

ANNUAL REPORT

2013 — 2014



Relationships Australia



Relationships Australia is honoured to have His Excellency, Sir Peter Cosgrove AK MC (retired) as our national patron.

Relationships Australia services are funded principally through the Commonwealth Departments of Social Services and Attorney-General as well as State and Territory Governments.

Aboriginal and Torres Strait Islander people should be aware that this annual report may contain the images of people who may have since passed away.

Please note names may have been changed to protect clients' privacy.

ANNUAL
REPORT
2013 - 2014

Relationships Australia[®]



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CHAIR'S FOREWORD

THIS HAS BEEN A PARTICULARLY BUSY AND INTERESTING YEAR, FOLLOWING THE CHANGE OF GOVERNMENT IN SEPTEMBER WITH THE ACCOMPANYING CHANGE OF MINISTER AND ATTORNEY-GENERAL, AND THE CHANGES IN DIRECTION IN THEIR RESPECTIVE PORTFOLIO AREAS.

It is my pleasure to present the Annual Report for Relationships Australia Incorporated for the 2013/14 financial year.

This has been a particularly busy and interesting year, following the change of Government in September with the accompanying change of Minister and Attorney-General, and the changes in direction in their respective portfolio areas.

The Hon Kevin Andrews, Minister for Social Services, has overseen a swift and wide ranging reform agenda in the Family Support Program, and this has required our national

body to be strategically nimble and adaptable in order to participate in policy developments. We have established a positive and constructive relationship with the Minister, his staff and senior officers in the [new] Department of Social Services.

This has led to us to actively participate in a process that has now resulted in five year contracts and with only minor changes to the funding envelope. It is the most certainty we have ever had for our core relationships and family law services, and we are all now focussed on getting on with the important job of delivering services.

We have also welcomed the Minister's focus on early intervention as a significant underpinning of the revised service system and believe it is an effective way to operate. This is demonstrated by our participation in the Stronger Relationships Trial, engaging couples early in their relationships. Enrichment of existing and new partnerships is a key part of ensuring that relationships have the best shot at surviving and thriving.

During the year we farewelled Her Excellency, Dame Quentin Bryce AC, our Patron for many years. We also welcomed the news that His Excellency,

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AND COMMUNITY
ENGAGEMENT...**



Sir Peter Cosgrove AK MC (retired) would be our new Patron. We look forward to keeping the Governor General abreast of our work and inviting him to events where appropriate.

Early 2014 saw a significant development for our Federation when we were selected to take the helm of *Neighbour Day*. *Neighbour Day* provides Relationships Australia with an opportunity to spread public health messages about the importance

of good relationships, social connectedness, and community engagement to our individual and collective mental and social wellbeing. We are looking forward to embedding this in Australia's annual calendar of celebration and reflection.

I want to particularly thank my fellow Board members for their support and commitment to the Federation and to the national body. Andrew Bickerdike as Deputy Chair, and Shane Klintworth as Treasurer warrant special mention.

The staff of our small but central national office also do a tremendous amount of work for their member organisations. All staff are to be congratulated for their contribution, steered very well by the leadership of Alison Brook, who we are fortunate to have as our Executive Officer.

MAT ROWELL
CHAIR, NATIONAL BOARD

THE YEAR IN REVIEW

2013/14 has seen major change at a federal political level, with a new Federal Government elected in September 2013. Changes in Minister, Department (the former Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) with a broadened remit to become the Department of Social Services (DSS)), funding structure, program focus, and the expiration of our contract with the Federal Government for our core family support and family law work, have all had the effect of sharpening our focus on Commonwealth matters this year.

By the end of the year we had received the good news that the contracts relating to most of our principal work supporting family relationships and related services had been renewed for a five year period. We very much welcomed the extended

EXPANDING OUR SERVICES

surety that this provides, enabling us to concentrate our efforts on providing evidence-based support services to families around the country.

This year has seen our core work continue and complementary services expand in areas such as mental health, gambling help, support for children

THIS YEAR HAS SEEN OUR CORE WORK CONTINUE AND COMPLEMENTARY SERVICES EXPAND IN AREAS SUCH AS MENTAL HEALTH, GAMBLING HELP, SUPPORT FOR CHILDREN AND YOUNG PEOPLE, AND SPECIALIST TRAUMA SERVICES FOR IDENTIFIED GROUPS.

and young people, and specialist trauma services for identified groups. To support our lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) client groups, around 60 Relationships Australia staff marched in the 2014 *Sydney Gay and Lesbian Mardi Gras Parade*. We also hosted an information stall at the *Mardi Gras Fair Day*.



Also, in keeping with our broader range of services, we have joined a number of new alliances and peak bodies to enable us to keep abreast of developments, issues, research and advocacy outside the traditional family support arena.

THIS REPORT FOCUSES ON THE IMPORTANCE OF EVIDENCE AND PROGRAM EVALUATION TO SHAPE AND RE-SHAPE HOW WE PROVIDE SUPPORT TO OUR CLIENTS.

New relationships have been formed with the Social Determinants of Health Alliance, the Complex Needs Alliance, the Australian Suicide Prevention Network, the Community Council of Australia and the National Mental Health Council of Australia, of which we are now a national member.

We saw an increasing demand for support during the year from people affected by institutional child abuse, as a result of heightened awareness and trust arising from private and public hearings and associated investigations being undertaken by the Royal Commission. We noted with great interest the Interim Report provided by the Commission to the Government at the end of the year.

SUBMISSIONS

During the year, Relationships Australia made a number of submissions to inquiries and reviews. These included submissions:

- to the national review of mental health services and programs;
- in response to the *Racial Discrimination Act 1975* Exposure Draft;
- to the Parliamentary Inquiry into the Child Support Program; and
- to the Senate Inquiry into grandparents who take primary responsibility for raising their grandchildren.

These submissions can be found on our website. We have separately represented the interests of Australian

families at a number of roundtable discussions and Federal Government stakeholder groups.

Nationwide, Relationships Australia had a total income in 2013/14 of nearly \$140 million. Most of that income is derived from contracts with the Commonwealth Departments of Social Services and Attorney-General, as well as State and Territory Government funding.

We employ nearly 2,000 staff from 110 sites around the country in addition to outreach work. We provided services to around 165,000 clients during the year, 56% of whom were female and 44% male. Nationally 5.4% of our clients were from Aboriginal and Torres Strait Islander backgrounds and 8.3% from culturally and linguistically diverse

(CALD) backgrounds. These figures varied from state to state.

