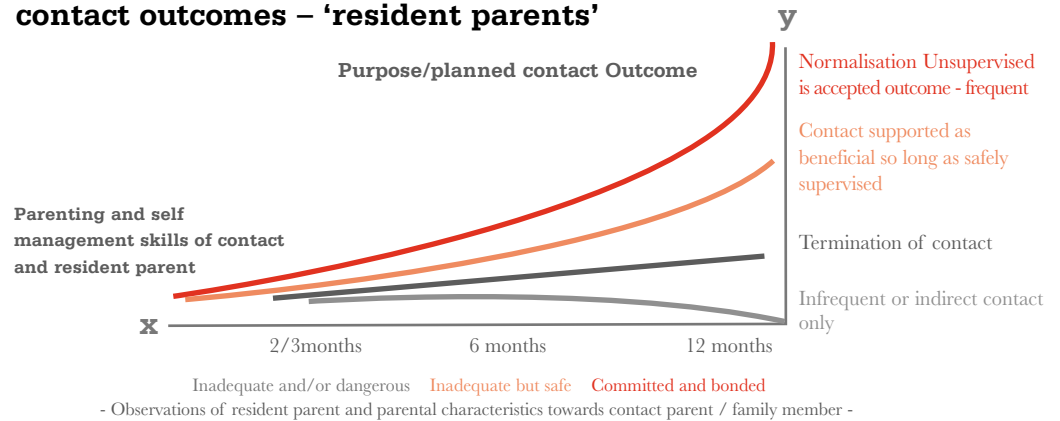


Diagram 12 – Assessment of likely supervised contact outcomes – ‘resident parents’



Joint Assessments: Multi-disciplinary work with Cafcass and local authorities

Part 3 defined three reasons why Coram Child Contact Service will not report directly to courts in private law matters and why it only does so in public law matters when asked to provide an ‘assessment of contact’ as opposed to ongoing ‘supervised contact’. This guidance has discussed the practice wisdom underpinning two of those three reasons as being: ‘providing as much contact for as many children as possible’ (Part 3) and ‘working therapeutically’. The third reason Coram does not ‘report directly’ is its belief that, in disputed and entrenched private proceedings no one agency or profession can ‘get it completely right’ nor satisfactorily manage and resolve the contact dispute between the parents in the long-term.

‘Working Together’ – with Cafcass and local authorities

This is not the place to list and discuss in detail all the government policy guidance and international research findings ‘flagging-up’ effective multi-disciplinary work as the most effective way of protecting children and of working with vulnerable families. The regrettable case is that the need for multi-disciplinary work is proven beyond doubt by the fact that failure of agencies to communicate and work together is the one common denominator in all public-inquiries into deaths of children known to statutory and voluntary childcare and public health and order agencies.

Coram’s model for supervised contact requires that the statutory referring agency hold onto the ‘court reporting role’, for the two crucial reasons just alluded to and previously described, but lastly because in the business of assessing disputed contact the old adage that ‘two heads are better than one’ is very, very true. Just as ‘paired/joint work’ (Parts 2, 3 and 4 above) is essential to effective child contact supervision so is multi-agency work, with a clear division of tasks and roles amongst ‘contact’ professionals and agencies. We previously made the distinction between ‘working for’ (reporting) and ‘working with’ (therapeutic non-reporting).

Long-term support for children versus short-term funding

Additionally, a child's long-term developmental and contact needs might be for supervised contact to continue post-proceedings (see diagrams 11 and 12 above). As it is Coram's conviction that protracted child contact disputes are usually best resolved by a 'closure' to the disputed court proceedings, funding contact via legal services commission funding (reporting) is at best untenable and at worst, may pose a conflict of interests. If, in a private law matter, a child's attachment and developmental needs can only be met through long-term supervision of contact post proceedings, say following abduction or in cases of chronic mental illness, this requires secure funding that is not attached to court proceedings.

Cafcass and local authorities as joint assessors and reporters

In Coram's model, where supervised contact can be referred only by a childcare agency and where the referrer holds onto the 'reporting role', Cafcass or the local authority social worker will be involved, if a further report is required, in evaluating both the contact and Coram's assessment of it. Critically this increases the likelihood that the final assessment of supervised contact is wholly objective and dispassionate and separates out the two distinct roles and tasks mentioned above.

Joint assessment process: At an appropriate point in the process of the child's supervised contact, for example during the preparation of the section 7 welfare report leading up to the court hearing, the Cafcass officer or social worker will attend at your agency. He/she will observe part or all of a contact visit, will read your records of the supervised contact visits, and will then discuss assessment of the contact with you, the contact supervisor. Remembering your agency will have reported any child protection or serious welfare concerns, the statutory worker does not quote directly from your records or conversations. Instead, they refer the court to the fact that they have observed contact for themselves and that:

'There was nothing in the contact which I observed that was in any way different from the contact supervised and observed over time by Coram's workers. Coram is prepared to offer a further period of supervised contact with the aim of testing reduced supervision and supervised outings and in my view this is the correct approach to take in this case'.

Thus, the statutory agency's assessment of contact at the point of reporting to court is 'informed' by your assessment of contact over time. In what is, in Coram's experience, a very rare circumstance, where the statutory agency forms a different opinion of contact from your own, then they will need to present evidence of your opinion in order to argue against it. In

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this case, you and the reporting officer must agree how you are to be quoted and the family must be made aware of this prior to the filing of the section 7 report. Thus:

‘Coram’s observations that Mr Ali has learnt to manage and contain his feelings better are not totally borne out by my observation of contact. Coram’s records show Mr Ali still capable of pressuring Fathima during visits for instance on late arrivals. However, it is true this had not happened for some time and my presence in the contact may have altered the dynamics slightly. I would recommend a cautious approach to further contact and that it remain constantly supervised for the purposes of a further review 3 months from the end of this current period of contact’.

Clear advantages of the joint approach to assessment of supervised contact are demonstrated by both the above examples. In the first, two childcare agencies are in total agreement as to the approach to take and this will carry weight with the resident parent and help to convince her of the safety of the contact. In the second example, introducing the reporting officer into the contact has helped to show that progress in your ‘therapeutic environment’ may not at present be maintained should that ‘containment’ be reduced.

Managing conflict: In care cases where the local authority worker is not able to meet with the contact parent and where any such meeting would carry serious consequences for the well-being of the child in contact, then the child’s guardian ad litem will normally agree to undertake the observation of contact; they usually want to do this anyway.

Dissemination of contact practice and awareness

One important ‘spin-off’ of this joint approach to contact assessment is the opportunities it affords to social workers to learn more about child contact. Noting observations in Part 2, keeping social workers ‘in touch’ with the contact issue and increasing awareness of its significance and risks may be of benefit to a wider group of children than just those your agency is working with.

So, for Coram’s model to work requires good and effective communication between agencies and between agencies and courts (who will need to know at the outset what the reporting policy and practice is). In order to communicate effectively the quality and value of contact over time, to the reporting officer, requires records of contact that are both accessible and comprehensive.

Coram Child Contact Service Quality Assurance Standard 7

OBJECTIVE: *To ensure that victims of domestic/partner violence or child abduction are not exposed to further harassment or violence (emotional or physical) whilst using the service and that they are provided with a worker to whom they can voice their fears and anxieties.*

STANDARDS:

- a)** CCCS will ensure that it receives all relevant case papers in order to carry out an initial referral risk assessment and this assessment will pay particular attention to findings of domestic/partner violence and child abduction.
- b)** In cases of supervised contact, victims of violence will be provided with a secure entrance/reception point, entirely separate to that at which perpetrators arrive, and will be escorted by staff from there to the project only after the perpetrator has arrived and is with staff.
- c)** CCCS will provide secure waiting rooms for victims of violence that may not be entered by any adult other than staff.
- d)** In cases of supervised contact, perpetrators of violence will be required to agree to remain behind at the project after each contact visit has ended, for at least 15 minutes to ensure their ex-partners have time to leave the area.
- e)** Two workers will be allocated in cases of domestic or other violence where supervised contact is occurring, to provide support and counselling to the victim, and advice and guidance to the perpetrator. Where appropriate, staff will identify other services and agencies working in the field and assist in making referrals or recommending referral to such services.
- f)** CCCS will provide a personal assault alarm direct to Police for use by staff in the event of threatened or actual violence or an attempt to abduct a child during contact.
- g)** Supported contact will not be offered to families where child abduction is known to have occurred in the past. Where child abduction has previously occurred, staff will ensure prior to the commencement of supervised contact, that the local Police Station has copies of all relevant Court orders.
- h)** Prior to contact, workers will engage with children and young people who have experienced abduction, to reassure them by explaining the role and responsibilities of the supervisor and the specific restrictions governing their visits, e.g., 'no outings'.

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- i) CCCS cannot guarantee to prevent a determined abduction attempt and staff will not physically restrain a parent from leaving the premises with the child. The contingencies set out at f) and g) above enable a swift and effective response from the Police. Should a visiting parent illegally remove the child from the project, a staff member will follow them in order to try to talk the parent down and to obtain information likely to be of use to the Police.

Coram Child Contact Service Quality Assurance Standard 10

OBJECTIVE: *To develop and disseminate professional knowledge/expertise and influence national and local policy.*

STANDARDS:

- a) CCCS will develop and maintain links with senior civil servants and officers of government departments in order to lobby for central government legislation governing the provision of professionally managed child contact services as an integral part of welfare support services to the family courts.
- b) CCCS will develop comprehensive guidance and procedures as a model for the provision of child contact services capable of wider dissemination and replication.
- c) We will give presentations of our work to magistrates, judges and others involved in family law, and we will contribute to discourse in respect of child contact through the publication of articles and participation in conferences and other arena.
- d) The service is committed to remaining abreast of research and developments in the child-contact field.
- e) We will make written representations where appropriate, on legislation and government consultation documents affecting child contact.

Recording supervised child contact

The 'record of supervised contact form' as a tool for assessing contact

Over the years since 1987, Coram's format for recording supervised contact has been adapted and refined but the actual recording technique has always been 'selective process recording'. Process recording means writing everything: what was said, done, when, where and by whom. Selective process recording means that not everything is recorded. For

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example, not every move of a ‘snakes and ladders’ game need be recorded and the game need only get a mention, unless it is a game of unduly competitive nature that throws light on the parent’s expectations of the child, or the child’s experience of the parent. The subsequent intervention to the following example is described above in the section ‘supervising child contact’.

‘During the third visit Alexander and Jose played Ker-plunk, a game that involves marbles and pointed sticks. As at the previous visit, Alexander played to win, won once and looked likely to win again when Jose suddenly grasped one pointed stick in a spear-like-grip and jabbed it towards his father’s eyes (Oedipal?)’.

Your ability to select the relevant inclusions will become more refined as you gather experience of contact supervision. Your knowledge of child development, of the subtleties of non-verbal communication and the nuances of past visits, combine to prompt this selection.

Part 6 ‘Toolkit’ (8) Coram’s Record of Supervised Contact Form. Parts of this ‘tool’ are reproduced in Working Paper 6 to illustrate its use as described in the following section.

Why record supervised contact?

At first glance, this might appear an unnecessary question but there are a number of reasons for recording over and above the assessment purpose, as set out below.

1. To record evidence from which an evaluation of the quality and worth of contact can be made
2. To maintain ‘therapeutic’ contact by ensuring colleagues who supervise in your absence maintain consistency of approach and are fully aware of developing issues and dynamics in contact
3. To ensure accountability to your organisation and to the Court and/or referring agency in the event something goes seriously wrong
4. To ensure accountability to your organisation and to the Court and/or referring agency in the event something is alleged that did not in fact occur

Using the ‘Record of Supervised Contact form’

Previous sections of Part 4 have detailed how use of the recording form must be informed by reference to the ‘Guidelines for the observation and recording of supervised contact’ Part 6 ‘Toolkit’ (7) and to the ‘Terms and Conditions of Use’ and ‘Referral Agreement Form’.

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How and when to record – some basic pointers and pitfalls

The record of contact is a template stored on computer and is not intended as a blank form to be completed in pen during the visit. The question of whether or not to make handwritten notes during a contact session is one that Coram staff have debated off and on over many years. As some point out, making notes during visits adds to the artificiality of the occasion and increases the family's sense of powerlessness and of being 'watched'. The unease generated can apply to older children as much as to the adults.

The counter argument to this is that a contact supervisor cannot guarantee to their practice supervisor (and organisation) that they will definitely be able to word process a full record (on the recording form) of the visit from memory immediately afterwards. Your visit may end at 7.00pm on a Friday evening just before you go on two weeks annual leave, for instance...what kind of record will you produce then? You may have thought you had an hour's writing time after the visit, but another case of yours goes pear shaped in Court and you spend 30 minutes on the 'phone with the barrister. If a contemporaneous record cannot be guaranteed then it is impossible to envisage the supervisor's recall adequately meeting the 4 purposes of recording just described above.

Coram's recommended practice is that a written record of contact is kept during the visit, but this should not be a 'process' recording requiring you to write constantly and throughout the visit. This would be entirely incompatible with a containing environment approach and the interactive and supportive role of supervision. The following boxes describe recommended best practice.

Use a notepad and, whatever issues do or do not arise, make a note of what is happening every ten to fifteen minutes; these act as triggers to memory when coming to write your full record.

Always make a verbatim note of significant communications; 'come home with us daddy; I'll tell Mummy you want to'. 'I can't darling but that doesn't mean I don't love you, it's me and mummy is all'.

Always make a detailed verbatim note of significant interventions as soon as the situation is resolved, including the reason for the intervention and what you said and what action you took.

Always note the date, the arrival and departures times of those involved, and a prompting note of your visual CP check of the child's physical state ('looked fine – lovely braided African style hair today')

Section 1 Timekeeping

If we start by looking at section 1 of working paper 6, we can see that this records the father as arriving 15 minutes early ‘as required’ and so demonstrates he has conformed to the ‘special measure’ that he arrive early to avoid further domestic abuse. This section also records what time is lost from contact due to the late arrival of the mother, who however, was kind enough to telephone to warn of this.

The child as your paramount concern: This section ‘logs’ the loss of time and section 6 recommends the action to be taken to compensate the child for this ‘loss’. Some professionals may view this as over-compensating the father for time lost. True, but if you go down that route you begin walking, metaphorically speaking, into the split between mother and father. It is better always to view the child as the integral part of the family and to record her losses and her gains as this cannot be conceived by either side as ‘taking sides’. They will not read the record but the way you record the loss will be the way you have portrayed it when speaking to the parents.

Section 2 Visual Check

For more detail about this section, you should refer to Part 6 ‘Toolkit’ (7). This section is essentially basic child protection practice. If you read the inquiry into the death of Jasmine Beckford (see reference list) you will note that, on the last occasion the social worker saw her alive she did not attach any significance to the fact that, during an hour long meeting Jasmine did not move from her position on the sofa – she in fact had a broken leg. If you think about child development, physical health and safety is the basic need of all children throughout childhood. You must observe and note the child’s physical state when he, she, or they arrive.

If two or more children are having contact, bullet-point a description of the physical state of each. Do not glibly record ‘the children all appeared...’ as this kind of lazy approach will cause you to fail to notice and assess each child’s particular, often differing needs. A highly significant purpose of section 2 is to record evidence from which either to refute or confirm ‘allegations’ that may arise about the physical care of the children by the resident parent/carer; a dynamic that is as prevalent in private as in public law cases.

As noted earlier, supervision of contact is about more than just ‘watching the child and contact parent’. If the foster-carer’s care of the child is inadequate, it is your job to record and to report this, just as it is if the parent’s allegation of dirty and untended hair is false.

