



Institute of Child Protection Studies

SUMMARY PROGRESS REPORT

Continuous Improvement Process
Screening and Assessment

Family Relationship Centres

For the Attorney General's Department
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Institute of Child Protection Studies
Australian Catholic University



CONTINUOUS IMPROVEMENT PROCESS FAMILY RELATIONSHIP CENTRES PROGRESS REPORT

PART 1: Introduction and background

The Attorney General's Department contracted the Institute of Child Protection Studies of Australian Catholic University to undertake a consultative process with the first 15 of the new Family Relationship Centres to inform the second iteration of the Screening and Assessment Practice Framework and Guidelines (the 'Screening and Assessment Framework').

The focus of the consultation process

Our approach to the consultation has been to systematically seek answers to the following five broad practice questions:

- The extent to which the guidelines are effective in assisting staff to
 - Determine service user needs
 - Assess risk
 - Achieve effective referrals
- To determine any variation in effectiveness of the guidelines in diverse settings (remote-rural) or with different service user groups?
- Assess the changes required to ensure the experience of practice informs changes to the Screening and Assessment Framework for use by Centres.
- Identify other systems, processes or structures that are barriers to the effective implementation of the Screening and Assessment Framework?
- Identify the training needs of Centre staff to effectively carry out their roles in relation to screening and assessment?

Our work to date

- We developed a comprehensive set of questions which formed the basis of the consultations (see Attachments 1);
- We visited all 15 Family Relationship Centres. We spoke with 50 practitioners and facilitated 8 staff meetings;
- The visits and the consultations have enabled us to identify current screening and assessment practices, assess the usefulness of the current Screening and

Assessment Framework, assess current practice against best practice principles for screening and assessment, and to gather feedback about screening and assessment practices;

- We have identified and documented examples of ‘good practice’ examples which will be woven into the Revised Framework;
- We are considering how and whether the draft tools used by the Centres can be synthesised, given the hesitance on the part of some consortiums to part with high standard materials that have been developed. At this stage we will showcase examples of tools currently used by those Centres that are happy to share their work.

What this report covers

This report summarises our observations of the Centres and the key messages from the consultations. It will discuss what needs to be strengthened or clarified in the Screening and Assessment Framework and it will also identify organisational or structural barriers to the effective implementation of the Framework.

Positive aspects of the current Framework

Managers and practitioners who had read the Screening and Assessment Framework were almost without exception positive about the mix of the theoretical concepts and the practical suggestions contained therein.

- The attachments were very helpful including the tools used internationally and in some parts of Australia.
- The Framework has been used as a guide to review policies and procedures, particularly in relation to safety checking.
- The Framework is useful as a basis for developing scenarios in staff selection interviews.
- The principles are universally supported by the Centres.
- The Framework is useful in helping staff of the Centres clearly understand their ethical responsibility to report suspected child abuse and neglect and to support parents who are concerned about these issues.
- The Framework assists staff to be vigilant about possible self harm and harm to others, and to take appropriate actions to keep people safe.

We are of the view that overall the existing Framework satisfactorily supports and guides the Centres’ practice. The analysis provided below, however, is helpful in understanding how the Framework can be further strengthened.



Departmental Comment: The Screening and Assessment Framework describes good practice principles for screening and assessment in the Centres. As part of their applications for funding, services were required to have existing screening and assessment processes and tools. Centres are required to apply the good practice articulated in the Framework and make modifications to their processes and tools if gaps are identified. In this way the Framework's good practice principles underpin screening and assessment in the Centres. The Framework is not prescriptive about the use of particular screening tools. Rather it gives examples of tools which Centres can utilise, should changes be required.

The observations by the Institute's consultants indicate the Framework has moved beyond a tool for managers, and has become a practical and useful resource for practitioners working in the Centres.

Part 2: Detailed consideration of broad practice questions

The information in this section is presented in two stages. The first is a summary of the key messages that emerged from the consultation. The second provides the more detailed comments and analysis behind these key messages.

Key messages

The following key messages from the consultations are summarised below.

1. It is important that the Framework reflects the non linear nature of the Centres' main functions (engagement, assessment, planning, linking and reviewing) and demonstrates that screening and assessment are integral to every phase of client contact.
2. The availability of a practitioner close by to monitor and assist appears to be an important feature of a safe and effective first point of contact.
3. The role of first point of contact staff is to:
 - be warm and welcoming
 - screen for safety,
 - provide basic information and referral
 - make appointments or hand over to a practitioner before the client moves too deeply into a narrative about their circumstances
- 4 Practitioners reported successfully using narrative approaches which draw on knowledge and skills from a number of disciplines and professions such as psychology, counselling, social work, sociology and law



5. Effective approaches to assessment and planning are team based and make use of a range of staff experience including child protection, mental health, domestic violence, drug alcohol and disability service systems.
6. Effective working arrangements adopt a flexible, 'multi role' approach which enables practitioners to stay with clients right through the assessment and dispute resolution phases. Where this is not possible because sessional practitioners must be used then it is important to ensure information about screening and assessment is handed on.
7. In applying the framework there is a need for staff to have a level of professional knowledge about the impacts on children of separation and high conflict at particular ages and stages of development and about how to bring this information into their work practices.
8. Practitioners reported that where there disability issues, including drug and alcohol problems it is useful to look to other family decision making models.
9. Three safety questions should be universally asked after the caller has made their inquiry - these are:
 - Do you have any reason to be concerned for your own safety or the safety of your children?
 - Do you have any other worries about your children at the moment?
 - Do you have any reason to be concerned about the safety of anyone else?
10. There is a need to clarify the importance of the universal questions in the Revised Framework and include suggested scripts around how to ask these questions at the first point of contact.
11. In addition to the three universal questions, these scripts should include questions about whether there are any Domestic Violence intervention orders or children's court orders in place.
12. The Revised Framework will include a section on good practice elements of letters that are sent out by the Centres to reassure about the existence of separate waiting rooms, staggered appointments, and other precautions taken to ensure safety.
13. The Revised Framework will include information about Family Law legislation generally and information relating to mandatory reporting of child abuse and neglect.

