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Making space for children's voices

An evaluation of a practice-embedded child voice tool
in a Children's Contact Service

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Better Place Australia provides a supportive place for individuals, couples, families and children. With approximately 140 employees, we serve over 10,000 clients each year. We have a range of services that help families understand and resolve conflict, manage their finances, improve communication, and grow stronger as a result.

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The Centre for Better Relationships is the research and policy arm of Better Place Australia. We work within complex social, economic, and political systems that shape the lives of our clients. Our aim is to generate knowledge that contributes to lasting and positive change for our clients and child and family services sector.

The Centre for Better Relationships acknowledges the contributions and advice of current and former Better Place Australia staff in the development of this project.

Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the lands on which we work, and recognise their continuing connection to Country, waters and community. We pay respect to Aboriginal and Torres Strait Islander cultures and to Elders both past and present, and to their children and young people who are the future caretakers of this great land.

Use of artificial intelligence

Artificial intelligence (AI) was used to support the design development, data interpretation, and writing of this report. AI-feedback was sought to confirm and refine the human author's ideas and writing. No raw data or clients' private information were uploaded. All AI-generated outputs were verified through human review and edited or discarded where appropriate. The author retained full responsibility for methodology, analysis, and recommendations. AI was used in accordance with Better Place Australia's Artificial Intelligence Usage Policy.

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Executive summary

This report presents the findings of an evaluation of a practice-embedded child voice tool implemented within Better Place Australia's Children's Contact Service (CCS). The tool was introduced to create structured, child-friendly opportunities for children to express how they were feeling before and after supervised visits with their 'Spends Time With' parent. The evaluation focuses on children's engagement with the tool and how it was used in practice, rather than measuring outcomes, emotional change over time or parenting arrangements.

Between July and December 2025, 28 children across 18 families were included in the evaluation, representing most new families accessing the service during this period. Children attended a total of 156 child-level visits, providing multiple opportunities to engage with the tool. Quantitative data were used to examine patterns of engagement, while qualitative notes provided insight into children's explanations and experiences when they chose to participate.

Overall, children engaged with the tool at 43% of visits, with engagement more common before visits than after. Some children engaged frequently, some occasionally, and others not at all. Children of all ages used the tool. This variability reflects children's agency, emotional readiness, and the context of visits, rather than disengagement or refusal.

When children chose to engage, they used the tool to express a range of feelings, including happiness, excitement, enjoyment, sadness, discomfort, and mixed emotions. Importantly, some children used the tool to express negative views about visits, indicating that it provided space for both positive and difficult expressions when children felt able to share them.

The findings suggest that the child voice tool supports children's participation within CCS by creating opportunity for them to express their voice. The tool can inform how staff respond to children's emotional needs at the practice level. The role of such tools beyond the service context remains less clear.



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Introduction

Children's Contact Services (CCS) facilitate safe, positive, and sustainable connection between children and their parents. Better Place Australia (BPA) delivers CCS at two sites, one in metropolitan Melbourne and one in regional Victoria. The target group for the service are children of separated, divorcing or divorced parents, particularly those who may be at risk of harm during unsupervised contact or whose parents cannot manage their own arrangements without conflict. The CCS offers a neutral environment for supervised time between the child and their parent they do not live with ('Spends Time With' parent).

During a supervised visit, a trained Contact Worker is always present. They help to facilitate safe contact between the child and parent and intervene if necessary. Supervised contact may be court ordered or the result of an agreement or parenting plan between parents. Many of the families that attend the service have experienced family violence, mental ill health, or drug and alcohol misuse. They may be using the service to help reestablish the parent-child relationship.

There has been growing interest in children's voice within the children and family service sector. However, there is limited evidence or resources available about what this looks like in practice in the CCS context.

This report presents the findings from an evaluation which aimed to assess children's engagement with a child voice tool within the CCS. It begins by briefly describing children's voice, then outlines the evaluation methods before summarising the key findings. It concludes with key learnings and recommendations for services seeking to embed a child voice tool within the CCS context.