Section 3 Physical Interaction

‘Attachment’ is most clearly evidenced by a child’s physical behaviour, as is a parent’s ‘bonding’ to his or her child. Crucially you as supervisor must record the behaviour at greetings and at goodbyes as these moments are where the nature of attachment and bonding will be most clearly evidenced. For instance, does the child go straight into the parent’s embrace without prompting or does she turn to a toy just inside the door and avoid close physical proximity and eye contact? Does the parent respond warmly to the child’s physically affectionate overtures or concentrate instead on quizzing you on why ‘she’s allowed to arrive late and you do nothing?’ Or, does the parent sit back and allow the child to maintain distance or does he force physical contact and greeting on the child, ‘intruding unbidden into her physical space’. The developing pattern of physical interactions at arrival and departure will be one crucial factor in your assessment of the formation of a valuable relationship during interim contact. Therefore, every record of contact must describe this interaction.

However, as already noted in this guidance, greetings and goodbyes in child contact generally are also closely associated in participants minds with the break-up of the relationship/s and so observations of attachment behaviour – of proximity seeking behaviour (‘physical proximity’) – during the middle part of the visit are also crucial. Both child and parent may need time to learn how to manage their emotions and feelings at the starts and ends of visits, but a different picture of their attachment and bond may emerge during the middle part of the session.

Is the child frequently moving into ‘close physical proximity’ to her parent? Does she initiate physically affectionate overtures as time goes on, only to ‘withdraw’ again, when you announce there are just ten minutes to go? Does her father invest increasing focus on his daughter and warmly accept affectionate overtures only to become agitated and distracted again towards the end? In terms of attachment and parenting/bonding, you use section 3 to record the ‘safety conscious’ behaviour of the parent during the visit; does he get up to supervise and monitor the child when she explores outside the room, is his awareness of his child’s basic needs good enough - has he brought a nourishing snack and drinks, etc?

Of equal importance is to record any physical behaviour of the resident parent/carer that either promotes or impedes contact. Does the mother remain physically affectionate, calm and available to the child on arrival (in your safe environment) or does she become physically rigid with a cross and stern expression, thrusting the child away from her to ‘go then if you want to’.

Part 4: Guidance on the supervision, assessment and recording of child contact

Assessing child contact

Monitoring of Self: One aspect of recording supervised contact is that you diligently record your own behaviour and comments when you have needed to become closely involved or to intervene to protect the child.

‘My client claims you manipulated and ‘tricked’ the child into contact even though she did not want to go; she’s saying she does not want to come back to the centre.

‘Well, I’m afraid my record shows that your client was behaving angrily and unhelpfully... she actually thrust Fathima at me at one point saying, ‘go if you want to go’, which I think frightened Fathima into thinking Mummy was giving her away. I suggested to Fathima that Mummy was upset because of Daddy’s being here and that she and I could play in another room while Mummy talked to my colleague... I only brought Daddy in to this room after 20 minutes and once Fathima was relaxed and playing...the contact then was warm and positive.

‘I’ll talk to her... perhaps if your colleague... who my client liked, could spend some time with her again?’

Practice Note re: sections 3 and 4 of the record of supervised contact

Child development theories are interlinked – good early attachment and bonding leads to confidence in testing the environment and learning from this, so cognitive ability is enhanced, leading then to effective socialisation and effective problem solving skills. Selecting what interactions to record in section 3 and what to record in section 4 is to some extent a matter of judgement.

A suggested rule of thumb is that the younger the child the longer your record in section 3 will be and section 4 will be shorter; the older the child (cognitive understanding) the more you will record in section 4.

Section 4 Observation of Behavioural and Cognitive-Emotional Dimensions

The crux of child contact observation and recording is interpreting what is going on, what the possible effects on the child of events are and how the child appears to understand his/her situation. Equally, the beliefs and perceptions of the parent/s and resultant behaviour requires interpreting in terms not only of their characteristics but also the situation they are experiencing (situational factors). Section 4 has the following brief ‘checklist for a header:

‘Rate of negative to positive interactions; impulsiveness; perceptions of child’s behaviour; awareness of child’s needs and abilities; tolerance/frustration levels; child’s behavioural and emotional development.’

Part 4: Guidance on the supervision, assessment and recording of child contact

Assessing child contact

How you interpret what you are observing determines how, why and when you intervene, either to support and guide contact or to protect the child from harm. In the case of Jose and his father Alexander, mentioned above, the choice of intervention was to allow the visit to run its course and to intervene by providing guidance to the father afterwards. Jose's experience of his father's displacement of the conflict with his mother, through over-competitive play with Jose, was not harmful but rather an experience of the 'reality' of his father at that time. The intervention, when it came, was to guide father to an awareness of his behaviour and to suggest parenting skills that would build Jose's confidence and self-esteem in contact. Thus the physical interaction between Jose and father playing Ker-plunk was recorded in section 3, but the interpretation of its meaning and the intervention was recorded in sections 4 and 6 of the form.

As noted in Part 2 under 'environment' (child friendly and stimulating), the visit following this intervention saw father 'helping' Jose to excel at football and his son's happiness at having this 'control' and 'power' resulted in his mother, Gloria, hearing his happy and excited play from the waiting room and then acknowledging this to him. The case example given in sections 3 and 4 of Working Paper 6 below, illustrate the way Coram's recording format allows for both the simple factual recording of events, together with observations of parenting ability and interpretation of children's experiences (section 4).

For instance, the 'record' of Fathima's contact in paper 6 shows that father was able to accept expressions of negative feeling at the vital greeting period, but the late start of the visit combined with Fathima's ongoing truculence brought him to a frustration threshold that he could not manage and intervention was necessary. It is hoped the example given in working paper 6 amply demonstrates the nuances and complexities of effective recording of child contact.

Section 5 Dispute/Conflicts

It is helpful if any events or behaviours likely to have been detrimental to the safety and welfare of the child or others are also recorded separately from the main body of the record (sections 3 and 4) so that the organisation, the service manager, and reporting officers can access this information quickly. For the purposes of decision-making and assessment, section 5 prefigures and informs your recording for section 6. It is important in section 5 that you review and reflect on any intervention/s you made during the conflict/dispute, doing so in such a way as to make clear:

1. What you said and did

Part 4: Guidance on the supervision, assessment and recording of child contact

Assessing child contact

2. Why you said and did this
3. What you hoped to achieve by saying or doing this

Section 6 Any Changes Needed or Recommended

Your record of supervised contact culminates with section 6 where you record your assessment of any action that needs to be taken following a contact visit and/or any changes to contact that you assess as being necessary. For example, section 6 of the fifth record of a child's contact may read 'fourth late arrival by father, following discussion with him at last visit: contact now to be reduced from 2 hours to one and half hours to start at 11.00am, effective immediately'. Or, 'Mother agreed today, to grandparents attending next visit; children informed and RAF (clause 24) amended and signed'. It is here then that you begin to 'map out' your assessment of the safe future course of the child's contact. You are recording here any observations you have of patterns of interaction and behaviour over time and relating these to the 'original concerns' and purposes of contact.

Assessment over time: When the reporting officer comes to read your records for the report to court the 10 or 12 section 6s (10 or 12 visits having occurred) comprise your summary and assessment of the progress of contact 'over time'. All this detailed evidence, together with his/her observation of the visit and subsequent case discussion with you, should enable the court advisor to make an informed and evidenced based assessment of contact, including a critical evaluation of your work with and assessment of the child's contact.

Case-file organisation and maintenance

Effective communication between agencies, such as is required by Coram's joint-assessment approach to child contact requires your agency's records/case files are 'accessible' to the reader and easily 'managed' by your administrators. Coram uses the following case-file organisation.

1. Summary Sheet (running-'log' at front of file) daily recording in brief all communications - in and out – and client contact

2. Referral Section (including basic details front-sheet, Court Order [or transcript], signed RAF and referral intake form)

3. Communications (correspondence in and out)

4. Records of Supervised Contact

5. Counselling/support/review notes

6. Court Papers/SSD reports

Summary - Key Learning Points

Effective contact supervision, as the dictionary definition of supervision suggests, is much more than ‘watching over’ or being vigilant though these are components. In respect of the management function of ‘supervision’, it is essential for the protection of children, vulnerable adults and your organisation that a single, mutually agreed ‘contract’ for use of your service is agreed and signed by all those involved before supervised contact commences. The signed agreement enables you to assure children, when they come for their introduction to your service that, whatever happened in the past is not going to happen again because Mummy and Daddy have agreed a ‘fresh start’.

Careful preparation of children, through introducing them to their supervisor and the environment is an absolute necessity in most cases and empowers children to feel in control of their environment and in touch with their supervisor and their main carer’s worker. ‘Safety first’ is the maxim for supervised contact and achieving this in a therapeutic manner requires a ‘paired worker’ is involved to support and counsel vulnerable adults; the guidance and befriending functions of supervision. Where this is not necessary for every contact visit, it is always absolutely necessary that a ‘cover worker’ is employed to support the supervisor in situations of conflict and dispute resolution.

Where you are providing interim supervised contact as a means to assessing the long-term viability of any contact, you must plan and implement work with clearly defined potential outcomes. In Coram’s practice, there are four possible outcomes to such contact and the task as assessor is to evaluate which of these outcomes contact is most likely progressing to: normalisation and gradually unsupervised contact, long-term infrequent supervised contact/identity contact, termination of direct contact and indirect ‘letterbox’ contact. Coram does not recognise agency and state sponsored proxy contact as beneficial other than as an interim measure aimed at achieving direct contact or planned termination of all contact.

Assessment of contact depends upon an ability critically to evaluate healthy *attachment* or the potential for healthy attachment, which in turn requires assessment of the parent’s skills and capacity for bonding with the child. The capacity to bond is prefigured by the parent’s commitment to making contact work as evidenced by their conflict and self-management skills and willingness to ‘repair’ damaging experiences through making amends to the child in contact. Well over a decade of work in the contact field (since 1987) has helped Coram identify certain parental characteristics that when taken together strongly suggest normal, State-free contact will never be in the child’s best interests.

Supervised contact is a powerful State intervention into the ‘private family life’ of the child and as such, it seems only right and proper that it is the State and its officers that report to courts on it. Coram’s model, excepting child protection or serious welfare concerns, is avowedly non Court-reporting. If the State has seen fit to impose supervised contact then the State must take full responsibility for this, which means assessing and reporting on the outcomes of its intervention and providing secure funding to enact its decisions and Orders.

Coram then, as a children’s charity, will not take on the responsibility to argue its case for ‘intervention into private family life’ but will, with its wealth of knowledge and experience of the child and family’s contact, assist Cafcass and local authorities to fulfil their statutory functions. ‘Working together’ with referring agencies to secure the child’s best interests, by providing ‘therapeutic’ supervised contact over time which is then evaluated and reported on by state agencies, seems to Coram to have been a model of practice that has worked remarkably well for very many years and has been performance tested and proven.

Recommended further reading

Department of Health. *Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment*. HMSO. 1995 (‘Orange Book’).

Working Paper 6

RECORDING SUPERVISED CONTACT

RECORD OF SUPERVISED CONTACT VISIT

Date:	20.02.10	Report By:	Gairika Khan
Time:	10.30am to 12.30pm	Supervisor:	Sessional social worker Gairika Khan
Family name:	Ali-Begum		
Child/ren:	Fathima Begum		
Contact to:	Mohammed Ali (father)		

1. Time Keeping

(Note times of arrival and departure of participants. Note any communication or lack of communication advising of late arrival or inability to attend)

10.05am: T/c from Mrs Begum, informing that she is running late due to traffic problems; I advised her we could not extend the end time for Fathima today to ensure her the full 2 hours so will add any time lost today to Fathima's next visit.

10.15am: Mr Ali arrives, 15 minutes early as required; I informed him of above.

11.00am: Fathima and mother arrive and contact starts.

12.35pm: Fathima and mother depart.

01.00pm: Mr Ali departs

2. Visual Check

(Any marks/bruises/cuts etc; appropriateness of clothing; cleanliness)

Fathima appeared well cared for, dressed in clean, weather appropriate clothing and with no visible, unusual marks, bruises, burns, etc. There was a healing scratch on her face (left cheek) which she spontaneously explained was caused by a boy 'at nursery, Tommy did it, he got in trouble'.

3. Observation of Physical Interaction

(Physical proximity and appropriate demonstrations of affection/regard; safety conscious behaviour)

Mr Ali and I rejoined Fathima and Jane left to 'check on' Mrs Begum...Fathima, laughing, suddenly struck out at her dad's face, quite hard. Mr Ali feigned not having noticed and Fathima slapped his face, with a half-clenched palm, even harder. Mr Ali

behaved acceptingly of this, complaining only 'Fathima' but not making any real attempt to stop her. I intervened telling Fathima it was wrong to hit people and then Mr Ali distracted/diverted her aggression by 'becoming a monster', growling, and pretending to try to bite off her hitting hand. Fathima began giggling at this, they laughed, and in this non-punitive way, Mr Ali ended Fathima's outburst of aggression.

Fathima moved to the large dolls house and played with this. Mr Ali, who was feeling a little tired relaxed for a short time, watching Fathima, before picking up a book and moving to sit beside Fathima. After this Fathima began imaginative play with the toy kitchen and made dad an elaborate Pizza meal.

Finally, with about 20 minutes remaining Fathima was coaxed to go outside into the garden. Although appearing reluctant/opposed once outside she enjoyed herself immensely, running and chasing after dad and being chased around the garden and showing off to dad on the swings.

At the end of the visit Fathima 'disconnected' from dad suddenly and without a proper goodbye, as she so often does. However, I told her to go back and say goodbye properly and she did, without hesitation. Mr Ali kissed Fathima and she fleetingly kissed back and left.

4. Observation of Behavioural and Cognitive-Emotional Dimensions

(Rate of negative to positive interactions; impulsiveness; perceptions of child's behaviour; awareness of child's needs and abilities; tolerance/frustration levels; child's behavioural and emotional development)

Mrs Begum telephoned the project in good time to advise that she was 'running late'. When I spoke with Mrs Begum after the visit had ended, I guessed that perhaps Fathima had grumbled and 'played up' at having to miss Saturday 'tele' and get herself dressed, etc, to come here. Mrs Begum confirmed this had been the case. Mrs Begum is too honest a parent to seek to portray such behaviour as actual resistance to contact: Fathima was simply opposing routine and authority and asserting her quasi-independence, to mother. When I admitted Fathima and her innately pleasant and amiable mother into the project, it seemed to me apparent, as it has in the past, that Fathima was 'in a huff' and that her mother had for some time been absorbing this oppositional behaviour, evidenced in her pleasant but pained expression.

Fathima strolled into the contact room, ignoring her father and I – the adults – and going straightaway to explore the Barbie dolls and other toys. Her father, Mr Ali, greeted her verbally and pleasantly, 'Hello Fathima, how are you' and his gaze and smile evinced warmth and happiness but Fathima simply and stonily ignored the greeting and made no attempt to respond civilly. Had this been her first, third or even fifth unpleasant visit, one could interpret her behaviour as representing some deep, psychological affect of poor contact. In view of the fact that Fathima has enjoyed and positively interacted in 5 contact sessions up to now, I felt her

behaviour was more oppositional and deliberately controlling/provoking – quasi-independent. In short, in any other setting or context she would in all likelihood have been gently admonished for bad manners and truculence.

Mr Ali did not at first react in this way. He stood and then sat back, and allowed Fathima to act out her angry need to control and ‘reject’ the adults. Mr Ali engaged Fathima with Christmas/Eid presents and she moved close to her dad and followed his directions, in order to obtain her presents. She received first a Barbie doll toy CD player together with an Xmas card from, her dad explained, ‘Aunty Sufia’. Fathima looked at these and then began unwrapping the next present, which was a quality art and drawing kit. She put this aside, ignoring her father’s question as to whether she liked it, and unwrapped the largest of the presents, a cassette/radio player of fashionable design. This she seemed very interested in and pleased with.

However, as Fathima’s truculent behaviour resurfaced Mr Ali felt certain her mother had ‘said something to her’ and he began quizzing Fathima with increasing frustration. I intervened and said he and I needed to have a quick chat outside and Mr Ali agreed to this, Jane stepping into ‘look after’ Fathima. Once Mr Ali learnt that his ex-wife had also been having a difficult time with Fathima, he calmed down and returning to Fathima’s room, told her she must not give her mother ‘problems’. She began slapping his face, perhaps registering her feeling that he should have been able to manage her behaviour without ‘leaving’ to speak with me. He diverted her very effectively and the remaining contact was excellent in quality...

