



Australian Government

Attorney-General's Department

Establishment of an Accreditation Scheme for Children's Contact Services

Consultation Impact Analysis
Attorney-General's Department



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Executive Summary

This Consultation Impact Assessment (IA) has been prepared to consider options to enhance the operating standards and safety associated with providing Children's Contact Services (CCS). It has been developed by the Attorney-General's Department (the department) in accordance with *The Australian Government Guide to Policy Impact Analysis* and in consultation with the Office of Impact Analysis (OIA).

The document covers the first four of the seven standard IA questions:

1. What is the problem you are trying to solve and what data is available?
2. What are the objectives, why is government intervention needed to achieve them and how will success be measured?
3. What policy options are to be considered?
4. What is the likely net benefit of each option?

Following feedback from stakeholders this document will be expanded to cover the three remaining IA questions:

5. Who was consulted and how was their feedback incorporated?
6. What is the best option from those you have considered and how will it be implemented?
7. How will the chosen option be evaluated?

Children's Contact Services as part of Australia's family law system

The *Family Law Act 1975* (Family Law Act) provides that children should maintain a relationship with both parents in the event of family breakdown and separation, where it is safe, reasonably practicable and in the best interests of the child to do so. Children's contact services enable children of separated parents to have contact with the parent they do not live with, in circumstances where parents are unable to manage their own contact arrangements.

Children's contact services have operated in Australia since the early 1980's, with government funding commencing in 1995 and gradually increasing as demand for services has grown. Over time the number and spread of services has increased, including a wider network of privately-operated services.

As awareness of complex family dynamics surrounding separating and post-separation parenting has grown, more is known about the prevalence of factors which pose a risk to the safety of family members. Given the potential that these complex family dynamics need to be managed in the CCS setting, there have been calls for regulation of the sector, to provide greater assurances that users of these services, particularly children, are receiving safe and appropriate support while maintaining contact with parents, members of extended families or other significant people in their lives (**hereafter referred to as 'parents'**).

As the use of children's contact services most commonly occurs in post-separation scenarios where risks to either parent/child have been identified, there have been public calls to apply minimum operating standards to reduce risk to children, parents and staff of CCS centres.

Open consultation processes run by the Attorney-General's Department in 2021 and 2022 indicated general support for an accreditation scheme for children's contact services, although no single design or set of accreditation requirements was identified.

Recommendations for reform

The 2019 comprehensive review of Australia's family law system, conducted by the Australian Law Reform Commission¹ (ALRC), recommended greater government oversight of the sector, taking into account the vulnerability of parties using a CCS. This approach was also supported by the Joint Select Committee² (JSC) on Australia's Family Law System in its series of 2021 reports.

The Australian Children's Contact Association Inc (ACCSA), a peak body for the sector, is also advocating for a national accreditation system that requires all children's contact services to meet the requirements of government-funded services. All funded, full fee paying and private CCS that affiliate with ACCSA support the introduction of a national CCS accreditation system.³

Current status of accreditation

On 10 June 2025 changes to the *Family Law Act 1975* as a result of the *Family Law Amendment Act 2024* came into force. The amendments, among other things, establish a framework for regulation of the CCS sector. This framework would be enacted through the creation of accreditation rules if the government chooses to proceed, following its consideration of a finalised IA. The inclusion of this establishing framework in legislation does not preclude the government of the day electing to not proceed with accreditation, or selecting any particular option for accreditation, at a later date.

Options for consideration

In considering the ALRC's recommendation for increased oversight of children's contact services, a number of options have been identified and assessed. These are:

1. Status quo
2. Introduction of a light-touch regulatory regime, requiring standards to be met at the organisation/provider level
3. Introduction of a moderate level regulatory regime, requiring standards to be met at both the organisation/provider and the individual practitioner level
4. Introduction of a comprehensive regulatory regime, with strict standards for the operation of a CCS, supported by strong validation and verification requirements.

These options were developed considering a range of views obtained through consultation with the sector and public.

Further information on these options is provided in response to IA question 3.

¹ Family Law for the Future: An Inquiry into the Family Law System (ALRC Report 135), 2019, [Family Law for the Future: An Inquiry into the Family Law System \(ALRC Report 135\) | ALRC](#)

² Joint Select Committee on Australia's Family Law System, 2021, [Joint Select Committee on Australia's Family Law System – Parliament of Australia \(aph.gov.au\)](#)

³ <https://accsa.org.au/about/>, ACCSA website, current as at 20 February 2023

Net benefit of reforms

Further information on the policy and net benefit analysis of the reform options will be provided in response to IA question 4, following input from stakeholders. Indicative analysis is provided in this document to assist in assessing the likely scale of the impact of various reform options.

How to make a submission

We invite submissions in response to the potential impacts of, or identification of impacts of, the proposed accreditation scheme and, in particular, in response to the specific consultation questions set out in the consultation paper.

The easiest way to make a submission is to complete our online questionnaire on areas that are of interest to you. You can provide responses to as many or as few questions as you like. Further instructions on completing an online submission are located on the department's Consultation Hub at [Attorney-General's Department - Citizen Space \(ag.gov.au\)](https://www.ag.gov.au/Attorney-General's-Department-Citizen-Space).

We will only publish your submission if you advise us to do so. When making a submission through the Consultation Hub, you can indicate if you would like your submission published or if you would like to make an anonymous submission.

We encourage you to not disclose personal information when making a submission. Submissions must not directly or indirectly identify persons, associates of persons, or witnesses involved in family law proceedings or using a children's contact centre. This means that submissions should not include details like a person's name (or their children), address, workplace, or school. Section 121 of the Family Law Act makes it an offence, except in very limited circumstances, to publish this information.

If you advise us to publish your submission, you will be required to acknowledge and agree that you have made all reasonable efforts to:

- clearly label material in your submission where the copyright is owned by a third party, and
- ensure that the third party has consented to this material being published.

Even if you advise us to publish your submission, we reserve the right to leave unpublished any submission or part thereof, in particular if we consider that:

- publishing a submission or part of a submission would be in breach of subsection 121(1) of the Family Law Act
- a submission or part of a submission contains copyright material, publication of which may be in breach of the Copyright Act 1968 (Cth)
- a submission breaches the department's submission requirements, in particular that it contains photos, is in a large file (larger than 25MB), or in a file type not specified by the department.

Submissions may be subject to freedom of information requests, or requests from Parliament, which we will consider and respond to in line with regulatory requirements.

Note on coverage of this IA

Children's contact services which provide a safe mechanism for contact between a parent/child within the family law context exist separately to support mechanisms for children maintaining contact with parents in a child protection context (for example temporary or permanent child removal under state or territory child protection schemes). While services facilitating contact in both a family law and child protection scenario may have similar operating requirements, this IA relates only to public and privately-operated services providing for children's contact in a Commonwealth family law context. Any services providing contact solely between parents and children in a child protection or related operating context are not covered by this IA, nor are they proposed to be required to comply with any proposed regulatory scheme (if recommended). Where a service is providing contact for both family law and child protection cases, the CSS will be required to seek accreditation and comply with the proposed standards.

Note on terminology

When referring to the delivery of children's contact services at a specific location (for example at a centre run by an organisation established to facilitate contact between a parent and a child) the abbreviation CCS may be used. *For example: The CCS will be required to This form of reference is intended to refer to a specific provider.*

When referring generally to the sector or the availability of a contact service, the phrase children's contact service will be used. *For example: ... in order to deliver children's contact services. This form of reference refers to the provision of services more generally.*

When referring to significant parties in a child's life, the term parents is used for simplicity. As noted on page 3 of this consultation Impact Assessment, significant persons in a child's life extend beyond parents and can include direct and indirect family members, or extended concepts of kin and family. For ease of reference the term parents is used but may include a much broader range of parties with an interest in a child's life, as recognised under the Family Law Act.

1. What is the problem you are trying to solve and what data is available?

Overview

In 2023, the number of divorces granted in Australia was 48,700, 1.1% lower than in 2022 where rates of divorce returned to more usual levels after administrative changes led to the finalisation of more divorces in 2021⁴. The median duration of marriages (from marriage to divorce) increased to 13 years, and the median age at divorce increased from 45.9 in 2021 to 47.1 in 2023 for males, and from 43.0 to 43.7 for females⁵. In 2021 47.8% of the divorces granted were of couples with children under 18 years⁶.

In the period between 1 July 2023 and 30 June 2024 the Federal Circuit and Family Court of Australia reported that:

- In 73% of matters, one or more parties alleged that a child had been abused or was at risk of child abuse.
- In 83% of matters, one or more parties alleged that they had experienced family violence.
- In 77% of matters, one or more parties alleged that a child had experienced family violence.
- In 55% of matters, one or more parties alleged that drug, alcohol or substance misuse by a party had caused harm to a child or posed a risk of harm to a child.
- In 61% of matters, one or more parties alleged that mental health issues of a party had caused harm to a child or posed a risk of harm to a child⁷.

Only a small number of post-separation family arrangements require the assistance of the Courts, but it is reasonable to assume that these same risks are present in at least a proportion of the large number of separations settled without the assistance of the Court.

⁴ [Marriages and Divorces, Australia, 2023 | Australian Bureau of Statistics](#) and [Marriages and Divorces, Australia, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#), sourced 28 May 2025 and 5 March 2023

⁵ [Marriages and Divorces, Australia, 2023 | Australian Bureau of Statistics](#) and [Marriages and Divorces, Australia, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#), sourced 28 May 2025 and 5 March 2023

⁶ [Marriages and Divorces, Australia, 2021 | Australian Bureau of Statistics \(abs.gov.au\)](#), sourced 5 March 2023.

⁷ [FCFCOA Annual Report 2023-24](#), page 9, sourced 28 May 2025

In situations where significant safety risk or trauma has occurred it can be difficult to give effect to orders or arrangements which allow for contact between the child and both parents without assistance. Children's contact services provide a safe, neutral venue for the transfer of children between separated parents, where separated parents are not able to meet without conflict. Where there is a perceived or actual risk to the child, children's contact services provide supervised contact between a child and their parent. Since their initial establishment the role of children's contact services has extended beyond the facilitation of contact, to also include a more child-centred model of intervention that assists children and parents to achieve sustained and workable long-term arrangements. A goal of many⁸ children's contact services is to support families to move through their services and on to self-managed arrangements away from the service, when it is considered safe to do so. The primary client of a CCS must always be the child.

Services offered by different providers may vary but tend to include the following:

- a) Facilitated changeovers (ie creating a process where parents do not come into contact with one another when the child leaves the supervision of one parent in the process of visiting the other parent, where the visit can occur without supervision)
- b) Supervised visits (where the contact session with the child occurs under the supervision of CCS staff)
- c) Supported/monitored contact (a less involved form of supervised contact where a CCS employee may be available to provide assistance but may not be required to be in the presence of the child/parent for the duration of the visit)
- d) Support to transition to self-management, including capacity building to transition between forms of CSS services or other forms of support for the contact, for example in community-based settings
- e) Phone/web-based contact (where the parent/child are not physically able to attend a visit at the same location, with this becoming particularly relevant during COVID-19 lockdowns)
- f) Unsupervised onsite visits (where appropriate, where the 'spends time with' parent can complete the visit without the need for supervision by CCS staff. Facilitated changeovers may still be required in these circumstances)
- g) Transport services associated with facilitating contact between children and their separated parents (this service is not permitted to be provided by government-funded providers).

In 2023-24 nearly 17,000 clients used a government-funded children's contact service over 100,000 times⁹. Assuming that there are as many as twice the number of private providers, the number of client families and their children could be significantly higher, with several hundred thousand child/parent contact sessions occurring each year.

The problem

The children's contact services sector has firmly established itself in its role of providing a mechanism for children and parents to maintain a relationship post-separation, where this cannot be safely managed without assistance.

⁸ Particularly government-funded services. This may also apply in some private settings.

⁹ Unpublished administrative data, Family Relationships Services Program, Community Grants Hub Data Exchange data for July-Dec 2023 and January-June 2024 reporting periods.

Where standards for operating these services are in place (attached to grant funding arrangements), these allow for discretion as to the way in which the standards are applied to individual organisations. Private operators have no requirement to comply with those standards, but may choose to do so voluntarily.

Government-funded CCS are also subject to annual processes to assure the government that their organisations comply with the [National Principles for Child Safe Organisations](#).

The only standard to which all children's contact services providers are understood to be required to conform to are State and Territory requirements for working with children or vulnerable people background checks (in addition to general laws which apply to conducting a business). While these checks are vital in protecting children, they do not address the need for relevant training and qualifications, other background screening measures and physical safety requirements, which could potentially be lacking in the industry. Additionally, there is currently no mechanism available to ensure that children's contact services conform to existing background checking standards.

Over the years, the lack of mandatory standards in the sector has potentially left vulnerable families open to unsafe practices by providers. Concerns around the lack of standards have been expressed in public fora, including two recent, well-regarded reviews of Australia's family law system¹⁰. These reviews gave an opportunity for providers and users of children's contact services to express their preference for enhanced standards, to support more protective outcomes for families.

Consistent and mandatory quality standards, applied uniformly across the children's contact services sector, have the potential to create a more level operating environment (when compared to the current situation), where families can be assured of a minimum level of safety regardless of which service is chosen. This also reduces any incentives to reduce operating standards in order to offer services at lower cost. Families may be prepared to accept lower standards out of desperation to establish or retain contact with their children.

How likely is the risk?

As there is currently no mandated reporting system for incidents/complaints across the whole sector, there is no data set which accurately captures potential and realised risks to CCS users.

ACCSA has previously provided limited (deidentified) information to the department outlining the nature of the issues which can give rise to complaints about children's contact services. In 2017, ACCSA provided advice to the department that it was receiving approximately one complaint per week about private children's contact services. The complaints received included:

- inappropriate supervision of children
- concerns regarding quality of risk assessments and risky service provision
- not providing information to families when requested
- bias towards one parent (including concerns of threats of 'negative reporting' by CCS staff against a parent)
- failure in process (eg breaches of confidentiality, failure to conduct intake sessions, poor complaints management processes).

¹⁰ Family Law for the Future: An Inquiry into the Family Law System (ALRC Report 135) available at: [Family Law for the Future: An Inquiry into the Family Law System \(ALRC Report 135\) | ALRC](#)

Joint Select Committee on Australia's Family Law System available at: [Joint Select Committee on Australia's Family Law System – Parliament of Australia \(aph.gov.au\)](#)

Government-funded services are required to report critical incidents to the government under the terms of their funding agreement. Incidents which can, and have, occurred include:

- attempted or actual child abduction
- data breaches
- harassment/stalking
- children leaving a community visit location when unsupervised
- inadequate supervision of a child with a parent convicted of offences, which indicate a potential increased risk of harm to a child, and
- aggression towards clients or staff of the CCS.

Where a child's wellbeing is at risk there are few objective measures of the level of 'acceptable risk' which can be considered. Harm, once caused, cannot be undone, and could have potentially lifelong implications.

The broader contextual risks to families involved in CCS services is also relevant. Families referred to, or self-selecting to use, children's contact services typically have a history of protracted conflict and multiple risk factors, including the potential for family and domestic violence (witnessed by or perpetrated on the child), and high risks of other forms of abuse. Children's contact services staff must be vigilant to protect against the potential for a child to continue to be affected by this, even in a supervised setting, with the risk of traumatisation/re-traumatisation potentially very high.

Consultation questions:

The IA can be strengthened by public comment in relation to the risks which exist in relation to using a CCS or providing a CCS service, and more detailed information on the frequency of these risks occurring. To assist in collecting this information, we seek responses to the following consultation questions:

1. What are the most common risks to families and children's contact services employees?
2. Are there other community risks to CCS services being provided in the community which should be considered?
3. The government is asking for feedback on what data is available to show how often families face these risks and how those risks affect them, to help understand how big the problem is. Please describe the data source(s) or provide examples, if available.
4. Is there an argument to suggest that risks in children's contact services are overstated? If yes, please outline your reasoning.
5. Is there anything else that should be brought to the attention of government in relation to the question "what is the problem you are trying to solve"?

2. Why is Government action needed?

Overview

A child's best interests and safety when remaining connected to a parent are important considerations enshrined in the Family Law Act and aligned with international obligations under the UN Convention on the Rights of the Child. In maintaining that relationship, families should be able to trust that services they access, particularly if court-ordered, will be safe and act to the benefit of the parties.

The sector has grown in an environment of limited oversight. An increasing awareness of the risks which this poses has drawn attention to the need to more actively consider ways to ensure the safety of a vulnerable cohort accessing essential services. Support for accreditation was evident through the 2019 ALRC and 2021 JSC inquiries, and reaffirmed during the department's 2021 and 2022 consultations with the sector.

Recommendations for reform

In March 2019, the Australian Law Reform Commission (ALRC) presented its Final Report on its inquiry into the family law system.

The ALRC found "CCSs that are not funded by the Australian Government are not subject to regulatory oversight. Increasing numbers of private organisations and individuals are offering these services to fill a gap—due to low numbers of government funded CCSs and the associated long waitlists to access these services. Consequently, some of the most vulnerable children and families are being provided a crucial safety service by organisations or individuals lacking accreditation or oversight".

"Stakeholders to this Inquiry raised concerns about the safety and quality of unregulated CCSs. Several identified a need for regulation and accreditation across the CCS sector, to ensure safe and high-quality services are provided by both government-funded and private services. The Australian Children's Contact Services Association (ACCSA)—an independent, voluntary, and non-profit association for CCSs—agreed that a national accreditation system should be established, applying to both government funded and private CCSs. ACCSA suggested the accreditation system should include practice principles, administrative guidelines, and safe environment standards, as well as qualification requirements for CCS practitioners. The accreditation system could draw on the Guiding Principles and Approval Requirements and cover matters including staff supervision, intake and assessment, and complaints management".

Recommendation 54 of that report proposed:

The Family Law Act 1975 (Cth) should be amended to:

- require any organisation offering a Children's Contact Service to be accredited; and
- make it an offence to provide a Children's Contact Service without accreditation.

On 15 March 2021, the Joint Select Committee (JSC) on Australia's Family Law System released its second interim report. In undertaking its review the JSC accepted "the evidence from a range of submitters and witnesses to the inquiry that all CCSs must be regulated to ensure compliance with the Guiding Principles, and ultimately the safety of children and other vulnerable parties engaging these services". The JSC recommended that the Australian Government lead the establishment of mandatory accreditation, standards and monitoring processes, including complaints mechanisms and ongoing professional development requirements for Children's Contact Services (recommendation 9).

In the context of these reviews, concerns were raised to the effect that unregulated children's contact services pose a serious safety risk to the families who use their services, as the families are often 'high-risk' (present with complex issues such as substance abuse, child abuse and family violence) and require supervision by appropriately trained and qualified staff, in an environment which is capable of protecting the children, families and staff.

Why should further action be considered

Limited or inconsistent uptake of existing standards

Despite the existence of best practice principles since 2014 there has anecdotally been limited or inconsistent implementation across the sector. With no oversight or audit mechanism it is not possible to know to what extent the sector has been influenced by, or adheres to, these best practice standards.

More known about the risk factors present in vulnerable families post-separation

Contemporary data indicates that serious risks are present in a large number of family law cases which proceed to a hearing before a court. The majority of cases referred to children's contact services are understood to be court ordered. This increases the likelihood that CCS clients have high or very high-risk factors present in their post-separation relationship, and often multiple risk factors at play.

Without intervention, the risk that services can operate without a guarantee of minimum safety standards in an environment where there are known safety risks will continue to be present. Inadequate service standards, including safety and supervision of contact sessions, introduces (compared to a no contact scenario) the risk that a child could be re-traumatised, or that through the child the lives-with parent could be subject to ongoing risk, such as fearing personal safety if the child inadvertently provides information in relation to the other parent's address (for example).

Benefits of national consistency

Introduction of a nationally consistent set of minimum operating standards will provide the same assurances to families, regardless of where they reside, that the CCS they access will act in the best interests of the child and provide safe services to the family.

Individual children's contact services are unlikely to have the market power to create positive change (for example stimulating the development of targeted training packages for CCS staff). By creating a set of nationally consistent requirements, and a resulting demand for access to new services to support accreditation, market factors can help to create new opportunities to reinforce the achievement of any new quality standards.

Sector self-identified need for government intervention

Consultations conducted by the department in 2021 identified majority support for the establishment of an accreditation scheme which applied to both government-funded and private operators.