Children's voice

In 2023, the Australian Institute of Family Studies released an evaluation of government-funded CCS across the nation (Carson et al., 2023). While the evaluation was broad in scope, the overall findings were positive, indicating that CCS plays an important role in supporting the intended parenting arrangements and in providing safe, reliable, and neutral places for supervision services. One recommendation from the report was that services needed to ensure child voice is a key element of the quality improvement process, and that there was a need for processes to better assess children's experiences of the services. Child voice relates to children's right to express their views, thoughts, feelings and experiences on matters affecting their life.

The Lundy model of participation (Lundy, 2007) provides a conceptual framework for understanding children's right to participate in decisions that affect them, and has



guided this evaluation. It outlines four connected dimensions of child participation that uphold children's right to be heard and taken seriously:

- **Space** – Safe, inclusive opportunities to express views
- **Voice** – Information and tools to do so in child-friendly ways
- **Audience** – Ensuring views reach relevant decision-makers and children know who hears them
- **Influence** – Showing how views shape decisions or explaining why they do not

While child voice is gaining traction in the family services and family law sectors, there is no agreement what it means within CCS. Many who access the CCS do so following court orders. Within the Family Court system, children's voice is usually captured through Independent Children's Lawyers, interviews with the child, and court reports.

BPA knows through practice that children express their views in many ways while attending the CCS, including verbally and non-verbally, and through both positive and negative responses to visits. While these expressions are recognised and responded to in practice, they are typically only captured through observational notes.

This evaluation therefore focused on children's engagement with a tool that creates intentional opportunities for children to express their views in child-friendly ways and supports those views to be captured consistently within standard practice.

Children's voice tool

In July 2025, a child voice tool was introduced to the standard practice at Better Place Australia's CCS. The tool was not designed to assess children's safety, preferences for contact, or emotional change over time. Instead, it sought to provide children the opportunity to share their views and experiences without being prescriptive. This provided children agency over how they engaged with the tool and what they chose to share.

The tool involves pictures of faces expressing various emotions. Children have the opportunity to select a face before and after each visit that reflects how they are feeling. Where suitable, follow-up questions are asked, such as inviting them to name the feeling or describe why they felt that way. This occurs as the staff member walks with the child between the 'Lives With' and 'Spends Time With' parents.

The tool that was initially piloted for 10 weeks was already in use within BPA's child counselling service. The piloted tool included 12 faces which represented different emotions. Text such as names of emotions were not included due to advice from child counsellors that children often interpret the expressed emotion differently to adults.



During piloting, the number of options was reduced to 6 due to feedback from staff that some children found 12 options overwhelming within the context and timeframe of the CCS. The 6 faces that were removed had not been selected by any children during piloting. The faces were also changed from colourful cartoons to emojis (see Figure 1).



Figure 1: Faces included in the final child voice tool

Children are introduced to the tool during their child readiness visit, which occurs before their first visit with their 'Spends Time With' parent. This visit is designed to familiarise the child with the CCS environment and to ensure they feel informed, comfortable, and supported.

A storybook was developed to accompany the child voice tool. The book introduces children, in an age-appropriate way, to the role of Contact Work, what it means to feel safe, and that staff will ask about how they are feeling and take notes throughout the visit. It also explains that children can ask questions and share as much or as little as they feel comfortable with the Contact Worker, supporting their voice, choice, and agency.



Methods

This section describes the objectives, approach, and methods used in the evaluation.

Evaluation objectives

The purpose of this evaluation was to understand children's engagement with a child voice tool within the CCS. The primary objective was to explore children's patterns of engagement with the child voice tool. The secondary objective was to explore the nature of their responses when they chose to engage.

There were several key evaluation questions:

- How often do children engage with the tool?
- Is engagement more common before or after visits?
- Do some children engage consistently across visits while others rarely do?
- When children choose to engage, what range of faces do they select?
- What reasons do children provide for their selection?