5. Disputes/Conflicts

(Has there been any area of conflict or dispute involving either parent, child, staff, carer or all?)

Mr Ali was angry at the 30 minutes late arrival and eventually would not desist from interrogating Fathima about why her mother had been late, refusing to accept Fathima’s initial response that there had been a traffic jam. I eventually suspended the visit for 5 minutes and talked with Mr Ali in the office while Fathima played with Jane (cover-worker). Mr Ali agreed to desist from questioning and to restart contact with an apology to child for ‘disbelieving her’ and an admonishment of Fathima for ‘playing her mother up’.

Mrs Begum was asked to set out earlier for visits from now on as we are prepared for contact by 10.00 and waiting around until 11.00am is not productive use of our time. Disputes around timekeeping and attendance led to ‘flare-ups’ at previous centre and breakdown in contact – change behaviour now and may be resolved if pattern of good punctuality is established.

6. Any Changes Needed or Recommended

(Change of dates, frequency, supervisor etc [Project], or change of behaviour, attitude, parenting etc [parent/visitor])

- Next visit extended to 1.00pm to make up time lost to Fathima today through late arrival (mother and father aware of this).

- Discussed with Mr Ali after visit his behaviour (see 5 above) and the need to avoid dismissing and rejecting Fathima through assuming she is lying to protect her mother. Mr Ali was apologetic but insight into child's experience was limited. However, this is only the fifth visit and already 45 minutes in total have been lost due to mother's late arrivals: monitor situation over next two sessions.

- Mother informed all time lost will be made up to Fathima and also that agency cannot afford to have its time wasted through late arrivals – she agreed to set out for contact earlier.

Signature:	
Date:	

**Part 5:
Monitoring
and evaluating
supervised contact
service delivery
(including quality assurance
standards and service user
evaluation)**

Quality assurance standards and monitoring service delivery

Setting significant and measurable targets for supervised contact service delivery

A number of Coram's quality assurance standards have already been reproduced within this guide and the full standards document, at 1) of the part 6 'Toolkit' has been referred to on numerous occasions. An important point to note first is that the objectives are overarching, applying across Coram's contact operations; supported contact, mediation, etc. Some differentiation is made, where specific standards relate only to supervised or only to supported contact but the overall objectives for quality assurance are universally applied across Coram's service.

Quality assurance standards have three chief aims:

1. To establish targets for monitoring administrative and organisational imperatives
2. To establish quality objectives for monitoring direct service delivery to clients
3. To establish targets for monitoring performance in relation to service contracts/grant funding

We will look briefly at each of these but note that the above aims are closely interlinked and co-dependant. When setting up a service that is to deal on daily basis with the courts, social services and other child welfare agencies, it is imperative that good administrative systems are in place and that organisational imperatives like health and safety, child protection, etc, are built into the fabric of the project from the start.

1. Targets for administrative and organisational imperatives

Quality objectives for administrative and organisational imperatives feature in the latter sections of Coram's standards document. These relate specifically to the organisational imperatives of health and safety (Objective 9), dissemination and development of good practice (Objective 10), standards and purposes required of service administration (Objective 11) and lastly, standards for compliance with organisational policy and procedure (Objective 12).

2. Quality objectives for monitoring direct service delivery to clients

Reading the standards document from back to front, Objective 9 (health and safety) is preceded by the vitally important objective, 'To provide a well-equipped, homely, culturally sensitive and comfortable environment

Part 5: Monitoring and evaluating supervised contact service delivery including quality assurance standards and service user evaluation

Quality assurance standards and monitoring service delivery

with the privacy necessary to moderate tense and painful family situations’ (Objective 8). This objective marries the operational with the organisational and carries inevitable tensions. Balancing compliance with health and safety whilst trying to create a ‘homely’ environment requires some limited and carefully considered trade-off between the two aims, which is why these two objectives sit together.

Objective 8, together with the remaining objectives, 7 up to 1, give precise and specific objectives governing all the theoretical and practice issues we have discussed in the previous parts of this guidance.

Part 6 ‘Toolkit’ (11) Example of Quarterly and Monthly Monitoring forms. This is an example of a London borough ‘contract’ quarterly monitoring form that, in Coram’s opinion (as the user) is a model of excellence combining accessibility and ease of use with comprehensive, at a glance information. The monthly monitoring form was developed by Coram and the borough.

3. Establish targets for monitoring performance in relation to service contracts/ grant funding

Section 5.2 of the monitoring form mentioned in the box above shows how best practice theory, reflected in quality objectives and standards, is translated to specific and measurable outcomes for monitoring service delivery to contracting or partner agencies. The brevity and ‘at a glance’ accessibility needed by over worked local authority senior officers require that the ‘indicators’ against which outcomes are measured, précis the basic best practice benchmarks for supervised child contact.

Table 11 - Service Delivery Outcomes

Indicator	Target	Actual				Comments
		1st	2nd	3rd	4th	
Consistency of ‘worker’ to family contact	70% of sessions to be supervised by same worker					
Anti Oppressive Practice	70% of families to have worker of similar racial/ethnic background					
Familiar environment	70% of sessions to take place in same family room					
Staffing	Suitably qualified, experienced workers for families					
Beneficial contact	Minimise disruptive behaviours and promote planned, consistent and reliable contact					

Part 5: Monitoring and evaluating supervised contact service delivery including quality assurance standards and service user evaluation

Service 'user' evaluation

However, the monthly monitoring form (Part 6 'Toolkit' (12)), three of which will be attached to the quarterly monitoring return, provides the detailed and checkable information the authorities' 'link' (contract liaison) officer will want to 'stay on top of' the performance of the contract in respect of each particular child and family referred. It is in this monthly recording form's 'outcomes' section that your agency can relay the scope, complexity, and minutiae of your work for and on behalf of the referring agency's children and families and/or any practice concerns, issues or satisfaction your agency has with the management of particular cases by the authority's workers.

Service 'user' evaluation

The importance of service user feedback and some particular difficulties posed in relation to supervised child contact

Coram Child Contact Service has always sought to hear and act on, wherever practicable and safe, the views and wishes of its clients. From the provision of a 'private and homely' environment (Part 2 above) to referral assessment interviews (Part 3), referral agreement 'contracts' and introductory meetings for children (Part 4), Coram aims to take on board and respond to the expressed concerns and needs of those using its service. Frequent and intense involvement with clients over time ensure its workers are well aware of their clients' feelings and opinions and direct work with children over months or years enables staff to become finely tuned to children's developing needs and perceptions.

However, such worker channelled monitoring of client 'feedback' cannot be considered independent or necessarily wholly accurate of clients' true feelings and wishes. Adult clients rarely if ever welcome supervised contact, but, in the main are grudgingly thankful either that it is closely supervised or that it is happening at all under whatever conditions. Thus, there is a stake in accepting the 'benefits' of your offer of a service. Indeed some clients who 'characteristically' refuse to co-operate and work with you may be labelled as disingenuous and 'abusive'; in some cases - based on their social histories - quite rightly so (Part 4, tables 9 and 10 above) but in others perhaps not.

Disputed and contested court ordered supervised contact poses some real difficulties in the development of 'user involvement' systems:

1. Although it is termed a 'user evaluation survey', in reality your service

Part 5: Monitoring and evaluating supervised contact service delivery including quality assurance standards and service user evaluation

Service 'user' evaluation

deals with clients, not 'users' or 'customers' as none has voluntarily chosen to use you; all have been ordered by an 'authority' to attend at your service and most do so unwillingly

2. Most of your adult clients are fighting against their 'protagonists' in Court, and therefore will, to begin with at least, judge and perceive your intervention and service delivery as either 'for me or against me', that is they may not assess such unasked for 'help' objectively and separately to their court based conflict

Part 6 'Toolkit' (10) Example of Annual Service User Evaluation Survey. This section of the 'toolkit' provides a suggested format for a 'user evaluation survey' that circumvents the conflicted dynamics of disputed and supervised child contact proceedings.

Coram's Service User feedback and evaluation policy

Coram recommends that a service-user evaluation survey be undertaken annually, or at least every 18 months or so. Coram's format for 'user' evaluation is reproduced in 'Toolkit' (10). You will note most of the set questions in the survey correspond to the outcome measures in the quarterly monitoring form (Toolkit 11) and the objectives for best practice set out in the guide. All the questions in the survey are designed to enable clients to evaluate the service, as opposed to the service's role in their contact dispute. Thus clients, children and adults are asked if they are 'happy with the way staff/workers speak to you' rather than are they happy with what staff have said to them, the former objective, the latter subjective. Even so, it is unrealistic to expect clients to be wholly objective and impossible to design questions that ensure this is always the case. For example, the question 'did the same worker supervise most of your child's visits' was once answered 'no' by a mother whose two children had just two supervisors over a four year period but who had between them supervised roughly equal numbers of visits.

User evaluation methodology

The example just given brings us onto practice in respect of contact service-user evaluation. User evaluation feedback forms are completed anonymously, by children and adults, but when one has worked for many years with a family, it is impossible not to recognise them from their responses. Nevertheless, it is important clients have the opportunity to feedback anonymously but equally important is your service's need to distinguish between the levels of satisfaction of both contact and resident parents/carers.

Part 5: Monitoring and evaluating supervised contact service delivery including quality assurance standards and service user evaluation

Summary and endnote

Therefore, adults' feedback forms are numbered: even numbers for 'contact' and odd numbers for 'resident' parents. Easy and unobtrusive access to feedback forms is afforded by placing copies in waiting rooms (odd numbers) and in contact rooms (even numbers). Children's feedback forms are available in both. This ongoing feedback is supplemented every 12 to 18 months by a concerted user evaluation survey. Feedback forms are posted to all service users, including children in foster care, with stamped addressed envelopes for return. A relatively independent staff member, for instance a social work student, research graduate or new appointee, is given the task of overseeing and compiling the feedback and producing the report of the survey, as reproduced at 10 in the Toolkit below.

In addition to your own user evaluation systems, you will also be involved in ensuring that service users are aware of and have access to feedback systems set up by the agencies that have contracted you to provide a service to their clients.

Acting on feedback and resource implications

User feedback and surveys are brought to the attention of staff during team meetings, and to senior management and contracting agencies through distribution of survey reports. It goes without saying that you must, wherever practicable, act on user feedback as soon as possible and of course there will be resource implications to this. Two consecutive surveys showed that, at Coram, resident parents were unhappy with conditions in the secure waiting room and significant expenditure was incurred in improving conditions, multi-racial décor and entertainment systems, etc. It is noteworthy that of the little critical user feedback received by Coram over the years, much of this centres on suggestions for improving the environment.

Summary and Endnote

Quality assurance standards must be precise and concise; long lists gather dust. They must be accessible and transparent; as barristers advise, 'Keep it simple, stupid'. They must be broad enough to encompass the full scope of your operations, avoiding the need for repeated revisions that suggest to staff that standards are 'shifting sand' rather than a paradigm for practice. Quality objectives must address both operational and organisational imperatives and in doing so, they will provide you with simple and measurable outcome targets for referring and contracting agencies to evaluate your service delivery in ways that reflect the complexity of the task you have undertaken.

Service user evaluation of supervised contact poses problems of scale in that the larger and all-encompassing your evaluation is, the more likely it is to

**Part 5: Monitoring and evaluating supervised contact
service delivery including quality assurance standards
and service user evaluation**

Summary and endnote

attract families' subjective experiences of court based conflicts and imposed contact, as opposed to objective views on what the actual experience of using your service has been. Therefore, it is best, as with standards, to keep evaluation simple, direct, and transparent. You need a system that separates user feedback about your service delivery from feedback about users' 'cases', about which your staff in their casework should be fully apprised.

With this, we come to the end of our guide to best practice in supervised contact. As it is the case with service user evaluation so it is with everything to do with contested child contact: that the adults' perceptions and needs compete with the child's experience and needs and you are right in the middle, hopefully. Your role as contact supervisor is to erect, occupy and safeguard 'the ceasefire zone' to 'insulate children' from the effects of their parents' conflicts and inadequacies, whether temporary aberrations or chronic problems. It is not an easy job and it can be a thankless task, like most of social work or even UN peacekeeping practice. Nonetheless, it is a vital and important service to provide to children who generally 'need' the love of both their parents but for the time being are unable to access it.

If in undertaking this child protective role you find ways of peacekeeping and mediating between the warring factions, then you can rest assured you are on the right track. Coram's hope is that this guide, imperfect as it is but based on 14 years' experience of first hand exposure to these problems of 'parental' warfare and unproven atrocities, will provide you with some tools and techniques with which to improve outcomes for children, reduce parental strife and warfare and achieve a lasting resolution to contact disputes in the best interests of all children in the 'firing line'.

Part 6:

‘Toolkit’ Contents

- 1) Quality Assurance Standards**
- 2) Referral and Service Eligibility Form**
- 3) Terms and Conditions of Use**
- 4) Referral Agreement Form (contract for use of service)**
- 5) Customer Information Leaflet**
- 6) Anti-Discrimination Statement**
- 7) Guidelines for the Observation and Assessment of Child Contact**
- 8) Record of Supervised Contact Form**
- 9) Record of Decisions Form**
- 10) Example of Customer Evaluation Survey**
- 11) Example of Quarterly Monitoring and Monthly Monitoring Forms**
- 12) Monthly Monitoring Forms**

CHILD CONTACT SERVICE - SUPERVISED CONTACT

QUALITY ASSURANCE STANDARDS AIMS AND OBJECTIVES

Part 1. Statement of Purpose

Aims:

Coram Child Contact Service (CCCS) aims to support the emotional, psychological and social development of children and young people by providing them with safe and beneficial contact to parents, siblings and other family members from whom they are separated (temporarily or permanently) due to care or contested contact proceedings and by restricting and preventing unsafe and damaging contact. CCCS seeks to value and promote the rich cultural and ethnic diversity of its clients and to advocate for and actively promote the provision of professionally managed child contact services at a national and regional level as being fundamental to protecting, supporting and 'hearing' children during and following contested family law proceedings.

General objective:

To provide as much safe, beneficial contact to as many children as possible, through a range of child focussed contact services in a client-centred environment where separated children and adults can safely explore, understand, and develop their identities and relationships, and to intervene to prevent unsafe contact from ever starting. CCCS achieves this by providing, uniquely, professional social work assessment, intervention and planning, child and adult counselling and family mediation, to support children and adults through processes of change, separation, and loss during and following public and private Children Act 1989 court proceedings. In doing so, CCCS informs and challenges referring agencies assessments and contact planning in order to protect vulnerable people and to develop and disseminate good practice in child contact.

Specific objectives:

1. To enable children and young people to maintain safe and beneficial links to family from whom they are separated and yet may return to or with whom they may develop a relationship that helps promote their sense of identity and self-worth.
2. To provide staff who are appropriately qualified, skilled and experienced and who can manage conflicting needs and rights to develop positive working relationships with both children and adults.
3. To work within a framework of anti-oppressive practice and in particular to ensure that 70% of families using the service have a worker of similar ethnic and cultural background.
4. To work in partnership with children and young people, parents and carers to prepare families for resuming full parental control of contact or to help them cope with eventual reduction or termination of contact.
5. To ensure that all children and young people have the same worker present for at least 70% of their visits at the service.
6. To provide counselling support, where appropriate, to children, parents and carers aimed at helping them to cope emotionally and psychologically with contact arrangements, and to provide mediation, where appropriate, to help parents agree independent contact arrangements.