This report focuses on the importance of evidence and program evaluation to shape and re-shape how we provide support to our clients. A summary is also provided of our national client outcomes evaluation work in the coming pages.

We have provided a snapshot of our first *Neighbour Day*, for which we had a brief campaign following the handing of responsibility for the day to us by its founder, Andrew Heslop, in January 2014.

We hope you enjoy reading about our work.

ALISON BROOK
NATIONAL EXECUTIVE OFFICER

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NEIGHBOUR DAY

AN ANNUAL CELEBRATION

This year Relationships Australia assumed responsibility for Australia's annual celebration of community, *Neighbour Day*.

Neighbour Day was founded in 2003 by Andrew Heslop, following the belated discovery of the death of an elderly Melbourne woman, Elsie Brown. Mrs Brown was discovered two years after she had passed away in her home, her disappearance unnoticed by friends, family, and her neighbours.

In recognition, Andrew established an annual event that encouraged the nurturing of stronger community ties in order that people can live in safer and happier neighbourhoods across Australia.

THIS YEAR RELATIONSHIPS AUSTRALIA ASSUMED RESPONSIBILITY FOR AUSTRALIA'S ANNUAL CELEBRATION OF COMMUNITY, NEIGHBOUR DAY.

Neighbour Day has since become a significant annual celebration of community in Australia, celebrated on the last Sunday in March each year.

After ten years of running *Neighbour Day*, Andrew began a national expression of interest process in October 2013.

Relationships Australia recognised an opportunity to associate with an event that resonated with its values. The principles of *Neighbour Day* align with the work of Relationships Australia in promoting the importance of positive community engagement to enhance personal wellbeing and help to prevent social isolation, loneliness, and mental illness.

Relationships Australia's national team and people in each of our member organisations worked closely with Andrew to ensure the event was widely celebrated throughout Australia. Guiding our planning were the five principal aims of *Neighbour Day*:

- To strengthen communities and build better relationships with the people who live around us;
- To create safer, healthier, and more vibrant suburbs and towns;
- To promote tolerance, respect, and understanding;
- To break down community barriers; and
- To protect the elderly, vulnerable, and disadvantaged.





Neighbour Day 2014 saw more than 30,000 people participating with approximately 350 registered events across Australia.

Contributing significantly to this success was our new Ambassador program. The Hon Fred Chaney AO and television personality Costa Georgiadis offered positive messages of support for the day, along with Andrew Heslop.

Australia Post came on board as a support partner early in the year, in conjunction with previous support partners, Ripefruit and News Community Media. These partners provided a voice to connect and engage with Australians.

Neighbour Day was also fortunate to receive other media coverage on regional and national media outlets. Highlights included interviews on *Nightlife*, *Sunday Night*, and the *Today Show*.

As part of *Neighbour Day 2014*, Relationships Australia also ran the *Tell us your story* competition. Through this competition, Australians were invited to share their stories of an extraordinary community or an outstanding neighbourly act.

A large number of entries told heart-warming stories about close community relationships and vibrant neighbourly spirit in neighbourhoods around the country.

Relationships Australia values being the new home for *Neighbour Day*. We are already planning for *Neighbour Day 2015*.

"CONGRATULATIONS TO RELATIONSHIPS AUSTRALIA ON ORGANISING SUCH A GOOD EVENT IN 2014 AND ENCOURAGING AND SUPPORTING US TO TAKE ACTION IN OUR LOCAL NEIGHBOURHOODS."

- Dr Linda Vining

"MY NEIGHBOURS ALL THANKED ME FOR ORGANISING IT AS IT WAS A GREAT OPPORTUNITY TO CATCH UP AND GET TO KNOW EACH OTHER AS WELL."

- Donna Rumbiolo

"TO ME, NEIGHBOUR DAY WAS TREMENDOUSLY SUCCESSFUL AND A SPECIAL DAY THAT HOPEFULLY MARKS THE PIONEERING OF A NEW COMMUNITY CONNECTION."

- Emma Hale

"OUR NEIGHBOUR DAY IS OUR COMMUNITY DAY. OUR NEIGHBOUR DAY IS FOR EVERYONE TO CONNECT WITH COMMUNITY. IT HELPS THOSE WITH DEPRESSION, ANXIETY, INTROVERT PERSONALITIES, AND SHYNESS TO COME AND SMILE WITH OTHERS."

- Grace Love



NEIGHBOUR DAY
TELL US YOUR STORY



“MY FATHER WAS 84 WHEN MY MOTHER DIED FIVE YEARS AGO. HIS DECISION WAS TO REMAIN ON HIS OWN IN THE FAMILY HOME. A FEW WEEKS AFTER MUM DIED, THE LADY ACROSS THE ROAD BROUGHT OVER A MEAL FOR HIS DINNER. HE WAS TAKEN ABACK, AND WAS VERY GRATEFUL FOR THE KIND GESTURE AND ENJOYED THE MEAL VERY MUCH. THIS HAS CONTINUED FOR UP TO FIVE YEARS UP TO THE PRESENT DAY.”

– Carol Cook

“OUR KIND NEIGHBOUR HAS BEEN EXCEPTIONAL. MY 39 YEAR OLD HUSBAND PASSED AWAY WITH A RARE MALE CANCER ABOUT FIFTEEN MONTHS AGO. I AM A STAY-AT-HOME PARENT WITH TWO YOUNG CHILDREN. MY NEIGHBOUR JUST STARTED MOWING OUR LAWNS ON A REGULAR BASIS. THE RELIEF AND GENEROSITY OF HIS TIME AND HAS BEEN JUST SO SUPPORTIVE.”

– Kelly Lainson

“I HAVE A WONDERFUL NEIGHBOUR IN MY STREET WHO LOOKS OUT FOR EVERYONE. ONE DAY I CAME HOME AFTER A FULL AND BUSY DAY TO FIND HE HAD STACKED MY FIREWOOD THAT HAD BEEN DELIVERED. HIS KINDNESS AND CONSISTENT CARE FOR OTHERS IS ONGOING AND APPRECIATED.”