The evaluation did not seek to measure change over time or outcomes.

Evaluation approach

This evaluation used a **mixed-methods design**, collecting quantitative data on children's engagement with the tool and their selections, alongside qualitative data on their reasoning for selecting or not engaging with it. This approach enabled analysis of both levels of engagement and children's responses when they chose to participate, providing deeper insight into how children engaged with the tool.

The evaluation was underpinned by a **pragmatic approach** which shaped its design, methods, and interpretation of data. This allowed the design to be flexible and focus on what works in a real-world setting in order to understand children's engagement. It allowed for the consideration of the broader context in which the evaluation occurred, such as the involvement of high conflict parents and reporting requirements for CCS.

The design was also underpinned by **Lundy's model of child participation** in ways that were appropriate to a supervised contact context characterised by power imbalances, safety concerns, and high parental conflict. In this setting, staff neutrality and the child's best interests must remain at the forefront of practice (Attorney-General's Department, 2018).



The evaluation primarily applied *space* and *voice* by embedding a voluntary, child-friendly feelings tool into standard practice, delivered away from parents. Children could express their views and decide what and how much they shared, supporting emotional safety and choice.

Audience and *influence* were applied in ways that reflected existing CCS practice. Children's responses were recorded as part of routine visitation notes, which form the basis of observational reports. This means that children's views may indirectly reach courts and parents. For this reason, broad, non-leading questions were used rather than direct questions about contact preferences or safety in relation to a parent. Children's views informed professional judgement about how visits were facilitated. Collectively, their responses contributed to service reflection.

Participants and sampling

The intended sample for the survey were children who attended a supervised visitation session at Better Place Australia's CCS. No age limit was set, with Contact Workers using their discretion to determine if young children had the capacity to engage.

To be eligible, the child's parents must have signed the Service Agreement between July and December 2025 and provided dual parental consent for their child's information to be used. Children must have also attended at least one visitation with their 'Spends Time With' parent during the evaluation period.

Between July and December 2025, information relating to 28 children across 18 families were collected. This represented 95% of eligible families.

Nine families had one child attend the service, 8 families had two children, and one family had 3 children. The majority of children attended the service to spend time with their male parent; four spent time with their female parent.

There was a wide range of ages represented within the sample. Children ranged from 1 to 14 years of age, with a median age of 7.5. There were 15 girls and 13 boys.

While the sample is a good representation of families who accessed the CCS during this time, it is not necessarily representative of all families that may access a CCS. Therefore, the findings are exploratory and not statistically representative.

Data collection

Practitioners who supervise CCS visits collected the data. The tool was available as children walked through the building, and practitioners invited children to select a face



when appropriate. Where suitable, staff also asked follow-up questions, such as inviting the child to name the feeling or describe why they felt that way.

During visits, it is standard practice for practitioners to record observational notes within the client management system about what occurs during the visit. Items were added into these forms to document children's selection, and an open-text field to describe the child's response to prompting questions. The broader observational notes were not accessed by the Research Officer or included in the evaluation.

Ethical considerations

The project was designed in accordance with the *Ethical Considerations in Quality Assurance and Evaluation Activities* (NHMRC, 2014), with advice from a representative of a Human Research Ethics Committee and external evaluators. The evaluation design was approved by Better Place Australia's Quality and Practice Governance Committee.

Managing risk in high-conflict contexts

One major consideration that influenced the design of this evaluation involved how to manage families that are characterised by high conflict. The design needed to treat both parents as equals and minimise any concerns about staff asking non-standard questions.

Parents sign a Service Agreement prior to accessing the service. During the evaluation period, a section was added in which parents could consent for their child's information to be used as part of the evaluation. A flyer with information about child's voice tool and evaluation was also provided to parents. For a child's information to be used, both parents must have consented. Parents could withdraw their consent at any time by notifying staff; no parent withdrew consent.