Noting that there will not be unanimous agreement on this issue, the majority view - that stronger action than industry self-regulation is required to consistently improve CCS operating standards - is present. The sector's peak body, ACCSA, is a supporter of the need for accreditation of CCS providers to improve standards. ACCSA represents both government-funded and private operators, providing a balanced voice in discussions about the need for intervention.

Community Trust

Consistent operating standards reduce the risk that services can operate in unsafe ways. There may continue to be a risk that there are families that are willing to sacrifice service standards to achieve contact time with children. Removing this risk, avoiding the risk of a partial solution (such as through variable uptake as a result of self-regulation) and levelling the playing field for all operators of the same service, work to enhance community confidence in the services offered.

Potential for standards to reduce the risk

The various benefits and costs of different approaches to mitigating the risks associated with providing children's contact services are discussed in more detail in the following sections. However, improvements could be made in relation to:

- minimum staffing standards – to ensure that staff have the skills required to provide a safe, child-focussed service to families
- minimum physical standards – to support secure and safe exchanges between parents and children in a physically safe and appropriate environment
- minimum operating policies – to create a practice environment which supports the achievement of the objectives of the service, the child and the family
- reporting mechanisms – to ensure that standards are maintained and that issues can be identified and remediated in order to continue to provide safe services.

How could success be measured

Success could be measured through monitoring the activity, and outcomes of the activity of, the regulatory body. Alternative measures (such as trust of individuals in the broader CCS system) are not robustly assessed, can be very subjective and are expensive to assess and monitor.

In terms of achieving SMART goals (specific, measurable, achievable, relevant and time-bound) these can be linked to:

- Evidence of improved safety cultures in centres (eg numbers of CCS with more than the minimum number of physical safety measures in place, numbers of CCS with demonstrable safety policies in place)
- Evidence of increasing skills in practitioners (eg conversion from trainee to practitioner status; rates of completion of ongoing professional development (if relevant))
- Number of complaints validated through investigations, or number of conditions/penalties imposed (with fewer investigations and conditions/penalties (as tracked over time) an indication that policies are supporting the provision of a safe service).

If accreditation is pursued, the different models outlined in this IA may provide different opportunities to develop appropriate measures of success (based on the different standards to be met to achieve accreditation).

Consultation questions:

The IA can be strengthened by public comment in relation to whether a government response is appropriate and likely to be an effective way to address the problem (as outlined in the previous section). To assist in collecting this information we seek responses to the following consultation questions:

6. Are there other reasons why you consider a government response is or is not required? Please provide any evidence supporting this position if available.
7. Of the identified types of risks present in the children's contact services environment, **can or should** any of these be addressed by mandatory operating standards? If yes, why?
8. Are there types of risks present in the children's contact services environment that **could not or should not be addressed** by mandatory operating standards?
9. If an accreditation scheme were established, what measurable signs of success should be considered? If these involve reference to a baseline (for example, 'reduction in the number of....' type measures), please indicate a possible source of data to establish the baseline, or how a baseline could be developed prior to the commencement of accreditation requirements.

3. What policy options are you considering and what are their impacts?

Options

The department has identified four options for consideration. These options predominantly reflect, in different ways, feedback provided in consultations conducted with the public in 2021 and 2022. The options have been tested with an Advisory Body established by the department, specifically to seek the views of practitioners with on-the-ground experience of operating both government-funded and private children's contact services. The views of peak bodies representing these organisations were also sought. The department thanks the representatives for their time and careful consideration of the various options, with these discussions improving our understanding of the merits, disadvantages and likely impacts of different approaches. **The inclusion of any option in this paper is not intended to indicate that the Advisory Body supported or disagreed with any option.**

The options contain increasing levels of intervention, designed to improve safety standards through higher compliance thresholds. Where an accreditation scheme is proposed, implementation and monitoring would be achieved through the establishment of a regulator. Under the requirements of the accreditation scheme providers would be assessed against a known set of requirements, and would be required to demonstrate that these standards are maintained throughout the period where services are delivered.

The possible requirements for each different regulatory model (Options 2 – 4) are outlined in greater detail in **Attachment A**. Option 1, as the status quo, is not included in this attachment, as no new requirements are imposed. Following consultation these may be subject to change. The inclusion of any option in this analysis does not indicate a preference for that option.

In addition to the detail provided at Attachment A, all options are assessed against four core criteria:

- Centre-based accreditation criteria
- Community-based service accreditation criteria
- Individual registration criteria
- Complaints mechanisms.

The below analysis also outlines the differing impacts expected from each option. Readers may elect to engage directly with the detail in Attachment A, or be guided only by the analysis in this Chapter.

The expected costs and benefits of each approach will be refined following the review of information provided in response to the Consultation IA. Where this is available, broad estimates of costs have been included. Many are based on assumptions due to lack of robust data at this time.

For the purposes of the net benefit analysis tables, government operating costs are not included, although it is acknowledged that these will be present. All models anticipate some level of government activity, ranging from intermittent updates to policy/guidance (status quo model) to the establishment of a regulatory body with increasing levels of complexity and responsibility. Costs to government would likely increase across the proposed accreditation models and early estimates are provided in the sections below.

In summary the different options involve the following characteristics:

Attribute	Status Quo	Low intervention option	Medium intervention option	High intervention option
		\$3.6-\$10.5 million	\$73.3- \$99.8 million	\$303.4 -\$395.5 million
Registration as a practitioner			Minimum standards experienced practitioners	Minimum standards for new entrants and experienced practitioners
Mandatory security features (policies and physical attributes)			Assessed as appropriate by regulator (minimum number of features must be present)	Assessed as appropriate by external body (minimum number of features must be present)
Provide policies for external review				
Penalties for non-compliance (administrative and civil)				
Ongoing obligations as a practitioner - Minimum ongoing professional development requirements				
Public register		Partial Organisation only – minimal detail	Organisation (additional detail) and individual	Organisation (additional detail) and individual
Audit requirements				
Complaints mechanism in place	Partial (required for funded services)			External review
Policies to support safe and effective provision of service	Partial (required for funded services, voluntary for private services)			
Risk frameworks in place	Partial (required for funded services, voluntary for private services)			

Key:

Not required	Partially required	Required
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3.1 Option 1 – Status Quo

Description

The status quo option requires no change to the current operating environment. Services funded by the government will continue to be required to comply with the guiding principles. Private operators will continue to be able to access the guiding principles, and adopt them as they consider appropriate. Government can promote the guiding principles as supporting good quality service.

There will be limited increase in operating costs. The guiding principles will likely be reviewed and updated from time to time in consultation with the sector, and there may be additional costs associated with adjusting practices to meet any new principles. Regular promotion of the guiding principles and support for the sector (for example sponsorship of sector-wide development conferences) can support promulgation of information about better practice.

Privately operated centres will be able to identify any areas they wish to develop, should they wish to adopt any of the guiding principles.

There will be limited entry barriers to the market for new privately-operated services. The opportunities for new government-funded services to be established will be linked to the availability of grant funding and grant application processes administered centrally through the Community Grants Hub.

Core criteria assessment

Centre-based accreditation criteria

Not applicable. Guiding principles apply in some circumstances.

Community-based service accreditation criteria

Not applicable. Guiding principles apply in some circumstances.

Individual registration criteria

Not applicable.

Complaints mechanisms

No change to current requirements for existing children's contact services. Guiding principles apply in some circumstances.

Benefits

The industry will continue to operate without any additional regulatory burden placed on it.

Government will not need to dedicate resources to increasing its role in monitoring the quality of services offered by the sector.

Challenges

With limited visibility of CCS operations, government will be unable to monitor the safety and quality performance of the sector to periodically test if intervention is required. There is no reason to believe that the current level of incidents or complaints will increase or decrease, but the opportunity to better understand the extant safety risks will be lost. Future exploration of the need for government intervention will face similar challenges relating to limited availability of information.

Other considerations

The CCS sector has supported calls for government accreditation of children's contact services, acknowledging that the opportunity for self-regulation has been available at least since 2014, with the release of guiding principles developed in collaboration with the peak body ACCSA. Despite this, little ground appears to have been made and little improvement is anticipated without government intervention.

Impact analysis - Option 1

This option would have limited impact on the majority of stakeholders. If there were to be any change in the operation of particular children's contact services this would be through voluntary adoption of best practice, whether or not these were included in the government's guiding principles or as a result of evolving best practice in the field.

While any voluntary improvements will likely involve costs, as these are voluntarily implemented, these costs are not considered to arise as a result of any regulatory burden. Service operators are free to make business decisions which affect their operating costs. While those children's contact services operating under grant funding may, under the terms of their grant agreements, require approval for significant shifts in their operations (depending on the nature of those changes), this restriction currently applies and is therefore not considered to be an additional cost beyond status quo.

Correspondingly, in retaining the status quo, there will be few anticipated benefits beyond those currently available (employment and social benefits associated with maintaining contact between a parent/child). Businesses will not be required to divert activity from normal operations towards seeking accreditation of their services, and as such will avoid a potential cost.

In discussions with the Advisory Group there was concern that the status quo option would not support client safety. Based on the experience of operating within the sector, this was not considered to be a desirable option, given the concerns held about potential risks which exist currently.

Regulatory burden estimate (RBE) table

The status quo option is estimated to result in the following regulatory costs to the sector:

Forecast annual regulatory costs				
Change in costs (\$ million)	Individuals	Business	Community organisations	Total change in cost
Total, by sector	\$0	\$0	\$0	\$0

Case Study – funded service

A CCS has been operating for 10 years under government grants. Under this option it will:

- continue to be required to report annually on the use of grant funds to the government
- continue to be required to comply with the guiding principles
- from time to time, based on government grants management cycles, reapply for funding to continue to be a grant recipient, and
- maintain a complaints management process, as per the grant agreement.

There will be little incentive or requirement to introduce change into the operating model of the CCS. The most significant lever for change would be if the government were to alter the structure or requirements of the grant program, with some adjustments required if the CCS were to continue to be eligible for, and selected to receive, grant funding. Penalties or sanctions for non-compliance with an overarching requirement to provide a safe and secure service are only able to be pursued through mechanisms to review eligibility for grant funding.

Case Study – private service

A CCS has been operating for 10 years as a fee-for-service (private) operator. Under this option it will:

- continue to have access to publicly available government best practice guidelines, but have no requirement to adopt or implement them
- have the ability to set its own operating standards and practices.

If the CCS were, in future, to apply for a government grant to expand or continue services, any shortfall in operating practices compared to the guiding principles (to the extent that these are directly reflected in the grant opportunity guidelines) would need to be addressed to attain eligibility for the funding.

Costs to government

Under this option additional costs to government will be minimal. From time to time government will engage with the sector and its representatives to update the guiding principles. Possible evaluation activity may occur from, and staff dedicated to supporting the operation of the grants for publicly funded services will continue while the program remains in place.

Option 1 – Consultation questions

10. Do you agree that there would be no or negligible costs associated with this option (Option 1)? If not, please outline why and the expected nature and extent of any additional burden on the sector
11. When comparing this to the other options outlined in this IA, do you support this approach?

Option 2 – Light touch regulation at the organisation/provider level (low intervention model)

Description

Under this option the Australian Government would introduce a requirement for children's contact service providers to be accredited in order to continue to provide, or commence providing, services. As a light touch option, the requirements would focus on centre-based attributes and the existence of policies guiding the operation of the centre.

The accreditation process would be engineered to be as simple as possible, and would involve a degree of self-assessment as to the adequacy of any policies or procedures supporting the provision of safe, child-focussed and high-quality services.

This option would require the establishment of a body authorised to make accreditation decisions and effectively act as a regulator. The model, as presented, assumes that this role would be undertaken by government. While it is possible that the functions and responsibilities of the proposed regulator could be undertaken by a non-government body, it is expected that this would require government funding to be established.

Core criteria assessment

Centre-based accreditation criteria

The accreditation criteria would require that an applicant provide assurances that there are minimum operating standards and policies in place to ensure:

- appropriate personnel are employed and oriented to the role – for example that working with children checks (WWCC) are required and maintained; staff have appropriate skills; staff receive appropriate training to orient them to the practices of the CCS
- safety – for example:
 - that policies exist to manage health and safety; family violence risks; transport risks and that staff and volunteers are screened for suitability
 - that the physical layout and facilities support safe conduct of the service (for example multiple entrances or other approaches to managing high conflict transfers; duress alarms, CCTV, security features on premise)
 - risk assessments are conducted and periodically repeated
 - where relevant, children are not left unsupervised with parents in supervised contact visits.
- child focussed practices are in place – for example policies that demonstrate that the voice of the child is heard, trauma informed service and child-centred/child-inclusive practices are provided, and age-appropriate facilities are available for children accessing the service.

While this approach would allow the organisation to declare that relevant policies existed, without needing to provide these to the regulator, this would not restrict the regulator from requesting access to those policies or procedures if there was any doubt as to their existence (for example at application stage) or their use in practice (for example in response to a complaint).

Community-based service accreditation criteria

The accreditation criteria would require that the applicant provide assurances that contact sessions occurring in a community setting will be assessed for safety and security, and that site-specific management plans are developed for each non-centre based contact site used. These plans would be required to cover both the safety of the site and the ability to manage risks such as child abduction or the ability to maintain physical separation between high-conflict parents.

Individual registration criteria

There are no specific criteria nominated under this option for CCS staff to be individually assessed by the regulator, other than:

- mandatory Working with Children Checks and police checks, and
- a general obligation for organisations providing children's contact services to ensure that appropriate staff are employed.

Individual providers would be able to determine their own measures of appropriateness, with an expectation that providers in this field would be considering assessments of skill, experience and training.

Complaints mechanisms

To become accredited an organisation must have a transparent internal complaints mechanism which manages complaints in a positive, timely, fair and predictable way, which covers each site it operates. The organisation would be required to have procedures in place for the management of complaints which inform clients of the mechanisms for raising a complaint, ensuring that complaints are managed expeditiously and in line with principles of natural justice, and provide for feedback to be given to the complainant regarding the outcome of the complaint.

The proposed regulatory body would be able to also conduct investigations into complaints.

Organisations would be required to report annually to the regulator on the number, nature and outcome of complaints received in the year.

Remedies for non-compliance

Where non-compliance with any requirements of the accreditation scheme were identified (for example as a result of complaints investigation or audit) the proposed regulatory scheme would provide the regulator with the ability to impose conditions on the operation of the CCS or suspend or cancel accreditation, depending on the nature of the non-compliance.

More serious sanctions for operating a CCS without appropriate accreditation or acting as a CCS practitioner without registration are proposed to be set out in primary legislation (the *Family Law Act 1975*).

Publicly available information

Under this approach information on the accreditation status of an organisation would be made publicly available through a register maintained by the regulator, including details of the name and location of accredited services.

Benefits

This approach would provide an opportunity to mandate minimum operating standards for CCS and would provide the community with a level of assurance that minimum safety considerations are in place. This would enable informed decision making by clients and options to raise concerns where a potential breach of standards occurs.

This model reflects an approach which leverages the professionalism of the sector in designing and delivering safe services to the community, operating within set boundaries and minimum expectations. Organisations would still be required to hold a comprehensive suite of policies to support the delivery of their services, but not to present these for review.

This streamlined approach to regulation reduces the administrative burden associated with completing complex applications and high burdens of proof that policies and practices are assessed as meeting industry standards or reasonable expectations. It would remain the responsibility of each organisation to ensure that the full suite of operating policies were in place and that they adequately covered all required operating domains.

Risks and Challenges

The streamlined approach to regulation may introduce risk that, despite accreditation, some services will have policies and practices that are not best practice, and allow safety and security risks to still be present. The existence of a policy may not guarantee that it provides sufficient mitigation of risks.

The model would provide for a complaint investigation or audit power to identify deficiencies in policies, noting that this would occur after accreditation. The model is expected to result in incremental improvement to the overall safety of the delivery of children's contact services, where some organisations may objectively assess their operating policies as not meeting standards and update these prior to seeking accreditation.

The Advisory Group noted that there remained a risk that self-assessment of the adequacy of policies would involve an inherent bias, and that risks may not be suitably addressed. The risk of a regulator audit identifying deficiencies, and for there to be consequences for that party's accreditation, was not considered to be sufficient incentive to deliver best practice services.

This approach minimises the costs of government intervention in order to allow the sector to predominantly operate under self-direction, within the parameters set under the accreditation scheme.

Impact analysis – Option 2

This option will introduce a range of obligations and costs on the sector. Primary beneficiaries from the introduction of the regulatory approach will be families (including children) using the children's contact centres.

Regulatory burden estimate (RBE) table

This option is assessed as involving the below costs (figures may not sum due to rounding):

Forecast annual regulatory costs				
Change in costs (\$ million)	Individuals	Business	Community organisations	Total change in cost
Average, by sector (low estimate)		\$0.245m	\$0.193m	\$0.438m
Average, by sector (high)		\$0.612m	\$0.481m	\$1.093m
Total (10 years) (low estimate)		\$2.450m	\$1.928m	\$4.378m
Total (10 years) (high estimate)		\$6.119m	\$4.808m	\$10.927m

Impacts and benefits

Through the introduction of a requirement for all children's contact services to meet minimum standards, the risks associated with unsafe operating models or practices, or unsafe or poorly selected community contact locations, will be reduced. The primary outcome will be an improvement across the sector to ensure that all centres at least have a minimum level of risk management and acceptable operating practice in place.

This will not be a guarantee that no risks to staff or clients of a CCS will be present following accreditation. However, children's contact services that cannot even meet minimum standards will no longer be able to provide services until they improve practices to meet the minimum acceptable level, and this may require some investment.

The public will be able to access information on whether a service promoting itself as a children's contact service is accredited. The establishment of a regulator will provide the public with an avenue to report non-accredited services which continue to operate as a CCS, for government action.

To the extent that existing services are not able to obtain accreditation, this would reduce the availability of supervised change-over and supervised visits and this would require users of those services to find an alternative. It is not anticipated that this model would significantly reduce the availability of children's contact services in the community.

While benefits would accrue predominantly to CCS users, the children's contact services themselves should also benefit from improving practices which result in reduced risk of incidents which require remediation.

The primary benefit will be improvement in the quality of services provided to families.

Predicted costs

Accreditation costs are considered to include three main categories:

- completing and submitting the accreditation application and re-accreditation processes (time elapsed – no fees envisaged)
- costs associated with improving services prior to submitting the accreditation application (with costs for lower-performing centres expected to be greater than for higher-performing centres) and engagement with the regulator in assessing complaints made against services, including:
 - any effort required to improve operating policies to meet accreditation standards
 - physical enhancement required to meet accreditation standards (eg security systems or age-appropriate play spaces)
 - costs associated with conducting regular site-specific risk assessments for community-based locations
 - development and maintenance of complaint management mechanisms, including time taken to respond to queries from the regulator
 - costs of sourcing and maintaining current staff-based checks (eg police and working with children checks)
- increased costs to some CCS users as a result of clients moving from the public to the private sectors
 - as increased operating costs reduce the number of sessions that funded CCS can provide, some families that would otherwise have preferred to use a funded service may be reluctant to wait for an extended period, and may move to using a private service. Alternatively, the fees of some government-funded services (where fees are imposed) may increase in response to rising operating costs.

Delay costs may be present after the full commencement of the accreditation requirements. Organisations which would otherwise have been able to commence operations when they wished would not be able to do this until an accreditation application is approved. This could potentially be up to 2 months to finalise an assessment (with timing dependent on the quality of application and the quantity of any outstanding applications yet to be finalised). While this delay cost could be minimised if the organisation had proactively sought accreditation, it remains possible that the commencement of an accreditation scheme, and a requirement to attain accreditation before offering services, would result in a delay in earnings.

Penalties for non-compliance with the regulations may be imposed, but as children's contact services operating in compliance with the regulations would not be subject to these costs, penalties are not proposed to be costed in the overall impact analysis. To the extent that non-compliance is proven, legal costs and penalties would be incurred by the CCS.

For further detail on the estimated costs of the Option, and the individual cost components and costing assumptions are available at **Attachment B**.

Differential costs across the life of the accreditation scheme

Costs for the implementation year will be generally higher, reflecting that all current market participants will need to seek accreditation prior to the new regulatory restrictions coming into force, creating a peak in initial accreditation activity plus some potential remediation of current policies or physical centre attributes to meet the new accreditation standards.