7. To ensure that victims of domestic/partner violence or child abduction are not exposed to further harassment or violence (emotional or physical) whilst using the service and that they are provided with a worker to whom they can voice their fears and anxieties.
8. To provide a well-equipped, homely, culturally sensitive and comfortable environment with the privacy necessary to moderate tense and painful family situations.
9. To regularly inspect and maintain CCCS premises as per Health and Safety requirements.
10. To develop and disseminate professional knowledge/expertise and influence national and local policy.
11. To provide effective and efficient administrative and secretarial support systems within CCCS capable of generating statistical data and information for contracting agencies, grant making bodies, and for the purposes of monitoring and evaluation of service delivery.
12. To work to Coram-wide policies, procedures and standards in relation to Child Protection, Data Protection, Equal Opportunities, Finance, Governance, Health & Safety, I.T, Monitoring and Evaluation and all Personnel Policy & Procedure.

Part 2. Quality Standards

1. Objective: *To enable children and young people to maintain safe and beneficial links to family from whom they are separated and yet may return to or with whom they may develop a relationship that helps promote their sense of identity and self-worth.*

Standards:

- a) To provide a maximum of 20 sessions per week of professionally supervised contact, of which 70% may be during out-of-school hours.
- b) To provide a maximum of 27 sessions per week of supported contact, 22 of which will be during out-of-school hours.
- c) A formal contract for use of the service will be agreed with each family, which recognises the reasons for referral, needs, and risks and the terms and conditions for use of the service. Families will be provided with written schedules of contact, that accord with Courts orders or referring agencies contact conditions, and the service will in all cases obtain sufficient and relevant oral and written information from referring agencies to ensure safe practice with families.
- d) Where appropriate and with the signed agreement of all parties, closely supervised contact will be provided by a suitably qualified, skilled and experienced worker who will monitor, assess and, where necessary intervene in child – visitor contact to protect and promote the children’s welfare and provide support and guidance to visitors. Detailed, relevant records of all supervised contact sessions will be entered on individual case files.
- e) Referrals of children subject to care/supervision proceedings will be responded to within two working days; all other referrals will be responded to within four working days. Referral procedures will be detailed and all relevant case papers will be required by the service prior to contact.
- f) Supported contact sessions will be managed by paid Centre co-ordinators assisted by volunteers and at all times a qualified staff member will be available for support/consultation.

- g) A stock of well-maintained toys, activities and creative materials will be provided for children of all ages and care will be taken to ensure children's rooms / areas are consistently set up according to each child's particular needs and wishes in order to ensure continuity of experience.

2. Objective: *To provide staff who are appropriately qualified, skilled and experienced and who can manage conflicting needs and rights to develop positive working relationships with both children and adults.*

Standards:

- a) CCCS will provide a primary staff team of qualified social workers and social work senior practitioners working full-time, supported by a secondary team of sessional workers, most of whom will be qualified and/or appropriately experienced workers, and a tertiary team of suitably qualified and experienced volunteers.
- b) Staff will be expected to establish positive working relationships with child and adult clients focussing always on children's needs as the paramount concern, but working in an impartial and sensitive way with parents in conflict or distress, working always to Coram's policies and procedures.
- c) CCCS will ensure that workers are fully aware of and understand the legal proceedings relating to particular children and families and that staff work is consistent with Courts' orders and referring agencies conditions. Staff will be encouraged to enable children and adults to secure their rights and identify options for resolving conflict and dispute through counselling and, where appropriate, mediation.
- d) Suitably qualified, skilled and experienced staff will be encouraged to work directly with children and young people to enable their voice to be heard in discussions and planning within the service and with other professionals.
- e) All staff will participate in team meetings and in regular, planned staff supervision at a frequency corresponding to their role. Full time workers will receive monthly supervision and supervision of sessional workers will be at a minimum of every two months.

3. Objective: *To work within a framework of anti-oppressive practice and in particular to ensure that 70% of families using the service have a worker/volunteer of similar racial / ethnic background.*

Standards:

- a) CCCS services will be made available to referred children and families irrespective of race, culture, religion, ethnicity, gender, sexual orientation, or age. For clients who have a disability full access is provided for supported contact. Supervised contact will be available for clients with disabilities except where wheelchair access is required.
- b) CCCS will undertake to provide 70% of families with a worker of similar racial, cultural or ethnic background, and will use its best endeavours to comply with the Race Relations Act 1976 and the Sex Discrimination Act 1975.
- c) Through administrative and other systems, CCCS will regularly monitor and evaluate service delivery outcomes in respect of anti-discriminatory practice.
- d) Staff will in particular give careful regard to the needs and wishes of children of mixed-parentage where they are separated from their parent/s of ethnic minority heritage, and work will be planned so that a positive pluralistic sense of identity can be fostered.

- e) All clients will be treated with respect and courtesy.
- f) CCCS will provide information about its anti-discrimination and complaints policies to all clients and referring agencies prior to commencement of use of the service, as part of standard referral procedure. CCCS will regularly review and monitor these policies.

4. Objective: *To work in partnership with children and young people, parents and carers to prepare families for resuming full parental control of contact or to help them cope with eventual reduction or termination of contact.*

Standards:

- a) In supervised contact with children of family breakdown/divorce, staff will be allocated to work with the family throughout their use of the service and 70% of their visits. Staff will listen to the anxieties, concerns and wishes of the children and of both parents, in order to moderate tensions, identify potential problems and enable families to aim toward resolution of court proceedings.
- b) In all cases staff will have as their prime concern the observed experience and needs, and the stated wishes of, children and young people.
- c) Staff will be sensitive to and able to work directly with the pain and distress caused to parents by loss and termination of contact. Workers will liaise closely with relevant professionals to ensure plans for contact take account of this suffering and the rights of people to be treated with dignity and courtesy.
- d) Where termination of contact is planned staff will meet with relinquishing parents prior to the final visit to help them prepare, emotionally and physically, and to provide them with information in respect of agencies and therapies aimed at helping in these situations.

5. Objective: *To ensure that all children and young people have the same worker present for at least 70% of their visits at the service.*

Standards:

- a) The project will employ sufficient staff, on a permanent or sessional basis, to ensure that children's visits are arranged to occur with the same worker present for 70% of those visits.
- b) Children's contact will be planned so that an appropriate worker is identified prior to contact commencing, and that worker will be committed to continuing work with the child.
- c) Each case referred for supervised contact will be allocated to one of the permanent social workers who will be responsible for planning the schedule of contact so that the identified supervisor is available for 70% of visits, and so that contingency plans are made to cover absence/staff leave.
- d) Where circumstances arise that dictate a change in supervisor or co-ordinator, every effort will be made to ensure a hand-over occurs over a period of time that is appropriate to the particular child's age and understanding.
- e) Staff will be encouraged and supported to work with families in ways that do not court dependency and to aim always to empower families to manage contact positively with a minimum of staff involvement.

6. Objective: *To provide counselling support, where appropriate, to children, parents and carers aimed at helping them to cope emotionally and physically with contact arrangements and to provide mediation where appropriate to help parents agree independent contact arrangements.*

Standards:

- a) Staff will respond flexibly to need and provide time and space for clients, as required, to help them ventilate anxieties and concerns. In particular, staff will set aside time to be with parents either before or after visits where the parent has presented emotional distress or confusion.
- b) Suitably qualified and skilled staff will work directly with children and young people who are presenting in a distressed or confused state, to try to clarify the cause of the problem and help the children cope with their situation.
- c) Staff will employ the technique of 'shuttle mediation', that is, helping parents communicate about arrangements and issues without their having actually to meet, in order to begin to promote problem solving strategies and reduce the potential for conflict.
- d) Where both parents agree, without undue persuasion, that they wish to meet together with staff to discuss ways forward, a separate mediation session will be arranged and facilitated by suitably skilled and experienced staff. A letter setting out the points of agreement reached will follow each mediation session.

7. Objective: *To ensure that victims of domestic/partner violence or child abduction are not exposed to further harassment or violence (emotional or physical) whilst using the service and that they are provided with a worker to whom they can voice their fears and anxieties.*

Standards:

- a) CCCS will ensure that it receives all relevant case papers in order to carry out an initial referral risk assessment and this assessment will pay particular attention to findings of domestic/partner violence and child abduction.
- b) In cases of supervised contact, victims of violence will be provided with a secure entrance/reception point, entirely separate from that at which perpetrators arrive, and will be escorted by staff from there to the project only after the perpetrator has arrived and is with staff.
- c) CCCS will provide secure waiting rooms for victims of violence that may not be entered by any adult other than staff.
- d) In cases of supervised contact, perpetrators of violence will be required to agree to remain behind at the project after each contact visit has ended, for at least 15 minutes to ensure their ex-partners have time to leave the area.
- e) Two workers will be allocated in cases of domestic violence where supervised contact is occurring, to provide support and counselling to the victim and advice and guidance to the perpetrator. Where appropriate, staff will identify other services and agencies working in the field and assist in making referrals or recommending referral to such services.
- f) CCCS will provide a personal assault alarm direct to Police for use by staff in the event of threatened or actual violence or an attempt to abduct a child during contact.
- g) Supported contact will not be offered to families where child abduction is known to have occurred in the past. Where child abduction has previously occurred, staff will ensure prior to the commencement of supervised contact, that the local Police Station has copies of all relevant Court orders.

- h) Prior to contact, workers will engage with children and young people who have experienced abduction, to reassure them by explaining the role and responsibilities of the supervisor and the specific restrictions governing their visits, e.g., 'no outings'.
- i) CCCS cannot guarantee to prevent a determined abduction attempt and staff will not physically restrain a parent from leaving the premises with the child. The contingencies set out at f) and g) above enable a swift and effective response from the Police. Should a visiting parent illegally remove the child from the project, a staff member will follow them in order to try to talk the parent down and to obtain information likely to be of use to the Police.

8. Objective: *To provide a well-equipped, homely, culturally sensitive and comfortable environment with the privacy necessary to moderate tense and painful family situations.*

Standards:

- a) CCCS will provide a sufficient stock of age appropriate, varied and culturally sensitive toys, activities and creative materials, and will ensure that these are maintained in good working order and state of cleanliness.
- b) Clients will have free access to a variety of refreshments and open access to kitchens, crockery and cutlery, in order to re-heat and prepare light meals, snacks, etc during visits.
- c) CCCS undertakes to provide all clients with an environment for contact that is comfortably-furnished in a homely fashion and in a good state of repair and decoration. As much privacy as is possible in the circumstances, will be afforded to families and all supervised visits will take place in a private room.
- d) CCCS undertakes to reflect the rich ethnic and cultural diversity of its clients by providing artefacts, art, decoration and furnishings that represent such diversity in the fabric of the building and its environment.
- e) CCCS will endeavour to provide a non-institutional environment that also complies with health and safety legislation.
- f) CCCS will ensure that 70% of all children's visits take place in the same room.

9. Objective: *To regularly inspect and maintain CCCS premises as per Health and Safety requirements.*

STANDARDS:

- a) All staff will have available to them a copy of the Coram Health & Safety policy and procedures.
- b) The service will have a named Health & Safety Officer who will receive relevant training.
- c) The implementation of Health & Safety legislation and policy will be monitored by the Head of Service and reviewed on a six monthly basis.
- d) A risk assessment will be undertaken, annually, by a trained risk assessor.

10. Objective: *To develop and disseminate professional knowledge/expertise and influence national and local policy.*

Standards:

- a) CCCS will develop and maintain links with senior civil servants and officers of government departments in order to lobby for central government legislation governing the provision of professionally managed child contact services as an integral part of welfare support services to the family courts.

- b) CCCS will develop comprehensive guidance and procedures as a model for the provision of child contact services capable of wider dissemination and replication.
- c) We will give presentations of our work to magistrates, judges and others involved in family law, and we will contribute to discourse in respect of child contact through the publication of articles and participation in conferences and other arena.
- d) The service is committed to remaining abreast of research and developments in the child-contact field.
- e) We will make written representations where appropriate, on legislation and government consultation documents affecting child contact.

11. Objective: *To provide effective and efficient administrative and secretarial support systems within CCCS capable of generating statistical data and information for contracting agencies, grant making bodies and for the purposes of monitoring and evaluation of service delivery.*

Standards:

- a) CCCCS will provide efficient and effective administration systems and secretarial support.
- b) A Service Administrator, responsible for the management of administrative systems, will be skilled and experienced in direct communication with the public and with professionals and will have a sound understanding of the socio-legal framework of the service's work.
- c) CCCS will provide quality IT systems and equipment capable of generating up to the minute information, statistics and statistical analysis and this information will used for the purposes of monitoring and evaluation of service delivery outcomes.
- d) Staff will be provided with training and support in the use of IT systems.
- e) All electronic storage and manipulation of personal data will comply with the Data Protection Act 1984.

12. Objective: *To work to Coram-wide policies, procedures and standards in relation to Child Protection, Data Protection, Equal Opportunities, Finance, Governance, Health & Safety, I.T, Monitoring and Evaluation and all Personnel Policy & Procedure.*

Standards:

- a) Permanently employed social work staff will all have their own copy of the Coram Personnel Policy and Procedures.
- b) Copies of the policy will be available to all other staff.

These quality assurance standards will be reviewed annually

Alan Slade
Head of Service – Coram Child Contact Service

Date: 23rd February 1999

Last Reviewed: 25th March 2002

**CHILD CONTACT SERVICE - SUPERVISED CONTACT
Referral Intake Form – Part 1**

INITIAL INQUIRY / GATE-KEEPING

**NOTE: To be completed during telephone inquiry:
fold this page over as back page to Part 2 if referral proceeds.**

1. Your Details:

Date of Inquiry: _____

Recorded by (Name & position): _____

2. Caller Details:

Name: _____

Status: ssd sw Cafcass London Other

Camden SSD: Caller has management agreement to referral? **(Tick)** **YES** **NO**

If YES proceed to Referral Information Part 2.

If NO redirect SW to line management.

Cafcass London

C&FR: Is a S. 7 court report currently being prepared? **YES** **NO**

If YES give information re: referral procedure /
time-scales and proceed to Referral Information - Part 2.

If NO explain referral eligibility requirements
(Cafcass report to recommend supervised)

Other: Other LASSD, Legal Services and Special Casework, etc.
(if other Cafcass area - state referral not eligible unless funding secured)

Describe fee structure (standard/assessment/special support)
Is inquirer definitely proceeding with referral? **YES** **NO**

If YES proceed to Referral Information Part 2

3. Indicate a box number:

Inquirer not proceeding with referral: **1**

Inquirer proceeding with referral (go to Part 2): **2**

(Pending) Inquirer seeking management approval/other services/options: **3**

CHILD CONTACT SERVICE - SUPERVISED CONTACT

Referral Intake Form – Part 2

REFERRAL & ELIGIBILITY DETAILS

NOTE: To be completed during and immediately after referral

Date of referral:	Referral taken by:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Referrer:	Relationship to Child/ren (SW / CWO):
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Agency Name:	
<input style="width: 95%;" type="text"/>	
Address:	
<input style="width: 95%;" type="text"/>	
Postcode:	
<input style="width: 95%;" type="text"/>	
Telephone:	Fax:
<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>

'Contact' family details (children first)

Age	Name	Gender	DoB	Relationship	Ethnicity
					Notes (languages etc)

Ethnicity Codes (must be entered): (1) Black African (2) African Caribbean (3) Black mixed-parentage (4) Black British (5) Bengali(Bangladeshi) (6) Indian (7) Pakistani (8) Chinese (9) SE Asian(Vietnamese, Thai etc) (10) Arabic (11) Turkish (12) Cypriot (13) Turkish/Cypriot (14) Irish (15) UK/Irish (16) White UK (17) European (18) Other (inc. other mixed parentage)

CHILD CONTACT SERVICE - SUPERVISED CONTACT

REFERRAL & ELIGIBILITY DETAILS

Referral information

1) Concerns What is the referrers evidence (CPR category; abuse/allegations; mental illness, violence to workers, etc) indicating that the child/ren need professionally supervised contact?
(Continue on back of page if necessary, indicating 1. Concerns cont'd)

2) Background History Family history inc. nature of problems; onset of harm (e.g. abuse; domestic violence)? Parents upbringing (i.e. family breakdown; 'care'; alcoholism)? Child/ren's previous care episodes or duration of 'divorce' dispute? (Continue on back of page if necessary, indicating 2. Background cont'd)

3) Current situation/referral discussion How long since last contact and what was the child/ren's experience & the parents experience of this? What is the care plan / recommendation of the social services department - court welfare service? What is the referrer's plan and purpose for supervised contact? What do we think? (Continue on back of page if necessary, indicating 3. Current sit. cont'd)

CHILD CONTACT SERVICE - SUPERVISED CONTACT

REFERRAL & ELIGIBILITY DETAILS

Initial assessment of case complexity & resource implications

Referral-taker to address the following: Number of children involved and behavioral dimensions; history of violence to workers; unsubstantiated child abuse; chronic adult mental illness/learning difficulties; language/race/religion/gender issues; resource implications of accepting referral: Indicate likely frequency / Abuse/Risk potential / Ethnicity vis-a-vis staffing. (above list is not exhaustive and is guidance only)

Head of service assessment

Comment on: appropriateness: case allocation: supervision allocation; 2nd worker allocation; contract obligations?