– Geraldine Crisp

NATIONAL RESEARCH NETWORK

ONE OF THE MAIN AIMS OF THE NRN IS TO FACILITATE THE COLLABORATION OF RELATIONSHIPS AUSTRALIA'S RESEARCHERS AT A NATIONAL LEVEL TO CONDUCT RESEARCH AND ASSOCIATED ACTIVITIES THAT CONTRIBUTE TO THE BEST POSSIBLE OUTCOMES FOR CLIENTS.

This year has seen further strengthening of Relationships Australia's National Research Network (NRN) and the successful completion of a number of project deliverables, including research papers, reports and three waves of data collection.

By way of background, the NRN was formed in 2011, comprising staff from each Australian state and territory with expertise and interest in research and evaluation. One of the main aims of the NRN is to facilitate the collaboration of Relationships Australia's researchers at a national level to conduct

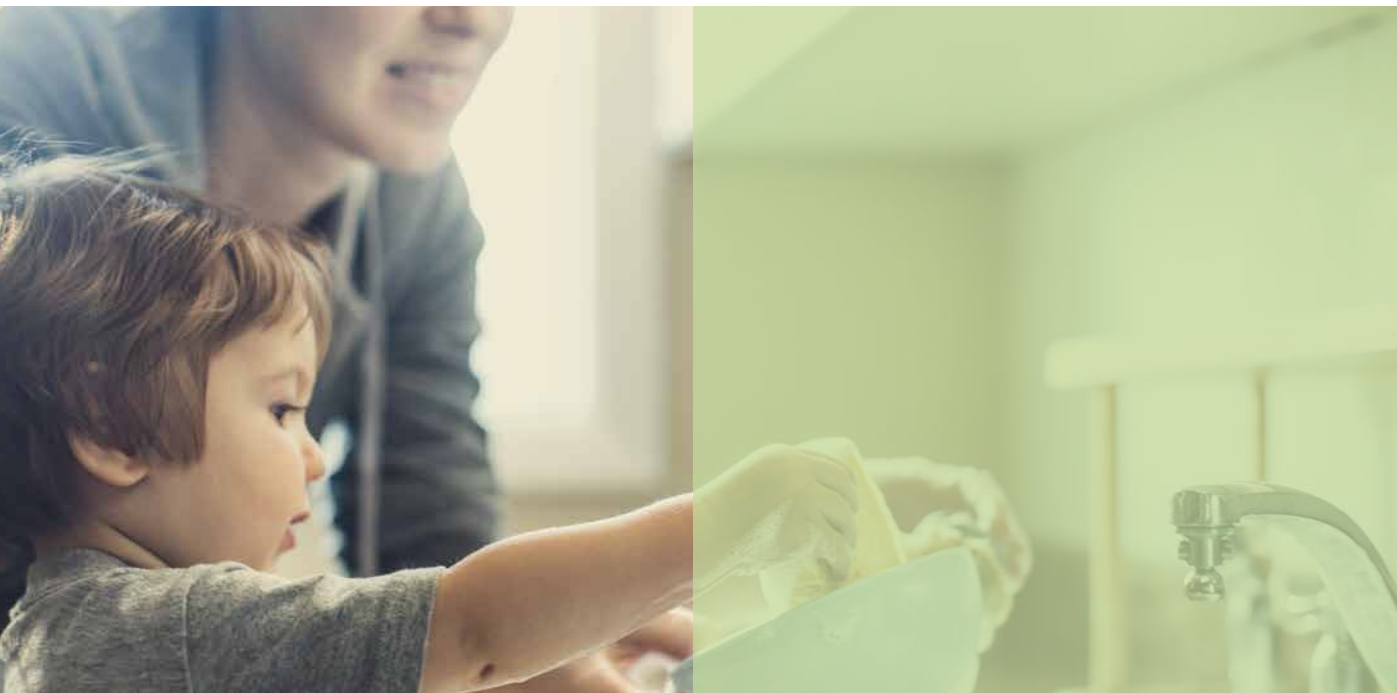
research and associated activities that contribute to the best possible outcomes for clients. The NRN also strives to ensure that research conducted at Relationships Australia is of the highest quality, relevant, and supports ethical standards and practices.

NATIONAL STUDY ON CLIENT OUTCOMES

The 2012 *National Study on Client Outcomes* was developed by NRN members and constituted the first national project the group

had conducted. The purpose of the research was to gain an understanding of the level of distress clients were experiencing at intake to inform improved service offerings to these clients. Early results from the 2012 National study were published in last year's annual report. More detailed findings from this study are now available to guide improvements in Relationships Australia's service delivery models into the future, benefiting clients, staff and the broader community.





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The 2012 National Study was conducted in combination with the annual *Family Support Program Performance Outcome Survey*, a requirement of the funding body, [then] FaHCSIA. In meeting the rigorous research method standards set by Relationships Australia NSW's Ethics Committee, all clients received an information sheet about the study and signed a consent form before completing the survey. The survey included standardised measures for current levels of adult psychological distress (Kessler Psychological Distress, Kessler & Mroczek, 1994), relationship distress (Couple Satisfaction Index, Funk & Rogge, 2007), and mediator impartiality (Mediator Impartiality Scale, Kelly & Gigy, 1988).

More than 4,500 clients presenting at a family and relationship service or family

dispute resolution service during a one month period from April to May 2012 completed the survey after they had attended a session. Survey respondents included 58 per cent of all clients attending a family and relationship counselling and education service and 54 per cent of all clients attending a family dispute resolution mediation service at Relationships Australia in the study period.

Just over 32 per cent of survey respondents were first session attendees and 64 per cent were attending their second or subsequent session. The average age of survey respondents was 40 years, with 58 per cent female and 42 per cent male clients. Almost 3 per cent of respondents reported they were from an Aboriginal or Torres Strait Islander background, and 10 per cent reported CALD backgrounds.

PSYCHOLOGICAL DISTRESS

The table below shows the percentage of Relationships Australia clients reporting low, medium, high and very high levels of psychological distress across different service streams in the 2012 National Study. The 'very high distress' category is likely to

indicate an anxiety and/or depressive disorder, and assessment and professional intervention are highly recommended for this group.

A high proportion of clients accessing individual counselling (17.6%), individual education (15.6%) and couple counselling

(13.7%) services reported very high psychological distress. Lower proportions of family dispute resolution mediation (9%) and couple education (5.7%) clients reported very high psychological distress. These rates are two to five times higher than those reported for the Australian population.