In subsequent years, accredited participants will revert to predominantly incurring maintenance costs in respect of their accreditation status, with a reaccreditation process occurring periodically to demonstrate ongoing compliance with the requirements of the scheme. A smaller number of new entrants are predicted to seek accreditation in later years. Some returning participants (i.e. those voluntarily or mandatorily losing accreditation status) may seek to rejoin the scheme in later years. These organisations will need to apply as new applicants. Accredited organisations with conditions will also be able to seek to lift conditions, if the issues requiring remediation have been addressed.

Once the scheme is established, any costs incurred for new sites or operators to develop policies, procedures or safety features represent a known business cost for entering into the market at this point, and, as new entrants did not have a pre-existing set of policies or practices, it is not possible to cost impact of developing these to a lower standard and then improving them. There should not be any market entrants seeking to establish a CCS business without any guiding operating documents. To the extent that this is a deterrent to entering the market, costs for poorly performing organisations could be used as a proxy for the costs associated with seeking to comply with any regulatory requirements, assuming that poorly performing centres have the greatest investment required to meet accreditation standards.

Operating costs not included in the net impact analysis

For the purposes of this IA a number of costs have not been included in the net benefit analysis:

- Investigation of complaints at the CCS level – the ability to receive and consider client complaints is assumed to be an existing cost of operation. While requirements for a complaints management system may be formalised in this accreditation model, very few existing services are understood to not have some form of complaints mechanism, resulting in minimal or no additional costs compared to the status quo.
- Other general operating costs – existing costs associated with providing a CCS service (such as salaries, consumables, facilities) etc.

Costs to government

Under this model costs to government would relate to:

- Developing regulations to establish the accreditation requirements (this would predominantly be an opportunity cost – with staff working on this project not able to be deployed to other work)
- Communicating the new requirements to the sector (costs of a public communications program is likely to exceed \$5m). Given the significant impact on businesses as a result of the commencement of the new scheme substantive efforts would need to be made to communicate new requirements. The costs of this work could be offset by ongoing sector engagement over the development phase, allowing for communications activities to be more targeted). Families using CCS would also be a target of a communications campaign, to ensure that they were aware that they could confirm that services that they were accessing/planning to access were accredited.
- Staffing the regulatory function (staffing levels are expected to peak in the establishment phase and return to a sustainment level in subsequent years (estimated this would require salaries and oncosts for 7-9 staff in the longer term).
- Creating the IT system to support registration of accredited services.

These costs would need to be agreed with government. In progressing with this approach additional funding could be provided, or costs may be required to be absorbed (offsetting other potential activity no longer able to be undertaken by a department).

Case Study – established service seeking accreditation

A CCS provides service to its local community, and has done for many years. It is committed to quality service, but operating challenges have meant that its focus on best practice has waned. With the implementation of the accreditation requirements the service needs to undertake the following to be able to continue operating:

- Complete a review of its operating policies to make sure that it can demonstrate that it has a contemporary set of operating rules which will ensure that a safe, child-centred and appropriate service is able to be offered. Where updates are required these will need to be completed
- Review staffing policies to ensure that staff with appropriate skills and experience are deployed to supervision roles. The organisation should also conduct an audit to ensure that every staff member has a valid Working With Children Check and criminal history check.
- Review the security features present at its physical site, and ensure that a risk assessment has been conducted for any community locations where contact sessions may be conducted.
- Complete the application form, including responding to any queries that the regulator may have.
- Ensure that appropriate records are kept.
- Ensure that a complaints mechanism is in place and that clients know how to access it.

This CCS has been following the progress of the development of the accreditation scheme and has known for a period that this work would need to be undertaken at some stage. While it did not commence the work before the regulations were enacted, the CCS is aware that there is a transition period in place and that they should seek to complete their application at least 2 months before the date where they can no longer operate without accreditation. The CCS is keen to have its accreditation application fully processed before this date.

Case study – organisation reported as not complying with the regulations

The regulator has received a complaint regarding a specific CCS and has chosen to conduct an investigation. The CCS will be required to:

- respond to requests for information from the regulator, and
- where issues were found and the regulator chose to impose conditions on the CCS' accreditation, undertake action required to remediate the issues and provide evidence of this to regulator within the specified timeframe.

If the CCS disagrees with the assessment of the regulator they may appeal the decision.

Option 2 – Consultation questions

12. Please provide your comments on the costs and benefits of this accreditation model (Option 2). The form of your response is open to you to determine the best way to convey your views, but could include:

- commentary on individual cost categories or benefit categories across the different options (please refer to **Attachment A** for the current assumptions and methodology)
- commentary on specific costing assumptions or alternate approaches to costing the identified cost/benefit
- indicating additional costs or benefits to be included in the costing models
- indicating costs or benefits currently included but which are not considered valid, and
- indicating the extent to which any assumptions used align with your experience or understanding of the operation of a CCS.

If you have additional data sources to support alternative costing approaches, please provide alternative assumptions and calculations, or the data sources used.

Additional notes to assist contributors in considering input

You may wish to provide your views on, for example:

- *The size of sector (number of services and staff) that would be affected by the Option.*
- *What rates of pay staff typically receive for different roles in CCS (as a proxy for costs of time elapsed in completing administrative or other processes required for the accreditation scheme).*
- *To what extent current services would comply with the different accreditation requirements as set out in the Option and views on whether these have been calibrated appropriately to support necessary improvements in safety and quality.*

13. Are there elements of the proposed Option 2 that will specifically support the sector?

14. Are there elements of the proposed Option 2 that will specifically hinder the sector?

15. When comparing this to the other Options, do you support this approach (Option 2)?

Option 3 – moderate level regulatory regime, at both the organisation/provider and the individual practitioner level (medium intervention model)

Description

Under this model the proposed regulator would extend the accreditation regime to include the issues associated with the service location and operating policies/practices in the previous model and minimum qualifications for CCS staff providing contact services.

Families using a CCS are likely to present with a combination of risk factors and complex interpersonal dynamics. Staff with appropriate skills, such as trauma-informed practice, strong communication and conflict de-escalation skills, identification of risks, child development and family relationship training are best placed to manage these interactions. This model introduces a requirement that relevant study has commenced or been before staff can undertake specific child-contact roles, rather than relying on CCS operating practices alone to ensure that this occurs.

This model also represents a more engaged oversight model, where material submitted with an application would be reviewed for appropriateness prior to accreditation decisions being made by the regulator. This model moves from a 'trust-based' approach (where the existence of a policy/process is assumed as a marker of effectiveness unless proven otherwise) to an 'assurance-based' approach.

It introduces the separation between accreditation criteria (those relating to the operation of the site and service) and registration of CCS employees (relating to their demonstrated skills, experience and qualifications), noting that demonstration of suitability for accreditation at the provider and individual level will be discretely different.

Core criteria assessment

Centre-based accreditation criteria

This model has similar elements to the light touch regulatory model, with the key difference that the regulatory body would be required to review and assess the suitability of an organisation's policies and risk frameworks before making an accreditation decision. Evidence would be required to demonstrate that there are adequate operating standards and policies in place to ensure similar outcomes as Option 2, with additional requirements as noted below:

- appropriate personnel are employed and oriented to the role – as per Option 2 with additional requirements to demonstrate that where relevant those staff are registered – see below *Individual registration criteria*
- safety – for example:
 - as per Option 2 with the additional requirement that a minimum number of mandatory security features must be demonstrated to be in place to achieve accreditation, and
 - minimum staffing ratios are in place to ensure adequate supervision (for example ratios of qualified staff to trainees; number of staff to be present in high-risk contact scenarios).

Community-based service accreditation criteria

Under this model the regulator will have authority to require an organisation to have more detailed policies in relation to the safe conduct of contact sessions at non-centre-based locations. Minimum expectations would be that consideration was given to a broader range of factors, for example:

- the safety and security measures available at each location
- requirements to have contingency plans if service needs to be provided at non-planned locations (e.g. wet weather plans for contact scheduled at outdoor parks and playgrounds)
- having regard to the supervisor's ability to remain with or near the child at all times
- proximity to external assistance e.g. on-site security or emergency services if required
- the number and skill level of staff/volunteers required to facilitate the session.

Individual registration criteria

Under this model the government would mandate minimum qualifications for staff employed at a CCS performing children's contact/non-administrative roles in order to be registered as a CCS practitioner. The distinction between 'administrative' and 'contact' roles in this model acknowledges that it would be an unnecessary impost to require staff involved in non-contact roles to have obtained the specific qualifications associated with managing child/parental contact scenarios.

Staff in 'administrative' roles in a CCS may hold alternative qualifications (for example qualifications in accounting) and this would remain at the discretion of the CCS to determine. However, these staff would not be required to be registered with the regulator to perform those roles.

Given the nature of a CCS, all staff, regardless of their role, would be required to hold a minimum WWCC (as covered in the operating policies of the organisation assessed as part of the accreditation process) but not all would need to be registered, and therefore comply with additional requirements specific to child contact sessions.

This model allows for two key streams of registered CCS practitioners:

- A supervised employee stream –supervised employees would only be able to provide contact sessions where they were under the supervision of a suitably qualified employee and had commenced formal training in a relevant field. This could be demonstrated by providing evidence of enrolment in qualifications relevant to becoming a CCS practitioner
- A CCS practitioner stream – staff could demonstrate their suitability to perform supervisions if they:
 - have successfully completed at least 4 subjects of a graduate diploma or certificate IV or 4 subjects of a related degree, with demonstrated progress towards completion of the qualification within 3 years¹¹ from date of application; and a minimum 130 hours experience in supervised service provision in a CCS or equivalent service; OR
 - hold a Certificate IV in related disciplines with minimum 75 hours of supervised service provision in a CCS or equivalent service; OR
 - hold a Graduate Diploma in related disciplines with 50 hours of supervised service provision in a CCS or equivalent; OR
 - hold a Degree in related disciplines and completed relevant inductions and orientation to the specific CCS.

¹¹ Extensions may be required for part time study

For the purposes of the regulatory scheme unpaid volunteers would be subject to the same qualification requirements as paid staff if their roles as volunteers involved child contact (non-administrative) roles.

Long-term employees with significant experience, but no formal qualifications, are assumed to be able to apply for recognition of prior learning through a registered training organisation, with minimal or no additional training required to achieve the required qualification. This would need to be confirmed during implementation, once specific training requirements have been confirmed. If RPL is not available, formal qualifications would be required to be obtained.

Staff operating under the supervised employee or the CCS practitioner roles would be subject to minimum ongoing professional development (OPD) requirements.

As this model provides for decisions to be made at the individual (rather than organisational) level regarding appropriateness to provide children's contact services, additional considerations of whether an applicant is a 'fit and proper person' can be introduced. Fit and proper person requirements are relatively common across government and industry, with a long-standing status in some professions.¹²

In this particular context, fit and proper tests would include:

- Independent assessments of suitability – such as that undertaken at a jurisdictional level to issue Working With Children Checks.
- A current criminal history check – with no indications of charges or convictions relating to offences of particular concern in this sector (eg an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposes or being knowingly concerned with the prostitution of a child).
- Previous engagement with the CCS registration scheme, including history of complying with regulations; any previous decision(s) relating to registration (including past suspensions or cancellations of registration); whether the person's behaviour would meet standards generally expected of a CCS practitioner; and whether the person has provided any false or misleading information to the regulator in the process of obtaining or maintaining registration.

Complaints mechanisms

As per Option 2, to become accredited, an organisation must have a transparent internal complaints mechanism, which applies to each site it operates, and manages complaints in a positive, timely, fair and predictable way.

The proposed regulatory body would be able to also conduct investigations into complaints.

Organisations would be required to report annually to the regulator on the number and outcome of complaints received in the year. In addition, under this model, any complaint which was investigated and the complaint was upheld must be reported to the regulator. The regulator could elect to impose conditions (on the organisation or individual as appropriate) in response to that complaint.

¹² Example of a ['Fit and Proper Person' Test \(psc.gov.au\)](http://psc.gov.au)

Remedies for non-compliance

Where non-compliance with any requirements of the accreditation scheme were identified the regulator would have the power to impose conditions on the operation of the CCS, or suspend or cancel an organisation's accreditation, or impose conditions on, or suspend or cancel a CCS practitioner's registration, depending on the nature of the non-compliance.

More serious sanctions for operating a CCS without appropriate accreditation or acting as a CCS practitioner without registration are proposed to be set out in primary legislation (the *Family Law Act 1975*).

Publicly available information

Under this approach information on the accreditation status of an organisation would be made publicly available through a register maintained by the regulator. A greater level of detail would be available to the public under this model compared to Option 2 – with the public able to view the name, location and accreditation status (accredited, conditional accreditation, suspended accreditation, cancelled accreditation etc) of accredited services. This provides additional information to the public to assist them in making informed choices regarding the services that they would consider using.

The process of enabling the public to make informed choices will also act as an incentive to achieve, maintain and sustain excellence in operational practices, as a service with a conditional or suspended accreditation will be discoverable if the public chooses to search for this information. This model introduces an incentive to rapidly rectify any issues raised by the regulator in order to return to unconditional accreditation status, and provides a 'pull' mechanism to support enhanced operating practices, in addition to the 'push' elements of the proposed accreditation scheme.

For services with conditional accreditation, this additional information will allow the public to engage with the CCS directly and determine if the conditions to be addressed by the CCS are acceptable to them. To some extent, the additional transparency achieved by displaying additional information in relation to a CCS' accreditation status can be used as a market differentiator, which offers a potential benefit to an organisation. For example, services may elect to promote themselves as a CCS with an 'unblemished' track record of maintaining full accreditation.

Only registered practitioners will also be listed on the register. For privacy reasons conditional registration status is not proposed to be displayed.

Benefits

This approach allows for greater assurances that children's contact services are operating at minimum standards. The requirement for the regulator to review (not just be assured of the existence of) policies to support sound operating practices provides the opportunity to address deficiencies or address gaps prior to services/accreditation commencing.

The introduction of minimum qualifications for CCS practitioners means that staff in highly sensitive roles have the knowledge and training to support positive interactions between a child and their parent. They will also facilitate and incentivise the delivery of appropriate, trauma-informed and child-focussed services, that are critical in complex and volatile circumstances that arise for families likely to be using a CCS.

The introduction of transparent, nationally applicable standards provides assurances that families accessing children's contact services will not be advantaged or disadvantaged based on their location.

Challenges

There will be costs associated with the introduction of higher levels standards at the individual, organisation and government level. Costs to each organisation are likely to be different, depending on the extent of any change required to comply with the new requirements.

The introduction of registration standards may act as a barrier to entry to the profession, particularly in rural, regional and remote locations, meaning that existing workforce challenges relating to recruitment, retention and advancement may be further exacerbated by this option. Many services already require high level qualifications (such as degrees) but this is not currently a universal requirement.

Impact analysis - Option 3

This regulatory model also gives rise to the same three categories of costs as Option 2 (costs associated with applying, costs associated with improving services to meet accreditation requirements and costs associated with a proportion of families potentially moving from a government funded service to a private service), and introduces additional costs associated with individual employees demonstrating compliance with regulations relating to their specific skills and qualifications.

Regulatory burden estimate (RBE) table

This option is assessed as involving the below costs (figures may not sum due to rounding):

Forecast annual regulatory costs				
Change in costs (\$ million)	Individuals	Business	Community organisations	Total change in cost
Average, by sector (low estimate)	\$3.066m	\$4.259m	\$1.874m	\$7.325m
Average, by sector (high)	\$3.783m	\$3.471m	\$2.727m	\$9.982m
Total (10 years) (low estimate)	\$30.659m	\$23.851m	\$18.740m	\$73.251m
Total (10 years) (high estimate)	\$37.834m	\$34.710m	\$27.272m	\$99.816m

Impacts and benefits

Option 3 is predicted to have a higher impact than Option 2, with the addition of:

- stricter security requirements
- a requirement that the regulator review the policies and operating procedures developed by the CCS before determining that an organisation can become accredited
- the introduction of individual skills and qualification requirements before engaging in the delivery of supervised services, with a requirement to maintain the currency of those skills through ongoing professional development.

In combination, this package of regulatory measures provides a higher level of assurance that the operating practices of children's contact centres meet minimum standards compared to Option 1 or 2 by introducing a mechanism for independent oversight of compliance. It also ensures staff with responsibility for the delivery of client-facing services have the relevant skills and experience to effectively manage these situations.

Some CCSs will incur additional costs if they are not compliant with the minimum security standards at the time of implementation. Given the small number and geographical spread of existing sites, it is unlikely that non-compliant CCSs would encounter any logistical or service access impediments to prevent them from meeting standards prior to applying for accreditation.

Mandating a minimum number of security features, which could be selected from a range of options and tailored to best meet the needs of the specific CCS, maintains flexibility while still allowing for a reduction in the risk of harm to anyone attending the centre.

The introduction of minimum qualification standards to undertake child contact-related roles will require existing staff with no qualifications to seek to attain these qualifications. For staff with appropriate experience in the sector, but no formal qualifications, they could alternatively seek to have their skills formalised through a Recognition of Prior Learning (RPL) process. This will create a demand for training and RPL which has not previously existed. The training sector will need time to adjust to the increased demand. Staff needing to undertake any training to attain required qualifications will need to have access to those training opportunities. This will have an impact on both businesses and individuals.

Should there be an insufficient number of staff able to attain the required qualifications prior to the commencement of the regulatory provisions, additional transitional provisions will be required to ensure that services can continue to operate, to avoid a significant downturn in the number of contact sessions able to be provided to the community. The professionalisation of the sector, while remaining a goal, must also be balanced with the need for the service to continue.

Some children's contact services may elect to meet training costs for their staff while in other circumstances individuals may be required to meet the costs associated with attaining the required qualifications.

Businesses will need to provide supervisors for staff who are not yet appropriately qualified to perform the role of a CCS practitioner (able to conduct unsupervised child contact sessions), increasing the number of staff potentially required to be available for sessions while staff transition from supervised roles to unsupervised children's contact roles. For a period this may increase costs for lower-risk families (with higher risk scenarios often already involving more than one staff member per session) and reduce the number of sessions available to the community (if sufficient numbers of registered staff are not available to maintain current session numbers with additional supervision).

As with previous options, this accreditation model cannot remove all residual risks to staff or clients of a CCS.

The existence of penalties are intended to act as a deterrent for CCSs that continue to operate when they do not meet minimum standards and for CCS practitioners who operate without being registered.

The financial impact of this option will be significantly higher than for Option 2, as the number of staff affected by the registration requirements is estimated to be substantially larger than the number of centres.

The establishment of a regulator will provide the public with an avenue to report non-accredited services which continue to operate as a CCS, for government action. The audit and complaints functions of the regulator would provide triggers for the regulator to potentially review accreditation or registration status.

The stricter accreditation standards, and the introduction of registration requirements, in combination, increase the assurance to users of the sector that minimum standards are being met, and that safety is a primary requirement to operating as a CCS. It provides additional assurances to parents that children attending the services will be supervised in their contact with another family member by staff who have been appropriately trained in managing these sessions in a trauma-informed and child-centred fashion, and that the risks of re-traumatisation of their children will be reduced as a result.

The increased professionalisation of the sector will help to legitimise the policies and procedures designed by the services to protect safety, particularly where current clients may find these to be oppressive or heavy-handed.

While benefits would accrue predominantly to CCS users, the children's contact services themselves should also benefit from improving practices which result in reduced risk of incidents which require remediation.

Predicted costs

Accreditation costs are considered to include three main categories:

- completing and submitting the accreditation application (as per Option 2, time elapsed costing – no fees envisaged)
- costs associated with improving services prior to submitting the accreditation application (with costs for lower-performing centres expected to be greater than for higher-performing centres) and engagement with the regulator in assessing complaints made against services, including:
 - any effort required to improve operating policies to meet accreditation standards
 - physical enhancement required to meet accreditation standards (eg security systems or age-appropriate play spaces)
 - potential increase in staffing costs to provide contact sessions (eg the need for staff who are not fully qualified to have additional supervision, or more strict staffing ratios for higher risk scenarios)
 - costs associated with conducting regular site-specific risk assessments for community-based locations
 - development and maintenance of complaint management mechanisms, including time taken to respond to queries from the regulator
 - costs of sourcing and maintaining current staff-based checks (eg police and working with children checks)
- costs associated with attaining and maintaining registration, including:
 - costs associated with completing and submitting the registration application (time elapsed costing - no fees envisaged)
 - training costs associated with staff uplifting qualifications to meet registration requirements, or seeking RPL
 - ongoing professional development requirements to demonstrate currency of skills and knowledge

- increased costs to some CCS users as a result of clients moving from the public to the private sectors
 - as increased operating costs reduce the number of sessions that funded CCS can provide, some families that would otherwise have preferred to use a funded service may be reluctant to wait for an extended period, and may move to using a private service, or the fees of funded services increase to be broadly comparable with private services.