Referral accepted (Manager)

(Cross out one)

YES

NO

Priority 1
(2 days)

Priority 2
(7 working days)

Priority 3
(on receipt of
Court papers/Pending)

Priority 4
(not accepted)

Case allocated to:

Contact Supervisor:

2nd paired Worker:

Manager's Signature:

Allocated Workers
Signature:

Frequency

Type of Involvement

Abuse/Risk potential

Ethnic variance

CHILD CONTACT SERVICE - SUPERVISED CONTACT

Referral Intake Form – Part 3

ELIGIBILITY & COMPLEXITY CRITERIA

PRIORITY	Referral Source	Child Need	Child Protection	Complexity	Not Eligible
HIGH	<ul style="list-style-type: none"> - Camden Social Services - Cafcass - other Social Service Dpt 	<ul style="list-style-type: none"> - Child/ren recently received into 'care' - LAC care-plan to assess child/ren for return 'home' - Child has no relationship with contact parent - Child/ren requesting contact to missing parent - Mixed parentage child contact to 'missing' parent of minority race/culture - Child/ren having contact to missing parent in high parental/family conflict. - Sibling contact 	<ul style="list-style-type: none"> - Contact to proven non-protective/neglectful parent - Contact to suspected abuser at child's request - Introduction of child to parent for first time - Parent with forensic mental illness/personality disorder - Proven abduction - Chronic domestic violence - child identifies with perpetrator / behavioural problems - Violence to workers/others 	<ul style="list-style-type: none"> - Large sibling group having contact to both parents/family members - Child interacting (at own request) with suspected abuser - Child has never met or known contact parent - Severe behavioural difficulties (e.g. between siblings) - Lone child of warring parents. - Residence dispute/parent disputing grandparents residence, etc. 	<ul style="list-style-type: none"> - Contact to Schedule 1 parent against child's wishes - Moderate supervision of proven/high suspicion abuser - Recent firearms/arson/predatory peadophile convictions - Referrer has no contact-plan
MODERATE	<ul style="list-style-type: none"> - Camden Social Services - Cafcass - other Social Service Dpt 	<ul style="list-style-type: none"> - Young child to have contact following domestic violence - Pre/Post adoption identity contact - Child in long-term care - Child requesting contact to Schedule 1 parent - Child suffering entrenched post-divorce parental conflict 	<ul style="list-style-type: none"> - Child at risk of harm from intra-parental violence - Child at risk of emotional harm/confusion through loss - Child's links to family at risk of failing - Some domestic violence - Child's contact has previously been disrupted by parental conflict 	<ul style="list-style-type: none"> - Parents must not meet and two workers needed for 'split' parents - Issues of confidentiality allied to need for separation work and/or privacy - Child/parent interaction requires careful analysis - Two-worker pairing needed to 'mediate' conflict on child's behalf 	<ul style="list-style-type: none"> - Referrer has no contact-plan - Close supervision of post-adoption contact - Proven abuser in denial although child wants contact - Child exhibiting PTSD symptoms
LOW	<ul style="list-style-type: none"> - Camden Social Services - other Social Service Dpt - Cafcass 	<ul style="list-style-type: none"> - Contact to Schedule 1 parent where child is not of age or understanding to state choice - Child S. 20 voluntarily accommodated - Child already having unsupervised contact 	<ul style="list-style-type: none"> - Supervision of proven abuser where child is not of age or understanding to make informed choice - Non-specific concerns around child's well-being 	<ul style="list-style-type: none"> - Direct work with child and abuser - Case referral assessment of need 	<ul style="list-style-type: none"> - Referrer has no contact-plan - Inappropriate use of statute and/or resources, i.e., child voluntarily accommodated

CHILD CONTACT SERVICE - SUPERVISED CONTACT

TERMS & CONDITIONS OF USE

Note for social workers/solicitors: please ensure this document is read by or explained to family members / your client prior to their completing and signing Coram's 'referral agreement form' for supervised contact.

1. Referral agreement form and supporting documents

1.1 Contact will only take place at Coram on receipt of a satisfactorily completed Referral Agreement Form.

1.2 Contact will only take place at Coram on receipt of the Court Order/s and Court papers or the social workers Case Conference report if referral is by social services.

1.3 Once Coram has received a satisfactorily completed Referral Agreement Form a schedule of contact visits will be circulated. Agreement to this schedule of visits must be confirmed to us in writing by Social Services/Solicitors 24 hours before the first scheduled visit. Coram reserves the right to suspend or cancel visits in the event that appropriate confirmation is not received within the specified time.

2. Court orders

2.1 A Court Order for supervised contact at Coram that has been made without the prior agreement of the Head of Service or our Duty Social Worker will not be accepted.

2.2 As an independent children's charity, Coram Child Contact Service reserves the right to withhold, suspend or terminate child contact as it sees fit following, where required, consultation with statutory funding agencies.

3. Punctuality and attendance

3.1 To avoid uncertainty/distress for children attending Coram, parents/carers must arrive within 30 minutes of the agreed meeting time otherwise the contact session will be cancelled and the children returned home. A pattern of delayed or late arrivals is considered likely to be prejudicial to children's well-being and will result in our suspending and possibly terminating contact.

3.2 Contact parents/family members who have been unavoidably delayed should telephone us and if practical we will arrange for their children to wait. Where children are brought to contact late, the time lost will be added to the end of the visit or to a subsequent visit.

3.3 Failure to attend for visits on three consecutive occasions will result in contact being suspended. A persistent pattern of poor attendance will result in our reducing the frequency of contact or suspending contact. If contact is suspended parents/carers will be required to attend a review meeting at Coram to discuss and agree a way forward. We would ask parents/visitors to let us know as soon as possible if they are unable to attend. Contact visits at which the child does not arrive will be rescheduled to occur as soon as is practicable.

4. Emotional abuse

4.1 Emotional abuse may consist of one parent/carer denigrating or threatening the other in the child's presence, interrogating/questioning the child for information about the other parent, undermining the child's day to day care and upbringing or attempting to inappropriately manipulate the child's views and feelings.

4.2 Emotional abuse will not be permitted and will lead to intervention by the supervisor and possibly the termination of the visit. If a visit is terminated, all further contact will be suspended and the parent/carer involved will be required to attend a review meeting at Coram.

4.3 If contact is suspended or terminated Coram will report the concerns in the form of a letter of concern to the referring agency.

5. Physical / sexual abuse, neglect and domestic violence

5.1 In the event of any behaviour or threats to the child or others likely to involve a breach of the law, or in the event of behaviour seen to have caused fear to a child or other visitor, Coram will intervene and take whatever action is necessary to safeguard the welfare of the child and others. Our Personal assault alarm should ensure a rapid response from the police in the event of such an incident.

5.2 If supervising staff become concerned about a child's welfare and physical safety during contact, the concerns will be communicated by telephone to the referring agency, confirmed in a letter of concern and will be made known to the parent/visitor involved at the time of the incident, unless to do so would place the child at risk.

5.3 If a visit is terminated, all further contact will be suspended subject to a decision about further contact by the referring agency and/or the Court. In any event, contact at Coram will not be reinstated until the parent/carer has attended a review meeting.

6. Physical safety

6.1 The physical safety and wellbeing of the child is the responsibility of those indicated at Clause 27 of the Referral Agreement Form. Coram is responsible for meeting its statutory obligations under Health and Safety legislation.

7. Security and abduction

7.1 Whilst every precaution is taken to guard against abduction, Coram staff will not attempt to physically restrain a person from leaving the premises with a child. Our Personal assault alarm should ensure a rapid response from the police in the event of such an incident.

7.2 Where abduction has previously occurred, or is considered a risk to a child using Coram, we reserve the right to notify details to, and lodge Court Orders with, the local police station. Coram may also require the passports of those having contact to be lodged with solicitors prior to each contact visit and for 24 hours after the visit.

8. Racist or discriminatory behaviour

8.1 Racist or discriminatory behaviour will not be permitted and Coram staff will intervene to protect the welfare of the victim. Our Anti-Discrimination policy statement must be read by those signing the Referral Agreement Form and describes the action Coram will take in the event of racist or discriminatory behaviour on its premises.

9. Drugs and alcohol

9.1 Drugs (excluding medicines) and alcohol are not permitted on Coram premises. Anyone known, or suspected to be under the influence of alcohol or to have misused drugs may not be admitted onto the premises.

9.2 Repeated breaches of this policy will result in contact being suspended pending review and a report in the form of a letter of concern will be sent to the referring agency.

10. Mobile telephones

10.1 Mobile telephones must remain switched off during contact visits and telephone 'contact' for visiting children to others not present may only occur once Coram has received the prior written consent of all those holding Parental Responsibility for the child.

11. Recording equipment

11.1 Audio/visual recording equipment must not be used during supervised contact at Coram. Supervised contact at Coram has a therapeutic aim and purpose and electronic recording of contact breaches the privacy, confidentiality, and security of the child/ren involved.

11.2 In the event that an electronic recording of contact is found to have been made, secretly, all further contact will be suspended, a report in the form of a letter of concern will be sent to the referring agency, and the parent/carer involved will be required to attend a review meeting at Coram.

12. Coram record keeping

12.1 Supervised contact visits are recorded by supervisors on a standardised Record of Supervised Contact Form. Paper records are held in secure case files, comprised of clearly demarked sections and stored in locked filing cabinets within secure offices. Data information processed and held electronically is stored on 'A drive' floppy discs, which are secured within lockable, fireproof filing cabinets within secure offices.

12.2 Coram's recording of contact has a chiefly therapeutic aim: to ensure that issues, concerns and needs affecting children in contact are identified and worked with sensitively and consistently over time to effect positive change and to bring about a resolution of the contact problem. Records of contact also ensure staff are accountable to Coram Family and referring agencies for work undertaken with children and families and in the event that conditions 4 or 5 above are breached.

13. Confidentiality and access to records

13.1 Private law proceedings

13.1.1 Where a referral is made in the course of private law proceedings, the referral is accepted subject to the condition that Coram will not be required to disclose its records of contact. In private law proceedings Coram does not permit disclosure of its records of contact as to do so would undermine the privacy and security of the context in which the child is having contact and so negate the therapeutic value of supervised contact.

13.2 Public law proceedings

13.2.1 In public law proceedings where Coram is first and foremost providing child protection, records of contact will be made available to local authorities within 12 days of each contact visit in order to assist the local authority in monitoring the child's welfare and in reviewing the care plan.

13.2.2 It is the responsibility of the local authority to ensure records of contact disclosed to it are made available to the family members or others attending for contact, or to decide to restrict such access.

14. Reporting policy

14.1 Private law proceedings

14.1.1 A referral in private law proceedings (parent v parent/relative) is accepted subject to the condition that Coram will not be required to disclose its records or provide written reports for use in court as to do so would prejudice our goal of working therapeutically and impartially with the family to resolve the contact dispute in the child's best interests. In such cases records will only be disclosed if the court decides that there is an overriding need for disclosure in the interests of the child.

14.1.2 Supervised contact will only take place at Coram once a court has ordered a statutory agency to prepare a report on contact where they consider it appropriate. Coram will consult with the appointed reporting officer to ensure the child's and the parents' experience of contact is properly represented to Court and the reporting officer must observe a contact visit at Coram.

14.2 Public law proceedings

14.2.1 In public law proceedings (local authority – v – parent/relative) Coram Child Contact Service provides its records of contact to the local authority as at 13 above. It is the responsibility of the local authority in all cases to ensure these records are made available to parties to the proceedings.

14.3 Public law assessments

14.3.1 Where Coram Child Contact Service has been contracted to undertake an assessment of contact, reports to Court will be provided and these, together with our records of contact, must be made available to the parents/relatives involved by the local authority.

15. Trespass

15.1 Coram Child Contact Service is on private land and a serious view is taken of trespass by third parties for the purpose of serving writs, divorce papers, etc.

15.2 Any person who arrives for or during a contact visit who is not named at clause 24 of the Referral Agreement Form and whose presence for contact has not been previously confirmed in writing to Coram, is trespassing and will be required to leave Coram's grounds.

16. Liability for visitors' vehicles and belongings

16.1 Coram Family and Coram Child Contact Service accepts no responsibility for motor vehicles or any other property of visitors, which are brought onto our premises entirely at the visitors' own risk.

17. Representations and complaints

17.1 Coram Child Contact Service wishes to ensure that all those who use our service receive a courteous and professional response and one that is appropriate to their needs regardless of gender, race, language, religion or disability.

17.2 If you wish to complain about any aspect of service, in the first instance your complaint should be made to the worker supervising contact. If your complaint concerns a member of staff it should be made in writing to the Head of Service who will investigate the matter, in line with Coram Family's Complaints procedure. If the matter is not resolved, by the Head of Service, to your satisfaction then your complaint should be forwarded in writing to: The Chief Executive, Coram Family, 49 Mecklenburgh Square, London, WC1N 2QA

17.3 The Child Contact Service welcomes and values feedback and comment on the service from its users. A comments and suggestions box is situated at the entrance to the project, service user feedback forms are freely available at the project and we urge you to make use of these.

18. Fees

18.1 Coram Child Contact Service does not charge parents/private individuals for use of its services.

18.2 Statutory agencies that do not hold a contract for use of the service will be charged fees in accordance with the terms set out in Appendix A of the Referral Agreement Form.

18.3 Coram is a children's charity and subsidises the cost of supervised contact visits. We welcome any donations including donations in kind of undamaged toys, ethnic arts and crafts, ornaments and pictures, etc.

CHILD CONTACT SERVICE - SUPERVISED CONTACT

REFERRAL AGREEMENT FORM

Introduction: This Referral Agreement and the Terms & Conditions attached hereto, constitute a legally enforceable contract between Coram Family, the person/s making the referral (whose name/s and address/es appear at Paragraph 4 of this Agreement) and the parents, other relatives or friends (the signatories to this Agreement) who are seeking contact with the child or children involved.

Information given on, or appended to, this form is in the strictest confidence and is required solely in order to facilitate safe and beneficial child contact.

Please ensure the Referral Agreement states any conditions defining contact laid out in an extant Court Order and that a copy of that Court Order is attached. Only the one, original 'Referral form' (or fax thereof) signed by all Parties will be accepted. Incomplete or replica/duplicated forms will delay contact taking place.

Referral details:

1. Name/s of child/ren, young person/s having contact

[Underline 'family-name' normally/legally used. If the child/ren / young person/s are usually known by another 'family-name' (e.g. foster carers' / step-parents' family-name) please specify]:

Family Name/s

(Specified Name/s)

Forename

Date of birth

Gender

Forename	Date of birth	Gender

2. Address where child/ren resides:

Postcode:	Telephone:

2(i). Address where child/ren resides:

Postcode:	Telephone:

If siblings are placed/live separately, specify the addresses by underlining their forenames. If 3 or more than 3 siblings are living separately, attach a separate list of the children's addresses, to this form.