The tool was introduced as part of standard practice in all CCS visitations. All children had the opportunity to engage with the tool regardless of their status as evaluation participants. No formal written assent was collected from children for evaluation purposes due to the limited time to complete the activity. However, children were given the ongoing choice and support to opt in or out of the activity.

This approach was due to the nature of the service engaging with high conflict parents and potential suspicions surrounding non-standard questions or activities. There were concerns alternative approaches could lead to parental conflict or attempts to influence children's responses.



Instrument and measures

The child voice tool provided children with 6 emoji faces representing different emotions. Table 1 provides the descriptions of the faces and categorises the options as either negative, neutral or positive. This is intended for clarity and ease of reporting only. The version provided to children included only faces, with no additional description.

Table 1: Description of faces from child voice tool

Negative			Neutral	Positive	
					
Angry	Weary	Frowning	Deadpan	Smiling	Grinning

Quantitative items included in this evaluation were:

- Family demographics: gender of visiting parent; number of children attending the service
- Child demographics: age, gender
- Number of total visits per child
- Engagement with tool (based on any engagement during a visit; engagement before; and engagement after)
- Face selection before a visit
- Face selection after a visit

Qualitative items included staff observational notes about the child's engagement with the tool (including non-engagement), and responses to prompting questions such as how they described the face, their feelings, and reason for the selection. Importantly, there was no mechanism to record whether prompting questions were asked, how they were framed, or the extent of prompting provided. As a result, the qualitative responses reflect a mix of child-initiated and practitioner-facilitated expression, which should be considered when reading the results.

Data analysis

The analysis focused on understanding how children engaged with the child voice tool when it was offered as part of standard practice. The purpose was to understand patterns of engagement and the types of responses children chose to share.

Quantitative data were analysed descriptively. This included how often children selected a face before or after visits, and summarising patterns of engagement across all children. Engagement was considered in relation to the number of visits each child



attended to account for the differences in opportunity across children. Children were grouped into broader engagement patterns based on how often they chose to participate across their visits: never, occasionally (less than 50% of visits), and frequently (50% or more).

Qualitative open-text responses were recorded alongside face selections and reviewed to provide context for the statistics. These responses were analysed descriptively to understand the range and nature of children's expressions when they chose to engage, as well as staff-recorded reasons for non-engagement.

Missing responses were treated as meaningful indicators of engagement rather than as data collection gaps, reflecting the voluntary and child-centred nature of the tool.



Results

This section presents the results of the evaluation. It begins by considering children's opportunity to engage with the child voice tool. It then examines their engagement with the tool at both the visit- and child-level. It then explores the nature of children's responses when they chose to engage with the tool and concludes with reasons for non-engagement.

Opportunity to engage

Children attended between **1 and 14 visits**, with a **median of 5 visits**. A summary of the number of visits per child is shown in Figure 2.

Across the 18 families, there were **98 scheduled visits**. As some visits involved more than one child from the same family, these 98 visits corresponded to **156 child-level visit records** in the dataset (i.e. one record per child per visit). Analyses were conducted at the visit- and child-level.

This highlights that children had an uneven and wide range of opportunities to engage with the activity.

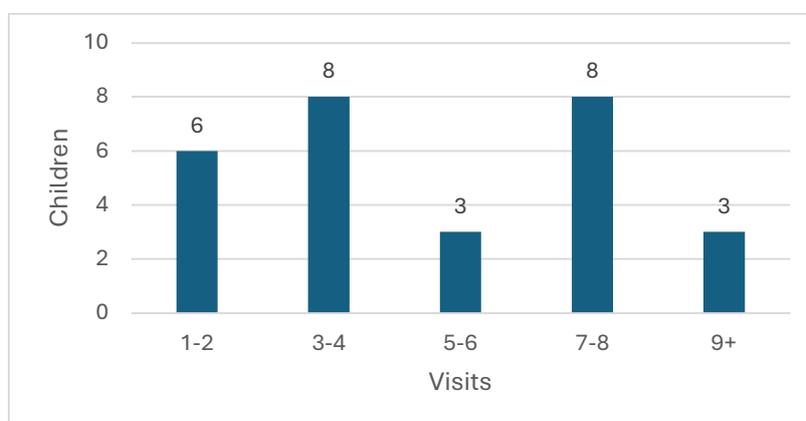


Figure 2: Number of visits per child (n=28)



Engagement with the child voice tool

Engagement at the visit level

Children engaged with the tool at 43% of the visits. They more commonly engaged before the visit than after (39% v 28%) (Table 2).