Delay costs with the same characteristics as Option 2 may be present. Additional penalties may apply for staff providing services without registration, or organisations allowing non-registered staff to provide services, but as parties operating in compliance with the regulations would not be subject to these costs, penalties have not been costed in the overall impact analysis.

For further detail on the estimated costs of the Option, and the individual cost components and costing assumptions are available at **Attachment B**.

Differential costs across the life of the accreditation scheme

As per Option 2, costs are predicted to be higher in the first year, before reflecting a more moderate 'maintenance' position in subsequent years, with only small numbers of new entrants anticipated each year and organisations incurring some ongoing costs to maintain accreditation/registration and manage new complaints. The need to recertify that compliance has been maintained at intervals, between a more comprehensive 5-year reapplication process to demonstrate that the CCS continues to comply with all relevant accreditation requirements, adds costs for these processes throughout a CCS' lifecycle. As with Option 2, policies and processes that have been improved to the point of being initially eligible for accreditation should require maintenance only, unless regulatory requirements change in the interim, or the individual CCS' business practices change voluntarily.

The introduction of annual professional development for CCS practitioners introduces a higher ongoing cost when compared to Option 2.

Operating costs not included in the net impact analysis

For the purposes of this IA a number of costs have not been included in the net benefit analysis:

- Investigation of complaints at the CCS level – the ability to receive and consider client complaints is assumed to be an existing cost of operation. While requirements for a complaints management system may be formalised in this model, very few existing services are considered to not have some form of complaints mechanism, resulting in minimal or no additional costs if this model is implemented.
- Other general operating costs – existing costs associated with providing a CCS service (such as salaries, consumables, facilities) etc.
- Costs associated with seeking registration in Years 2+ of the scheme, where individuals seeking employment in a CCS are assumed to be applying for registration prior to commencing an employment contract, and the time associated with completing the application is not at a cost to the employer (an individual opportunity cost for time spent applying which could otherwise be spent on other business or leisure activities).

Costs to government

Under this model costs to government would relate to:

- Developing regulations to establish the accreditation and registration requirements (with the increased scope of the regulator's role, additional staff are anticipated to be required to perform these tasks)

- Communicating the new requirements to the sector of the same scale as anticipated for Option 2
- Staffing the regulatory function (staffing levels are expected to peak in the establishment phase and return to a sustainment level in subsequent years. Up to 15 staff are projected to be required under this Option)
- Creating the IT system to support registration of accredited services.

These costs would need to be agreed with government. In progressing with this approach additional funding could be provided, or costs may be required to be absorbed (offsetting other potential activity no longer able to be undertaken by a department).

Case Study – a CCS employee intends to continue providing supervised contact sessions following the commencement of the registration requirement

An experienced staff member of a CCS, who has been working in the industry for 10 years, and in the same centre for the last 5 years, intends to continue to work full time in the industry for the foreseeable future.

As part of their current employment they are required to maintain a current Working With Children Check and have provided a criminal history check to their employer in the last 2 years.

They are currently studying a Bachelor of Social Work part time and have completed the first 2 years of full-time equivalent study.

Under this option the individual would be able to apply for registration as a CCS practitioner (rather than a supervised practitioner). This involves:

- Completing and lodging the application form, including providing evidence of mandatory requirements which have been met (WWCC, criminal history).
- Providing evidence of the completion of at least 4 units of a relevant degree (in this case the social work course would be relevant).
- Identifying, undertaking, and at the completion of the first year of registration, reporting on the OPD conducted in the last 12 months (pro rating of OPD hours would not apply because the practitioner sought registration prior to the commencement of the scheme and maintained that employment for the full year).

Case study – new entrant to the sector

A school-leaver wishes to commence casual work at a local CCS while considering vocational training options. The local CCS is willing to offer a trainee position, subject to evidence that they have enrolled in a relevant course.

The relevant course that the school-leaver intends to enroll in is not taking enrolment applications for 4 weeks. In the meantime, the school-leaver and the CCS agree that they would like to proceed with an offer of employment (subject to successfully completing the registration process), with the school leaver:

- Commencing the WWCC and police check processes immediately.
- Once enrolments in the Certificate IV have opened, completing enrolment and applying for registration through the regulator.
- Exploring possible options while registration processes are underway, which could include:

- Undertaking a small number of voluntary orientation sessions at the CCS, to prepare them to be ready to commence duties as soon as the registration is finalised; OR
- Undertaking a small number of paid shifts in an administrative capacity (ie non-child contact) to build additional familiarisation with the CCS' specific operating practices; OR
- Continuing with the school-leaver's current casual job while all registration processes are completed, and then commencing in the role with the CCS.
- Once registration has been completed, transitioning to a trainee CCS practitioner position.

Subject to the school-leaver's interest in continuing to work in the CCS, when at least 4 units of the Certificate IV and mandated supervised service hours have been completed, the school-leaver may apply to upgrade their registration from a person who must be supervised to a registered CCS practitioner, able to conduct supervised contact sessions without another staff member (registered CCS practitioner) being present.

Option 3 – Consultation questions

16. Please provide your comments on the costs and benefits of this accreditation model (Option 3). The form of your response is open to you to determine the best way to convey your views, but could include:

- Commentary on individual cost categories or benefit categories across the different options (please refer to **Attachment A** for the current assumptions and methodology)
- Commentary on specific costing assumptions or alternate approaches to costing the identified cost/benefit
- Indicating additional costs or benefits to be included in the costing models
- Indicating costs or benefits currently included but which are not considered valid
- Indicating the extent to which any assumptions used align with your experience or understanding of the operation of CCS.

If you have additional data sources to support alternative costing approaches, please provide alternative assumptions and calculations, or the data sources used.

Additional notes to assist contributors in considering input

You may wish to provide your views on, for example:

- *The size of sector (number of services and staff) that would be affected by the Option*
- *What rates of pay staff typically receive for different roles in CCS (as a proxy for costs of time elapsed in completing administrative or other processes required for the accreditation scheme)*
- *To what extent current services would comply with the different accreditation requirements as set out in the Option and views on whether these have been calibrated appropriately to support necessary improvements in safety and quality*

17. Are there elements of the proposed Option 3 that will specifically support the sector?

18. Are there elements of the proposed Option 3 that will specifically hinder the sector?

19. When comparing this to the other options, do you support this approach (Option 3)?

3.4 Option 4 – comprehensive regulatory regime, with strict standards for the operation of CCS, supported by strong validation and verification requirements (high intervention model)

Description

Under this model the proposed regulator would raise the thresholds for achieving accreditation and registration. While essentially having the same accreditation elements as the moderate level regulatory regime, the higher standards will be used to create a greater level of assurance that the services are operating in a way to minimise risk to participants.

This model introduces the requirement for external certification of a range of policies and practices, and the ability for complaints to be externally investigated. This external certification provides a mechanism for appropriately qualified experts in the field to make professional judgements about the likely quality of the service.

By not specifying a single external validator the model allows for different expertise to be brought to bear in providing assurances – for example a security specialist could be involved in certifying the adequacy of the security features at a physical site, while a child development specialist might certify that the child-inclusive and contact session practices would best support the wellbeing of the child.

This model represents the highest intervention level of all of the models proposed for consideration. It reflects that harm, once experienced, cannot be undone and seeks to provide robust measures to assure parents that the wellbeing of their child, while accessing the services of the centre, is the highest priority.

Higher thresholds apply both across the centre-based accreditation criteria and the individual-based registration criteria.

Core criteria assessment

Centre-based accreditation criteria

This model involves the highest level of proposed oversight of the operations of a CCS by government. As noted above, the high impact regulatory option has the same core elements as the other models, noting that the minimum number of security features required for centre-based activities would be higher than for the moderate intervention model, and that external certification/validation of policies and practices would allow the regulator to have specialists make judgements about the quality of the CCS and its services. Security features would include mandatory security guarding at premises (whether this would be required full time, or only for specified high risk scenarios, would need to be determined in consultation with the sector).

While the regulator would continue to have a strong role in assessing the suitability of any proposed CCS, it would also be supported by the ability to require any applicant to submit external quality and safety assessments of its proposed operations, with these being obtained at the CCS' cost. Standards for determining what an appropriate external certification entailed would be developed in consultation with the sector and associated industries.

As a result of the introduction of the external validation requirement, the regulator will require additional powers to engage with external reviewers in making decisions (for example, if a complaint is investigated externally, the regulator will be able to require the external provider to advise it of the outcome of the investigation and provide information necessary for the regulator to determine if conditions should be placed on accreditation/regulation).

Under this model external validation would be required or allowable at the following points:

- the adequacy of general operating policies including risk assessment frameworks
- the adequacy of security features at a site
- the appropriateness of the suite of policies to support physical safety on premises
- the appropriateness of the policies for assessing the suitability of contact locations which are not at the normal premises, including evacuation plans in the event of an emergency, and
- the assessment of complaints.

A CCS seeking accreditation would still be required to demonstrate that its operations ensure:

- appropriate personnel are employed and oriented to the role
- safety practices are evident, and
- child focussed practices are in place.

Community-based service accreditation criteria

Under this model the regulator will have greater authority to require an organisation to have more detailed policies in relation to the safe conduct of contact sessions at non-centre-based locations, and for them to be externally validated. Minimum expectations would be at least the same as Option 3.

Individual registration criteria

The increased thresholds in this model will require all staff providing non-administrative services to be fully qualified. This model removes the supervised employee stream, and the ability to practice as a fully registered practitioner if a qualification is only partially completed.

To be eligible to be registered as a CCS practitioner a person would be required to have a:

- Certificate IV in related disciplines with minimum 100 hours of supervised service provision in a CCS or equivalent service; OR
- Graduate Diploma in related disciplines with 75 hours of supervised service provision in a CCS or equivalent; OR
- Degree in related disciplines.

The higher qualification requirements are also matched with higher requirements for supervision hours in related services, as an additional quality assurance mechanism for CCS practitioners.

As per Options 2 and 3, regardless of their role, all staff would be required to hold a minimum WWCC (as covered in the operating policies of the organisation assessed as part of the accreditation process) however not all would need to be registered and therefore comply with additional requirements specific to child contact sessions (eg if they are in administrative roles).

For the purposes of the regulatory scheme unpaid volunteers would be subject to the same qualifications requirements as paid staff if their roles as volunteers involved non-administrative roles and the same assumptions regarding the availability of RPL apply.

Staff operating under the CCS practitioner roles would be subject to minimum ongoing professional development (OPD) requirements.

The same fit and proper person considerations as Option 3 would apply, with the addition that the regulator could consider any other information which they had access to in making a registration decision.

Complaints mechanisms

As per Options 2 and 3 an organisation must have an internal complaints mechanism. In addition, either where the complaint is made to the regulator or through a CCS' own motion referral, an external complaints reviewer may be appointed to review the facts and circumstances of a complaint. In this instance the external reviewer would be required to report to the regulator on the outcomes of the complaints review. To support privacy the external reviewer may not be required to provide all of the details of the investigation to the regulator, unless the regulator required additional information to determine if any action should be taken with respect to that organisation's accreditation/person's registration status.

Organisations would be required to report annually to the regulator on the number and outcome of complaints received in the year. Any complaint that was investigated and the complaint was upheld must be reported to the regulator. The regulator could elect to impose conditions on either the CCS or practitioner in response to that complaint.

Remedies for non-compliance

There is no change compared to Option 3 with regard to remedies for non-compliance.

Publicly available information

Under this approach publicly available information would be as per Option 3.

Benefits

This approach allows for greater assurances that children's contact services are operating at minimum standards, and that those standards are appropriate. The requirement to achieve external certification, by people qualified and experienced in a relevant field, provides the highest level of assurance that services will be appropriately provided, and the greatest opportunity to address deficiencies prior to services commencing.

The requirement for minimum qualifications for CCS practitioners to be achieved prior to commencing child-contact roles provides an opportunity to require that staff in highly sensitive roles have the knowledge and training to support positive interactions between a child and their parent, and deliver these services in an appropriate, trauma-informed and child-focussed way.

Challenges

There will be costs associated with the introduction of higher standards at the individual, organisation and government level. Costs to each organisation are likely to be different, depending on the extent of any change required to comply with the new requirements.

Regulatory costs may act as a significant disincentive to remain in the market, or to open new centres. To the extent to which this occurs, and creates a shortage of services, families may not have access to services to support safe contact between parents and children. Without increases in funding to government-funded centres, greater operating costs will result in fewer contact sessions being offered, as funds previously directed to supporting contact will be diverted to meeting regulatory costs.

The introduction of registration standards may act as a barrier to entry to the profession, noting the workforce characteristics of the sector, particularly in rural, regional and remote locations where access to potential staff with appropriate qualifications may be more challenging. Many current services already require high level qualifications (such as degrees) but this is not universal across the sector.

Additional development work to establish acceptable external validation providers will need to be undertaken.

Impact analysis - Option 4

This option has the highest forecast regulatory cost for the sector. The increasingly stringent accreditation criteria can drive significant increases in cost. The largest impacts, and associated costs, when compared with Option 3 relate to:

- the removal of the supervised employee stream for staff (all staff must be fully qualified to provide contact services)
- enhanced security guarding, and
- the requirement for external validation/investigation services.

These measures, while resulting in higher operating costs for businesses, create the highest level of assurance that the services being accessed by families in crisis will get the support needed in a way that minimises further risk of trauma and risks to safety.

Regulatory burden estimate (RBE) table

This option is assessed as involving the below costs (figures may not sum due to rounding):

Forecast annual regulatory costs				
Change in costs (\$ million)	Individuals	Business	Community organisations	Total change in cost
Average, by sector (low estimate)	\$3.066m	\$19.378m	\$15.226m	\$37.670m
Average, by sector (high)	\$4.533m	\$24.899m	\$19.564m	\$48.996m
Total (10 years) (low estimate)	\$30.659m	\$193.783m	\$153.071m	\$376.701m
Total (10 years) (high estimate)	\$45.334m	\$248.992m	\$195.637m	\$489.963m

Impacts and benefits

In order to support the achievement of the highest levels of assurance for users of children's contact services, this model introduces additional costs associated with third party verification of core processes.

Appropriately qualified or authorised third party reviewers could apply their specialist knowledge to determine if the operations of the CCS would support the delivery of a safe and appropriate service, given the potential risks to clients and staff. Given that not all CCS can provide facilities appropriate to all families referred to them (with some children's contact services not able to take on very high-risk cases), the external certification requirement brings a higher degree of expertise in assessing security and operational risks which can be tailored to each particular children's contact service's operating environment.

By extension, the potential review of complaints by an external, independent party will provide the complainant, the centre and the regulator, confidence that appropriate skills and experience are applied to assessing sensitive and potentially complex matters. Final decisions in relation to accreditation would remain within the authority of the regulator.

However, it is possible that third party verification could introduce additional risks, through creating a potential for poorly qualified practitioners to provide the external validation. To address this issue the regulator would require additional powers to determine if external validations may no longer be accepted from parties with a poor track record, or to issue guidelines for verification processes.

The introduction of onsite security has significant benefits in those circumstances where threatening behaviour is present at the CCS. However, unless handled sensitively, there is a risk that the presence of security guards could be intimidating, particularly to children. The benefits of reducing significant risks, such as child abductions, or fatalities (which have unfortunately occurred in the United States), are not easily quantified. This is a particularly high cost item, although the investment in providing the service can be considered in the context of the scale of the harm potentially avoided.

The proposed requirement for all CCS practitioners to have completed a full qualification (or RPL equivalent) raises the sector's educational requirements to other related fields where staff work with families in distress or trauma, including some case workers, social workers or family dispute resolution practitioners. Given the highly casualised nature of the workforce there is a risk that this will represent a significant barrier to the lawful delivery of services.

The majority of the other proposed regulatory settings as compared to Option 3 remain similar or the same.

Predicted costs

Accreditation costs are considered to include three main categories:

- completing and submitting the accreditation application (as per Options 2 and 3, elapsed time costing – no fees envisaged)
- costs associated with improving services prior to submitting the accreditation application (with costs for lower-performing centres expected to be greater than for higher-performing centres) and engagement with the regulator in assessing complaints made against services, including:
 - any effort required to improve operating policies to meet accreditation standards
 - physical enhancement required to meet accreditation standards (eg security systems or age-appropriate play spaces)
 - enhanced security features, such as on-site security guarding

- potential increase in staffing costs to provide contact sessions (eg only fully qualified staff being able to provide contact sessions)
- costs associated with conducting regular site-specific risk assessments for community-based locations
- costs associated with sourcing an external complaints mechanism
- development and maintenance of complaint management mechanisms, including time taken to respond to queries from the regulator
- costs of sourcing and maintaining current staff-based checks (eg police and working with children checks)
- costs associated with attaining and maintaining registration, including:
 - costs associated with completing and submitting the registration application (time elapsed costing - no fees envisaged)
 - training costs associated with staff uplifting qualifications to meet registration requirements, or seeking RPL
- cost shifting from the public to the private sectors, with increases in operating costs for grant recipients potentially resulting in reduced hours of service provision, or increased fee/cost recovery
- increased costs to some CCS users as a result of clients moving from the public to the private sectors (as increased operating costs reduce the number of sessions that funded CCS can provide)
 - some families that would otherwise have preferred to use a funded service may be reluctant to wait for an extended period, and may move to using a private service, or the fees of funded services (where applied) could be increase to be broadly comparable with private services.

Delay costs and penalty costs are present as per Options 2 and 3.

For further detail on the estimated costs of the Option, and the individual cost components and costing assumptions are available at **Attachment B**.

Operating costs not included in the net impact analysis

As per Option 3.

Costs to government

Under this model costs to government would relate to:

- developing regulations to establish the accreditation and registration requirements (with the increased scope of the regulator's role additional staff are anticipated to be required to perform these tasks)
- communicating the new requirements to the sector and families
- staffing the regulatory function (staffing levels are expected to peak in the establishment phase and return to a sustainment level in subsequent years, at around 13-15 staff)
- engaging with external validators and investigators, including reviewing outputs/outcomes from those engagement processes, and
- creating the IT system to support registration of accredited services.

These costs would need to be agreed with government. In progressing with this approach additional funding could be provided, or costs may be required to be absorbed (offsetting other potential activity no longer able to be undertaken by a department).

Case Study – new market entrant planning to commence operations

In order to open a new CCS in their local area, where there is a shortage of providers, an organisation will have a range a range of regulatory obligations, including the need to:

- Ensure that the selected location for the CCS has all of the physical attributes to enable it to pass accreditation, and have the specific security attributes of the site externally assessed for suitability by a qualified expert in the field.
- Develop a suite of policies and operating practices which demonstrate that services can be provided to clients in a safe and appropriate manner, and have these externally assessed for suitability by a qualified expert in the field.
- Ensure that policies for providing services in community locations (for example at parks or playgrounds) provide for the safety of participants and have these externally assessed for suitability by a qualified expert in the field.
- Apply recruitment practices which ensure that fully qualified staff, with appropriate clearances, are employed for contact roles.
- Establish an internal and external complaints mechanism.
- Secure on-site guarding services for periods where supervised change over or contact sessions occur.
- Complete the application process.
- Maintain records of operation.
- Respond to enquiries from the regulator or externally appointed complaints investigators.

Staff employed at the service will need to maintain their registration with the regulator, including completing mandatory OPD each year.

Option 4 – Consultation questions

20. Please provide your comments on the costs and benefits of this accreditation model (Option 4). The form of your response is open to you to determine the best way to convey your views, but could include:

- Commentary on individual cost categories or benefit categories across the different options
- Commentary on specific costing assumptions or alternate approaches to costing the identified cost/benefit
- Indicating additional costs or benefits to be included in the costing models
- Indicating costs or benefits currently included but which are not considered valid
- Indicating the extent to which any assumptions used align with your experience or understanding of the operation of CCS.

If you have additional data sources to support alternative costing approaches, please provide alternative assumptions and calculations, or the data sources used.