3. Legal status of child/ren, young person/s (specify by using forenames)

4. Name/s of Referrer/s

--

4(i). Status of Referrer (e.g. Allocated Social Worker, Children & Family Reporter, Duty Worker, Cafcass, LSSC)

--

Agency name & address:

--

Postcode:

Telephone:

Fax:

5. Alternative Contact Person (e.g. Team Leader/Manager)

	Telephone:
--	------------

6. Name of Parent/Foster-carer, etc, with whom the child/ren resides

--

6(i). Relationship (if any) to child/ren, young person/s

--

7. If transport and/or travel costs are being provided for children, to and/or from 'contact', state:

'Contact person'/Company

	Telephone:
--	------------

7(i). Any financial arrangements?

--

8. Name/s of person/s seeking contact

--

8(i). Relationship to child/ren, young person/s (specify by forenames)

--

8(ii). Address/es

--

Postcode:

Telephone:

9. Racial origin of Mother

10. Racial origin of Father

--	--

11. Does the child/ren, young person/s have a religion?

Yes

No

If yes, please indicate whether Nominal Practising and give details (next page):

--

12. Languages spoken at home:

First Language

Other Language

--	--

12(i). Is an interpreter needed for contact? Yes No

13. Does the child/ren, young person/s speak English?

Not at all

Too Young

With difficulty

Fluently

14. Does the child/ren, young person/s have a chronic medical condition or disability?

Yes No

If yes, please give details

15. Does the child/ren, young person/s have a learning/behavioural disorder?

Yes No

If yes, please give details

16. Does the parent/other relative/friend seeking contact have a medical condition or disability (including a learning difficulty) likely to affect contact?

Yes No

If yes, please give details

17. Why does the child/ren / young person/s need supervised contact?

18. What is the purpose/plan of supervised contact?

19. If you have not attached a copy of the relevant Court Order (S.31/38/S.8 etc) please explain

20. Who is to supervise contact meetings at Coram?

- a) Coram Family staff
- b) Local Authority social worker
- c) Local Authority representative
- d) Cafcass reporter

21. Why is supervision required: What specifically needs observation/intervention?

22. Level of supervision required:

- a) Constant supervision
(supervisor remains in sight and sound of child/ren throughout the meeting)
- b) Moderate supervision
(supervisor does not need to remain in sight and sound of the child/ren at all times)

***NOTE:** Where allegations of a serious nature have been made (i.e. sexual abuse) Coram Family will not view favourably a referral where the requested level of supervision appears inappropriate to the stated concerns.*

23. Outings:

- a) Are supervised outings permissible? **Yes** **No**
- b) If Yes, should supervised outings be: 'In the immediate area'
'Further afield'
- c) Are unsupervised outings permissible? **Yes** **No**

If yes, please give details

24. Who will be present during contact?

24(i). Who may accompany visitors but not be present during contact?

***PLEASE NOTE:** Anyone arriving for visits who is not named above in Para. 24, will be deemed as trespassing and will be asked to leave Coram Family property.*

25. What risks do you FEEL exist in this case?

	<i>High/Moderate</i>	<i>Moderate/Low</i>	<i>Low/None</i>
Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence/harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25(i). OTHER, please specify

25(ii). Any other comments/opinions (attach an addendum page if necessary)

26. Are any other particular problems likely to arise?

27. Who has legal responsibility for the safety and welfare of the child/ren, young person/s during contact?

- Parent/carer accommodating child
- Social worker
- Contact Parent/relative
- Local Authority representative

28. Fees/Charges:

Arrangements are set out in Appendix A to this form.

29. We hereby undertake that we have answered the above questions to the best of our knowledge and given full disclosure of the facts and matters to which the above questions relate.

We further acknowledge that fees will be chargeable for the services of the Meeting Place on the basis described in the attached Appendix A.

Signed		Signed	
Status		Status	
Date		Date	

*To be signed by: The allocated Social Worker if children are subject to Care proceedings or other proceedings involving a Local Authority
or by: Both solicitors representing the parties if children are referred as a private law matter.*

Please note: This undertaking will not be accepted unless accompanied by all the other pages of this document, i.e. Pages 1, 2, 3, 4 and 5.

30. STATEMENT OF INDEMNITY

We have read the ‘Terms & Conditions’ for the Meeting Place and agree to the terms and conditions set out in them.

In consideration of your agreement to allow us to use your facilities at Coram Family on the dates agreed (“The Agreement”), we hereby indemnify you, your servants or agents for any liability any of you may incur (whether under any express or implied terms of The Agreement or at common law or in any other way) for any loss or damage of whatever nature arising out of or connected with the provisions of the facilities under The Agreement.

Signed		Signed	
Status		Status	
Date		Date	
Signed			
Status			
Date			

This section must be signed by both parents/relatives, or, where children/young persons referred are looked after by a Local Authority/County Council, by the relative/s seeking contact and by the allocated social worker.

Please note that this agreement form cannot be accepted unless accompanied by the previous five pages.

CHILD CONTACT SERVICE - SUPERVISED CONTACT

CUSTOMER INFORMATION

About Coram Family

Coram Family is a registered Children's Charity incorporated by Act of Parliament and Royal Charter. The seafarer Captain Thomas Coram established the 'Foundling Hospital' for the care and welfare of abandoned orphans in London in 1739, supported by musicians and artists such as Handel, Hogarth and Joshua Reynolds. Throughout its long history Coram has dedicated itself to the provision of innovative and high quality childcare services and currently provides specialist adoption, leaving-care, foster-care and community parenting services. Coram Child Contact Service opened in 1987.

Values

Coram Child Contact Service's core values stem from the following principles:

- We believe that all children, young people and their families should be valued and supported both as individuals and members of the community.
- Children and young people's rights must be protected and their development promoted in order to enable them to achieve their full potential.
- We recognise the complexity of parenting in contemporary society and the need for responsive and accessible support networks to enable parents to fulfil their roles.

Statement of purpose

The Coram Child Contact Service aims to support the emotional and psychological development of children and young people, by providing them with safe and beneficial contact to parents and other family members from whom they are separated due to care proceedings or serious breakdown in parent's relationships, or by identifying and restricting harmful contact. In achieving these aims we seek to value and promote the cultural and racial diversity of our users.

We aim to advocate for and promote the provision of professionally managed supervised child contact services at a national and regional level as fundamental to supporting and protecting children during and following contested family law proceedings.

Basic information

Our address: Coram Child Contact Service
Coram Community Campus
48 Mecklenburgh Square
London, WC1N 2NU

Telephone: 020 7278 5708

Fax: 020 7278 4763

Web: coram.org.uk

Our contact visit times:

Monday:		1.30 pm – 3.30 pm	4.30 pm – 6.30 pm
Tuesday:	11.00 am – 1.00 pm	1.30 pm – 3.30 pm	4.30 pm – 6.30 pm
Wednesday:	11.00 am – 1.00 pm	1.30 pm – 3.30 pm	4.30 pm – 6.30 pm
Thursday:		1.30 pm – 3.30 pm	4.30 pm – 6.30 pm
Friday:	11.00 am - 1.00 pm	1.30 pm – 3.30 pm	4.30 pm – 6.30 pm
Saturday:	10.30 am – 12.30 pm	2.00 pm – 4.00 pm	

Note: We are closed on Sundays and on Bank Holiday weekends.

Note: The demand for visits on Saturdays is always much greater than we can meet. Therefore, where the child concerned is below school age we would hope to arrange contact during weekday daylight hours. Where contact includes only children of 11.5 years and above we would hope to arrange visits on weekday evenings.

Our Location

The Coram Family Child Contact Service is situated in a quiet, tree - lined square in Holborn, WC1N. Within five minutes walk north-east of Russell Square Underground Station (Piccadilly Line) and ten minutes walk south-west of Kings Cross Underground Station (Metropolitan, Circle, District & Northern lines), we are also approximately ten minutes walk from the main line stations: Euston, King's Cross & St. Pancras. The project is close to a number of bus routes converging on the central London area (4, 7, 10, 15, 38, 55, 155).

What is supervised contact?

If supervised contact at Coram has been ordered by a Court or requested by social services it means that contact is thought to present some risk to the welfare and safety of the child. For instance, hostility between separated parents or parent's anger at social services may be causing distress or disturbance to the child during contact. The Contact Service is staffed by qualified and experienced social workers with the skills and confidence necessary to promote positive contact or to stop negative contact. A supervisor's role is to support, guide and where necessary intervene in family interactions to promote and protect the welfare of the child. Supervision aims to protect children and vulnerable adults from conflict and harm and wherever possible to foster positive, long-term contact.

As part of 'supervision' we offer support, advice and counselling to waiting parents and we are able to provide qualified and accredited Family Mediators to plan and agree future contact where appropriate.

Our facilities

Supervised contact occurs in a comfortably furnished, self-contained maisonette on the Coram Community Campus. Regrettably there is no wheelchair access for supervised contact at present. There are three private Contact Rooms and three waiting rooms (two of which are secure) whilst the two kitchens, garden and all-weather play-area are communal facilities shared by all users (and staff). An adult focused meeting room is used for interviews, review meetings and mediation sessions. A secure, separate arrival point can be provided in cases of domestic or other violence.

Activities:

We have a large variety of toys, games/video games, books, arts and crafts materials and musical instruments for use during contact visits. Refreshments are freely available in the kitchens for children and their families.

Outdoor play:

There is an enclosed garden with swings, football net, and a well-equipped all-weather outdoor play area for basketball etc.

Supervised outings:

The well-equipped Coram Fields play park is adjacent to our grounds. The neighbouring Brunswick Square Shopping Centre and surrounding area offers a variety of cafes and restaurants for outings and staff will also supervise contact further afield, for instance to Oxford Street, Covent Garden, British Museum, etc.

Security:

A separate secure entrance is available for parents/carers together with secure waiting rooms in situations where they must not meet with other visitors and a Personal Assault Alarm ensures a speedy response from Police.

Car parking:

Limited parking spaces are available free of charge for families and others using the project.

Anti discrimination policy and service user participation

Coram Child Contact Service works towards equality of opportunity and values the rich diversity of its service users. We also welcome your suggestions and comments and a suggestions box is situated at the entrance to the project. Once a year we undertake a user evaluation survey and we urge you, if the opportunity arises to complete the users questionnaire. There are separate forms for children to complete.

Staffing

The Child Contact Service is permanently staffed by qualified and highly experienced social workers who have many years experience of child contact work. In addition, a group of qualified sessional social workers, sessional family workers, interpreters and volunteers work on a part time basis. A full time administrator and part time secretary provide excellent administrative support.

Comments/Suggestions

We welcome your comments and suggestions as they help us in planning improvements to our service; we also welcome your criticisms. Hence, should you wish to comment on the Project's service or indeed wish to criticise any aspect of it, please write to us at the above address, or you may alternatively use our Suggestion Box situated at the entrance to the project.

Your Name:

Your Child's Name:

My comments/suggestions are:

CHILD CONTACT SERVICE

ANTI DISCRIMINATION STATEMENT

The purpose of this policy is to ensure that no child, parent, employee, volunteer or visitor on these premises is discriminated against on the basis of their gender, ethnic or national origins, religious or political beliefs, age, disability, child care responsibilities, because they are either a lesbian woman or a gay man, or because of unrelated criminal convictions.

Coram Family and Coram Child Contact Service recognise that discrimination, on the basis of the criteria listed above is widespread and active within this society and creates a hostile and oppressive environment in which children, their parents and carers are unable to achieve their full potential or wholly realise their fundamental rights.

Since 1987 Coram Child Contact Service has been committed to exploring and developing the principles and practice, wherever possible and whenever appropriate, of ongoing contact for children to their natural parents, siblings and birth family following family breakdown. The aim of this policy is to ensure that the development of, or the decision to restrict, such relationships is not skewed or hindered by hostility, acrimony or fear created by unreasoned discrimination.

1. To implement this policy Coram Child Contact Service will:

- 1.1 Regularly examine and review all existing procedures and criteria and change them where they are found to be discriminatory.
- 1.2 Ensure that the policy is known to all staff members and take appropriate action in accordance with agreed procedures should a staff member be found to have infringed it.
- 1.3 Challenge all forms of discrimination and harassment where they occur and promote and foster an environment which makes this possible.

2. Meeting children's needs

- 2.1 The child is the focus of our concern and we aim to provide a service which enables parents and carers to protect and enhance children's sense of their identity and experience.
- 2.2 Therefore the following behaviour will be considered inappropriate and unacceptable:
 - 2.2.1 Acting in an aggressive, angry or abusive manner against an individual or group solely because they are black, a woman, a man, a member of an ethnic or national minority, a lesbian woman or a gay man, or have a disability, a particular political or religious belief or because of age.
 - 2.2.2 Racist, sexist or otherwise insulting remarks, jokes, name-calling or innuendo.
 - 2.2.3 Bringing onto the premises insignia, publications or pamphlets that in any way support racial or sexual discrimination.
 - 2.2.4 Seeking to promote a negative stereotyped image of an individual or group solely on the basis of their gender.

3. If an incident of harassment or discrimination takes place at Coram child contact service:

3.1 Support and counselling will be provided immediately for the victim.

3.2 A member of staff will discuss the incident with the perpetrator, make available a copy of this document and negotiate a contract for further use of Coram Child Contact Service.

3.2.1 Where discriminatory behaviour has been directed towards a child, or has involved aggression between adults, immediate suspension from Coram Child Contact Service will be considered prior to any negotiation of a contract for further use.

3.2.2 If suspension from the Service occurs, the appropriate authorities or concerned professionals will be notified in writing and a report made.

3.2.3 If a member of staff is found to have infringed this policy, it will be dealt with in accordance with agreed procedures as held by the Chief Executive of Coram Family.

3.2.4 In managing any such incident, staff will bear in mind at all times the needs and concerns of all the children present, whether directly affected or not.

4. Complaints

4.1 Users of Coram Child Contact Service who wish to complain about the operation of this policy are requested to write to the Head of Service, Coram Child Contact Service, 48 Mecklenburgh Square, London WC1N 2NU. The complaint will then be investigated. If a user remains aggrieved following the result of that investigation, a complaint may be made to the Chief Executive, Coram Family, 49 Mecklenburgh Square, London WC1N 2QA. These procedures do not detract from or diminish the opportunities available to all to bring appropriate complaints to the notice of the Commission for Racial Equality or the Equal Opportunities Commission.

This policy is in accordance with the Equal Pay Act 1970, the Sex Discrimination Act 1975 and the Race Relations Act 1976, which makes it unlawful to discriminate on grounds of colour, sex, race, national or ethnic origin, or marital status.

Guidance on the Observation and Recording of Supervised Child Contact in Public and Private Law Cases

SECTION 1

Introduction

Since the implementation of the Children Act 1989 child and parental contact has rightfully been placed at the heart of Local Authority and Court decision making about children's protection and welfare.

At its inception Coram's supervised contact service outstripped the current legislation and local authority practice with regard to child contact. With the Children Act 1989 this position is no longer the case. Now the Court and not the Local Authority has the duty to decide on child and parental contact and most children's social workers are trained and practised in evaluating such contact.

The purpose of these guidelines is to ensure that Coram's Records of Contact satisfy the now rigorous assessment of child contact that is required.

These guidelines are not exhaustive or prescriptive and it is not the intention to make records crude checklists. It is, however, intended that these guidelines will be used to inform our observation and recording of child contact so that all our reports answer most of the questions detailed in specific parts of the guidance and so are of a consistently high standard.

The question sheets within this guidance are adapted from the 'attachment checklists' devised by Vera Fahlberg (1981) as set out in the Department of Health's Protecting Children guidance (1988). These were based on the attachment theories and work of Bowlby, Winnicott and Klein. The child development charts at Appendix A are from Sheridan, M. (1988).

Guidance on the Observation and Recording of Supervised Child Contact in Public and Private Law Cases

SECTION 2

How to use this guidance

You will see that this document contains five checklist/reference pages. These consist of the following.