14. The Framework will include information about the role of state and territory child protection authorities and how to work together with them to protect children who at risk of harm through child abuse and/or neglect.
15. The Framework will include information about the importance of establishing child abuse protocols which indicate when and how to report, including whether and how to tell clients about the decision to report.
16. The Framework will highlight the importance of the staff having relevant skills to apply the principles of the Framework. It will also assist practitioners to make informed judgements about whether or not the concerns they hold for children constitute child abuse and/or neglect under the Family Law Act, 1975 or relevant State and Territory Acts.
17. Although the Centres, overall, are competently screening for self harm the Revised Framework should address in a little more depth the key assessment questions to ask where risks have been identified.
18. The Revised Framework should incorporate more detailed analysis of indications and contraindications for family dispute resolution and provide more examples of questions to apply in preparation for this process
19. The Framework will include a section on telephone dispute resolution and will emphasise the importance of adequate screening , assessment and preparation.
20. The Revised Framework will highlight the benefits of structured decision making in relation to decisions about family dispute resolution particularly where staff have identified complex and/or safety issues such as domestic violence, child abuse and /or neglect and self harm. .
21. The Revised Framework should emphasise the importance of staff being aware of safety features in Centres and that in the event of a critical incident all staff need to be familiar with safety plans.
22. The Revised Framework will emphasise the importance of formal arrangements to record critical incidents including any kind of threat or aggressive episode, and the actions taken by management and staff in response to the episode.

Background and context for key messages

Effectiveness in determining service user needs

Continuous engagement, assessment, planning, linking and reviewing

The following hypothetical example explains the non linear nature of the main functions of the Centres: engagement, assessment, planning, linking and reviewing.

A client is **engaged** with the Centre via a warm transfer from the Advice Line. He is given an urgent intake appointment to **assess** his needs and is immediately linked with a Mental Health Crisis Service. He returns to the Centre for a further **assessment** interview. His ex partner is also invited to attend an **assessment** interview. After a letter and several phone calls and reassurances about her safety she attends and is **linked** with Centrelink and Legal Aid. The couple then attend a brief **planning** meeting together and an interim parenting arrangement is developed to cover the next three weeks. Further **linking** with services occurs. Their children are interviewed and their needs **assessed** by a child practitioner..

A **review** and further **assessment** interviews are conducted with each of the parents before a joint session to develop a more comprehensive parenting **plan**. If the matter is complex or risks of harm are identified consultation and **planning** with more senior practitioners will occur throughout. Clients may undertake further **assessment** of needs after the dispute resolution sessions have occurred and be **linked** with other services such as counselling, drug rehabilitation, men's support group etc. A parenting **plan** is further developed but will be **reviewed** at a specified date. Family members are reminded that at any time they can call the Advice Line if they have questions or concerns.

Effectively determining service user needs is often a discursive, non linear process requiring systems that are flexible and responsive to the needs of different people and the same people at different points in time.

It is important that the Framework recognises the non linear nature of the Centres' main functions (engagement; assessment; planning; linking; reviewing) and demonstrates that screening and assessment are integral to every phase of client contact.

The First Point of Contact

We observed that in most Centres, staff at the first point of contact had experience in working with highly emotional and conflicted situations and they work closely with a qualified practitioner. A manager or practitioner generally sits near the First Point of Contact to assist with 'walk ins' or crisis phone calls and/or to debrief staff as necessary. The availability of a practitioner close by to monitor and assist appears to be an important feature of a successful first point of contact.

Several managers commented on the importance of training First Point of Contact staff to be warm and welcoming but to also screen for safety and skilfully make appointments or handovers to a practitioner before the client moves too deeply into a narrative about their circumstances.

A few managers indicated that all their staff have been trained in First Point of Contact work and can *'fill in at any time and can pick up and run with anything'*.

The availability of a practitioner close by to monitor and assist appears to be an important feature of a safe and effective first point of contact

The role of first point of contact staff is to

- be warm and welcoming
- screen for safety,
- provide basic information and referral
- make appointments or handover to a practitioner before the client moves too deeply into a narrative about their circumstances

Departmental Comment: While there is no requirement for Centres to apply a particular model of service provision at the first point of contact, we believe guidance on screening and assessment will be enhanced by including the role of first point of contact staff in the revised Framework. When arranging training programs, we will also specifically consider the Institute's observations in relation to the skills and knowledge required for first point of contact staff to screen and assess at a level appropriate to their role.

In Depth Assessment

Practitioners reported that good practice assessment was undertaken by practitioners who were confident in drawing on knowledge from different disciplines, such as psychology, counselling, sociology and law, in a non judgmental way. They used narrative approaches to explore the client's story, asked questions from the general to the specific and weaved in practical help and advice together to ensure a more in depth assessment. They recognised the importance of building rapport, asking questions in a way that allowed them to drill down into areas of need as necessary. Their clear aim was to enhance the wellbeing of clients, rather than just responding to needs identified by the client.