Additional notes to assist contributors in considering input

You may wish to provide your views on, for example:

- *The size of sector (number of services and staff) that would be affected by the Option*
- *What rates of pay staff typically receive for different roles in CCS (as a proxy for costs of time elapsed in completing administrative or other processes required for the accreditation scheme)*
- *To what extent current services would comply with the different accreditation requirements as set out in the Option and views on whether these have been calibrated appropriately to support necessary improvements in safety and quality*

21. Are there elements of the proposed Option 4 that will specifically support the sector?

22. Are there elements of the proposed Option 4 that will specifically hinder the sector?

23. When comparing this to the other options, do you support this approach (Option 4)?

General principles relating to assessing options and impacts

Options not considered

This IA does not consider two additional options, on the grounds that there is a high risk that despite investment by the government and the sector these would not produce the desired outcome (an increase in the quality and safety of children's contact services).

The two additional, but not considered, options are:

Industry self-regulation

In 2015 the OECD considered the role of industry self-regulation in supporting consumer interests¹³, drawing on 23 case studies. The OECD concluded that "industry self-regulation (ISR) can be an advantageous complement to government policies, but it also poses a number of challenges. While ISR can potentially provide important benefits to both industry and consumers, success in doing so depends on a number of factors, including:

- the strength of the commitments made by participants
- the industry coverage of the ISR
- the extent to which participants adhere to the commitments, and
- the consequences of not adhering to the commitments"¹⁴.

This option has not been recommended at this time due to the following concerns:

- To be effective industry self-regulation generally requires high levels of active participation from the sector. Limited participation results in limited effectiveness.
 - There is a concern that there would be limited uptake, or that the different economic pressures on publicly-funded vs privately operated services would result in differing levels of uptake, not resulting in consistent or reliable improvement across the sector.
- There is a risk that in order to achieve widespread acceptance of any proposed standards that these may be watered down or weakened, reducing the overall impact.
 - Consultations with the sector have demonstrated that there will likely be divergent views on elements of the proposed accreditation regime. If delivered by ISR it is likely that the least restrictive options across a large number of accreditation attributes would be selected, resulting in limited benefit in proceeding. This approach would run the risk of mimicking a status quo approach.

¹³ OECD Digital Economy Papers No. 247, Industry Self Regulation – Role and Use in Supporting Consumer Interests, [5js4k1fjqkwh-en.pdf \(oecd-ilibrary.org\)](#)

¹⁴ OECD Digital Economy Papers No. 247, Industry Self Regulation – Role and Use in Supporting Consumer Interests, [5js4k1fjqkwh-en.pdf \(oecd-ilibrary.org\)](#), page 5

- The need for a strong independent body to oversee the self-regulation.
 - ACCSA's role would benefit from being strengthened to include greater reach and influence, and to be well placed to guard against free-riders, poor application of the standards, and to achieve wide-spread market coverage. A more robust and appropriately resourced industry body could also play a stronger role in potentially imposing sanctions, and have sufficient visibility to provide sufficient information to the community for it to make informed choices based on the quality of individual services. However, if ACCSA were to seek to operate in a quasi-regulatory fashion, there may still be concerns of conflicts of interest arising, which would make it inappropriate to take on any role separate to acting in an advocacy capacity as a peak body.

Despite this, the benefits of industry self-regulation are noted. In particular, the ability for those closest to service provision, and who best understand the practical challenges associated with the sector, to inform and guide outcomes, and the ability to more rapidly respond to changes in circumstances. This is also a lower cost option, with some CCS expected to not adopt all recommended best practice operating principles.

While this approach has many potential benefits, as previously noted, limited voluntary uptake of the guiding principles since their introduction in 2014 indicates that little would likely change if this approach were to be selected.

Government stimulus package to support industry improvement

As an alternative to regulation the government could consider implementing a broad stimulus package for the sector, where individual CCS could apply for funding to raise standards in their services. This would be based on a self-identified need and would likely take the form of a small grant amount to be used to:

- develop policies and procedures to lift current practices
- fund physical adjustments to premises to improve safety, or the implementation of security policies and practices
- support staff to attain formal qualifications in related fields.

While this approach would reduce the financial impacts of improving processes on a sector which is understood to be facing some financial pressure (particularly those non-for-profit organisations which are predominantly or entirely reliant on government or philanthropic funding), it introduces a number of significant risks:

- funding may not be available to new entrants to the CCS market, if the grant program is time-limited to raise standards at a particular point in time
- it potentially creates a reliance on government funding to operate a safe/safer service, or could create an environment of cost-shifting from the private sector to government
- the approach provides no assurances that the standards attained will be maintained following the conclusion of any funding, or that the drive to maintain standards will become self-sustaining, and
- the option still requires a level of regulatory impact, associated with the management and monitoring of the use of the grant funding.

As a result of the risks associated with delivery, in combination with potentially significant costs associated with developing and managing a program of this nature, this option was not proposed for detailed assessment.

Data issues

While anecdotally there is a good understanding of the views and operating challenges of the sector, there is limited data available to draw on to demonstrate the potential impacts of various regulatory options. Where possible, data, feedback from sector participants or external reports has been relied on to estimate the impacts of each option. Significant data gaps exist, and assumptions have been used and outlined in the analysis.

All of the below net benefit assessments operate on a number of consistent assumptions about the scale and make-up of the current children's contact services sector.

International comparisons

Information on similar international schemes, to regulate or support the safe operation of children's contact services, appears at **Attachment C**. No publicly-available information was able to be located on the costs of implementing or maintaining compliance with these approaches.

A review of the issues covered by these schemes indicates there are similarities between the international schemes and the proposed design of an Australian mandatory accreditation scheme, with each scheme outlining those core operating areas where children's contact services' operations are provided guidance or standards have been established. Elements of the proposed Australian models can be identified in each of the international examples, such as guidance or standards covering staffing, security, administrative processes and data management.

Due to the variation in each of the international examples and lack of cost or regulatory burden information, each of the IA's option's net benefit analysis is not directly compared to an international example.

As children's contact centres are predominantly place-based for an Australian clientele, there are no trading impacts identified for not introducing a scheme which is directly comparable to an overseas example.

Attachment A – Regulatory option attributes (IA Options 2-4)

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
ACCREDITATION AS A CCS – REQUIREMENTS		
GENERAL OPERATIONS – MANDATORY POLICIES		
Applicants are required to provide assurances that each of the below policies are in place for each site where CCS services will be provided. The authorising body does not play a role in assessing the suitability of the policies. Where policies are required/requested by the accrediting body these must be provided within 72 hours. In applying to be an accredited CCS, applicants must provide assurances that policies are in place to:	Applicants are required to provide copies of policies and practice manuals which outline the organisation’s practices to the authorising body with an application for each site where CCS services will be provided. The assessing body will review and assess the suitability of the policies in making decisions. In applying to be an accredited CCS, applicants must demonstrate that there are policies and processes in place to:	Applicants are required to provide copies of policies and practice manuals which outline the organisation’s practices to the authorising body with an application for each site where CCS services will be provided. Policies and practice manuals will be required to be externally certified prior to applying. In applying to be an accredited CCS, applicants must demonstrate that there are policies and processes in place to:
<ul style="list-style-type: none">• Focus service delivery on the best interests of the child	<ul style="list-style-type: none">• Focus service delivery on the best interests of the child	<ul style="list-style-type: none">• Focus service delivery on the best interests of the child
<ul style="list-style-type: none">• Ensure the voice of the child is heard as appropriate	<ul style="list-style-type: none">• Ensure the voice of the child is heard as appropriate	<ul style="list-style-type: none">• Ensure the voice of the child is heard as appropriate
<ul style="list-style-type: none">• Provide trauma informed, child centred service delivery	<ul style="list-style-type: none">• Provide trauma informed, child centred service delivery	<ul style="list-style-type: none">• Provide trauma informed, child centred service delivery
<ul style="list-style-type: none">• Support compliance with child safe principles as required under the National Principles for Child Safe Organisations and any other relevant state or territory law	<ul style="list-style-type: none">• Support compliance with child safe principles as required under the National Principles for Child Safe Organisations and any other relevant state or territory law	<ul style="list-style-type: none">• Support compliance with child safe principles as required under the National Principles for Child Safe Organisations and any other relevant state or territory law
<ul style="list-style-type: none">• Ensure appropriate personnel are employed	<ul style="list-style-type: none">• Ensure appropriate personnel are employed	<ul style="list-style-type: none">• Ensure appropriate personnel are employed
<ul style="list-style-type: none">• Collect and retain evidence of current WWCC (where jurisdictional legislation requires staff/volunteers to have one) and National Police Checks from all staff/volunteers, and that staff/volunteers are required to disclose any non-compliance of WWCC or new charges or convictions	<ul style="list-style-type: none">• Collect and retain evidence of current WWCC (where jurisdictional legislation requires staff/volunteers to have one) and National Police Checks from all staff/volunteers, and that staff/volunteers are required to disclose any non-compliance of WWCC or new charges or convictions	<ul style="list-style-type: none">• Collect and retain evidence of current WWCC (where jurisdictional legislation requires staff/volunteers to have one) and National Police Checks from all staff/volunteers, and that staff/volunteers are required to disclose any non-compliance of WWCC or new charges or convictions
<ul style="list-style-type: none">• Induct staff/volunteers upon employment	<ul style="list-style-type: none">• Induct staff/volunteers upon employment	<ul style="list-style-type: none">• Induct staff/volunteers upon employment
	<ul style="list-style-type: none">• Impose or enforce a Code of Conduct on staff (eg covering behaviour, impartiality, neutrality, privacy, compliance with mandatory reporting etc)	<ul style="list-style-type: none">• Impose or enforce a Code of Conduct on staff (eg covering behaviour, impartiality, neutrality, privacy, compliance with mandatory reporting etc)
<ul style="list-style-type: none">• Evidence of emergency procedures	<ul style="list-style-type: none">• Evidence of emergency procedures	<ul style="list-style-type: none">• Evidence of emergency procedures
<ul style="list-style-type: none">• Ensure that staff/volunteers are able to constantly supervise visits, including hearing all conversations between a visiting parent and the child, including appropriate supervision where interpreters are required	<ul style="list-style-type: none">• Ensure that staff/volunteers are able to constantly supervise visits, including hearing all conversations between a visiting parent and the child, including appropriate supervision where interpreters are required	<ul style="list-style-type: none">• Ensure that staff/volunteers are able to constantly supervise visits, including hearing all conversations between a visiting parent and the child, including appropriate supervision where interpreters are required
<ul style="list-style-type: none">• Ensure safety (to encompass a range of physical and psychological safety aspects), for example:<ul style="list-style-type: none">○ Including that activities undertaken by parties to a visit do not give rise to undue risks to a participant, even at their own discretion (for example attending a venue which requires a waiver to be signed prior to participation)○ Ensuring that interventions occur when psychological risks arise in contact sessions (eg abuse, threats, coercion, guilt)	<ul style="list-style-type: none">• Ensure safety (to encompass a range of physical and psychological safety aspects), for example:<ul style="list-style-type: none">○ Including that activities undertaken by parties to a visit do not give rise to undue risks to a participant, even at their own discretion (for example attending a venue which requires a waiver to be signed prior to participation)○ Ensuring that interventions occur when psychological risks arise in contact sessions (eg abuse, threats, coercion, guilt)	<ul style="list-style-type: none">• Ensure safety (to encompass a range of physical and psychological safety aspects), for example:<ul style="list-style-type: none">○ Including that activities undertaken by parties to a visit do not give rise to undue risks to a participant, even at their own discretion (for example attending a venue which requires a waiver to be signed prior to participation)○ Ensuring that interventions occur when psychological risks arise in contact sessions (eg abuse, threats, coercion, guilt)
<ul style="list-style-type: none">• Safely deliver transport services (as relevant)	<ul style="list-style-type: none">• Safely deliver transport services (as relevant)	<ul style="list-style-type: none">• Safely deliver transport services (as relevant)
<ul style="list-style-type: none">• Ensure access to appropriate facilities (e.g. suitable toileting/change facilities, or age-appropriate activities)	<ul style="list-style-type: none">• Ensure access to appropriate facilities (e.g. suitable toileting/change facilities, or age-appropriate activities)	<ul style="list-style-type: none">• Ensure access to appropriate facilities (e.g. suitable toileting/change facilities, or age-appropriate activities)
<ul style="list-style-type: none">• Require that family risk assessments are repeated/reviewed as required	<ul style="list-style-type: none">• Repeat family risk assessments every 12 months, or following any reportable incidents which give rise to an assessment that circumstances have changed	<ul style="list-style-type: none">• Repeat family risk assessments every 6 months, or following any reportable incidents which give rise to an assessment that circumstances have changed
	<ul style="list-style-type: none">• Confirm how a child’s age-appropriate needs will be identified and met, and what facilities will be provided	<ul style="list-style-type: none">• Confirm how a child’s age-appropriate needs will be identified and met, what facilities will be provided, and ongoing monitoring to identify changes to arrangements as required

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
GENERAL OPERATIONS - RISK FRAMEWORKS		
<p>Applicant must provide assurances that a risk assessment framework in place, which covers:</p> <ul style="list-style-type: none"> • Health and safety • Family violence risk • Transport risk (if applicable) • Screening of families (intake) 	<p>Applicant must provide a copy of its risk assessment framework. The framework must cover:</p> <ul style="list-style-type: none"> • Health and safety • Family violence risk • Transport risk (if applicable) • Screening of families (intake) 	<p>Applicant must provide a copy of its risk assessment framework and external certification of its adequacy for the proposed services. The risk assessment framework must cover the following issues:</p> <ul style="list-style-type: none"> • Health and safety • Family violence risk • Transport risk (if applicable) • Screening of families (intake)
	The assessing body will review and assess the suitability of the framework in making decisions.	The risk assessment framework will be required to be externally certified prior to applying.
CENTRE-BASED ACCREDITATION CRITERIA (required per site to be accredited)		
GENERAL OPERATIONS - SECURITY		
Assurances that the organisation has considered the appropriate use of security measures and has sufficient security features in place for that site. Suitable security features are considered to include:	Applicants are required to provide documentary evidence (including photos of the premises), that the site has at least 7 of the below listed security features and policies, including an assessment of how the selected measures promote secure provision of service:	Applicants are required to provide documentary evidence (including photos of the premises), that the site has all of the below listed security features and policies:
Physical features	Physical features	Physical features
<ul style="list-style-type: none"> • Multiple/separate entrances 	<ul style="list-style-type: none"> • Multiple/separate entrances 	<ul style="list-style-type: none"> • Multiple/separate entrances
<ul style="list-style-type: none"> • Duress alarms in all key locations 	<ul style="list-style-type: none"> • Duress alarms in all key locations 	<ul style="list-style-type: none"> • Duress alarms in all key locations
<ul style="list-style-type: none"> • CCTV for high incident / high risk areas (retention periods to be determined) 	<ul style="list-style-type: none"> • CCTV for high incident / high risk areas (retention periods to be determined) 	<ul style="list-style-type: none"> • CCTV for all areas (which do not breach privacy), including car parking (retention periods to be determined)
<ul style="list-style-type: none"> • Parking facilities can be monitored by staff 	<ul style="list-style-type: none"> • Parking facilities can be monitored by staff 	<ul style="list-style-type: none"> • Parking facilities can be monitored by staff
<ul style="list-style-type: none"> • Separate waiting rooms 	<ul style="list-style-type: none"> • Separate waiting rooms 	<ul style="list-style-type: none"> • Separate waiting rooms
<ul style="list-style-type: none"> • Security controlled doors with remote opening function are installed at all entrances and exits, and between public and private areas of the building 	<ul style="list-style-type: none"> • Security controlled doors with remote opening function are installed at all entrances and exits, and between public and private areas of the building 	<ul style="list-style-type: none"> • Security controlled doors with remote opening function are installed at all entrances and exits, and between public and private areas of the building
<ul style="list-style-type: none"> • Secure fencing is erected around outdoor contact areas and playgrounds 	<ul style="list-style-type: none"> • Secure fencing is erected around outdoor contact areas and playgrounds 	<ul style="list-style-type: none"> • Secure fencing is erected around outdoor contact areas and playgrounds
<ul style="list-style-type: none"> • Onsite security 	<ul style="list-style-type: none"> • Onsite security 	<ul style="list-style-type: none"> • Onsite security (full time or for high-risk cases only TBD)
<ul style="list-style-type: none"> • Safe rooms/safe zones in case of a physical threat 	<ul style="list-style-type: none"> • Safe rooms/safe zones in case of a physical threat 	<ul style="list-style-type: none"> • Safe rooms/safe zones in case of a physical threat
<ul style="list-style-type: none"> • Safety and security policies 	<ul style="list-style-type: none"> • Safety and security policies 	<ul style="list-style-type: none"> • Safety and security policies
<ul style="list-style-type: none"> • Safety phone call following the departure of other party 	<ul style="list-style-type: none"> • Safety phone call following the departure of other party 	<ul style="list-style-type: none"> • Safety phone call following the departure of other party
<ul style="list-style-type: none"> • Staggered arrival and departure times. 	<ul style="list-style-type: none"> • Staggered arrival and departure times. 	<ul style="list-style-type: none"> • Staggered arrival and departure times.
	Minimum staffing ratio and minimum skills requirements for service provision linked to client characteristics (eg high risk situations may require a minimum of 2 staff, both with full CCS practitioner qualifications)	Minimum staffing ratio for service provision linked to client characteristics (eg high risk situations may require a minimum of 2 staff)
	The regulator may seek additional security features be established prior to accreditation if risks are not adequately addressed through the security features selected by the organisation.	External certification of adequacy of security features.
		Must not be accredited until a site visit by an authorised officer or external certifier has been completed.
		The suite of policies relating to ensuring physical safety on premises must be externally validated/reviewed for adequacy and evidence of such provided.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
Assurances that a site-specific evacuation plan is/will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.	Evidence that operational policies require that a site-specific evacuation plan will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.	Evidence that externally validated operational policies require that a site-specific evacuation plan will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.

ACCREDITATION CRITERIA FOR COMMUNITY-BASED SERVICE DELIVERY		
Assurances that the applicant has considered the appropriate use of safety and security measures and has chosen a contact site which has appropriate measures.	Provision of policy for assessing the suitability of contact locations, with consideration given to: <ul style="list-style-type: none"> the safety and security measures available at each location contingency plans for needing alternate locations (e.g. wet weather plans for contact scheduled at outdoor parks and playgrounds) having regard to the supervisor’s ability to remain with the child at all times proximity to external assistance e.g. on-site security or emergency services if required the number and skill level of staff/volunteers required to facilitate the session. 	Provision of externally certified policy for assessing the suitability of contact locations, with consideration given to: <ul style="list-style-type: none"> the safety and security measures available at each location contingency plans for needing alternate locations (e.g. wet weather plans for contact scheduled at outdoor parks and playgrounds) having regard to the supervisor’s ability to remain with the child at all times proximity to external assistance e.g. on-site security or emergency services if required the number and skill level of staff/volunteers required to facilitate the session.
Assurances that a site-specific evacuation plan is/will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.	Evidence that operational policies require that a site-specific evacuation plan will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.	Evidence that externally validated operational policies require that a site-specific evacuation plan will be in place for all contact sites. Plan must consider risks inherent in the delivery of CCS such as child abduction during evacuation, maintaining appropriate separation of families and family members during evacuation etc.