LEVELS OF CLIENT PSYCHOLOGICAL DISTRESS, FAMILY AND RELATIONSHIP SERVICES, 2012

	LOW DISTRESS	MEDIUM DISTRESS	HIGH DISTRESS	VERY HIGH DISTRESS	SAMPLE SIZE
Couple Counselling	27.5%	31.5%	27.3%	13.7%	1,504
Individual Counselling	24.9%	31.2%	26.3%	17.6%	1,549
Couple Education	37.1%	45.7%	11.4%	5.7%	35
Individual Education	36.2%	26.2%	22.1%	15.6%	390
Family Dispute Resolution Mediation	45.0%	27.4%	18.6%	9.0%	634
TOTAL					4112



COUPLE RELATIONSHIP SATISFACTION

Couple distress has been associated with a range of poor outcomes for families. The negative effects of couple relationship distress on individual adult partners, their work performance, their parenting and their children highlights the importance of having effective interventions available to assist couples to manage relationship distress.

Survey results indicate that almost 80 per cent of Relationships Australia clients attending family and relationship couple counselling or couple education reported scores in the couple relationship distress range. This high rate is understandable given the focus of these services, and is comparable to the rates reported in other community couples counselling clinics.

MEDIATOR IMPARTIALITY

Prior research has found clients' perceptions of mediator impartiality are important for influencing clients' satisfaction with the mediation process and outcomes (Kelly, 1989; Kelly & Duryee, 1992). Client survey results indicated the majority of family dispute resolution clients 'agreed' that their mediators were impartial and neutral as indicated by the 4 out of 5 (5 = strongly agree) mean rating. These results are a positive indication of the high levels of trust between clients and Relationships Australia mediators.

PROGRESS IN 2013

Due to the success of the project in terms of capacity to capture and evaluate large volumes of data nationally, and the learnings from the

2012 survey, in 2013 the NRN commenced a more ambitious longitudinal study of psychological distress, couple distress and family functioning of clients accessing Relationships Australia services. In October 2013 Family and relationship services clients across all Relationships Australia member organisations were invited to complete the first survey (Time 1) of three in a research project investigating client outcomes over time. Two further data collections were undertaken over a 6 month period—December to January (Time 2) and February to March (Time 3) in 2014.

Measures across all three survey periods included psychological distress (K10) and relationship distress (CSI-4) as for the 2012 survey, with the addition of a measure of general family functioning (GFS; Miller, Epstein, Bishop, & Keitner, 1985) and client satisfaction (CSS-3; Larsen,



1 NUMBER OF TIME 1 SURVEYS COMPLETED = 803

2 NUMBER OF TIME 2 SURVEYS COMPLETED = 437

3 NUMBER OF TIME 3 SURVEYS COMPLETED = 435

Attkisson, Hargreaves, & Nguyen, 1979). Additional measures incorporated in the Time 2 and 3 surveys included the therapeutic working alliance (TWA; Hatcher & Gillaspay, 2006) and open ended questions regarding the skills and benefits clients gained from access to family and relationship services at Relationships Australia. Survey completion rates are presented above.

Just over half of the 803 Time 1 participants indicated they were attending their first couple counselling session (55%) and the remaining participants were attending either their first individual (38%), or first family counselling (5%) session.

Of the client survey sample at Time 1, 59 per cent of clients were female and 40 per cent were male, the average age was 39 years, 3 per cent were Aboriginal and Torres Strait Islander and 10 per cent were from CALD backgrounds. More than one-quarter (26%) of clients also indicated that they were receiving some form of income support. These survey demographics are comparable to Relationships Australia general client population characteristics.

While approximately half of the initial respondents dropped out of the study between Time 1 and Time 2, this percentage of drop-out is typical in longitudinal studies conducted in routine practice settings. As can be seen in the diagram, once clients participated in Time 2, they were also likely to complete the Time 3 survey.

EARLY RESULTS FROM THE 2012–14 STUDY

Data analysis of the Time 1 survey outcomes has just started. As with the 2012 study, a substantial number of Time 1 counselling clients indicated 'very high' psychological distress (18%) and couple relationship distress (81%). The next part of the analysis will examine clients who reported high distress (either psychological distress or relationship distress) to determine whether there were improvements in distress across the course of counselling. This will allow us to comment on the effectiveness of couple and individual counselling.

NEXT STEPS

It is anticipated that preliminary results of the 2013 study will be available by the end of November 2014. Outputs of the project will include peer reviewed journal papers, conference presentations and an organisational report to inform future service practice.

The NRN is also exploring opportunities for collecting long-term counselling outcomes via an eighteen month follow-up questionnaire.

These two major surveys have allowed Relationships Australia to develop capacity and applied expertise to understand client needs, measure the success of interventions and improve support to clients.

OUTPUTS OF THE PROJECT WILL INCLUDE PEER REVIEWED JOURNAL PAPERS, CONFERENCE PRESENTATIONS AND AN ORGANISATIONAL REPORT TO INFORM FUTURE SERVICE PRACTICE.

RESEARCH AND EVALUATION AROUND THE COUNTRY

EVALUATION OF THE DIPLOMA OF COUNSELLING FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The Diploma of Counselling for workers from Aboriginal and Torres Strait Islander communities is a mainstream counselling qualification. The content has been enhanced in consultation with Aboriginal and Torres Strait Islander stakeholders in order to connect traditional ways of healing with modern day theoretical counselling concepts. It uses

a reciprocal learning model to acknowledge and validate workers' existing skills.

The Diploma was developed after Aboriginal Elders in ACT communities identified the gap in access to therapeutic services for Aboriginal and Torres Strait Islander communities, and the need for more 'qualified black counsellors, mediators and educators to heal our own'.

The Diploma was first offered by Relationships Australia in Canberra in 2009, with seed funding from the ACT and Australian Governments. Since its inception, the course has been run five times across three locations (Canberra, Wagga and Bathurst) with a total of 64 graduates.

Training is conducted by Relationships Australia and is supported by a community partnership model, where relevant community organisations offer work placement and mentoring support to students.

Graduates are enabled to gain employment in organisations that require formal qualifications and eligibility for enrolment into further tertiary education.

Relationships Australia Canberra and Region has followed up on the successful delivery of the Diploma of Counselling for Aboriginal and Torres Strait Islander peoples, surveying the 64 Diploma graduates to discover the longer term outcomes for them since their graduation.

The evaluation focussed on three areas: employment, further involvement in study and training and the impact of undertaking the Diploma on the participants' personal, family and community lives. A total of 37 responses were received from the graduates.