We did note, however, that the ability to 'assess' in this way varied across the Centres, depending on professional backgrounds and experience of practitioners. We formed the view that the best sets of background qualifications to prepare people for work in the Centres, particularly after the requirements for compulsory dispute resolution which will come into effect on July 1, 2007, are those which give them



- A broad, systemic understanding of individuals within families and societies and an understanding of the human services system as a whole;
- Theoretical expertise which draws on psychology, sociology, child development and mediation in high conflict situations where there are significant grief and loss issues,
- High level interpersonal skills which equip them for working with parents and others who matter to children,
- A theoretical framework and expertise in working directly with children,
- The skills to work with individuals, groups and communities
- An understanding of how community development approaches play an integral part in early intervention and skills to engage early and creatively with disadvantaged communities.

Furthermore, screening and assessment is greatly enhanced by practitioners with experience and networks in the child protection, mental health, domestic violence, drug and alcohol and disability service systems.

Practitioners reported successfully using narrative approaches which draw on knowledge and skills from a number of disciplines and professions such as psychology, counselling, social work, sociology and law

A team approach to assessment and planning

Understanding what people need, including how they are best assisted in making parenting arrangements for their children, often requires the combined expertise of practitioners with their diverse knowledge and networks. Knowledge sharing and consultation is particularly important where safety issues are identified. Centres differed in the emphasis they placed on a team approach to assessment and planning. Most adopted an ‘as needed’ philosophy, in which the decision to seek other expertise is made by individual team members. In our view there is an argument for strengthening models of team based assessment and planning.

Effective approaches to assessment and planning are team based and make use of a range of staff experience including child protection, mental health, domestic violence, drug alcohol and disability service systems.

Departmental Comment: To ensure flexibility of services and responsiveness to local needs, service delivery models are evolving within the requirements of the Operational Framework for the Centres. The Institute’s observation is useful feedback for incorporation into discussion with Centres at the establishment phase, and also for reflection of practice for the existing Centres.

Specialist versus holistic approaches

Centres took a range of approaches to the way practitioners carry out functions such as ‘intake’, ‘preparation for dispute resolution’, ‘family dispute resolution to

develop parenting plans'. Some Centres preferred practitioners to specialise in either assessment or family dispute resolution. The majority preferred a multi role approach in which the practitioner stays with clients right across the spectrum of interventions offered by the Centres unless there are specific reasons, based on the needs of the clients, not to do so.

The more specialised approach tends to be favoured by Centres that have had difficulty recruiting staff with a broad skills base. In these Centres assessment (determining the needs of service users) is regarded as a more discrete function and is clearly differentiated from family dispute resolution. While there are varied opinions on the specialised versus multi-role approach we note that the most experienced staff appear to support the latter. They were well able to justify this preferred approach and at the same time provide clearly stated criteria for when it was not suitable.

As practitioners commented:

A lot of families are not going to go to mediation; they require referrals and a range of other supports prior to making decisions about mediation. It is therefore important to put time and expertise into the assessment and referral aspects of service delivery

Most clients benefit from the option of staying with the same worker all the way

If staff carry out a range of roles then burnout is reduced (FRC 8)

I've worked in both models and prefer this one [the multi role approach]. There is a trust issue you establish with them from the start. You know where they are coming from and who they have been linked up with. Best practice is to have the best people up front with the knowledge to do that (FRC 9)

All the staff have backgrounds in social work, psychology or early childhood services. We all do Intake, Assessment and Family Dispute Mediation. We basically do whatever we have to do to prepare the family for making parenting plans. Its more of a family therapy, needs based model than traditional models of mediation (FRC 12)

However, the multi-role model can only work well where most practitioners are trained mediators or where they are working closely with staff performing other functions.

In cases where 'mediators' are purchased on a case by case basis from consortium agencies it is important to ensure information about screening and assessment is handed on. The specified nature of their involvement with the Centres means that they are unlikely to fully engage with other practitioners about client needs. Furthermore this model means that the collective wisdom of diverse practitioners

is not fully leveraged; practitioners do not learn from each other and the overall service system misses out on an important feedback loop.

Effective working arrangements adopt a flexible, 'multi role' approach which enables practitioners to stay with clients right through the assessment and dispute resolution phases. Where this is not possible because sessional practitioners must be used, then it is important to ensure information about screening and assessment is handed on.

Departmental Comment: Subsequent to the Institute's consultations, the Department conducted a service assessment visit to each of the first 15 established Centres and emphasised the importance of screening, assessment and information transfer to practitioners. At the time of the Institute's consultations (November 2006 – March 2007), some Centres were utilising the skills of external practitioners. The use of sessional practitioners remains a useful service delivery option to meet the needs of clients, and we will therefore ensure the Institute's observations are articulated as good practice in the revised Framework. We will also incorporate this feedback into discussions with new Centres at the establishment phase.

Variation in the effectiveness of the Screening and Assessment Framework in diverse setting or with different service user groups

Children

It is essential that practitioners give consideration to children's experiences of family life and their parent's separation, including their anxiety and depression and the effects of experiencing high conflict and violence.