ONGOING OBLIGATIONS

ORGANISATIONS		
Organisations must update their contact details, including the relevant contact person, within 10 days of any changes taking effect.	Organisations must update their contact details, including the relevant contact person, within 10 days of any changes taking effect.	Organisations must update their contact details, including the relevant contact person, within 10 days of any changes taking effect.
Organisations must notify the accrediting body when the service location changes, including demonstrating that the new service location meets all accreditation requirements.	Organisations must notify the accrediting body when the service location changes, including demonstrating that the new service location meets all accreditation requirements.	Organisations must notify the accrediting body when the service location changes, including demonstrating that the new service location meets all accreditation requirements.
Organisations must maintain the contact centre in reasonable condition and make repairs and upgrades to premises and equipment within a reasonable time.	Organisations must maintain the contact centre in reasonable condition and make repairs and upgrades to premises and equipment within a reasonable time.	Organisations must maintain the contact centre in reasonable condition and make repairs and upgrades to premises and equipment within a reasonable time.
Organisations are to ensure that relevant laws which affect the operation of the service are complied with, and report breaches to the regulator.	Organisations are to ensure that relevant laws which affect the operation of the service are complied with, and report breaches to the regulator.	Organisations are to ensure that relevant laws which affect the operation of the service are complied with, and report breaches to the regulator.
Organisations are to ensure that staff/volunteers receive required training and supervision on an ongoing basis.	Organisations are to ensure that staff/volunteers receive required training and supervision on an ongoing basis.	Organisations are to ensure that staff/volunteers receive required training and supervision on an ongoing basis.
Organisations must notify the accrediting body of any changes to their circumstances, which would have been a material fact to the accreditation process had the change have happened prior to applying for accreditation.	Organisations must notify the accrediting body of any changes to their circumstances, which would have been a material fact to the accreditation process had the change have happened prior to applying for accreditation.	Organisations must notify the accrediting body of any changes to their circumstances, which would have been a material fact to the accreditation process had the change have happened prior to applying for accreditation.
Evidence has been retained to demonstrate that all relevant staff/volunteers holding a current WWCC, where the jurisdictional legislation requires they hold one.	Evidence has been retained to demonstrate that all staff/volunteers, who are not required to be registered with the accrediting body, holding a current WWCC, where the jurisdictional legislation requires they hold one.	Evidence has been retained to demonstrate that all staff/volunteers, who are not required to be registered with the accrediting body, holding a current WWCC, where the jurisdictional legislation requires they hold one.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
	<p>If a reportable incident occurs at a community-based location, a reassessment of the suitability of the location must be undertaken, and if sufficient operational or security measures are not in place the location must not be used for contact again unless the issue is addressed.</p> <p>The revised assessment may consider suitability of the site for offering services, taking into account differing levels of risk associated with likely users of the service at that location.</p>	<p>If a reportable incident occurs at a community-based location, a reassessment of the suitability of the location must be undertaken, and if sufficient operational or security measures are not in place the location must not be used for contact again unless the issue is addressed.</p> <p>The revised assessment may consider suitability of the site for offering services, taking into account differing levels of risk associated with likely users of the service at that location.</p>
ACCREDITATION RENEWAL REQUIREMENTS		
To retain accreditation, before the 5-year anniversary of the last date of accreditation an organisation must seek reaccreditation. Evidence of the organisation’s compliance with all accreditation criteria, in place as at the time of reaccreditation, must be demonstrated.	To retain accreditation, before the 5-year anniversary of the last date of accreditation an organisation must seek reaccreditation. Evidence of the organisation’s compliance with all accreditation criteria, in place as at the time of reaccreditation, must be demonstrated.	To retain accreditation, before the 3-year anniversary of the last date of accreditation an organisation must seek reaccreditation. Evidence of the organisation’s compliance with all accreditation criteria, in place as at the time of reaccreditation, must be demonstrated.
	Within 30 months (2.5 years) of the anniversary of the last date of accreditation organisations must submit a statement on ongoing compliance with the accreditation requirements in place as at the time of submitting the statement, except for any new accreditation requirements which have been introduced following the initial accreditation that have been not imposed on organisations with existing accreditation until the due date for the next full renewal process (5 years after the most recent accreditation decision has been made).	
APPLICATIONS FOR REGISTRATION AS A CCS PRACTITIONER		
Note – as this model does not envisage registration of individuals, there are no requirements in this area.	A person must not provide a non-administrative function in a CCS without being registered with the accrediting body.	A person must not provide a non-administrative function in a CCS without being registered with the accrediting body.
FIT AND PROPER PERSON TEST		
	Individuals intending to offer child/contact supervision function must have a valid working with children clearance issued by the state or territory.	Individuals intending to offer child/contact supervision function must have a valid working with children clearance issued by the state or territory.
	<p>Individuals intending to work in child supervision services must have a current criminal history check and must not have been charged or convicted of an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposed or being knowingly concerned with the prostitution of a child.</p> <p>The accrediting body has the authority to determine and publish a list of offences deemed relevant for the purposes of applying the fit and proper test.</p>	<p>Individuals intending to work in child supervision services must have a current criminal history check and must not have been charged or convicted of an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposed or being knowingly concerned with the prostitution of a child.</p> <p>The accrediting body has the authority to determine and publish a list of offences deemed relevant for the purposes of applying the fit and proper test.</p>
	<p>The accrediting body may take into consideration the following issues when determining whether the applicant is a fit and proper person:</p> <ul style="list-style-type: none"> • The applicant’s history of complying with the regulations • Any previous decision(s) related to the registration of a person under these regulations for example decisions related to the refusal to register, suspension or cancellation of a person’s registration • Whether the person’s behaviour does not meet a standard generally expected of a person who works with children • Whether the person has provided false or misleading information to the accrediting body. 	<p>The accrediting body may take into consideration the following issues when determining whether the applicant is a fit and proper person:</p> <ul style="list-style-type: none"> • The applicant’s history of complying with the regulations • Any previous decision(s) related to the registration of a person under these regulations for example decisions related to the refusal to register, suspension or cancellation of a person’s registration • Whether the person’s behaviour does not meet a standard generally expected of a person who works with children • Whether the person has provided false or misleading information to the accrediting body • Any other matters relating to the person that the accrediting body considers that adversely affect, or are likely to affect, a person’s suitability to work in a CCS.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
	The accrediting body may at any time request updated copies of background screening checks in order to reassess a person’s fitness to practice (for example, if a complaint was received that a person had not reported new charges/convictions and the accrediting body seeks information to determine if ongoing registration is appropriate). Where there are reasonable grounds, the accrediting body can request that the registered person source a new background screening check.	The accrediting body may at any time request updated copies of background screening checks in order to reassess a person’s fitness to practice (for example, if a complaint was received that a person had not reported new charges/convictions and the accrediting body seeks information to determine if ongoing registration is appropriate). Where there are reasonable grounds, the accrediting body can request that the registered person source a new background screening check.
QUALIFICATIONS		
Services cannot be offered where no staff members hold the status of a CCS practitioner (ie where staff hold only the status of trainee CCS practitioner).		
Trainee CCS practitioner (Trainees/supervised staff/volunteers (not yet fully qualified able to provide services only under supervision of a suitably qualified employee))		
No requirement – organisation to assess that individual has suitable work experience to provide services.	Provision of evidence of enrolment in graduate diploma or cert IV or relevant degree.	Nil requirement – all staff/volunteers in child contact roles must have completed full qualification.
CCS practitioner (Staff/volunteers supervising children and families alone)		
No requirement – organisation assesses that individual has suitable work experience to safely provide services.	Successfully completed at least 4 subjects of a grad dip or cert IV or 4 subjects of a related degree, with demonstrated progress towards completion of the qualification within 3 years from date of application; and A minimum 130 hours experience in supervised service provision in a CCS or equivalent service; OR	
	Certificate IV in related disciplines with minimum 75 hours of supervised service provision in a CCS or equivalent service; OR	Certificate IV in related disciplines with minimum 100 hours of supervised service provision in a CCS or equivalent service; OR
	Graduate Diploma in related disciplines with 50 hours of supervised service provision in a CCS or equivalent; OR	Graduate Diploma in related disciplines with 75 hours of supervised service provision in a CCS or equivalent; OR
	Degree in related disciplines with 25 hours of supervised service provision in a CCS or equivalent.	Degree in related disciplines with 50 hours of supervised service provision in a CCS or equivalent.
ONGOING OBLIGATIONS		
INDIVIDUALS		
No requirement on individual – organisation to ensure staff/volunteers meet operating requirements.	Individuals must notify the accrediting body of changes to their contact details (including name change if relevant) within 14 days of the changes taking effect.	Individuals must notify the accrediting body of changes to their contact details (including name change if relevant) within 14 days of the changes taking effect.
	A new WWCC must be provided to the accreditation body before expiry of the current WWCC to retain registration	A new WWCC must be provided to the accreditation body before expiry of the current WWCC to retain registration
	A new First Aid Certificate must be provided to the accreditation body before expiry of the current certificate.	A new First Aid Certificate must be provided to the accreditation body before expiry of the current certificate.
	Must comply with any reasonable request for information relating to a person’s registration by the accrediting body.	Must comply with any reasonable request for information relating to a person’s registration by the accrediting body.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
	<p>Notify the body of any matter which may affect a person’s registration within 7 days after the occurrence including:</p> <ul style="list-style-type: none"> • Being prohibited under a law of a state or territory from working with children • Has failed to comply with a law of a state or territory relating to employment of persons working with children • Has been charged with an offence that if convicted will result in either of the circumstances mentioned above arising • Has been charged with or convicted of an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposed or being knowingly concerned with the prostitution of a child • Has ceased providing CCS services and the reason for doing so, or • Ceased having one of the things required of a registered practitioner above. 	<p>Notify the body of any matter which may affect a person’s registration within 7 days after the occurrence including:</p> <ul style="list-style-type: none"> • Being prohibited under a law of a state or territory from working with children • Has failed to comply with a law of a state or territory relating to employment of persons working with children • Has been charged with an offence that if convicted will result in either of the circumstances mentioned above arising • Has been charged with or convicted of an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposed or being knowingly concerned with the prostitution of a child • Has ceased providing CCS services and the reason for doing so, or • Ceased having one of the things required of a registered practitioner above.
	A person who is a registered CCS practitioner must uphold reasonable professional standards in the provision of CCS services.	A person who is a registered CCS practitioner must uphold reasonable professional standards in the provision of CCS services.
No requirement, organisation to ensure that employees are receiving adequate development for their skill level and job requirements.	<p>For CCS staff/volunteers required to be registered:</p> <ul style="list-style-type: none"> • If working 720 hours or more in a relevant CCS role within a financial year, 12 hours OPD every 12 months on subjects relevant to the delivery of contact services <p>OR</p> <ul style="list-style-type: none"> • If working less than 720 hours in a relevant CCS role within a financial year, 6 hours OPD every 12 months on subjects relevant to the delivery of contact services 	<p>For CCS staff/volunteers required to be registered:</p> <ul style="list-style-type: none"> • If working 720 hours or more in a relevant CCS role within a financial year, 12 hours OPD every 12 months on subjects relevant to the delivery of contact services plus mandatory OPD developed by AGD/accrediting body which includes refresher training on FDV. <p>OR</p> <ul style="list-style-type: none"> • If working less than 720 hours in a relevant CCS role within a financial year, 6 hours OPD every 12 months on subjects relevant to the delivery of contact services plus mandatory OPD developed by AGD/accrediting body which including refresher training on FDV.
	The accrediting body may direct that OPD must include specific units, where this requirement is published with sufficient time to enable participants to access and complete the OPD.	The accrediting body may direct that OPD must include specific units, where this requirement is published with sufficient time to enable participants to access and complete the OPD.
	Failure to complete the required OPD may result in conditional, suspended or cancelled registration.	Failure to complete the required OPD may result in conditional, suspended or cancelled registration.
	Individuals must comply with the ongoing obligations unless suspended. The accrediting body may apply a condition, suspend or cancel a practitioner’s registration for failure to comply.	Individuals must comply with the ongoing obligations unless suspended. The accrediting body may apply a condition, suspend or cancel a practitioner’s registration for failure to comply.
REGISTRATION RENEWAL REQUIREMENTS		
Not applicable	Annual statement of ongoing compliance submitted through the register, with regulator powers to monitor who has not completed the annual statement.	Partial re-registration process focussing on updated criminal history checking, currency of WWCC, completion of OPD and continuing compliance with fit and proper person requirements. Qualifications, unless new qualifications are provided, would not be required to be submitted annually.
RECORD KEEPING		
Services must demonstrate procedures to retain records for a minimum of 7 years after the cessation of services, unless otherwise required by legislation.	Services must demonstrate procedures to retain records for a minimum of 7 years after the cessation of services, unless otherwise required by legislation.	Services must demonstrate procedures to retain records for a minimum of 7 years after the cessation of services, unless otherwise required by legislation.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
<p>Records must, at a minimum, cover:</p> <ul style="list-style-type: none"> • Staffing rosters/attendances • WWCC/criminal history checks of all staff/volunteers • Number of sessions conducted • Attendees at sessions • Location of sessions • Session notes • Arrival/departure times of participants • Reasons for refusal of service • Risk assessments (including site risk assessments) • Any denial of service decisions • Any consent forms • If transitioning to independent contact – basis of that assessment • Any incidents and reporting of those incidents • Any complaints and review of those complaints • All persons on site (sign in register or other recording systems). 	<p>Records must, at a minimum, cover:</p> <ul style="list-style-type: none"> • Staffing rosters/attendances • WWCC/criminal history checks of all staff/volunteers • Evidence of checking qualifications of staff/volunteers • Number of sessions conducted • Attendees at sessions • Location of sessions • Session notes • Arrival/departure times of participants • Reasons for refusal of service • Risk assessments (including site risk assessments) • Any denial of service decisions • Any consent forms • If transitioning to independent contact – basis of that assessment • Any incidents and reporting of those incidents • Any complaints and review of those complaints • All persons on site (sign in register or other recording systems) • Records of external reviews of policies/procedures • Records/observations of sessions. 	<p>Records must, at a minimum, cover:</p> <ul style="list-style-type: none"> • Staffing rosters/attendances • WWCC/criminal history checks of all staff/volunteers • Evidence of checking qualifications of staff/volunteers • Number of sessions conducted • Attendees at sessions • Location of sessions • Session notes • Arrival/departure times of participants • Reasons for refusal of service • Risk assessments (including site risk assessments) • Any denial of service decisions • Any consent forms • If transitioning to independent contact – basis of that assessment • Any incidents and reporting of those incidents • Any complaints and review of those complaints • All persons on site (sign in register or other recording systems) • Records of external reviews of policies/procedures • Records/observations of sessions.
Must demonstrate that adequate procedures are in place to assure confidentiality of information and application of privacy principles.	Must demonstrate that adequate procedures are in place to assure confidentiality of information and application of privacy principles.	Must demonstrate that adequate procedures are in place to assure confidentiality of information and application of privacy principles.
<p>Accrediting body can request to see records in order to:</p> <ul style="list-style-type: none"> • Undertake audits • Investigate complaints • Make decisions relating to the ongoing accreditation of the organisation. 	<p>Accrediting body can request to see records in order to:</p> <ul style="list-style-type: none"> • Undertake audits • Investigate complaints • Make decisions relating to the ongoing accreditation of the organisation. 	<p>Accrediting body can request to see records in order to:</p> <ul style="list-style-type: none"> • Undertake audits • Investigate complaints • Make decisions relating to the ongoing accreditation of the organisation.
In accordance with the Australian Privacy Principles, accredited CCS must not provide records to non-authorised parties unless directed by law.	In accordance with the Australian Privacy Principles, accredited CCS must not provide records to non-authorised parties unless directed by law.	In accordance with the Australian Privacy Principles, accredited CCS must not provide records to non-authorised parties unless directed by law.
All records must be disposed of in a secure manner which complies with relevant privacy legislation.	All records must be disposed of in a secure manner which complies with relevant privacy legislation.	All records must be disposed of in a secure manner which complies with relevant privacy legislation.
INCIDENT AND COMPLAINT REPORTING		
<p>Must report all critical incidents to accrediting body within 7 business days of incident occurring. The report must include details sufficient to describe the incident and details of actions taken to prevent the incident occurring again, including the following information:</p> <ul style="list-style-type: none"> • If occurred during supervised visit, details of staff/volunteers in attendance at the time of incident (including role/level) • Client history • Action taken in response • Any involvement organisation has with police (or other relevant authorities) in relation to the incident. 	<p>Must report all critical incidents to accrediting body within 7 business days of incident occurring. The report must include details sufficient to describe the incident and details of actions taken to prevent the incident occurring again, including the following information:</p> <ul style="list-style-type: none"> • If occurred during supervised visit, details of staff/volunteers in attendance at the time of incident (including role/level) • Client history • Action taken in response, and • Any involvement organisation has with police (or other relevant authorities) in relation to the incident. 	<p>Must report all critical incidents to accrediting body within 7 business days of incident occurring. The report must include details sufficient to describe the incident and details of actions taken to prevent the incident occurring again, including the following information:</p> <ul style="list-style-type: none"> • If occurred during supervised visit, details of staff/volunteers in attendance at the time of incident (including role/level) • Client history • Action taken in response, and • Any involvement organisation has with police (or other relevant authorities) in relation to the incident.
Must advise accrediting body of all reportable incidents within 10 business days of incident occurring	Must advise accrediting body of all reportable incidents within 10 business days of incident occurring	Must advise accrediting body of all reportable incidents within 10 business days of incident occurring
The accrediting body may request additional details from organisations in respect of reported critical incidents. Organisations must comply with requests within 7 days.	The accrediting body may request additional details from organisations in respect of reported critical incidents. Organisations must comply with requests within 7 days.	The accrediting body may request additional details from organisations in respect of reported critical incidents. Organisations must comply with requests within 7 days.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
Where the requested material is not provided by the deadline, the accrediting body can suspend the accreditation of the organisation.	Where the requested material is not provided by the deadline, the accrediting body can suspend the accreditation of the organisation.	Where the requested material is not provided by the deadline, the accrediting body can suspend the accreditation of the organisation.
If a child attending a service is involved in any incident, or suffers injury, trauma or illness while at the service the CCS must ensure that a non-present parent of the child is notified as soon as practicable.	If a child attending a service is involved in any incident, or suffers injury, trauma or illness while at the service the CCS must ensure that a non-present parent of the child is notified as soon as practicable.	If a child attending a service is involved in any incident, or suffers injury, trauma or illness while at the service the CCS must ensure that a non-present parent of the child is notified as soon as practicable.
Where a reported critical incident involves serious injury to a child, client or staff/volunteer member, through the direct or indirect action, or inaction of the organisation, the accrediting body may impose conditions, suspend or cancel the organisation’s accreditation as would be reasonable in the circumstances.	Where a reported critical incident involves serious injury to a child, client or staff/volunteer, through the direct or indirect action, or inaction of the organisation, the accrediting body may impose conditions, suspend or cancel the organisation’s accreditation as would be reasonable in the circumstances.	Where a reported critical incident involves serious injury to a child, client or staff/volunteer, through the direct or indirect action, or inaction of the organisation, the accrediting body may impose conditions, suspend or cancel the organisation’s accreditation as would be reasonable in the circumstances.
Must report annually to the accrediting body the number of complaints received, nature of the complaint, steps taken to resolve complaint.	Must report annually to the accrediting body the number of complaints received, nature of the complaint, steps taken to resolve complaint.	Must report annually to the accrediting body the number of complaints received, nature of the complaint, steps taken to resolve complaint.
AUDIT POWERS		
ORGANISATION AUDIT		
Accrediting body can, at any time, but not more frequently than once every 2 years (unless receiving notification of or directly receiving a ‘threshold complaint/incident’) audit an accredited organisation’s compliance with accreditation requirements	Accrediting body can, at any time, but not more frequently than once every 2 years (unless receiving notification of or directly receiving a ‘threshold complaint/incident’) audit an accredited organisation’s compliance with accreditation requirements	Accrediting body can, at any time, but not more frequently than once every 2 years (unless receiving notification of or directly receiving a ‘threshold complaint/incident’) audit an accredited organisation’s compliance with accreditation requirements
The accrediting body must provide the organisation with written notification of the audit no less than 28 days prior to the audit commencing.	The accrediting body must provide the organisation with written notification of the audit no later than 21 days prior to the audit commencing.	The accrediting body must provide the organisation with written notification of the audit no later than 21 days prior to the audit commencing.
The accrediting body may use any information available to conduct the audit and can request any such information from the organisation as it deems necessary. The organisation must comply with all reasonable requests for information within 10 days of receiving the request.	The accrediting body may use any information available to conduct the audit and can request any such information from the organisation as it deems necessary. The organisation must comply with all reasonable requests for information within 10 days of receiving the request.	The accrediting body may use any information available to conduct the audit and can request any such information from the organisation as it deems necessary. The organisation must comply with all reasonable requests for information within 10 days of receiving the request.
INDIVIDUAL AUDIT		
ONGOING PROFESSIONAL DEVELOPMENT AUDIT		
No requirement	The accrediting body may, at intervals no more frequent than every 2 years, audit the OPD records of individuals.	The accrediting body may, at intervals no more frequent than every 2 years, audit the OPD records of individuals.
	If an individual has not demonstrated compliance with the OPD requirements, the accrediting body may place a condition on the individual’s registration including that the practitioner has a reasonable amount of time to complete the required OPD.	If an individual has not demonstrated compliance with the OPD requirements, the accrediting body may place a condition on the individual’s registration including that the practitioner has a reasonable amount of time to complete the required OPD.
	If an individual who has conditional registration fails to produce sufficient records to evidence compliance with the OPD requirements, where a condition relates to completing required OPD; or the individual has a history of non-compliance with OPD, the accrediting body may suspend the practitioner’s registration, with the accrediting body to specify actions which must be taken before a person can seek to reactivate their registration.	If an individual who has conditional registration fails to produce sufficient records to evidence compliance with the OPD requirements, where a condition relates to completing required OPD; or the individual has a history of non-compliance with OPD, the accrediting body may suspend the practitioner’s registration, with the accrediting body to specify actions which must be taken before a person can seek to reactivate their registration.
	Where the individual does not reactivate their registration (ie complete the required OPD) within a specified timeframe, the accreditation body may cancel the practitioner’s registration.	Where the individual does not reactivate their registration (ie complete the required OPD) within a specified timeframe, the accreditation body may cancel the practitioner’s registration.