EMPLOYMENT

The survey found that completing the Diploma had a very positive impact on employment opportunities, both for individual graduates and systemically. As a result of completing the Diploma, 45 per cent of graduates who were already employed at the start of their studies had changed jobs, generally to positions that were more senior, or to counselling/ social welfare positions for which they were now eligible as result of completing their professional qualification.

Of the ten graduates who were originally not employed, six had obtained work as a result of their studies.

PROFESSIONAL EDUCATION

A major goal for the Diploma was the expansion of professional education opportunities for Aboriginal and Torres Strait Islander people. It has been very successful in achieving this goal.

One quarter of survey respondents indicated they had undertaken further study since completing their Diploma, in a variety of related fields, including social work, social welfare,

A MAJOR GOAL FOR THE DIPLOMA WAS THE EXPANSION OF PROFESSIONAL EDUCATION OPPORTUNITIES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE. IT HAS BEEN VERY SUCCESSFUL IN ACHIEVING THIS GOAL.





social housing, management, early childhood, Indigenous leadership, Indigenous trauma, mental health, and community sector management.

Almost 70 per cent of the respondents indicated their intention to undertake yet more study in the future.

IMPACT ON PERSONAL, FAMILY AND COMMUNITY LIFE

The survey collected positive feedback from graduates about the impact of obtaining the Diploma on their personal, family and community lives.

Many Diploma students/ graduates have been managing complex demands in their own lives, often dealing with their own experiences of trauma. Anecdotally they have reported over time that the Diploma has resulted in significant personal development, with students proudly telling Elders and other community members of their experiences and achievements.

In response to the recent survey, almost every graduate spoke of feeling more confident and of being able to see and understand

situations with greater insight, thus being better placed to support others. Most also talked about improvements in their communication skills.

Significantly, some spoke of learning how to connect their professional and cultural worlds more effectively, with greater understanding leading to more meaningful connections with their communities and a sense of empowerment.

...ALMOST EVERY GRADUATE SPOKE OF FEELING MORE CONFIDENT AND OF BEING ABLE TO SEE AND UNDERSTAND SITUATIONS WITH GREATER INSIGHT, THUS BEING BETTER PLACED TO SUPPORT OTHERS.



CASE STUDY

STEVEN KEED

**“THE DIPLOMA...
DEMONSTRATES A
TRUE AND SIGNIFICANT
RECONCILIATION ACT.”**

**“IN THE LONG RUN IT
WAS ONE OF THE BEST
DECISIONS I HAVE
EVER MADE.”**

At the time he started the Diploma, Steve was working for the local Aboriginal medical service, providing case management and informal counselling. He loved helping his mob but was concerned that he didn't have formal training to provide counselling support.

Steve had suffered trauma as a child, with his teenage parents separating when he was two. He and his brother were sent to live with their extended family in Western NSW. While academically bright, Steve didn't flourish in the school system and left at the end of year ten.

Steve was interested in studying towards formal qualifications but found it hard to overcome the barriers to register for a study program. He heard about the Diploma through the local Aboriginal community and was keen to complete the program. As Steve has said “My people need some type of intervention at different levels to help them to be more aware of their own social and emotional wellbeing. Counselling is one major tool that can be used to reach our mob, and in most cases must be done by our own people.” As the original idea for the Diploma came from Elders in the local Aboriginal community Steve felt that the program would be culturally appropriate and was therefore confident to enrol in it.

While he was apprehensive about starting, and initially felt like ‘a fish out of

water’, studying with other Koori people and using traditional Aboriginal ways of learning made the process easier for him. For Steve, the Diploma offered inclusiveness and knowledge in a culturally appropriate way that fostered his confidence. Throughout the program he felt supported by his peers and the facilitators, with students encouraging one another to complete each program module.

Completing the Diploma has opened up new opportunities for Steve. He has continued with his studies, completing a Diploma of Family Dispute Resolution in 2013. Steve took advantage of an academic route to higher studies that was established by Relationships Australia with the Australian Catholic University and enrolled in a Bachelor of Social Work degree. He is currently half-way through his undergraduate studies and will finish in 2015. Steve now works as a family dispute resolution practitioner and would like to work as a counsellor in the future.

Now, two years after completing the Diploma, Steve says he is more confident, aware, proud, and secure (financially and emotionally), as a direct result of his academic journey. Most importantly to him, he feels more hopeful about the future, for himself and especially about Aboriginal issues for the wider community.



TOMORROW'S COMMUNITY LEADERS, TODAY

For the last ten years, the Certificate IV in Community Services (Information, Advice and Referral), a vocational education and training course, has been a core part of the community capacity-building programs offered by the PEACE (Personal Education And Community Empowerment) Multicultural Service at Relationships Australia South Australia. The Certificate IV training is designed to engage CALD communities, new arrivals and refugees in health promotion, particularly human immunodeficiency virus (HIV), viral hepatitis, sexually transmitted infections (STIs) and other related issues.

To date, there have been few empirical studies that have systematically investigated the impact of capacity-building programs. Relationships Australia's Communication and Development Unit wanted to fill this gap in knowledge by exploring, in detail, the impact of the program at individual and community levels.

Capacity-building programs, such as the PEACE Multicultural Service's Certificate IV in Community Services, focus on enhancing a community's ability to address health-related issues and work from an

assumption that each community has existing assets and strengths that can be mobilised to bring about change. The aim of capacity-building programs is to identify, harness and ultimately enhance these strengths as a means to increase knowledge, improve problem-solving skills and promote responsiveness and collective action.

The Manager of PEACE Multicultural Service, Enaam Oudih, says the focus of capacity-building programs on community involvement is particularly useful for addressing culturally sensitive issues that are typically associated with stigma or shame. Topics such as sexual health and same-sex attraction are considered taboo and are rarely discussed openly in refugee, migrant and CALD communities.

"In many CALD communities HIV and STIs are seen as resulting from 'immoral' behaviours. These negative perceptions and resulting stigma ultimately impact on the individual's health decisions and actions within their family, workplace and in their communities. For example, people might completely withdraw from their social network as a result of positive diagnoses or might take unnecessary actions based on myths. Adding to this, they might not access relevant testing out of unfounded fears." Oudih says.