The Centres generally have been greatly influenced by the work of Jenn McIntosh and Andrew Bickerdike and are embracing, where possible, child focussed and inclusive practices, especially in preparing parents for dispute resolution. It is therefore important that they have knowledge about:

- the impacts of separation and loss on children at different stages of development;
- the impacts on children of high and protracted conflict and domestic violence ('the struggle they have to integrate the meaning of their parents conflict'(McIntosh & Long, 2005:107);
- the need to pay specific attention to how children can be helped to recover from traumatic experiences.

In applying the framework there is a need for staff to have a level of professional knowledge about the impacts on children of separation and high conflict at particular ages and stages of development and about how to bring this information into their work practices



Departmental Comment: At the Orientation Training for Centre staff, information is provided about children and separation. To build upon this, the Department is currently rolling out training on Child Inclusive Practice which will be provided by Dr Jenn McIntosh. This training is designed to further the competency of practitioners to assist parents in conflict to put aside their differences and genuinely consider what is best for their children.

Indigenous and Torres Strait Islander people

Some Centres are having a degree of success engaging with Indigenous clients by encouraging extended family and community members to attend the assessment sessions and by having these sessions away from the Centres such as in parks or at home. The potential for adopting “Family Decision Making” approaches in which family members are invited to assist in the identification of screening and assessment issues at various points of involvement with the Centres also warrants greater attention in recognition that mother and father alone making decisions about their children is not necessarily a realistic or safe model for many Indigenous families. Considerable work is involved in developing and implementing such models. As one manager stated:

We acknowledge the importance of Family Decision Making models and what they have to offer Indigenous communities but it's a truckload of work

Other parties as carers

Exploration of how family decision making models are being used by state child protection and juvenile justice services to resolve care issues for children in these circumstances may provide some important learnings for the Centres

The Revised Framework will pay attention to family decision making models where other people are involved with the care of children, such as when parents have intellectual disabilities, serious drug and alcohol dependency and mental health issues. There is a growing interest in finding out more about models which include extended families and other interested parties in seeking solutions for the care of children.

Practitioners reported that where there disability issues, including drug and alcohol problems it is useful to look to other family decision making models.

Departmental Comment: The Department is developing possible approaches for training for the Centres in Family Conferencing models.

Effectiveness of the existing Framework in assessing risk Domestic and Family Violence and violence towards others

Centre staff support the use of professionally developed tools to assist with their judgement in screening and assessing for risks of violence. This approach seems to be strongly encouraged, in most instances by lead agencies which appear to be highly motivated to establish credibility in dealing with domestic and family violence. Many of the Centres listed various professional development activities they were engaged in to improve their knowledge of the risk domains, especially domestic violence.

The close engagement of the Centres with local community groups, particularly domestic violence and women's legal services, is increasing their knowledge and awareness of the impact and extent of violence in families. They generally regard it as an important area to continuously focus on to improve the way they assess and work with violence and high conflict situations.

There is, however, uncertainty in the Centres about asking the universal questions by some staff at the First Point of Contact. We remain convinced that the three safety questions recommended in the Research Report should be asked routinely after the caller has made their inquiry and the nature of the inquiry is clearly more than a simple request for information about services. These are:

1. Do you have any reason to be concerned for your own safety or the safety of your children?
2. Do you have any other worries about your children at the moment?
3. Do you have any reason to be concerned about the safety of anyone else?

Three safety questions should be universally asked after the caller has made their inquiry These are:

Do you have any reason to be concerned for your own safety or the safety of your children?

Do you have any other worries about your children at the moment?

Do you have any reason to be concerned about the safety of anyone else?

The Revised Framework will clarify the importance of the universal questions and include suggested scripts around how to ask these questions at the first point of contact

In all Centres questions about current (domestic violence) intervention orders are asked routinely at the First Point of Contact. However questions are not routinely asked about whether there are any orders in place involving children. Current intervention orders or children's court orders is a clear indication that the call or

client should be referred as soon as possible to a practitioner and that special care should be taken to explore issues around violence or risk of harm to children.

In addition to the three universal questions, these scripts should include questions about whether there are any Domestic Violence intervention orders or children's court orders in place.

If people walk into the Centres and approach the reception area for information or an appointment, care should be taken to ask these questions discretely or to ask the person to complete a simple form containing these questions. We note that the universal questions are asked more systematically during the formal assessment and preparation for FDR sessions and that tools are used frequently to provide a more in depth assessment of safety issues.

Departmental Comment: Noting that some screening questions are asked at the first point of contact in all Centres, the Department agrees with the Institute that guidance on screening and assessment will be enhanced by including the role of first point of contact staff in the revised Framework. When arranging training programs, we will also consider the Institute's observations in relation to the skills and knowledge required for first point of contact staff to screen and assess at a level appropriate to their role.

Letters are an important way of engaging with the other party and providing safety reassurance. Parents are more likely to attend the offered appointment if they are reassured in writing about the existence of separate waiting rooms, staggered appointments, and other precautions taken to ensure their safety. Centres were interested in our views on this and were keen to work on the letters and documentation going out from the Centres.

We want to infuse good practice principles in relation to violence and safety in our documentation and letters (FRC 3).

The Revised Framework will include a section on good practice elements of letters that are sent out by the Centres to reassure about the existence of separate waiting rooms, staggered appointments, and other precautions taken to ensure safety.

Departmental Comment: The inclusion in the revised Framework of guidance in contacting the other parent will increase the likelihood that letters sent from the Centres will provide clear messages about the importance of, and mechanisms for, ensuring safety in the particular Centre. The development of good practice letters will be ongoing, as Centres will obviously need to tailor letters to be appropriate to the client. There is no expectation by the Department of a 'one size fits all' approach by the Centres in how best to contact and engage with the other party.