Option 2 - Low – light touch regulation, organisation only	Option 3 - Medium – stricter accreditation requirements, moderate ongoing oversight	Option 4 -High – strict accreditation requirements, stronger monitoring and oversight
	The accrediting body may issue exemptions for completing OPD for periods of time at the accrediting body’s discretion, where the accrediting body is satisfied that the practitioner has experienced extenuating circumstances so severe that the practitioner could not have reasonably undertaken the OPD requirements. Evidence will be required in order to decide whether to issue an exemption.	The accrediting body may issue exemptions for completing OPD for periods of time at the accrediting body’s discretion, where the accrediting body is satisfied that the practitioner has experienced extenuating circumstances so severe that the practitioner could not have reasonably undertaken the OPD requirements. Evidence will be required in order to decide whether to issue an exemption.
ELIGIBILITY TO APPLY		
The provision of child contact services must be done from within Australia and at least one party to the contact must be based in Australia.	The provision of child contact services must be done from within Australia and at least one party to the contact must be based in Australia.	The provision of child contact services must be done from within Australia and at least one party to the contact must be based in Australia.
	All organisations associated with the provision of child contact services must have no history of corporate offences.	All organisation associated with the provision of child contact services must have no history of corporate offences.
REGISTER		
Register will hold all details collected from organisations in a confidential system accessible only to approved AGD officers. It will also hold Information regarding the history of services, including when they voluntarily end their accreditation, for a period of up to 7 years.	Register will hold all details collected from organisations in a confidential system accessible only to AGD officers with access. Including information regarding the history of services, including when they voluntarily end their accreditation, for a period of up to 7 years	Register will hold all details collected from organisations in a confidential system accessible only to AGD officers with access. Including information regarding the history of services, including when they voluntarily end their accreditation, for a period of up to 7 years
A public facing database will be developed based on this information, which shows only the details of name and location of accredited services.	A public facing database will be developed based on this information, which shows the details of name and location of accredited services as well as their current accreditation status (accredited, conditional, suspended, cancelled etc) and links to the organisation’s website for further service information.	A public facing database will be developed based on this information, which shows the details of name and location of accredited services as well as their current accreditation status (accredited, conditional, suspended, cancelled etc) and links to the organisation’s website for further service information.
	Registered individuals will be made public with limited details including name and registration status.	Registered individuals will be made public with limited details including name and registration status.

PART B – COMPLAINTS, PENALTIES, CHANGES IN STATUS AND APPEALS

COMPLAINTS MECHANISM

All organisations must have a transparent internal complaints mechanism which manages complaints in a positive, timely, fair and predictable way. The organisation has procedures in place for the management of complaints which:

- welcome complaints and inform clients about how to complain
- ensure timely resolution of complaints
- provide feedback to clients on complaints
- distinguish between simple complaints and those of a more serious nature
- ensure that where complaints about staff/volunteers/board members occur, principles of natural justice are utilised in the assessment process and conflicts of interest are appropriately addressed in the management of the complaint
- where complaints relate to criminal matters all complaints are referred to police and not assessed by the organisation.

Information on the in-house complaints mechanism must be accessible to clients and provided to clients no later than on completion of the intake process.

The organisation’s internal complaints mechanism is the primary mechanism for dealing with client complaints regarding the organisation’s compliance with the regulations. If a client is unsatisfied with the organisation’s response, they may escalate the complaint to the accrediting body.

Outcomes of investigations into complaints regarding relevant staff/volunteers, must be reported to the accrediting body, where the complaint is upheld.

If unsatisfied with the organisation’s response, the complainant may escalate the complaint to the accrediting body.

When the accrediting body receives a complaint, the body may analyse the content of the complaint and investigate to determine whether the conduct complained about would constitute a breach of the regulations.

Serious complaints may be escalated directly to other body

While first complaints are to be made directly with the CCS, which must make reasonable attempts to resolve the dispute, where the complaint relates to a serious incident the complainant may choose to escalate the complaint to the accrediting body directly.

Escalated complaints are to be handled by accrediting body or external body (as required).

Accrediting body has powers to review issues directly related to accreditation of an organisation or individual’s registration. This may include outcomes and recommendations made by an external body (if applicable).

General powers in relation to complaints

The accrediting body has the power to impose conditions, suspend or cancel an organisation’s accreditation or individual’s registration based on the findings of the investigation of complaints.

The accrediting body may request and use any such information as it sees fit from an accredited organisation or registered practitioner to investigate the complaint. Reasonable requests must be complied with within 10 days of the receipt of the request. This may include consultation with an external body.

GENERAL ENFORCEMENT PROCESSES

If the accrediting body becomes aware of a practitioner not complying with any of the regulation, the accrediting body may, by written notice, request information from the practitioner, impose, vary conditions or revoke conditions, or suspend the practitioner’s registration.

The notice must include the body’s reason for doing so and the practitioner’s review rights under the relevant administrative review provisions.

If the accrediting body imposes conditions, the accrediting body must give the person a reasonable period within which to comply with the requirement.

PENALTIES AND ENFORCEMENT PROVISIONS

GENERAL POWERS - ABILITY TO IMPOSE CONDITIONS

The accrediting body may impose such conditions on the ongoing accreditation of an organisation or registration of an individual as would be reasonably justified in the circumstances.

For example: reported safety or security equipment failure may result in an imposed operating condition

The organisation or individual must rectify identified shortfalls within the timeframe set by the accrediting body.

The organisation or individual must demonstrate to the accrediting body that the shortfall has been remediated, within the specified timeframe, before the condition can be lifted.

If the shortfall has not been remediated within the specified timeframe and the accrediting body advised, the accrediting body can either:

- Extend the period by which the conditions must be met; or
- Cancel accreditation or registration.

The accrediting body may impose a condition on a practitioner’s registration where an organisation reports an adverse finding against a practitioner following investigation of a complaint.

GENERAL PROVISIONS FOR SUSPENSION
The accrediting body may suspend an organisation’s accreditation for a period of up to 6 months, if there is reasonable belief that the organisation may be in contravention of the regulations.
The accrediting body must lift a suspension of an organisation’s accreditation once the accrediting body is satisfied that the organisation is compliant with the regulations. The organisation must comply with all reasonable requests for information to confirm that it is compliant with the regulations.
If the organisation has not demonstrated that it has addressed any concerns raised by the accrediting body when imposing the suspension, the organisation may apply for an extension of time to address the concerns. The organisation must provide justification for the extension which shows an undertaking of genuine effort to remedy the issue has been made.
During any period of suspension, the organisation may not conduct any supervised contact visit or provide any services to families other than booking future appointments to be undertaken after the suspension has been lifted and conducting intake procedures.
A suspended organisation must notify all current clients as to the change in their accreditation status, and would appear on the public register as suspended.
The accrediting body may suspend a practitioner’s registration where an organisation reports an adverse finding against a practitioner following investigation of a complaint.
GROUNDS FOR SUSPENSION
ORGANISATIONS
Breaches of accreditation requirements (inc criteria to obtain and maintain accreditation and record keeping and reporting requirements)
Failure to comply with a reasonable request from the accrediting body to produce records/policies within timeframe required.
Organisations allowing non-registered CCS practitioners to conduct CCS functions
Organisations allowing trainee CCS practitioners to provide CCS functions unsupervised
Any action, or failure to act, which results in an injury (or near miss) to a child client of the service, which could have been avoided, but for the action or inaction of the organisation.
INDIVIDUALS
Breaches of registration requirements (inc criteria to obtain and maintain registration)
Failing to comply with reasonable request from the accrediting body for documents related to an individual’s registration.
The accrediting body may impose a condition or suspension on a practitioner’s registration where an organisation reports an adverse finding against a practitioner following investigation of a complaint.
EXCEPTIONAL POWERS TO SUSPEND ACCREDITATION/REGISTRATION
In exceptional circumstances, for example where advice of a threshold issue or a threshold complaint is received, and an investigation of the complaint has commenced and the accrediting body has reason to believe that the complaint is meritorious and would be worthy of taking such action, the accrediting body may suspend accreditation/registration in advance of the completion of a formal review.
In suspending accreditation/registration the accrediting body must provide reasons for the proposed suspension and allow the organisation/individual to provide information to indicate why the suspension is not warranted. The accrediting body must take this information into account when making a decision.
Where a person has been charged with an offence involving violence or assault to a person, or a sex-related offence including rape, sexual assault, indecent assault, unlawful sexual acts with or upon minors, child pornography, procuring or trafficking of a child for indecent purposes or being knowingly concerned with the prostitution of a child, where the penalty of the offence if convicted would be a term of imprisonment for 12 months or more, but has not yet been convicted, the accrediting body must suspend the person’s registration until the outcome of the charge is known.
GENERAL PROVISIONS FOR CANCELLATION
Cancelled organisations must notify all clients of the change in their accreditation status.
Cancelled organisations are not permitted to provide any service to families and must cease all advertising, and not undertake any action to encourage or recruit clients unless they become reaccredited.
The accrediting body must notify the individual of the cancellation decision in writing as soon as practicable following the decision and date of effect of the decision. The notification must include the reason for the decision.
GROUNDS FOR CANCELLATION
ORGANISATION
Where an organisation has had a condition imposed or their accreditation suspended for non-compliance or breaches of the regulations, and has not remedied the issues within the advised timeframe.
Where the action or event giving rise to consideration of the application of an administrative penalty is so severe that conditional accreditation or suspended accreditation is not considered appropriate.

INDIVIDUAL
Where an individual has had a condition imposed or their accreditation suspended for non-compliance or breaches of the regulations, and has not remedied the issues within the advised timeframe.
Where the action or event giving rise to consideration of the application of an administrative penalty is so severe that conditional registration or suspended registration is not considered appropriate.
ISSUES WHICH MAY ATTRACT A CRIMINAL OFFENCE
CCS businesses operating or purporting to operate as a CCS without accreditation.
CCS businesses allowing non-registered staff to provide CCS services where registration is required.
Individuals operating as a registered practitioner without registration.
OTHER ISSUES WHICH MAY ATTRACT AN ADMINISTRATIVE ACTION
Consequence: refusal of registration, conditional registration, suspension of registration
Failing to comply with a reasonable request from the accrediting body for access to documents related to an individual’s registration.
Providing false or misleading information to the regulator.
PROVISIONS FOR VOLUNTARY SUSPENSION AND DEREGISTRATION OF THE ACCREDITATION OF AN ORGANISATION
VOLUNTARY SUSPENSION OF ACCREDITATION
An organisation may apply to the accrediting body to request its accreditation be voluntarily suspended for a period of up to 12 months.
To have a voluntary suspension lifted, the organisation must provide the accrediting body with a statement that the organisation is still in compliance with all regulations and obligations including: <ul style="list-style-type: none"> • Contact details are up to date • Required policies remain in place and are current • Insurance cover is current and appropriate • A risk assessment framework is still in place and appropriate • Premises remain suitable for use as CCS, and are compliant with the relevant safety and security regulations • Organisation has registered practitioners employed to provide services • Staff/volunteers requiring a WWCC have current checks and current criminal history checks have been completed.
The accrediting body may request an audit of the organisation and associated registered practitioners be undertaken prior to reactivating the accreditation.
An organisation may request a subsequent voluntary suspension only if it has been operating, without conditions, for 12 months since the most recent previous voluntary suspension. If a party has not been operating for 12 months without conditions since the most recent previous voluntary suspension before requesting a further voluntary suspension, it must seek voluntary de-accreditation or undertake the actions required to return to full accreditation.
VOLUNTARY DE-ACCREDITATION
An organisation may voluntarily end its accreditation by writing to the accrediting body. The accrediting body must action any such request within 7 days.
A de-accredited organisation is not permitted to provide any service to clients and must advise that service may no longer be provided.
De-accredited organisations will not appear on the public register.
PROVISIONS FOR VOLUNTARY SUSPENSION AND DEREGISTRATION OF AN INDIVIDUAL
VOLUNTARY SUSPENSION OF REGISTRATION
Individuals may suspend their registration for a maximum of 12 months by requesting a suspension in writing.
If the individual has not requested their registration be reactivated within 12 months, the accrediting body must cancel their registration, following appropriate attempts to establish contact.
An individual may request a subsequent voluntary suspension only if they have been practicing, without conditions, for 12 months since the most recent previous voluntary suspension. If an individual has not been practicing for 12 months without conditions since the most recent previous voluntary suspension before requesting a further voluntary suspension, they must seek voluntary deregistration, unless they can demonstrate exceptional circumstances to the regulator, who may then approve a further period of suspension.

In order to lift a voluntary suspension from a practitioner’s registration, the practitioner must provide the following:

- Statement of having complied with obligations, including,
 - continuing to be fit to practice as a CCS practitioner,
 - has notified the accrediting body (either at the time or during the reactivation process) of any changes to the person’s names and contact details, and
 - has notified the accrediting body (either at the time or during the reactivation process) of any matter which may affect a person’s registration (see obligations for examples),
- Statement that no criminal charges or convictions have been registered or provision of a current National Police Check (no older than 3 months),
- If a practitioner has been suspended for more than 6 months but less than 12 months, the accrediting body can direct the individual to undertake some OPD before reactivating their registration. In determining if any particular OPD is required the accrediting body may take into account previous OPD undertaken, or the emergence of new training options of relevance.

VOLUNTARY DEREGISTRATION OF AN INDIVIDUAL

A practitioner may write to the accreditation body, at any time, to request a voluntarily end to their registration. This is to be actioned by the accrediting body within 7 working days.

The accrediting body must cause the public record of the registered person to no longer be viewable.

RIGHT OF REVIEW OR APPEAL

Decisions by the accrediting body which impact on an organisation’s/individual’s involvement with the scheme (e.g. refusal to accredit, imposition of conditions etc) are reviewable.

If an individual or organisation disagrees with a decision of the accrediting body, the person must raise their concerns, in writing, with the accrediting body, within 28 days of the decision.

The accrediting body must review the concerns raised by the individual or organisation in conjunction with the information available to the body with respect to the disputed decision and provide a response to those concerns. The review will be conducted by an Officer of the department (who is not the original decision maker), as delegated by the Secretary. The Officer must provide a written response to the individual or organisation, which either affirms or replaces the original decision and the reasons for the subsequent decision, within 28 days, subject to being in receipt of all necessary information on which to reasonably base an informed decision.

If an individual or organisation remains concerned about a decision of the accrediting body following the internal escalation process, an application may be made to the administrative review body for review of the following decisions:

For organisations

- a decision that the accreditation criteria have not been met
- a decision to add, vary or revoke a condition to an organisation’s accreditation, or
- a decision to suspend or cancel the accreditation of an organisation.

For individuals

- a decision that the registration criteria have not been met
- a decision to add, vary or revoke a condition to an individual’s registration, or
- a decision to suspend or cancel the registration of an individual.

If an individual or organisations holds concerns about the handling of their information or concerns by the accrediting body, they may raise those concerns with the Commonwealth Ombudsman under the relevant legislation.

GENERAL OPERATING PROVISIONS

DEFINITIONS

Accreditation/Accredited CCS

Organisation which has met the accreditation criteria contained in the regulations and is recorded in the register with a status of accredited, accredited – conditional, accredited – suspended.

Administrative function

Administrative functions include no or minimal contact with families/children – e.g. ‘back office’, janitorial, security, financial/other office-based tasks, front desk reception where the interactions are administrative in nature.

Cancellation of accreditation/registration

Organisation’s accreditation or individual’s registration has been ended by the accrediting body.

CCS Business

Services that:

- facilitate contact between a child and a member of the child’s family or significant other person (eg within the scope of definition of member of family and relative within the Family Law Act 1975) with whom the child is not living; and
- are provided in circumstances where members of the family may not be able to safely manage such contact; and
- are provided on a professional, commercial or charitable basis

unless services are provided as a result of intervention by a child welfare officer of a State or Territory.

CCS practitioner

A person working in a relevant position who has a status of registered and who meets the minimum mandatory qualifications for registration as a CCS practitioner.

Conditional

Individual or organisation is accredited/registered can provide service only if the conditions of accreditation or registration are met.

Critical incident

Any event that poses a serious risk to the wellbeing, life, health or safety, of an individual who is receiving services from a CCS, or staff of, volunteers at or visitors to a CCS (including within the grounds of the facility) or to the functioning or security of the facility.

Examples include:

- significant injury, including hospitalisation
- making threats to harm self or others
- production/use of a weapon
- abduction or holding a person against their will/ in contravention of a court order or parenting agreement
- intimidating, aggressive or threatening behaviour
- possible involvement by police or other emergency services
- an alleged assault
- unexplained absence of a minor
- damage to property which would interrupt the provision of services
- other event which result in unavailability of the service (including man-made or natural disasters)
- use of illegal substances on premise
- alleged neglect of responsibilities in a supervisory context
- theft or loss of personal information.

De-accredited

Organisation which:

- has voluntarily ended its accreditation
- has had its accreditation removed, regardless of appeal status.

Deregistered

An individual who:

- has voluntarily ended their registration
- has had their registration removed, regardless of appeal status.

Relevant staff

Any staff/volunteer member who is employed in a CCS in a role with any of the below attributes:

- Is in supervised or unsupervised contact with a child
- Is making assessments relevant to the family/child and contact arrangements
- is subject to any registration requirements.

Registration/Registered CCS Practitioner

An individual who has met the registration criteria contained in the regulations and is recorded in the register with a status of registered, registered – conditional, accredited – suspended.

Reportable incident

An incident which does not pose a significant or imminent threat to a person’s wellbeing but has interrupted the provision of services or call into question the ability to provide services within regulation. This includes factors relating to:

- Safety (personal or property), including near misses
- Failure to apply policies of the organisation
- Interruptions to security services.

Service-based examples include:

- location based risks not being appropriately identified in advance of a contact session
- conduct of any services while not meeting staffing requirements (qualification levels, staffing ratios)
- incidents causing a risk to wellbeing but not sufficiently serious to constitute a critical incident.

Behaviour-based examples (links to review of a family’s circumstances and appropriate service):

- refusal to stop offensive behaviour and/or leave after a reasonable request
- damaging property
- loitering inappropriately outside a CCS and/or stalking behaviours
- reported breaches of protection orders
- a person exhibiting behaviour consistent with being seriously affected by alcohol or drugs.

Serious allegation

If found to be true, the conduct may result in a conviction or charge under the relevant jurisdiction’s criminal code. This may call into question a person’s employment suitability in a CCS (e.g. includes offences relevant to obtaining a WWCC, or for which a custodial sentence may be applied).

Serious injury

Physical trauma to the body requiring immediate or urgent (within 48 hours) hospital or medical treatment.

Suspend/suspended

Individual or organisation is suspended and cannot provide services until the suspension criteria has been met and the suspension has been lifted by the accrediting body.

Threshold complaint/incident

An incident, or a complaint about an incident/event, which jeopardises the physical or emotional safety of a child or other person.

Trainee CCS practitioner

A person working in a relevant position who has a status of registered and who meets the minimum mandatory qualifications for registration as a trainee CCS practitioner. The trainee can provide service to families on a supervised basis only. The person must have enrolled in and commenced work towards a relevant qualification.

Attachment B – Data assumptions for net benefit analysis

Predicted regulatory costs by category

Assumed costs used for calculations. Individual services will incur different costs based on their own specific characteristics. For the purposes of this exercise reasonably representative cost structures have been applied. Rounded figures used.