THE CERTIFICATE IV TRAINING IS DESIGNED TO ENGAGE CALD COMMUNITIES, NEW ARRIVALS AND REFUGEES IN HEALTH PROMOTION, PARTICULARLY HUMAN IMMUNODEFICIENCY VIRUS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED INFECTIONS AND OTHER RELATED ISSUES.

While formal empirical research on the impact of community capacity-building remains scarce, case studies and anecdotal research have shown such programs to be highly effective. For instance, Millar and Kilpatrick's (2005) evaluation of an Australian community capacity-building program — a Certificate II in Community Services (Children's Services) — demonstrated positive outcomes for students.

Relationships Australia worked to fill this gap in research by conducting a qualitative study involving focus groups with the students who had undertaken the Certificate IV in Community Services training since its inception 10 years prior. A total of 29 students took part, representing a variety of community groups, including students from South Sudan, Burundi, Somalia, Philippines, Kenya, Ghana, Kurdistan, Iran, Afghanistan, Vietnam, Persia, and Liberia.

Overwhelmingly, the participants provided positive responses, indicating how the training had substantially impacted their lives. Many of the participants implemented initiatives to take control of their own health following the certificate training, for instance, by getting tested for STIs and blood borne viruses, and by encouraging and empowering others to do so. The training gave the participants confidence

to engage in informal discussions with friends, family and community members on such topics as STIs, blood borne viruses and same-sex attraction. A further way in which participants applied the training was by providing referrals. Some participants indicated that people in their community would

that the course taught them how to engage effectively with the community by understanding what strategies work when promoting awareness about certain issues and which ones would not achieve the same levels of success. For example, most participants recognise that a workshop or seminar on raising awareness about



confide in them about problems for which they required assistance. Often these participants were sought out because they had undertaken the certificate training and were trusted by fellow community members.

A common theme amongst participants' responses was

HIV or Hepatitis B and C would not attract many attendees, either due to the community's unfamiliarity with such viruses or the stigma surrounding them. Rather, these topics were best incorporated with information focusing on the broader topic of 'health and wellbeing'.

TOMORROW'S COMMUNITY LEADERS, TODAY

A case study

A qualitative study of 29 CALD peer educators found the following outcomes as a result of their participation in Relationships Australia (SA)'s Certificate IV in Community Services Peer Education Program.

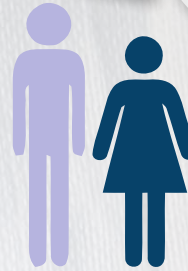
Before...

Study
Social Work, Community Development, Teaching, Microbiology, Computer Science, English, Arts and International Studies, High School

Work

Interpreter, Support Service Officer, Teacher, Settlement Officer, School Support Officer, Union Organiser, Employee in Aged Care Facility

Community Work
Community Education Program in Nairobi



After...

Study
Social Work and Social Planning, Enrolled Nursing, Certificate III in Business, TAFE Qualification in Aged Care

Work

Youth Worker, Employee at Novita Children's Services, CALD Liaison Officer with ShineSA, Nurse's Assistant, Bicultural Caseworker with the Australian Refugee Association, Employee in Aged Care Facility, RASA Internship (x2), RASA Employee (x3)

Community Work

Volunteer with Australian Red Cross, Leader of Liberian Men, Community Organiser, Community Educator, Secretary of Bari Women, Public Relations Officer to African Women's Federation, President of West African Women's Association, Leader of South Sudanese Association



"This gave me an **opportunity** to work, you know, through the units of competency. So then doing the Diploma and Cert IV in Training and Assessment, it gave me an opportunity to **work** as a project officer at the (location) and to start to **train** other community educators and be able from there to go into counselling and **study** counselling and **doing** counselling and case management. It just opened so many doors and I just always think about 'what would happen if I actually didn't do this course?', you know, 'what would have happened to me?'"



The training also demonstrated to participants the importance of incorporating HIV positive speakers into their community meetings. Positive speakers were able to pass on important information about reducing risk whilst also providing inspirational messages of managing and living with a chronic disease. Overall, the inclusion of positive speakers challenged existing community stigma and began to normalise HIV, thus creating a more inclusive and supportive environment for those community members living with and/or affected by HIV.

The program also gave participants necessary skills and confidence to explore new education and employment opportunities. For instance, one participant expressed that prior to the training she was very shy and self-deprecating, but as a result of the training and the opportunities it afforded her to interact with other participants she was instilled with a sense of empowerment and self-worth. She then went on to initiate a community project in her native country of South Sudan where she established a charitable organisation to fund girls' education and to build

schools. She attributes the inception of this project and its successful outcomes directly to her certificate IV training.

The qualitative research undertaken by Relationships Australia demonstrated that this community-led initiative has achieved significant advances in health promotion and the reduction of stigma within participants' communities. Impressively, the participants' positive responses indicated that the certificate IV training had a significant impact on them personally, professionally, and at the community level.

GOOD CONNECTING COURSE

Relationships Australia Victoria provides *Good Connecting*, a psycho-educational course for couples based on Dr John Gottman's internationally-respected research into what makes intimate relationships successful.

Good Connecting involves workshops typically conducted over two days, with a male and a female facilitator. A follow-up session takes

place two to four weeks later to reinforce changes made during the workshops. The course has also been provided in an abridged evening session format, and recently a repackaged version of *Good Connecting Online* was released, allowing couples to access components of the program via Relationships Australia's website.

The *Good Connecting* course is based on the principles of evidence-based couples' research, and learning by practice and experience. It is underpinned by concepts and understandings of what makes modern, emotional friendships and partnerships work and not work. With this knowledge, couples are encouraged to assess their own relationships, and develop guidelines and a shared language to improve how they relate to each other. This includes dealing with everyday spontaneous moments and with issues that are most significant to them.

Good Connecting seeks to increase a couple's awareness of how they relate, their attitudes and emotions, and how these are expressed through verbal and non-verbal behaviours and actions. Couples are given opportunities to experiment with new ways of behaving and communicating in a safe, structured learning environment. During this process, couples often experience a positive shift in the quality of their

relationship with each other. This experience provides motivation to continue their commitment to practice the new learnings at home.

John Gottman describes intimate relationships in relation to what happens in moment-by-moment experiences of each other. *Good Connecting* has adopted this framework, relying on the core idea that good relationships depend on maintaining a high ratio of positive to negative experiences. That is, the presence of more positive experiences that build a sound ongoing emotional friendship or partnership, than negative encounters or attacks or deliberate withdrawals of attention, presence or affection. Gottman has identified that a 'magic ratio' of five to one positive to negative experiences is likely to be present in stable relationships. Therefore, it is important for couples to build their positive experiences, and learn to regulate negative emotion and behaviour.