Child abuse and neglect

Centres were very clear about their ethical responsibilities to report child abuse or neglect. Staff, however, were not fully aware of the detail of their obligations. More information about this will be provided in the Revised Framework.

The Revised Framework will include information about Family Law legislation generally and information relating to mandatory reporting of child abuse and neglect.

Staff also indicated they would benefit from more information about the role of the state child protection authorities and how to work with them. They generally believed that the safety and wellbeing of children was a responsibility shared across agencies and jurisdictions. Most wish to better understand how state and territory child protection services operate and to work more closely with them. In our view more work needs to occur to ensure that the Centres work together with the other jurisdictions to protect children who at risk of harm. It is a view well supported in the literature (Brown, 2001; Brown & Alexander, 2007; Family Law Council, 2002; Laing, 2000; McIntosh, 2002; McIntosh & Long, 2005).

The Framework will include information about the role of state and territory child protection authorities and how to work together with them to protect children who at risk of harm through child abuse and/or neglect.

Departmental Comment: In addition to the information to be included in the revised Framework about the role of the State and Territory statutory child protection authorities, the Department will be working with these agencies to ensure mechanisms are in place for effective referrals and notifications of child protection issues. These arrangements will be in addition to those already in place at the local level.

Children's safety issues need to be at the forefront of practitioners' minds in addition to the other forms of risk (such as the impacts of domestic violence on adults, and self harm). If worried parents raise child protection matters practitioners provide parents with excellent support. Practitioners also need to be consistent and vigilant in asking questions to better understand children's experiences, including risks to their safety and wellbeing. This is particularly important where parents do not regard their children as being at risk of harm. These points will be emphasised in the Revised Framework.

In addition there are several areas that need further attention through the Framework's guidelines, including other protocols and training:



The importance of clearly articulated child abuse reporting protocols will be emphasised in the Revised Framework, including when and how to report, including whether and how to tell clients about the decision to report.

In applying the Framework staff need to have knowledge about what constitutes child abuse and/ or neglect and an understanding about the impacts of domestic violence on children.

The Framework will highlight the importance of the staff having relevant skills to apply the principles of the Framework. It will also assist practitioners to make informed judgements about whether or not the concerns they hold for children constitute child abuse and/or neglect under the Family Law Act, 1975 or relevant State and Territory Acts.

Departmental Comment: We agree that a knowledge base to apply the Framework is essential to ensuring its effectiveness.

Self Harm

The Centres indicate that they have often had to deal with people who are at risk of self harm. Centre staff, overall, appear very capable of screening and assessing for risk of self harm and of dealing with high risk situations. There are numerous case examples of appropriate questioning which has revealed significant risk and where have staff implemented excellent safety plans to assist people in crisis. The following example is a case with multiple risk factors which was very ably dealt with by the practitioner also demonstrating excellent collaborative work between agencies:

The mother is a very intelligent and articulate person. She has a 6 year old boy by a former partner and a 1 year old by another current partner, from whom she is separated but they are living under the one roof. He has a serious gambling problem and has lost more than \$200,000 of their joint capital. He is also very depressed and suicidal. She has a history of post natal depression and a childhood history of abuse. The practitioner asked her directly whether she had ever thought of harming herself. She admitted to suicidal thoughts and, with further questioning, indicated that she had a plan to drive herself off a cliff. There appeared to be no attachment or bonding with the baby and the practitioner became concerned that she might harm the baby as well as herself. The practitioner arranged emergency housing for her, and got her a crisis appointment with mental health. She then told the woman that she would notify the child protection agency. The mother accepted this, in fact 'she didn't even blink' In all she made three warm transfers: to mental health, to emergency housing and to DOCS. All responded immediately. DOCS took the matter very seriously. The practitioner established an



excellent rapport with the mother and followed her up the next day. She will work together with DOCs to assist the mother and to help keep the baby safe. (FRC)

Practitioners with experience and training in mental health and child protection manage these situations well and also know how to take care of themselves after critical events such as the above. Other practitioners report that they would benefit from more in depth training in suicide prevention and self care. Good relationships with local agencies are obviously critical.

Although the Framework prepares people well for screening and assessing for self harm we noted that Centres varied in the extent to which they knew the in-depth questions to ask clients when concerns were identified through screening. The Framework should add the key assessment questions to ask in these circumstances.

Although the Centres, overall, are competently screening for self harm, the Revised Framework should address in a little more depth the key assessment questions to ask where risks have been identified.

<p>Departmental Comment: We agree that this additional information to be included in the Framework will be of assistance in screening for self harm.</p>

Risk and Family Dispute Resolution

The range of services offered by the Centres, including a wide range of options for helping parents *make parenting plans* are, in our view, particularly useful for people with high conflict situations and disadvantaged people who have difficulty finding services that will support them through a court process. The following case examples demonstrate the complexity of issues and the value of screening and assessment at every point along the way in preparation for dispute resolution. In each instance the families appear to have genuinely benefited from their visits to the Centres even though risks were identified and formal dispute resolution was clearly not the main intervention:

The risk to her became apparent at the “Building connections group”. She disclosed [violence] but insisted she still wanted to go ahead with the mediation. I met with her and asked her what she wanted to get out of it. She wanted a parenting plan, so that she could develop better relationships with her adolescent children who lived with him. She still wanted to give it a go but was afraid of the power imbalance. I suggested shuttle but she said – no – she wanted to face him. I said then we will have two mediators and Ill be one of them. She felt very happy with this. She also agreed to a child consultation so that she could better understand how her children felt. Following these processes we have referred her to family therapy with her adolescent children (FRC 10)