Table 2: Children's engagement with the activity (n=156)

Engagement with activity	Yes n (%)	No n (%)	Total n (%)
Any [^]	67 (43%)	89 (57%)	156 (100%)
Before visit	61 (39%)	95 (61%)	156 (100%)
After visit	44 (28%)	112 (72%)	156 (100%)

[^] Any engagement is use of the tool at least once during a visit

Engagement at the child level

It was considered how often children used the child voice tool by grouping their engagement into three categories: never, occasionally (less than 50% of the time), and frequently (50% or more).

Across the group, **children fell into all three patterns of engagement.** Eleven children did not use the tool at all, 6 used it from time to time, and 11 used it regularly (Table 3).

These patterns were also considered alongside the number of visits and children's ages. **Children who had greater level of engagement tended to have more visits** to the service, though there was still variation across all groups (Table 4).

Children of all ages chose to engage with the child voice tool. While children who never engaged tended to be younger, engagement was observed across a broad age range, with both younger and older children using the tool frequently (Table 4). Lower engagement among some younger children should not be interpreted as lack of capacity or refusal. Rather, it may reflect how professional judgement is applied in practice, including staff perceptions of younger children's readiness or ability to engage with the tool, and whether or how often younger children are invited or encouraged to participate.



Table 3: Number of children per pattern of engagement (n=28)

Engagement pattern	Number of children n (%)
Never	11 (39%)
Occasionally	6 (21%)
Frequently	11 (39%)
Total	28 (100%)

Table 4: Visits and age of children per pattern of engagement

Engagement pattern	Visits per child		Age of child	
	Median	Range	Median	Range
Never	2	1-8	5	1-11
Occasionally	5.5	3-8	11	3-14
Frequently	7	3-14	10	2-12

Nature of responses when children engaged

The information below is based on the times that children chose to engage with the tool. Children engaged a total of 61 times before a visit, and 44 times after.

Table 5 shows the distribution of faces selected before and after visits. When children chose to engage with the tool before a visit, the majority of children selected the positive smiling or grinning faces before the visit (83%). After visits, children's selections were more greatly distributed across the faces. Half of the selections after visit were neutral or negative faces, while the other half selected smiling or grinning.

Table 5 does not show change over time or outcomes. No direct comparisons were made between what faces a specific child selected or how they felt before and after a specific visit.

Table 5: Distribution of faces selected when children chose to engage with the tool

Face selected	Before visit (n=61)	After visit (n=44)
Grinning	51%	36%
Smiling	33%	14%
Deadpan	8%	14%
Frowning	5%	16%
Weary	2%	16%
Angry	2%	5%



Before the visit

When prompted, most provided some explanation as to what they were feeling. The most common response before a visit was that they were feeling “happy” or “excited”, primarily because they were seeing their ‘Spends Time With’ parent:

“Because I am happy here.”

“Because I love my Dada.”

When asked why, she said she was excited to see and play with her mother.

While only a small portion of children selected neutral or negative faces prior to a visit, they generally did not provide a specific reason:

She stated she was feeling nervous. When asked why, she responded, “I don’t know.”

He initially chose [the angry face] then added [the frustrated face] telling writer that he was happy yesterday but not today.