With Gottman indicating that it is contempt rather than anger that is the larger predictor of marriage breakdown, *Good Connecting* teaches couples to understand that for lasting relationship changes they need to change the way they handle conflict. Emphasis is also placed on the need to take time and make the effort to make a relationship work.



Developed by former Relationships Australia Victoria counselling practice leader Dr Ingrid Sturmey, *Good Connecting* has a strong practice method and evidence base. Research suggests that the marital satisfaction of couples can significantly improve when short psycho-educational group courses are undertaken (Gottman, 1979; Halford et al. 2001; Kaiser et al.).

The comparative benefits of couple counselling and relationship education programs had not been empirically examined before 2006. In that year, a small Relationships Australia pilot project (Bickerdike & Carmody, 2006) examined the effectiveness of the Marital Satisfaction Inventory-Revised (MSI-R) with couples who attended a *Good Connecting* course or counselling. Findings revealed differences in the level of distress couples reported before services began, suggesting that service choice is affected by the level of distress in a couple's relationship. While *Good Connecting* clients exhibited comparatively less relationship distress than couple counselling clients, it is worth noting that nearly 50 per cent of this group exhibited levels of distress classified by the MSI-R as significantly problematic. These results warranted further exploration.

In 2009 *Good Connecting* and Relationships Australia's couple counselling services became the subject

of the 'Effectiveness of Couple Counselling study', the first large scale investigation of this type in Australia. The La Trobe University research, led by Dr Margot Schofield, used a longitudinal design with a pre-treatment survey and two follow up surveys at three and 12 months post intervention. The aim of this quasi-experimental evaluation was to provide more detailed profiles of couples who are seeking couple counselling compared to those seeking relationship education programs. In addition, the evaluation aimed to determine outcomes for relationship satisfaction, commitment and depression at the three and 12 month marks.

Preliminary results from this study indicate that, as expected, couples who attend *Good Connecting* are comparatively less distressed at intake than those who attend for couple counselling, further supporting the theory that couples select the type of service based on the level of distress in their relationship. This study has also highlighted the need to better target relationship education programs to lower socio-economic populations, with research by Hawkins and Fackrell (2010) showing that these couples can benefit from attending relationship education services. Further results from this research, including an analysis of the treatment effects of *Good Connecting* and couple counselling, will

RELATIONSHIPS AUSTRALIA VICTORIA PROVIDES GOOD CONNECTING, A PSYCHO-EDUCATIONAL COURSE FOR COUPLES BASED ON DR JOHN GOTTMAN'S INTERNATIONALLY-RESPECTED RESEARCH INTO WHAT MAKES INTIMATE RELATIONSHIPS SUCCESSFUL.

be published in late 2014 and early 2015 and will add to the evidence base for these services. This research will assist in designing and refining services for couples, particularly early intervention relationship education.

Interestingly, recent research from The Gottman Institute into the effectiveness of their own brief psych-educational couples' workshop suggests that relationship education is not only effective for early intervention, but that couple therapy may be further enhanced by an educational component, particularly for more distressed couples (Babcock & Gottman, 2013; Ryan & Gottman, 2013). Such research highlights the potential of psycho-education for couples, including *Good Connecting*, for many couples seeking assistance for their relationship.

CASE STUDY

SALLY AND JOHN

**THEY RECOGNISED
THE IMPORTANCE
OF MAKING TIME
FOR REGULAR
CONVERSATIONS
ABOUT THEIR
EVERYDAY LIVES.**

Different couples find different components of *Good Connecting* to be most helpful, depending on their circumstances, their relationship and the issues they are experiencing.

Sally and John attended *Good Connecting* wanting to work on communication and conflict management. They reported that they were arguing regularly and felt misunderstood and unappreciated by each other. In an attempt to avoid conflict, Sally and John were starting to lead increasingly separate lives.

In the course of undertaking *Good Connecting*, couples complete the “safe talking technique” exercise, in which one partner listens without interruption to the other for five minutes and subsequently reflects back what they heard. Ground rules for the task include sticking to the

issue and not making negative personal remarks. John reported that this exercise helped him to understand that he and Sally experienced events differently. It also helped both Sally and John to understand the importance of both feeling heard and understood, even when they didn’t agree with each other. With practice, this technique gave Sally and John a way to better manage conflict.

The couple also valued learning how to keep a “current map” of their partner’s worlds on an ongoing basis. That is, knowing and understanding what was happening in each other’s lives as well as their favourite things, hopes and worries. They recognised the importance of making time for regular conversations about their everyday lives.

**DIFFERENT COUPLES FIND DIFFERENT
COMPONENTS OF GOOD CONNECTING
TO BE MOST HELPFUL, DEPENDING
ON THEIR CIRCUMSTANCES, THEIR
RELATIONSHIP AND THE ISSUES
THEY ARE EXPERIENCING.**



ACCESS TO ALLIED PSYCHOLOGICAL SERVICES CHILD MENTAL HEALTH SERVICE

While Relationships Australia Tasmania has offered counselling to children and young people for many years, it now offers a tailored specialist early intervention mental health service through Access to Allied Psychological Services (ATAPS) Child Mental Health Service (CMHS). ATAPS is a program funded by the Australian Government, through Tasmania Medicare Local, to provide services to identified groups of people within the community.

The children's stream was launched in Southern Tasmania in 2012. This program specifically targets children 12 years and under (although children up to 15 years can access the program) who have, or are at risk of developing, a mental, childhood behavioural or emotional disorder. Relationships Australia provides eligible children with evidence-based, short-term psychological strategies within a primary care setting. The psychological services and interventions are relevant to infants, children and their families, or to other individuals having responsibility for the child. As the sessions are fully subsidised by the funding, these are free to the client, providing services to those

who otherwise may not have been able to afford them.

Relationships Australia takes a collaborative approach and the children are referred directly by their general practitioner (GP) or provisionally referred by an eligible 'provisional referrer', including school social workers, school psychologists, and principals. While the child is still required to attend an appointment with their GP, once a provisional referral is received, services are commenced to ensure timely access.