Dad took the young child to his parent's place and refused to return home. He was scared that the mother would take off with the child because she had threatened he wouldn't see the child again. He and the paternal grandfather came to the centre. The mother contacted police. They checked out that the child was safe but they told her they could not bring the child home because there were no formal arrangements in place. The father wanted something in place so he could feel secure. We rang the mother and she was very happy to come in and talk. Two days later they took part in a FDR session at the centre. We fast tracked the assessment processes because the child was only 15 months old. We diffused what could have become a very hostile situation by using the FDR to put in place an agreement for a week. Then we went from one agreement to the next. In the following week both parents did the "Building Connections" group then came back for a more comprehensive Dispute Resolution Session. A parenting plan is now in place and they will come back and revisit it next year. We believe this is a very good outcome [to a situation that could escalate into something quite dangerous]. (FRC 10)

Within the Centres safe and effective models are still being developed which clearly involve a number of ways of helping people make parenting plans. There is a view taken by a number of Centres that traditional models of mediation do not fit particularly well in this new approach to service delivery, especially with clients for whom there are safety concerns.

Family Dispute Resolution is very different from mediation. Mediation is impartial and neutral and non judgmental. Family Dispute resolution as we do it in the Centres is very different because we actually are on somebody's side...the children's (FRC10).

We formed a view some practitioners have a good sense of situations where different models of Family Dispute Resolution will best apply (for example, with co mediators, using 'shuttle' methods or not undertaking dispute resolution at all). Although, as far as we know these have not been written into formal protocols in any of the Centres, we will endeavour to incorporate practice experiences in this area in the revised guidelines.

Departmental Comment: The Department agrees on the value of including this additional information in the Framework which will assist Centres in determining whether, and/or what type, of dispute resolution is appropriate for a family's circumstances.

Practitioners gave us good examples of the kinds of questions being asked to decide on the best form of dispute resolution, such as:

*How do you feel about sitting in the same room as your partner?
Do you feel you might agree to something that you might not normally agree to if he wasn't there? (FRC 6)*

They also commented:

Often a lot of emotion comes out here. Up until then a lot of people minimise [the fear that they have]. At the point of visualising being in the same room they will say “no, I don’t think I can do it”. Then I talk with them about all the different forms of dispute resolution such as co mediation, shuttle, etc. .Its assessment all the way; even in the information sessions (FRC 6)

We don’t go with dispute resolution if we think this will put people in a position of physical or emotional harm, if there is a significant power imbalance, or if we think they will agree to something under duress. If there is any doubt about FDR we have a meeting and pool our knowledge, views, advice. We may book them into a session but then we meet to decide (FRC 6).

Other contraindications to Family Dispute Resolution were identified as:

- *Where the complexities are so great that a family assessment through the Family Court should be done first*
- *There is a child protection investigation in train (but we may pick it up afterwards)*
- *Where mediation is clearly being used only as part of a legal strategy (FRC1)*

The Revised Framework should incorporate more detailed analysis of indications and contraindications for family dispute resolution and provide more examples of questions to apply in preparation for this process.

Departmental Comment: We agree that the inclusion of this additional information in the Framework will be useful for practitioners when assessing appropriateness of dispute resolution.

Telephone dispute resolution

All of the Centres have on occasions conducted telephone dispute resolution either because one party will not attend the same venue as the other or because people live far away from the Centres and cannot access the service any other way. Practitioners had mixed views about the pros and cons of telephone dispute resolution.

Some practitioners refuse to do it at all because they do not believe it is either safe or effective.

It’s much harder to build the rapport with people. And its more likely to create abusive situations. People say things to each other over the phone that they would not say to their face, [in the presence of a practitioner] (FRC practitioner)



Others made the point that it is a reasonable medium where it is not possible for either or both to access practitioners face to face. They caution that it is important where possible:

- That each party is supported on their end by a practitioner or someone else who to provide them with emotional support.
- That the practitioner adequately screens, assesses and prepares each person separately before engaging in a joint dispute resolution
- There should be the option, even after considerable preparation for a shuttle style phone mediation to occur.
- That follow up with each party occurs after the phone mediation

The Framework will include a section on telephone dispute resolution and will emphasise the importance of adequate screening, assessment and preparation.

Departmental Comment: The Department has recently commissioned a consultant to develop specific guidelines for telephone dispute resolution as part of the Family Relationship Advice Line Telephone Dispute Resolution Service. These guidelines may provide additional good practice directions for inclusion in the revised Framework.

Effectiveness in assisting staff to achieve effective referrals

To assist in making effective referrals following assessment of needs of clients, most of the Centres are developing their own detailed data bases of local services and personal contacts, aided by community development workers who are establishing excellent links with local community services and other community groups. They are also working collaboratively with other services to respond to the specific needs of people who are using the Centres such as young fathers, grandparents, and children who are coping with their parents' separation.

A number of staff mentioned concern that they were unable to make referrals to counselling services because of long waiting lists. Staff also identified the lack of services for men. Those who had access to local groups such as "Dads in Distress" found these extremely helpful, and in the words of one manager "*Working with them helps to give us street cred*".

Some of the services note the importance of working with extended family as well as parents. They saw the benefits for the family in connecting them with intergenerational mediation programs but these were often not available.