- 1) *Child Protection visual checklist.*
- 2) *Contact visit report guidance for - Babies: Birth to one year*
- 3) *Contact visit report guidance for - Children aged one to five years*
- 4) *Contact visit report guidance for - Primary School Children*
- 5) *Contact visit report guidance for - Adolescents*

The five checklists detail the benchmarks we expect to observe in contact and the questions your contact recording should address. They are intended as an aide mémoire for use both in preparing for contact supervision and for compiling records after supervision.

Child development charts, such as those of Mary Sheridan can be referred to prior to a contact supervision. This ensures that you are clear in your own mind of the developmental milestones and benchmarks you are using in your assessment of and recording of the impact and effect of contact on children.

Self-appraisal and reflection is an important element in any work with children and families. Using these guidelines may help you identify aspects of family interactions you tend to overlook and not record.

Guidance on the Observation and Recording of Supervised Child Contact in Public and Private Law Cases

SECTION 3

Child protection visual checklist

3.1 Introduction

Coram Child Contact Service social work staff must ensure prior to any contact visit:

- That relevant staff are fully aware of any child protection concerns, particularly if a child is on the Child Protection Register and if so, under what category.
- That relevant staff are fully aware that a child is looked after or accommodated by the Local Authority and that those staff are aware of the reasons and background for the child's reception into care.
- It is the responsibility of the Head of Service to ensure that all contact supervisors are aware of the Coram Child Protection Policy. Staff should receive and request training in this as required by the policy.

3.2 Child Protection

If you are involved in the supervision of contact with a child or children at risk, you must endeavour at every visit on first sight of the child to make a visual check of that child's physical condition: do not assume this has been done by other staff. It may be that in a different light or setting you will see something that has been overlooked.

If you observe any worrying mark or sign of inadequate care on a child at risk, you should report this directly to the Head of Service. In a neutral and impartial way you may wherever possible request an explanation from the adult who has arrived with the child. Should the child spontaneously volunteer an explanation so much the better.

In situations where the Head of Service is not available you must act in accordance with the Child Protection Policy. Section 3.3 gives guidance on the physical characteristics you must note by visual check and record in your record of the contact visit.

3.3 Visual Check List

Babies: Birth to one year

- any unusual mark, bite, burn, bruise, abrasion or painful soreness
- fingermark, pinprick-haemorrhaging consistent with having been gripped and/or shaken
- any sign that dress and clothing is poorly fitting or unsuitable for the weather or is grimy unclean (as opposed to newly dirty from school day, etc.)
- any stiffening or lack of mobility of limbs or neck

Children aged one to five years

- any bruise, burn, bitemark or soreness/stiffening of limb or neck movement
- fingermark, pinprick-haemorrhaging consistent with having been gripped and/or shaken
- unwashed or untended skin, hair or clothing
- clothing poorly fitting or inappropriate to the weather
- unusual reticence or withdrawal toward the adult carer - frozen
- any sign that particular racial needs are consistently unmet

Primary School Children and Young People

- bites, burns, bruises or lacerations
- fingermark, pinprick-haemorrhaging consistent with having been gripped and/or shaken
- any soreness or stiffening of limbs, neck or fine motor control
- unusual reticence or withdrawal toward the adult carer - frozen
- abnormally dilated or retracted eye pupils, socially disinhibited behaviours, clusters of sores or blisters around mouth and nose

These lists are not exhaustive or prescriptive and you should exercise your own judgement where you have concerns that you think may fall within the child protection policy on recognition of abuse. Where you have concerns use the earliest opportunity to discuss these with your colleagues.

3.4 Recording

Your reports on contact must carry a reference to the visual check at section 2 of the recording format. Where there are no concerns as will be the case in most instances, your report must still make reference to the visual check, for example: 'there were no visible marks or bruises on (child); his clothes were clean and well fitting and appropriate for the weather'. This is then a positive statement about the child's care, and your procedures.

Guidance on the Observation and Recording of Supervised Child Contact in Public and Private Law Cases

SECTION 4

Guidance on contact observation and recording

The following four checklists are the benchmarks against which your observation and recording of child contact should be made. They can be referred to during your preparation for contact, or extracted from the body of the document, for reference during supervision of contact. It is important to refer to the checklists during the preparation of your record of a visit.

4.1 Babies: Birth to one year

Ensure the visual check is carried out and recorded. If more than one child is visiting ensure a separate record of the visual check is made for each child.

During contact does the child

- appear alert?
- enjoy close physical contact?
- exhibit discomfort?
- appear to be easily comforted?
- exhibit normal or excessive fussiness?
- appear outgoing or passive or withdrawn?
- vocalise frequently?

Based on observation your report should answer the following questions:

Does the mother/father/caregiver

- respond to the infant's vocalisations?
- change voice tone when talking to the infant or about the infant?
- show interest in face to face contact with the infant?
- exhibit interest in and encourage age-appropriate development?
- respond to the child's indications of discomfort?
- show the ability to comfort the child?
- enjoy close physical contact with the child?
- initiate positive interactions with the child?
- identify positive or negative qualities in the child that remind the parent of another family member?

4.2 Children aged one to five years

Ensure the visual check is carried out and recorded. If more than one child is visiting ensure a separate record of the visual check is made for each child.

Does the child

- use speech appropriately?
- explore the environment in a normal way?
- respond to parent(s)?
- keep himself or herself occupied in a positive way?
- seem relaxed and happy?
- have the ability to express emotions?
- react to pain and pleasure?
- express frustration?
- respond to parental limit-setting?
- exhibit observable fears?
- react positively to physical closeness?
- exhibit body rigidity or relaxation?

Based on observation your report should answer the following questions:

Does the mother/father/caregiver

- show pleasure at being with the child?
- show interest in child's development?
- respond to child's overtures?
- play with the child?
- encourage physical closeness with the child?
- comfort the child in a positive way?
- praise child appropriately?
- accept expressions of autonomy and independence?
- see the child as 'taking after' someone? Is this positive or negative?
- initiate positive interactions with the child?

4.3 Primary School Children

Ensure the visual check is carried out and recorded. If more than one child is visiting ensure a separate record of the visual check is made for each child.

Does the child

- behave as though he or she likes himself or herself?
- appear proud of accomplishments?
- share?
- perform well academically?
- always test limits?
- try new tasks?
- react realistically to making a mistake? Does he show fear, anger or acceptance?
- have the ability to express emotions?
- establish eye contact?
- exhibit confidence in his abilities or does he frequently say "I don't know"?
- appear to be developing a conscience?
- move in a relaxed way or is there body rigidity?
- feel comfortable speaking to adults?
- smile easily?
- react to parent(s) being physically close?
- have positive interactions with siblings and peers?
- appear comfortable with his or her sexual identification?

Based on observation your report should answer the following questions:

Does the mother/father/caregiver

- show interest in child's school performance?
- show pleasure at being with the child?
- engage in games or other activities with the child?
- accept expression of negative feelings?
- respond to child's overtures positively?
- give support for child in terms of developing healthy peer relationships?
- handle problems between siblings equitably?
- initiate affectionate overtures?
- use appropriate disciplinary measures?
- assign age-appropriate responsibilities to the child?
- praise the child appropriately?

4.4 Adolescents

Ensure the visual check is carried out and recorded. If more than one child is visiting ensure a separate record of the visual check is made for each child.

Is the young person

- aware of his or her strong points?
- aware of his or her weak points?
- comfortable with his or her sexuality?
- engaging in positive peer interactions?
- performing satisfactorily in school?
- exhibiting signs of conscience development?
- free from severe problems with the law?
- accepting and/or rejecting parents' value system?
- keeping himself occupied in appropriate ways?
- comfortable with reasonable time limits or is he constantly
- involved in control issues?
- developing interests outside the home?

Based on observation your report should answer the following questions:

Does the mother/father/partner/caregiver

- set appropriate limits?
- encourage appropriate autonomy?
- trust the adolescent?
- show interest in and acceptance of adolescent(s) friends?
- display interest in adolescent's school performance?
- exhibit interest in adolescent's outside activities?
- have reasonable expectations of chores and/or responsibilities
- adolescents should assume?
- stand by the adolescent if he or she gets into trouble?
- show affection?
- think this child will 'turn out' okay?

CHILD CONTACT SERVICE

RECORD OF SUPERVISED CONTACT VISIT

Date:

Time:

Supervisor:

Report by:

Family name:

Child/ren:

Contact to:

1. Time Keeping

(Note times of arrival and departure of participants. Note any communication or lack of communication advising of late arrival or inability to attend)

2. Visual check

(Any marks/bruises/cuts etc; appropriateness of clothing; cleanliness)

3. Observation of Physical Interaction

(Physical proximity and appropriate demonstrations of affection/regard; safety conscious behaviour)

4. Observation of Behavioural and Cognitive-Emotional Dimensions

(Rate of negative to positive interactions; impulsiveness; perceptions of child's behaviour; awareness of child's needs and abilities; tolerance/frustration levels; child's behavioural and emotional development)

5. Disputes/Conflicts

(Has there been any area of conflict or dispute involving either parent, child, staff, carer or all?)

6. Summary /Any Changes Needed or Recommended

(Change of dates, frequency, supervisor etc [Project], or change of behaviour, attitude, parenting etc [parent/visitor])

Signed By: 1)

Date:

CHILD CONTACT SERVICE

DECISIONS RECORD

Family name:

Sheet No.

Date	Decision taken & by whom	Reason for decision	Action timescale By whom?	Completed Date

**The Meeting Place - supervised contact project
CUSTOMER EVALUATION SURVEY 2000/2001**

WHAT SERVICE USERS HAD TO SAY ABOUT CORAM MEETING PLACE

Compiled by: F.G. (Student Social Worker) & J. Widdowson (Social Worker)

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1. Coram meeting place

Introduction

Since 1987 Coram Meeting Place has been working to support the emotional and psychological development of children by providing them with safe and beneficial contact to parents, siblings and other family members from whom they are separated due to care proceedings or breakdown in parents' relationships, or by restricting unsafe and harmful contact.

As part of fulfilling these aims, the project regularly examines and reviews all existing procedures and policies and looks for ways to improve its service to make it more user friendly and responsive to the views of our clients. At Coram, we recognize the importance of clients' views and this is why we regularly conduct a user evaluation exercise with the aim of listening to what children and adults say about the services we provide and to canvass their suggestions in order to improve our service.

The Staff team

The core staff team consists of the Head of Service, a senior social work practitioner and an experienced project social worker, supported by full-time and part-time administrators, seven sessional social workers, two family mediators and two volunteers and two social work practice consultants. Whilst the core team is presently predominantly white, we value the diverse cultural and racial mix of our service users and six of the seven sessional social workers are of Black and Asian backgrounds. Our sessional workers help us provide for the specific cultural/racial needs of our clients and, in addition we strive to offer a physical environment that reflects the rich cultural diversity of our users.

What is supervised contact?

Supervised contact involves a supervisor with appropriate skills, experience and confidence, observing, facilitating, guiding and recording interactions between child and visitor because risks or concerns around the safety and welfare of the child during contact are present. It is the responsibility of the supervisor to ensure that contact is as positive and as beneficial an experience as possible for the child, and this often involves guiding or intervening in visits on behalf of the child. Supervised contact also consists of support and counselling for the child's day-to-day carer, and family mediation where appropriate.

Legal Background

Coram Meeting Place works primarily with two discrete but in many ways interrelated groups of children subject to legal proceedings: children 'looked after' by their local authority (In Care – Public law) and children whose parents are in court contesting contact arrangements following parental separation or divorce (Private law). The Meeting Place also works with adopted children, their families and birth families.

The work of the Meeting Place is governed by the Children Act 1989. Section 34 and Part III places a duty on local authorities to promote reasonable contact for children 'looked after' to parents, family members, guardians, etc. Sections 8 and 11 of the Children Act 1989 give courts powers to order contact in private proceedings and to attach conditions, such as supervision, to those orders. The Meeting Place strives to adhere to The European Convention on Human Rights 1996.

2. The Evaluation

This Coram Meeting Place service user evaluation employed simple but proven and cost effective research techniques in seeking to obtain customer perspectives on the quality of service provided them by the project.

Methodology

Service user feedback was obtained through use of multiple-choice tick-box questionnaires. Two forms of questionnaire were used: one for adults, another for children/young people (See appendix A). Adults were asked to rate some responses on a written scale of 1 (poor) through to 3 (Ok), to 5 (very good) or to answer 'Yes' / 'No' / 'don't know' for other questions. Respondents could choose to remain anonymous if they wished. Questionnaires were numbered to differentiate between adults having contact (odd numbers) and adults bringing children for contact (even numbers).

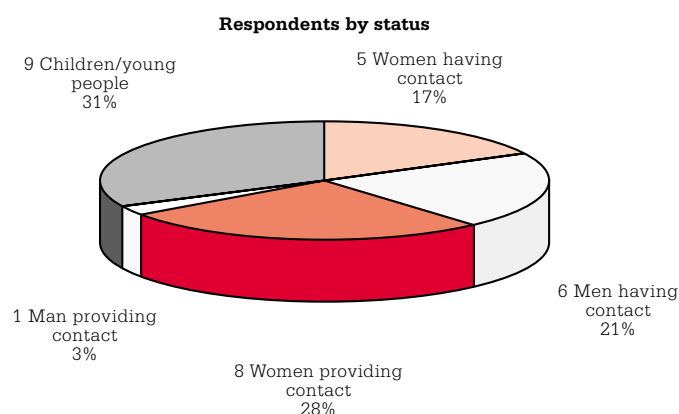
Children were asked to give their responses using pictograms showing three responses, unhappy, neither happy nor sad and happy. The design of the questionnaires were made to be children friendly whilst at the same time making the contents detailed enough to elicit adequate and useful responses from the children. In addition to the multiple-choice questions, both the adult's and the children's questionnaires included 'free response' comments/suggestions sections inviting the service user to further comment on their tick-box responses. These free response questions were taken up and completed by all but one of child and adult respondents to the survey. Children were not asked to indicate if they were in Care.

The questionnaires were provided to families in two ways. A SAE postal drop to all families registered for a service was undertaken in September 2000. Secondly, supplies of the questionnaires were placed in all the contact and waiting rooms with collection boxes sited at strategic points in the project.

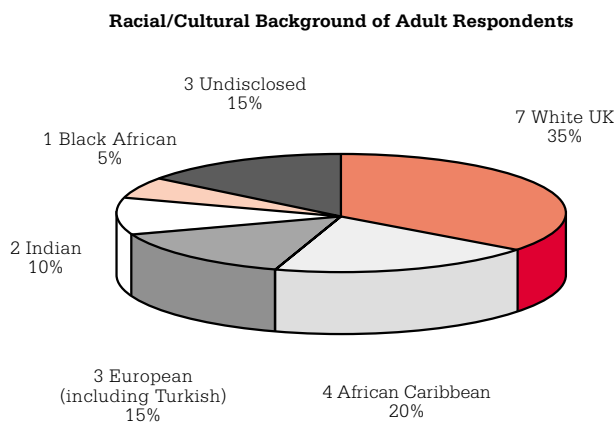
Analysis of customer respondents

20 adults and 9 children returned completed questionnaires, 29 respondents in total. With regard to the data received from adult service users, it showed that the respondents were predominantly female – 65% female compared to 35% male.

Among these were 11 (5 female & 6 male) contact parents and 9 (8 female & 1 male) resident parents. The adjacent graph shows the percentage of each grouping in the survey. The age range of the 9 children (male and female) who replied was between 3 years and 15 years of age.



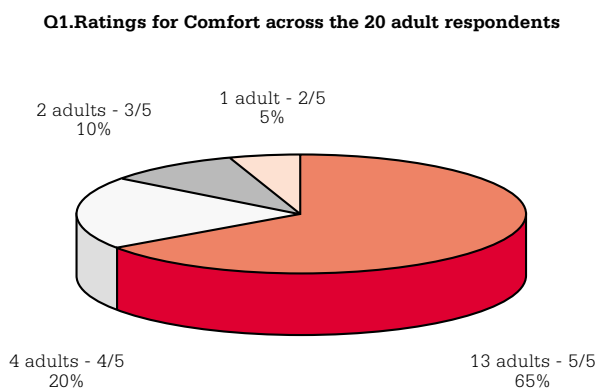
The following graph shows the 29 adult respondents in terms of their racial and cultural backgrounds.