While those that selected positive faces often mentioned their ‘Spends Time With’ parent, those that selected neutral or negatives faces did not. However, one young child used the tool to express how they felt about leaving their ‘Lives With’ parent:

He selected [the deadpan face] and said “Mummy” when asked why he had selected that face, meaning that he had chosen that as he had to say goodbye to Mummy.

The tool was flexible in its use and prompts by staff, allowing children to raise anything that was on their mind. A couple of children expressed that their selection was due to non-visit related reasons:

He shared that he felt happy because his mother will buy him an early birthday present.

He stated he was happy because he had won basketball.

He selected [the weary face] and said, “Because we’re late. I’m happy, but we’re late.”



After the visit

When prompted, children selecting the positive faces after a visit generally focused on their 'Spends Time With' parent. These children's responses generally reflect having fun and enjoying time with their parent:

The worker asked how she was feeling, she put her thumb up, said "good".

Both girls said they were happy because, "we got to see our dad."

She shared that it was fun as she predicted.

When negative faces were selected, most responses were from a small number of children who engaged with the tool frequently. These children regularly expressed they were sad to leave or were already missing their parent:

He said that he was very sad and angry that he had to leave Dad.

She said, "I'm sad because I need to leave."

A couple of children used the tool to express their negative view of their time with the 'Spends Time With' parent: For example, one girl selected the angry face stating she did not want to see her father, while two brothers were happy to leave:

She stated she chose this face because she did not want to see him.

They both selected the happy face and said, "I'm happy that we get to leave."

Non-engagement

When children chose not to engage with the tool, the reason for this was generally not recorded. As a result, it was not possible to undertake an in-depth analysis of non-engagement. There was also no mechanism to record whether children were invited or encouraged to use the tool by staff, which further limits interpretation.

When reasons for non-engagement were recorded, the most commonly noted reason was that the child was considered too young. While the small number of recorded responses does not allow themes to be drawn, other reasons noted by staff included situations where the child:



- Needed to use the bathroom urgently
- Went straight to the play area upon arrival
- Was crying after the visit
- Had their hands full with toys
- Was actively playing
- Was in a hurry to leave
- Wanted to return quickly to their 'Lives With' parent when the visit ended early due to child distress

These examples suggest that non-engagement often reflected children's immediate needs, preferences, or emotional states, rather than refusal or disengagement. They also demonstrate contact workers' trauma-informed practice, in which children's emotional safety and comfort were prioritised over completion of the tool.



Limitations

The evaluation had several limitations that should be considered.

Sample size and representativeness

The number of children included in the evaluation was small. While it reflects most eligible children attending the service during the evaluation period, the small size limits the detail that can be reported due to the risk of identifying individual children.

As engagement was voluntary and uneven across children, descriptive summaries of responses primarily reflect the perspectives of children who had greater points of engagement. Findings could therefore be interpreted as conditional on engagement, rather than representative of all visits or all children.

Unequal opportunity to engage

Children had attended a wide range of visits, resulting in unequal opportunities to engage with the child voice tool. Engagement patterns therefore reflect both children's choice and opportunity to engage with the tool.

Voluntary and context-dependent use

Use of the tool was voluntary and influenced by situational factors such as timing, the child's emotional state, and circumstances of the visit. As a result, non-engagement should not be interpreted as disengagement or refusal. Information recorded about reasons for non-engagement was limited, and further exploration would be needed to better understand these patterns.

Data consistency

The tool was implemented as part of standard practice rather than a standardised evaluation measure. While this reflects child-centred practice, it also means that data collection was not consistent across all visits and was influenced by professional judgement and the broader context of the visit.

Contact Worker perspectives

Contact Workers' perspectives on using the tool in practice were not included. Future work could include staff reflections to better understand how the tool supports decision-making and professional judgement.



Learnings and recommendations

This final section considers the key learnings from the findings of this evaluation. The report then concludes by outlining recommendations to service providers who may be considering embedding child voice tools into practice.