To assist in making effective referrals centres indicate that it has been important to develop MOUs with local services such as Lifeline and mental health crisis services.

Departmental Comment: Subsequent to the Institute’s consultations, the Department visited each of the first 15 established Centres. During these visits, we received feedback from the Centres that for urgent referrals, every effort was being made by the receiving organisation to accommodate clients’ urgent needs. This would indicate that, since the Institute’s consultations, Centres are developing linkages with other services to assist clients faced with urgent and difficult circumstances.

Giving public seminars about the role of the Centres has been an effective way to increase knowledge about the services provided and break down prejudice from other agencies. This activity is important to build the foundations for collaborative ‘linking’ as well as new initiatives to address problems faced by service users. Linking with family support programs and community health has also been valuable particularly to assist people who want to negotiate parenting plans but where there is power imbalance in their relationships with ex partners.

The following is a best practice example of linking with services which we think demonstrates the importance of Centres being as accessible as possible to the public (for example in or near shopping malls) as well as the building of partnerships at the local to facilitate smooth referral).

A recent internet bride from another country and her 6 month old baby was left by her partner, who took her 9 year old from another relationship and everything in the house except one double bed. The woman walked into the Centre off the street after a visit to the real estate agency next door to the Centre which was about to evict her. She needed food, money and accommodation. She also needed urgently to have her 9 year old returned to her care. We ‘warm transferred her to a number of services’ including Centrelink, urgent housing, and Legal Aid, All responded immediately and she was provided with money and accommodation. The 9 year old was returned. We then worked with her towards a parenting plan with her ex partner. We wrote to him and invited him to an appointment. He came and we linked him with a number of services as well, including ‘Dads in Distress’. In the meantime we contacted a “Wise Women’s” group. They were Afghani, a very different culture but nevertheless they welcomed her into their group and connected her with a range of social networks. At the first meetings about the parenting plan she brought her housing worker with her. She is now an empowered woman who is very well supported by a number of services. She and her ex are moving towards a parenting plan (FRC 3)

Other organisational and structural issues

Supervision and support for Practice

In a child centred practice context (especially where children are the least likely 'clients' to be seen and heard) the capacity to reflect on practice and be critically aware of decisions that need to be made and the impacts of these decisions on people who use the service.

Most of the literature on professional supervision address three key purposes

- managerial (quality control);
- educative (development of the supervisee); and
- supportive (ensuring the supervisee is able to process their experience rather than be overwhelmed by it (Coulshed & Mullender, 2001; Kadushin, 1976; McMahon & Patton, 2002).

Supervision is not one or other of the above; it is a flexible mix of all. A range of methods are used on a regular basis in the Centres including individual, group, peer group, and external supervision. We observed, however that the main focus of supervision appears to be support and professional development. These activities including critical incident stress management are competently demonstrated in some Centres. Some other elements of supervision, however, could be strengthened.

In the Revised Framework there is a need to strengthen formal decision making processes in those instances where staff have identified complex and/or safety issues such as domestic violence, child abuse and /or neglect and self harm. It is particularly important to have structured decision making in relation to decisions about family dispute resolution.

For example:

We have a case management meeting every week which is chaired by the senior social worker from the lead agency. We present every single case and follow up to ensure that adequate safety screening processes have been carried out. It is at the case management meeting that we collectively work out the next steps to be taken (FRC, 13)

The Revised Framework will highlight the benefits of structured decision making in relation to decisions about family dispute resolution particularly where staff have identified complex and/or safety issues such as domestic violence, child abuse and /or neglect and self harm

The Revised Framework should emphasise the importance of staff being aware of safety features in Centres and that in the event of a critical incident all staff need to be familiar with safety plans.

The following example shows the importance of these strategies:

The Practitioner told me about a very menacing client. He positioned himself between her and the doorway. She became too frightened to use her duress button because she wasn't sure if an alarm would sound thus alerting him to her fear. She managed to calm him down finally by giving him some resources to take away. Afterwards despite feeling very emotional she attended to the next appointment straight away. The manager was away from the Centre at the time so she had no one to tell at the end of the day. She was clearly still emotionally affected as she told this story a week later (ICPS)

The Revised Framework will emphasise the importance of formal arrangements to record critical incidents including any kind of threat or aggressive episode, and the actions taken by management and staff in response to the episode.

Departmental Comment: We agree that the suggestions in this section of the report will enhance the good practice for screening and assessment and will support staff in this role. The Departmental visits to the first 15 established Centres undertaken subsequent to the Institute's consultations, also reiterated key messages about the criticality of practice drills to increase staff familiarity with the safety features described in their Safety and Security Plans. Also discussed was the importance of recording critical incidents and reviewing the critical incident protocols following an incident to determine whether other processes need to be put in place to ensure staff and client safety

Training

Many Centre staff commented positively on training provided by the Attorney-General's Department. The following is a list of training needs identified by the Centres. We believe that much of the material identified as 'gaps in knowledge' is actually already in the Screening and Assessment Framework or will be in the Revised Framework.