3. Questions and Responses - Adults

Comfort Rating

Service users were asked to evaluate the physical environment provided by the project by rating the comfort of the rooms they used. Of the adults having contact, 73% (8 respondents) awarded 5 out of 5 for comfort rating, 18% (2) awarded 4 out of 5 and 9% (1) gave 3 out of 5. For the adults bringing children for contact, 55% (5 respondents) awarded 5 out of 5, 22% (2) awarded 4 out of 5, 11% (1) gave 3 and 11% (1) gave 2 out of 5.



The Way Staff Speak to Service Users

Service users were asked to indicate 'Yes' / 'No' or 'don't know' to show if they were 'happy with the way staff spoke' to them. The response was a universal yes. All 20 adult respondents (100%) ticked 'Yes' and many added further positive feedback comments in the free response space provided.

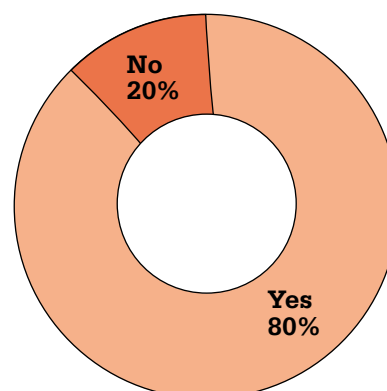
Continuity of supervision

Service users were asked to indicate ‘Yes’ / ‘No’ or ‘don’t know’ to say if the same worker had supervised most of their contact sessions. Both ‘contact’ and ‘waiting’ adults responded. 80% (16 respondents) ticked that the same worker supervised most of their child’s contact sessions. Even among the 20% (4) who ticked ‘No’, additional free responses were very encouraging. One added, “The supervisors were able to relate better than at the other centers”. Another added, “The approach is very positive, professional and caring”.

Service Users Satisfaction

Questioned as to whether they felt satisfied overall with the service being provided by Coram Meeting Place, the 19 adults who responded said they were ‘Satisfied’. One respondent did not answer. Therefore, 95% of adult respondents were satisfied with the service they were receiving. This is very significant as those that responded were highly representative of the racial / cultural diversity of the project’s clients.

Continuity of Supervisor



4. Questions and responses - children

How children feel

Asked to indicate how they felt when visiting the project 6 of the 9 children (67%) responded that they were happy, 2 (22%) were OK, neither happy nor sad and 1 (11%) indicated feeling unhappy.

The Way Staff Speak

7 children (78%) responded that they were happy with the way that staff spoke to them. 2 children (22%) indicated they were OK, neither happy nor sad at the way staff spoke. It is worth noting that none of children ticked the ‘unhappy’ response.

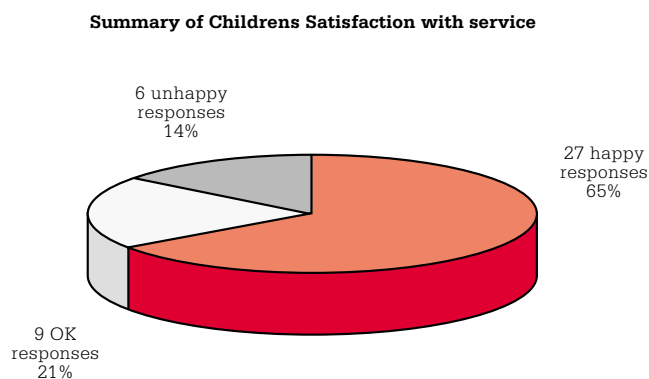
Toys and Games

The children were asked whether the toys and games provided were fun to play with. 6 children (67%) responded happily, 1 (11%) was OK, neither happy nor sad and 2 (22%) were unhappy. It was noted that the two children who expressed unhappiness about the toys were in the older age group (12+) and both had been using the project for some considerable time: both moved on to home visiting contact shortly afterwards. The older of the two added the free response comment that she would “like more toys for older children to make visits more interesting”.

The help you got from the workers

Child respondents were asked to rate help offered them by staff during their visit ‘today’ by using a star rating choice: 1 up to 3 stars. 3 children (34%) awarded 3 stars, 2 children (22%) awarded 2 stars and 1 child (11%) awarded 1 star. 3 children (33%) did not respond to this, the longest question, each of these three children being in the youngest age group (under 5’s).

The following graph summarises the total of happy, 'OK', and unhappy responses given by all 9 children across all 4 questions.



5. Customer comments / suggestions

These are some of the positive comments that service users freely volunteered about Coram Meeting Place:

“There is a lot for the children to do, staff are polite. It is safe”.

“Very impressed with the policy of putting child first and addressing resident parents’ concerns”.

“The cozy setting, like a home, the security while waiting is reassuring, the positive approach the staff have to contact, the patience and respect of the staff”.

“The staff are helpful and there to talk to”.

“We meet in a friendly and family atmosphere”.

“Relaxed atmosphere, extremely helpful and friendly staff. Not having to meet with other parents/children and hearing their stories”.

“Really vital resource, well trained staff, high level of integrity, good range of toys/games for the children”.

Adult customers’ suggestions on how to improve the service

These are some of the suggestions made by service users to the free response question of how to improve the service:

“It would be very hard to improve the already existing high standards”.

“I do find arriving in the car park hard as I worry about bumping into the other party. But I can’t think of way to avoid this”.

“Wanting parents to be assessed for parental skills”.

“To make the rooms and corridors more brighter and interesting”

“ Put the television back in the waiting room”.

“Building needs improvement”.

“You’re doing so well, I can’t think of any”.

Children’s suggestions on how to improve the service

These are some of the children’s suggestions:

“Make time spent here longer”.

“Make the rooms more bright and enjoyable”.

“More children that my mummy can bring – friends”

“More toys”

“More trivia games”

“Well, I will like PlayStation 2 to play because I am 9_ and most of your toys are for young children”.

6. Complaints Procedure

Adult service users were asked to say if they knew how to formally complain about the service. The response showed that the majority of service users knew the complaints procedure - 60% (12 respondents). However, we do recognize that this needs to be improved upon and we are taking measures to ensure that all our service users are adequately acquainted with the complaints procedure.

7. Conclusions

Drawing conclusions from the feedback obtained from service users, the children - particularly the older ones - are asking for more age-appropriate toys and games, and the adults although feeling very positive about the service that we offer, would like to see some renovation to the building. The resident parents/carers, in particular, would like to see a face-lift for the secure waiting room, and with resources like a television made available in the waiting room.

Concerning the issue of continuity, we aim to make sure that the same worker supervises 70% of a child’s contact visits and user feedback shows that we managed to achieve 10% above our target in this area.

Overall, the responses have been very positive but we are not going to sit on our laurels; we will be taking into consideration the various views expressed by service users and making the necessary adjustments where appropriate.

8. Head of Service's Response

Firstly, on behalf of the service users – children and adults - who took the time to participate in this customer feedback evaluation I want to thank Jane Widdowson, Project Social Worker, for taking responsibility for getting the whole thing going amidst much other work. In particular, I want to thank Mr. Foley Makinde, student social worker, for all his hard work collating, organizing and presenting the data.

Starting at the end as it were, it is a significant finding, at section 6, that the proportion of adult respondents who stated that they know how to access Coram's formal complaints procedure climbed from 25% at the previous user evaluation (1998) to 60% in 2001. That we have not had a single complaint during this noteworthy growth in awareness is, I believe, evidence of the professionalism of our social workers and of the service generally - as cited by respondents' written comments to this survey - and also of our commitment to listen to, learn from and respond to service user feedback.

The number of respondents – 29 – means that only 19% of the people using Coram Meeting Place during the evaluation period responded to the survey; this despite a costly postal drop to all (100%) of service users and free anonymous access to questionnaires in the project over a nine month period. However, the fact that 14% of all responses from children and 21% overall responses from adults were negative, suggests this is a representative sampling as no formal complaints have been made during the same period despite the 35% increase in customer 'complaints awareness'. Given the emotionally fraught, legally litigious and predominately abusive/victimised circumstances of the respondents the fact that 100% of our adult respondents said they were 'satisfied' with our service, and 86% of our child respondents said they were either 'Happy' or 'OK', is a testament to the work of staff team.

We will learn from this survey and we will respond with targeted extra resources. £1,000 from the trust fund 'Wednesday's Child' is already being spent on older children's music and crafts materials and redecorating work has been completed on two of the 'contact rooms' and a corridor.

Alan Slade

Head of Service

CHILD CONTACT SERVICE

A LOCAL AUTHORITY MONITORING FORM 2002/2003

Name of organisation

CORAM FAMILY (formerly the Thomas Coram Foundation for Children)

Title of funded service:

CORAM CHILD CONTACT SERVICE (CCCS)
 ‘The Meeting Place Project’ – ‘supervised’ child contact

Authorised representative of organisation responsible for completion of this monitoring form:

Alan Slade, Head of Service

Telephone

020 7278 5708

Quarter number: (circle)

1

2

3

4

Dates monitoring information relates to: (e.g. 1/4/99 to 30/6/99)

1st April 2002 to 30th June 2002

- this monitoring form must be completed every quarter during the term of the funding arrangement
- please contact your social services department link officer if you have any queries regarding the completion of this form
- please return this form to your link officer within three weeks of the end of the quarter referred to in the monitoring information

Please disregard any questions that clearly do not relate to the service you provide. If you are unclear about the relevance of any question please seek advice from your social services department link officer. You may add any relevant information to this form if you wish.

1. Service users

1.1 State who the service users are – for example:

Individuals, children, carers etc. (if you have more than one group of service users, please give a breakdown when answering each question, e.g. Children and families or carers and cared for).

Children and families

1.2 State the number of individual service users registered for your service at the start of the quarter.

1st quarter	2nd quarter	3rd quarter	4th quarter

1.3 State the number of individual service users on the waiting list at the start of the quarter (waiting to receive the service).

1st quarter	2nd quarter	3rd quarter	4th quarter

1.4 State the number of individual service users who joined the service during the quarter.

1st quarter	2nd quarter	3rd quarter	4th quarter

1.5 State the number of individual service users who left the service during the quarter.

1st quarter	2nd quarter	3rd quarter	4th quarter

1.6 State the number of individual service users registered for your service at the end of the quarter (i.e. 1.2 add 1.4 and subtract 1.5).

1st quarter	2nd quarter	3rd quarter	4th quarter

1.7 State the number of individual service users on the waiting list at the end of the quarter.

1st quarter	2nd quarter	3rd quarter	4th quarter

2. Actual usage of the service this quarter

2.1 Please state the total number of new referrals during the quarter and give a breakdown of the source of these referrals.

1st quarter	2nd quarter	3rd quarter	4th quarter

2.2 Please state how many referrals were declined during the quarter and state the reasons for non acceptance.

1st quarter	2nd quarter	3rd quarter	4th quarter

2.3 Please state how many service users were excluded from the service during the quarter and give reasons and any other relevant details.

1st quarter	2nd quarter	3rd quarter	4th quarter

2.4 State the total number of individual service users who actually received a service during the quarter.

1st quarter	2nd quarter	3rd quarter	4th quarter

2.5 State the cumulative total number of individual service users in 2000/2001.

1st quarter	2nd quarter	3rd quarter	4th quarter

3. Of the total number of service users receiving a service during the quarter (2.4), please state how many fall into the following classifications:

3.1 Gender

	1st quarter	2nd quarter	3rd quarter	4th quarter
Female	Children Adults			
Male	Children Adults			

3.2 Age range

Note: CCSS does not receive nor require, routinely, access to dates of birth of parents/adults who use the service.

	1st quarter	2nd quarter	3rd quarter	4th quarter
Under 8				
8 - 15				
16 - 17				
18 & over				

3.3 Ethnic

	1st quarter	2nd quarter	3rd quarter	4th quarter
WHITE				
White British				
White Irish				
Greek/Greek Cypriot				
Turkish/Turkish Cypriot				
White (Other)				
MIXED				
White & Black Caribbean				
White & Black African				
White & Asian				
Other Mixed Parentage				
ASIAN & ASIAN BRITISH				
Indian				
Pakistani				
Bangladeshi				
Other Asian Background				
BLACK OR BLACK BRITISH				
Caribbean				
African				
Other Black Background				
CHINESE OR OTHER ETHNIC GROUP				
Chinese				
Any Other (please state)				

3.4 Location by electoral ward

1st quarter	2nd quarter	3rd quarter	4th quarter

3.5 Disabilities

- Individuals may appear in more than one of the following categories
- Please state where a disability type is not monitored.

	1st quarter	2nd quarter	3rd quarter	4th quarter
Physical Disability				
Those in above category who are wheelchair users				
Sensory Impairment				
Learning Difficulties				
Mental Health Problems				
HIV / AIDS (state)				
Other (please specify)				

4. Service frequency

Were there any exceptions to the agreed operating times for the service, during this quarter?
If so, please give details and reasons.

None

5. Performance indicators (please refer to paragraph 6.1 of service specification).

Outputs (including measure of volume of actual service delivered)

Indicator	Target	Actual				Comments
		1st	2nd	3rd	4th	
Contact Sessions Booked	48.5	71				See 8.2 Below
Contact Sessions Occurred (Charged Under Contract)	48.5	68				
Consistency Of 'Worker' To Family Contact	70% of sessions to be supervised by same worker					
Anti Oppressive Practice	70% of families to have worker of similar racial/ethnic background					
Familiar Environment	70% of sessions to take place in same family room					
Staffing	Suitably qualified, experienced workers for families					
Beneficial Contact	Minimise disruptive behaviours and promote planned, consistent and reliable contact					

6. Quality of service

6.1 Please give details of any complaints received this quarter and state action taken and outcome achieved.

6.2 Please detail any methods for obtaining user or carer feedback used this quarter and briefly outline feedback obtained. State action taken and outcome achieved.

7. Staffing (supervised contact only – does not include coram contact centre – ‘supported contact’)

7.1 Please state the number of staff employed at the end of the quarter, stating whether they are full or part time; indicate any vacancies that exist.

7.2 Please state number of volunteers being used at the end of the quarter.

7.3 Please state the number of staff who have left during the quarter and the number of staff who have joined during the quarter.

7.4 Please detail any training for staff and volunteers that has taken place over the quarter.

8. Contract performance

8.1 Are payments under this service agreement being made within the time limits set out in the service agreement.

8.2 Please make any comments you feel appropriate about the operation of the service agreement, the monitoring or the role of the social services officers involved.

8.3 Please make any other comments you wish.

Financial information

- Please provide six monthly (delete as appropriate) management accounts showing income and expenditure in relation to this service agreement/service specification.
- Please send a copy of your organisation's audited annual accounts and annual report as soon as available.

CHILD CONTACT SERVICE - APRIL 2002

TOOLKIT 12

MONTHLY MONITORING FORM

CHILD'S FAMILY NAME & D.O.B.	SOCIAL WORKER CAFCASS OFFICER	SUPERVISED BY	CHILD'S ETHNIC & RACIAL BACKGROUND	VISITS BOOKED	VISITS OCCURRED	OUTCOMES

Monthly total:
Visits charged year to date:

Excess this month
Excess visits for year:

This guide draws on Coram's 15 years experience of supervising and assessing contact for children in care, for children of family divorce and separation and for adopted children. It reviews child contact law, theory and research and goes on to provide detailed guidance on all aspects of safe and beneficial contact supervision, and includes a 'toolkit' of forms and assessment tools to assist agencies and practitioners in their child contact work.

Coram Community Campus

49 Mecklenburgh Square
London WC1N 2QA

Tel: 020 7520 0300

Fax: 020 7520 0301

Email: reception@coram.org.uk

Web: www.coram.org.uk

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