Key learnings

The tool creates space and voice for children within standard practice

The evaluation demonstrates that the tool provides children with an accessible opportunity to express their views before and after visits. When children chose to engage, they used it to express a range of perspectives, including both positive and negative views about seeing their parent. This supports the *space* and *voice* elements of Lundy's model of child participation by offering child-friendly ways for children to share how they are feeling without pressure to do so.

Engagement is voluntary and variable, reflecting children's agency

Children engaged with the tool in different ways and at different times. Some engaged consistently, others occasionally, and some did not engage at all. This variability appears to reflect children's choice, emotional state, and the circumstances of visits, rather than a lack of relevance of the tool. Non-engagement should be interpreted as children expressing their agency as part of a child-centred and trauma-informed approach, rather than as disengagement.

Children's views can be heard at the service level

Within the context of the CCS, children's responses can be used alongside their other forms of expression by Contact Workers to inform how visits are managed, and if additional emotional support is needed (such as referrals to additional services). In this sense, the tool supports *influence* at a practice level, enabling children's expressed views to shape professional responses in the immediate service context.

As space is created for children to express their views, ethical participation requires clarity about who hears their views and how those views may or may not be used. In practice, BPA's CCS has introduced a storybook to support age-appropriate discussions with children about sharing their views. However, practitioners must continue to balance transparency with children's development needs and parents' wishes about children's knowledge of family law processes.



The role of child voice tools beyond the service context is less clear

CCS interacts with family courts, with workers providing court reports based on written, objective accounts of what occurs at the service (Attorney-General’s Department, 2018). As children’s responses to the child voice tool are included in observational notes, these responses may form part of the court report. While the sector increasingly moves towards the inclusion of children’s voices within service provision, it remains unclear how family law courts may interpret or weigh information collected through tools of this kind. This uncertainty affects the *audience* and *influence* dimensions of Lundy’s model, as children and practitioners cannot be certain how children’s views are taken into account beyond the service context.

Recommendations

The following recommendations are intended for any CCS seeking to use child voice tools.

Recommendation	Description
Clarify the purpose and limits of the tool	Service managers should ensure that practice guidance and internal documentation clearly articulate the purpose of the tool as a mechanism to support children’s expression and inform service delivery, rather than as an outcomes measure or attempt to influence court decisions. This guidance should be reinforced through team discussions and supervision so practitioners have a shared and realistic understanding of how the tool should be used.
Strengthen transparency with children about audience and use	Where suitable, practitioners should be supported to provide age-appropriate explanations to children about who may see their responses and how it may be used.
Recognise and reinforce influence at the practice level	Service managers should explicitly recognise the value of the tool in informing how visits are managed and how practitioners respond to children’s emotional needs. This includes reinforcing that children’s views have meaningful influence within the service context, even where influence beyond the service (e.g. court decisions) cannot be determined.
Support professional judgement and flexible use of the tool	Practitioners should be supported to use professional judgement when offering the tool, recognising that timing, emotional safety, child development, and visit



	<p>context are critical. Practitioners should prioritise children’s wellbeing and voice over consistent completion, in line with trauma-informed and child-centred practice.</p>
<p>Avoid over-claiming the role of the tool in court decision-making</p>	<p>In reporting and communication, the service should avoid implying that children’s responses may directly influence court outcomes. Instead, the tool should be framed as one of many ways that children may express their perspectives when using the service.</p>
<p>Contribute to sector-level conversations about child voice and influence</p>	<p>Where possible, service leadership should contribute practice-based insights to sector-level conversations about child participation. This could include reflections on how practice-embedded child voice tools are implemented, their ethical considerations, and their practical limits within Children’s Contact Services.</p> <p>Responsibility for legal interpretation and decision-making sits beyond individual services. Therefore, sector bodies and family law stakeholders should seek to clarify how children’s views captured through practice-embedded tools are considered within family law processes.</p> <p>Sector bodies and family law stakeholders could also lead the development of shared practice guidance to support more consistent and transparent approaches to embedding children’s voice across Children’s Contact Services.</p>



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