- Screening and Assessing for Domestic Violence including definitions of Domestic Violence
- Changes to the Family Law system and more training generally in Family Law

- How to make judgements about the appropriateness or otherwise of dispute resolution, including different forms of dispute resolution to suit different circumstances
- What is child abuse? What should be reported to statutory agencies? What do statutory child protection agencies do? How do I help someone make a report? What if they don't want to but I think it should be done?
- Examples of parenting plans? What constitutes a parenting plan?
- How certificates will be issued to 'exempt' people from Family Dispute Resolution. What will our responsibilities be?
- Handling aggressive clients and challenging behaviours
- Critical incident stress management- responsibilities of managers and supervisors
- How to work with people who are depressed- Suicide prevention training
- Mental health, especially dual diagnosis (Co morbidity)

Departmental Comment: These recommendations are currently being considered by the Department as part of a training strategy for Centre staff, as well as noting that the Institute will provide additional information in the revised Framework.

The orientation training arranged by the Department includes a session on screening and assessment.



ATTACHMENT 1 SYSTEMATIC QUESTIONS FOR CONSULTATIONS WITH FAMILY RELATIONSHIP CENTRES

1) GENERAL INFORMATION

Name of consultant

Date

Centre ID

What type of area does the Centre cover eg: rural/remote/urban/

Explain the purpose of the consultation. Assure that a de identification of data process will take place to protect confidentiality. Mention that we are looking for good practice examples and in relation to these, we will specifically ask if we can use them. Best practice examples will be identifying.

2) RAPPORT BUILDING

The session should begin with general rapport building questions such as: How are things going? How are the various functions of the Centre organised? Is it fully staffed now? How hard has it been to find staff? Have there been any surprises so far?

3) PRINCIPLES

The screening and assessment guidelines includes a section about practice principles for screening and assessment.

How relevant are these principles? How are these principles conveyed to/understood by staff?

Are these the right principles? Are there important principles that are not adequately discussed in the guidelines?

4) ASSESSING CLIENT NEEDS

What are the most common presenting issues at the Centre? (It would be good to get three at least)

How do you get a sense of children's views, experiences, needs? Are there any activities at your Centre that directly involve children?



Do your clients have special needs related to where they live? for example if they are living in rural/remote areas

What training do staff require to help them more effectively assess client needs?

5) SCREENING AND ASSESSING RISK

For each domain ask if there have been situations they can think of that they have found challenging. Were the guidelines helpful? What did they feel they needed to know or understand better?

Are there any tools/instruments/guidelines that you have found particularly helpful in screening for risk of harm?

What do you think about a generic tool being developed that could be used across the system? What would be the benefits of this? If you are using a specific tool would you mind sharing it with other Centres? Could we have access to it?

How effective are the guidelines in assisting staff to assess risk of

a) Domestic or family violence or risk towards others

Are the universal questions being asked? How are they being asked? For example: How are they 'normalising these questions? At what point/s are they being asked? How useful are these for eliciting any possible safety issues?

What proportion of matters presenting do you think are not suitable for FDR/mediation because of risks to safety and or child protection issues?

How are you making decisions now about the advisability or otherwise of participation in dispute resolution processes at the Centres? What processes do you currently have in place to help you make decisions about how disputes should be resolved? How useful are the guidelines in helping you make these decisions?

Have you had occasion to work with the police and/or other agencies such as DVCS – How did this go?

In your experience have there been occasions where you think people are reluctant to raise abuse because of the fear that they will be seen to be failing to facilitate the child's relationship with the other parent? How do you deal with this?

Do you think it possible that some people are ending up in mediation through coercion and pressure from the other party? How could this be happening? What is needed to decrease the likelihood of it happening?

b) Child abuse or child abduction



How many reports to child protection agencies have been made since you opened? What kinds of concerns were these? Are there particular concerns that you have difficulty knowing what to do about?

In how many instances did the child protection agency make further contact with you/ work together with you in relation to these concerns?

How well do the guidelines equip you for making judgements about reporting child abuse?

If you have reported suspected child abuse how did you handle this with the client? Did the guidelines prepare you for this? Is there more information that you need?

c) Self harm

Have you had situations in which you had serious concerns that someone would harm themselves? How well prepared for handling this did you feel? What else do you need to know or be able to do?

Have you had occasion to seek assistance from other services such as a mental health/police? How did this go?

How do you deal with difficult situations? Are you able to get help? How is your work supervised? What opportunities for debriefing do you have?

Are there any other barriers/ constraints to effectively screening for risk? (for example : physical/structural constraints such as the way the Centre laid out- the skills of staff/ inability to refer or get advice from other agencies etc.

What are the training needs of staff that might help them to more effectively assess for risks to safety?

6) REFERRAL/LINKING

How effective are the guidelines in assisting staff to refer/connect clients and potential clients with the services they need?

What type of agencies do you think it is most important to develop collaborative working relationships with?

What barriers prevent your clients from making the best use of this service and other services in your community? Eg: transport, child care,



Working together with other services is important to achieving smooth referrals. How are you doing this. Are you striking any barriers with particular groups? How useful are the guidelines in assisting you to engage in collaborative working arrangements?

What sort of relationship do you currently have with the Advice Line?

To what extent do you see linking people with legal advice as part of your role? How does this normally happen?

Are there gender/cultural/socio economic/disability issues that prevent clients from accessing this service and others that might be able to help them?

How helpful are the guidelines in assisting Centres/advice line to work well together?

7) FURTHER TRAINING

What further training needs do staff have to enable them to effectively carry out the roles outlined in the Screening and Assessment Guidelines?

8) EXAMPLES OF GOOD PRACTICE

Do you have any examples of good practice that you would be happy to share with others who are doing this work. These examples may relate to identifying client needs, outreaching and referral, screening and assessment, collaborative practice to improve client access, address barriers or to create opportunities for your clients that would not have existed if you were operating on your own.



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