Base assumptions for all scenarios
<ul style="list-style-type: none">No. CCS: 175-225No. staff in sector: 2,300 – 3,000Relevant hourly wage – default work-related and non-work related labour rates as per OIA Guidance Note – Regulatory Burden Measurement Framework - \$85.17/hourNew market entrants: low scenario – 5 new services per year; high scenario 10 new services per year

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
APPLICATION COSTS				
Accreditation application processes (Year 1 – establishment year)	Option 2 – Assumed cost per application comprises number of existing CCS at commencement of scheme x time to complete application (1 hour) x AWE cost of labour Options 3 & 4 - Assumed cost per application comprises number of existing CCS at commencement of scheme x time to complete application (2 hours) x AWE cost of labour	Low scenario: \$15,000 High scenario: \$19,000	Low scenario: \$30,000 High scenario: \$38,000	Low scenario: \$30,000 High scenario: \$38,000
Accreditation application processes – new entrants (Years 2-10)	Low scenario assumes 5 new CCS enter the market per year (same cost for application as above applies) High scenario assumed 10 new CCS enter the market per year (same cost for application as above applies)	Low scenario: \$4,000 High scenario: \$7,500	Low scenario: \$7,500 High scenario: \$15,500	Low scenario: \$7,500 High scenario: \$15,500
Application renewal (Years 6-10) Option 2: 5 year reapplication cycle Option 3: 2.5 year recertification, 5 year reapplication cycles Option 4: 3 year reapplication cycle	Option 2: Year 5: Y1 cohort needs to reapply Y6 (5 year anniversary) Year 2 – 5 cohorts need to reapply Ys 7-10 (5 year anniversary) Option 3: Y5: Y1 cohort needs to reapply; Y3 and Y7: Y1 cohort needs to recertify Year 2-5: need to reapply Y7-10; recertify Y4-5 and Y9-10 Option 4: Y3, Y5, Y8, Y10: Y1 cohort needs to reapply (assuming a 2.5 year reapplication cycle) Same 2.5 cycle applies for each subsequent new year entrant	Low scenario: \$16,500 High scenario: \$22,500	Low scenario: \$49,000 High scenario: \$66,000	Low scenario: \$101,000 High scenario: \$140,000
External certification of policies and security features (initial application and reapplication)	Assumed 175-225 services; ISO certification cost estimate of \$5,000 - \$10,000 per operator used as an equivalent price marker	Not applicable	Not applicable	Low scenario: \$4,000,000-\$8,000,000 High scenario: \$5,500,000 - \$11,000,000
SERVICE IMPROVEMENT				
Improving operating policies to meet accreditation standards (for initial application)	AWE cost of labour effort x effort in hours to improve policies: Low quality services (10% of all CCS) – assumed 30 hours	Low scenario: \$164,000 High scenario: \$211,000	Low scenario: \$164,000 High scenario: \$211,000	Low scenario: \$164,000 High scenario: \$211,000

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
	<p>Medium quality services (70% of all CCS) – assumed 10 hours</p> <p>High quality services (20% of all CCS) – assumed 5 hours</p>			
Maintaining operating policies to meet accreditation standards (ongoing) (Years 2-10)	<p>All accredited services spend 15 hours per year reviewing or updating policies or practices to continue to offer best practice service For example, this could be triggered through new state or territory operating requirements, responses to complaints or audit.</p> <p>Costs only incurred in the second and subsequent years of accreditation (as a maintenance cost not an initial accreditation application cost). Equates to \$1,288/service/year (15 hours x AWE costs).</p> <p>Low scenario has low site number starting point, with low assumed new entrant rate. High scenario has high site number starting point, with high assumed new entrant rate.</p> <p>Costs grow each year (as increasing numbers of services incur ongoing maintenance costs). Costs averaged over 10 years as per OIA guidance.</p>	<p>Low scenarios: \$2,240,000 (low site numbers, low numbers of new entrants)</p> <p>High scenario: \$3,047,000 (high site numbers, high numbers of new entrants)</p>	<p>Low scenarios: \$2,240,000 (low site numbers, low numbers of new entrants)</p> <p>High scenario: \$3,047,000 (high site numbers, high numbers of new entrants)</p>	<p>Low scenarios: \$2,240,000 (low site numbers, low numbers of new entrants)</p> <p>High scenario: \$3,047,000 (high site numbers, high numbers of new entrants)</p>
Physical enhancements to meet accreditation standards (pre-existing cohort at Y1)	<p>Option 2 - Low cost scenario (low and high CCS site numbers): Low quality services (10% of all CCS) – 100% require enhancements, assumed \$25,000/site Medium quality services (70% of all CCS) – 50% require enhancements, assumed \$10,000/site High quality services (20% of all CCS) – assumed no investment required</p> <p>High cost scenario (low and high CCS site numbers): Low quality services (10% of all CCS) – 100% require enhancements, assumed \$50,000/site Medium quality services (70% of all CCS) – 50% require enhancements, assumed \$25,000/site High quality services (20%) – 5% require enhancement, assumed \$10,000/site</p> <p>Option 3 - Same proportion of services as Option 2 required to enhance standards, although costs assumed to be greater per site due to the increased standards</p> <p>Low cost scenario (low and high CCS site numbers): Low quality services (10%) – assumed \$50,000/site Medium quality services (70%) – assumed \$25,000/site High quality services (20%) – assumed \$10,000/site</p> <p>High cost scenario (low and high CCS site numbers): Low quality services (10%) – assumed \$100,000/site Medium quality services (70%) – assumed \$50,000/site High quality services (20%) – assumed \$10,000/site</p>	<p>Low scenarios: \$682,000 - \$1,505,000 (low site numbers, low and high enhancement costs)</p> <p>High scenario: \$2,137,000 - \$5,512,500 (high site numbers, low and high enhancement costs)</p>	<p>Low scenario: \$1,505,000 – \$2,992,500 (low site numbers, low and high enhancement costs)</p> <p>High scenario: \$2,722,500 - \$3,847,500 (high site numbers, low and high enhancement costs)</p>	<p>Low scenario: \$1,505,000 – \$2,992,500 (low site numbers, low and high enhancement costs)</p> <p>High scenario: \$2,722,500 - \$3,847,500 (high site numbers, low and high enhancement costs)</p> <p>Plus onsite security guarding costs outlined below</p>

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
	Option 4 – Same as Option 3 but should be read in conjunction with cost of onsite security guards below			
Sub-cost – physical enhancements to meet accreditation standards - onsite security guards	Average cost per hour (weekdays, weeknights, weekends factored by 1.75 as per OIA guide on) by number of centres by 30 hours per week requirement, 50 weeks a year	Not applicable	Not applicable	Low scenario: \$294,000,000 High scenario: \$378,000,000
Maintaining physical enhancements (eg CCTV costs, increased data storage costs)	Assuming minimal additional costs per year (above normal operating costs associated with running a business with requirements to provide for safety and retention of business information) of \$200/year Sensitivity scenario of double (\$400/annum)	Low scenarios: \$360,000 - \$720,000 (low site numbers, low numbers of new entrants per year) High scenarios: \$495,000 - \$990,000 (high site numbers, high numbers of new entrants per year)	Low scenarios: \$360,000 - \$720,000 (low site numbers, low numbers of new entrants per year) High scenarios: \$495,000 - \$990,000 (high site numbers, high numbers of new entrants per year)	Low scenarios: \$360,000 - \$720,000 (low site numbers, low numbers of new entrants per year) High scenarios: \$495,000 - \$990,000 (high site numbers, high numbers of new entrants per year)
Site specific risk assessment (community locations)	25% of services are assumed to require additional activity to complete risk assessments at community-based contact sites. The remaining 75% are assumed to have sufficient security assessments in place to meet accreditation requirements, or to not use community sites for visits. Assume that of the organisations required to complete updated assessments, this is required for 5 sites in the first year. Assume 1 hour/site conducted by staff on AWE. Subsequently proportion of services required to assess new sites (that would not otherwise have done so) reduced by half (12.5% of providers) assess 1 additional site at the same cost profile as Y1 (1 hour/ site conducted by staff on AWE) and this occurs every year from Y2-Y10.	Low scenario: \$35,000 High scenario: \$45,500	Low scenario: \$35,000 High scenario: \$45,500	Low scenario: \$35,000 High scenario: \$45,500
Additional complaints mechanism – development and maintenance	Assumed effort of 5 hours per service, AWE salaries – assumed to be required only for low quality services. Medium and high-quality services assumed to be currently maintaining a complaints mechanism.	Low scenario: \$7,500 High scenario: \$9,500	Low scenario: \$7,500 High scenario: \$9,500	Low scenario: \$7,500 High scenario: \$9,500
Externally investigated complaints	Assumed external cost of \$1,500/day, with matters resolved in a maximum of 3 days (cumulative time, not elapsed time). Same number of complaints referred to regulator assumed to be referred to the external investigation body. Due to the bulk of the investigation activity being undertaken externally, the overall effort of then engaging with the regulator has been reduced compared to Option 3.	Not applicable	Not applicable	Low scenario: \$5,400,000 High scenario: \$6,525,000
Police checks/WWCC	Assume the majority of services already complete (90%), therefore only 10% of total CCS staff will be required to source a police check/WWCC for the first time. This is likely to be an over-estimate of the number of CCS employees without either of these documents. Average combined cost of jurisdictional police checks and WWCC of \$153 (data sourced from 2023 web searching of published prices).	Low scenario: \$35,000 High scenario: \$46,000	Low scenario: \$35,000 High scenario: \$46,000	Low scenario: \$35,000 High scenario: \$46,000
Maintenance of police checks/WWCC	Assume 10% churn of staffing per year, with all new entrants required to obtain policy checks/WWCC.	Low scenario: \$76,000 High scenario: \$100,000	Low scenario: \$76,000 High scenario: \$100,000	Low scenario: \$76,000 High scenario: \$100,000

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
	<p>Of these, assume only 10% of staff would have been employed in organisations that do not currently require these, requiring costs to be incurred that would not otherwise have been incurred.</p> <p>On 5 year anniversary all original staff not otherwise subject to this requirement need to repeat the process. Based on sector churn of 10%, assume that only 90% of the original cohort remain in the sector.</p>			
Engagement with regulator on regulator-investigated complaints	<p>Assumed 120,000 – 145,000 service sessions per year across all models.</p> <p>Option 2 - Assumed effort of 5 hours per complaint, AWE salary Assumed number of complaints to be escalated to the regulator is 5% of those complaints received and managed at the centre level.</p> <p>Option 3 & 4 - Same assumptions as per Option 2 for complaints related to accreditation. Additional costs associated with investigation of complaints related to registration – assuming 10% of staff may attract complaints, of which only 10% are referred to the regulator. Where the regulator is involved, assumed 5 hours of CCS staff effort to respond to regulator queries and information requirements.</p>	<p>Low scenario: \$51,000 High scenario: \$62,000</p>	<p>Low scenario: \$51,000 High scenario: \$62,000</p>	<p>Low scenario: \$51,000 High scenario: \$62,000</p>
Monitoring and oversight – audit by regulator	Assuming 5% of services are selected for audit by the regulator, of which each service requires 10 hours of effort to respond to enquiries, at the AWE cost per hour.	<p>Low scenario: \$75,000 High scenario: \$96,000</p>	<p>Low scenario: \$75,000 High scenario: \$96,000</p>	<p>Low scenario: \$75,000 High scenario: \$96,000</p>
Rectifying service issues which give rise to conditions being placed on accreditation	<p>Option 2: Assume that 1% of services have conditions placed upon them, and it costs \$10,000 to rectify them (assumed to be a high cost for policy issues, and to cover a range of physical issues)</p> <p>Option 3 and 4: Assume that 2% of services have conditions placed upon them, and it costs \$10,000 to rectify them</p>	<p>Low scenario: \$175,000 High scenario: \$225,000</p>	<p>Low scenario: \$350,000 High scenario: \$450,000</p>	<p>Low scenario: \$350,000 High scenario: \$450,000</p>
REGISTRATION COSTS				
Registration application and annual re-certification process	<p>Initial application: Assume 1 hour process with an AWE salary cost.</p> <p>Annual re-certification: process to advise no changes (eg no new charges, completion of OPD) – assumed to apply to all staff and take 15 minutes.</p>	Not applicable	<p>Low scenario: \$452,500 High scenario: \$577,500</p>	<p>Low scenario: \$452,500 High scenario: \$577,500</p>
Uplift of skills/qualifications to be eligible for registration	Fees vary considerably across states, ranging from free (fully subsidised in one state) to over \$12,000. An average fee based on various sample costs has been used. 50% of current staff assumed to not have required qualifications in Y1-2, thereafter falling to 5% of staff per year to reflect sector churn.	Not applicable	<p>Low scenario: \$24,798,000 High scenario: \$30,190,000</p>	<p>Low scenario: \$24,798,000 High scenario: \$30,190,000</p>
RPL for established staff	Costs are too variable to reliably include in the net benefit analysis	Not applicable	Not costed	Not costed

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
OTHER STAFF-RELATED OPERATING COSTS				
More expensive staffing profile for the conduct of contact sessions (increased supervision costs)	<p>Option 3 – Assuming 25% of assumed number of sessions require additional supervision by a qualified staff member (AWE) for a minimum of 2 hours per sessions for Y1-2 (while numbers of staff without qualifications are low, and assuming half of the 50% of sessions would already have been held with more than a trainee supervisor). Subsequently drops to only 5% of sessions which would otherwise have been conducted with a trainee practitioner (as the uplift of skills of pre-existing staff has been completed) and only a small residual number of sessions would require additional staffing to support trainees for Y3-10.</p> <p>Option 4 – increased cost of not being able to hire trainees = loss of revenue for sector until all staff are fully qualified. Assumption that the model would require a long transition period to allow existing staff to acquire the qualifications before no longer being able to provide services, to avoid a significant loss of capability within the sector. Equal in cost to sessions under Option 3 requiring supervision. Application of AWE masks higher staffing costs as trainees are assumed to earn the same as fully qualified staff.</p>	Not applicable	<p>Low scenario: \$18,400,000</p> <p>High scenario: \$30,200,000</p>	<p>Low scenario: \$18,400,000</p> <p>High scenario: \$30,200,000</p> <p>Unable to cost differential impact of Option 3 vs Option 4 as the costing model is based on AWE</p>
More expensive staffing profile for the conduct of contact sessions (increased mandatory staffing ratios)	<p>Option 3 - Assuming Y1-2 only 5% of sessions would require additional staff to be allocated to meet mandatory staffing ratios (the majority of double staff sessions covered by additional supervision for staff uplifting qualifications), at an AWE cost for a session duration of 2 hours.</p> <p>Following the assumption that the majority of trainees would then have reached full accredited status, an increase in the proportion of sessions that would need to be double staffed to meet mandatory staffing ratios, as these sessions would otherwise (in the absence of the accreditation requirements) likely have been run with 1 staff member, at an AWE cost for a session duration of 2 hours.</p> <p>Option 4: to cost impact of no trainees.</p>	Not applicable	<p>Low scenario: \$18,400,000</p> <p>High scenario: \$30,200,000</p>	<p>Low scenario:</p> <p>High scenario:</p> <p>Unable to cost differential impact of Option 3 vs Option 4 as the costing model is based on AWE</p>
Ongoing professional development for registered practitioners	All practitioners required to complete OPD every 2 years (5 cycles within 10 year period). Assumed \$500-\$1,000 cost per OPD period.	Not applicable	<p>Low scenario: \$5,750,000 - \$11,500,000</p> <p>High scenario: \$7,500,000-\$15,000,000</p>	<p>Low scenario: \$5,750,000 - \$11,500,000</p> <p>High scenario: \$7,500,000-\$15,000,000</p>
Regulator engagement – investigation of complaints against registered practitioners	<p>Assuming that 5% of CCS receive a complaint against them each year (of which the majority are dealt with at the CCS level), with 10% of centre-investigated complaints being escalated to the regulator for further inquiry (or directly raised with the regulator).</p> <p>Assuming the organisation where the person works contributes 1 hour of effort to respond to queries from the regulator to address any regulator queries, costed at AWE salary.</p> <p>Rates of complaints remain steady across the 10 year costing timeframe.</p>	Not applicable	<p>Low scenario: \$9,800</p> <p>High scenario: \$13,000</p>	<p>Low scenario: \$9,800</p> <p>High scenario: \$13,000</p>

Cost category	Assumptions/Notes to guide costing	Option 2	Option 3	Option 4
TOTAL COST		Low scenario: \$3,672,500 - \$4,855,000 High scenario: \$6,180,000 - \$10,500,000	Low scenario: \$73,251,000 - \$80,848,500 High scenario: \$90,696,500 - \$99,816,500	Low scenario: High scenario:
AVERAGED COST ACROSS 10 YEARS		Low scenario: \$367,250 - \$485,550 High scenario: \$618,000 - \$1,050,000	Low scenario: \$7,325,100 - \$8,084,850 High scenario: \$9,069,650 - \$9,981,650	Low scenario: High scenario:

Attachment C – International comparisons

Supervised contact services exist in a number of other countries. The four main comparison countries, where clear correlations between the Australian children's contact services and supervised contact between a parent/child exist, are New Zealand, England, Scotland and Canada. While there are also sector standards in the United States of America, these are not believed to apply across all states.

Scotland

A review of publicly available information suggests that Scotland has taken the strongest steps to regulate this sector, with the Children (Scotland) Act 2020 giving Scottish Ministers the power to regulate child contact centres. Section 101C(2)(a) of that Act allows the Scottish Ministers to make provision by regulations for the minimum standards to be met by contact service providers, including qualifications and training of staff. Consultation on proposed regulation appears to be ongoing, with potential introduction of standards in 2023.

Standards have been proposed to cover:

- Minimum standards for accommodation (locations)
- Monitoring of accommodation standards (establishment and 3 yearly physical inspections)
- Minimum standards for premises used on an ad-hoc basis
- Adjustments for people with disabilities
- Minimum standards for training of staff and volunteers
- Complaint procedures.

In addition, staff will be required to have an awareness of (but no minimum standards will apply in relation to) health and safety, equality and diversity, confidentiality/data protection/disclosure of information, anti-harassment, anti-bullying, medication and nutrition, disciplinary/whistleblowing, practicalities of child contact centre management/admissions.

Under the proposed Scottish regime, following the outcome of a complaint to the regulatory body, and where there is evidence of failings under the regulations, the Scottish Government expects the regulatory body could recommend improvements such as, for example, more staff training or improved best practice guidance for staff. The ultimate sanction would be to remove the child contact service from the register.

England, New Zealand and Canada

The remaining three comparison countries operate under similar arrangements to Australia – with a form of overarching standards issued by a suitably qualified body to guide delivery of services. In England, the National Body can accredit services, with an accreditation term of 3 years.

These cover broadly similar territory as the Scottish scheme and Australian Best Practice Framework. Key areas of guidance relate to:

New Zealand	England	Canada
ANZASCS (Aotearoa New Zealand Association of Supervised Contact Services) sets standards for Supervised Contact Centres.	National Association of Child Contact Centres – accredits organisations on the basis of a range of standards including	Some providers appear to utilise the Supervised Visitation Network Standards (based in the US), which establish minimum practice standards for professional supervised visitation and exchange services
<ul style="list-style-type: none"> - Principles of the Service - Management of the Service - Staff - Security - Confidentiality - Administrative Functions - Intake - Contracts - Running a Contact Session - Professional Observation of the Child During Contact Sessions - Reports 	<ul style="list-style-type: none"> - Centre management - Centre staffing - New Centre and/or new workers/volunteers - Operating procedures - Sustainability / Funding - Policies: <ul style="list-style-type: none"> • Safeguarding • Confidentiality • Complaints and compliments • Health and safety issues • Data Protection • Information security • Privacy • Security incident • Equal opportunities and diversity • Domestic violence and abuse • Recruitment • Disclosure and Barring Service (DBS) • Training • Whistleblowing • Toys 	<ul style="list-style-type: none"> - Requirements for supervised visitation providers - Administrative functions - Program operations (including premises) - Limits on assessments providers can make (eg mental health) - Record keeping obligations - Safety and security - Provider's responsibility for the child - Fees - Staff (screening, minimum requirements) - Training and education - Referrals - Intake & orientation - Staff preparation for services - Interventions and ending a visit or exchange in progress - Provider functions following supervised visitation - Termination of services - Special standards in situations involving child sexual abuse and domestic violence - Reports to courts and referring sources - Confidentiality

In the comparison countries, there is a recognition that supervised contact services require minimum standards and some degree of oversight in order to provide assurances of safety and quality of service to client families. Moves to enhance the applicability of standards to providers of all children's contact services in Australia is not inconsistent with other comparable countries.