The collaborative nature of the service ensures that any approach taken by clinicians is in conjunction with the treating doctor and allows for



continuity of care to continue post-ATAPS sessions. Relationships Australia provides reports to the treating doctor regarding the interventions provided by the clinician; these occur after the first session, and then after the child's sixth or final session, whichever comes first. Up to 12 sessions per calendar year are provided to each child referred to the service (in exceptional circumstances, it is possible for a child to access up to 18 sessions).

The clinicians develop an individualised plan, with consideration of the child's needs and goals, and this is reviewed and updated throughout the child's engagement with the service. The parent/carer(s) are engaged and an intake session conducted with them, which provides further details of the child's presenting issues, their impacts and history. The practitioners use evidenced-based interventions and this largely includes a Cognitive Behavioural Therapy (CBT) approach as part of the treatment plan. Other strategies may include motivational interviewing, psycho-education, relaxation techniques, and/or exposure therapy.

Clinicians within the program ensure that their knowledge remains current by regularly researching recent studies and journals; they attend professional development and use individual and group clinical supervision.

These interventions are tailored to the needs and age of the child and are often activity based. Counselling rooms are set up for children and activities can include sand-play, craft, small figures, bear cards. Alternatively the session may look much more like a traditional counselling session.

Practitioners also use an evidence-based assessment tool, the Strengths and Difficulties Questionnaire (SDQ), that is conducted with each child who accesses the program. The benefit of the SDQ is that it covers a range of possible presenting issues and has been specifically developed for use with children and young people. This is completed in the first session, sixth session and, where 12 sessions are required, it would be administered in the twelfth session.

There is generally a marked difference in SDQ scores (and the child's wellbeing) between the initial session and the final session. The general pattern of SDQ scores are initially in the very high range and then generally move to the average to low range score at the conclusion of sessions, demonstrating improvement.

Many children have benefited from the program. While client presentations may vary, there are often a number of issues identified in the referral. These may include anxiety, behavioural issues at home and school that can lead to suspension

WHILE RELATIONSHIPS AUSTRALIA TASMANIA HAS OFFERED COUNSELLING TO CHILDREN AND YOUNG PEOPLE FOR MANY YEARS, IT NOW OFFERS A TAILORED SPECIALIST EARLY INTERVENTION MENTAL HEALTH SERVICE THROUGH ACCESS TO ALLIED PSYCHOLOGICAL SERVICES CHILD MENTAL HEALTH SERVICE.

from school, drug and alcohol use, violent and aggressive behaviour, eating disorders, and low mood.

One primary school aged child was provisionally referred into the program by a school psychologist to address a number of areas. The child's SDQ score was 30 (in the very high range). Due to the child's age and low motivational levels for attending sessions, the clinician needed to be creative in their approach to ensure engagement. The child loved music, and that formed part of the therapeutic approach. That is, songs were discussed and those songs that may assist the child to decrease his reactions were identified.



AT THE CONCLUSION OF SERVICE, THE YOUNG PERSON HAD AN SDQ SCORE OF TEN (IN THE AVERAGE RANGE), HAD RETURNED TO HER FAMILY HOME, WAS OFFERED AND ACCEPTED A PART-TIME JOB, ATTENDED SCHOOL FULL-TIME, REPORTED MAKING AND MAINTAINING FRIENDSHIPS, PLAYED FOR A STATE-LEVEL SPORTS TEAM, AND MANAGED HER EVERY DAY ANXIETIES.

During one session a volcano was made with bi-carbonate soda and vinegar to demonstrate and discuss feelings and reactions. In demonstrating the efficacy of emotional regulation techniques, a biofeedback computer game was used as the child had not believed the powerful effects of the strategies being learnt. It was identified that the child 'acted out' rather than asking for help which led to him being reprimanded daily at school. In order to address challenges in the classroom, star charts were used to improve behaviour and provide positive feedback. The school responded well to suggestions and implemented strategies that were developed in session.

As a result of participation in the program, the child's final SDQ score was ten (in the average range), his behavioural issues were no longer present, he received an excellent school report and loved going to school, and the child identified as having a greater confidence in his own ability and enjoyment at school.

Another young person accessed the service across two calendar years for a number of issues relating to sustained school truancy, family issues, behaviour problems, addiction, and an eating disorder. The young person lived out of the family home, had been involved with the police and presented with an SDQ score of 28 (in the very high range). The clinician used a number of interventions over the sessions that included motivational interviewing, social skills training, anxiety management, trauma focussed CBT, exposure therapy, anger management, and relapse prevention techniques to address restricted eating. These interventions addressed self-esteem, interpersonal relationships, underlying anxiety and trauma history. At the conclusion of service, the young person had a SDQ score of ten (in the average range), had returned to her family's home, was offered and accepted a part-time job, attended school full-time, reported making and maintaining friendships, played for a state-level sports team, and managed her every day anxieties.

FEEDBACK-INFORMED TREATMENT

Counselling is an ever-evolving tool for psychotherapy and within that evolution there is always an opportunity to improve. A current assumption with counselling is that there is a particular therapy that will heal a disorder. However, long-time Relationships Australia Western Australia counsellor, Bill Robinson, believes there is a tremendous amount of value that can be gained in providing an avenue for feedback from the client about their therapy.

Bill works from the Mandurah office and has adopted a model of feedback originally developed by Scott Miller and Barry Duncan in the United States. Bill attended extensive training on the approach and has brought the knowledge back to Australia where he has promoted and trained other counsellors within Relationships Australia in the idea of the practice-based evidence process.

Clients are invited to give feedback before and after each counselling session by using two, four question forms with rating scales for each question. From the information gained, the counsellor can focus on the test of effectiveness of the counselling process for that client. The real test of the session can be assessed

a week later at the start of the next session to see if the positivity felt by the client straight after a session remained for a sustained period of time.

The benefit of this theory is the contribution it makes to the alliance between the counsellor and the client. The client has a degree of control over the therapeutic process, giving them a feeling of ownership and responsibility for their recovery.

It is acknowledged that some clients do better with certain counsellors. This model of feedback can circumvent

difficult professional relationships quickly and allow the client to be offered another counsellor if it is appropriate for that case.

As this approach requires extensive record keeping and data analysis, the statistics and reports that are generated are an excellent tool for reporting. In the past 12 months of the project, Bill Robinson has collected data on 70 clients and in the past three years over 300 clients from a range of programs. Bill is also supervising a group of Relationships Australia counsellors that have been piloting the model.





Steve and Janet are a middle aged couple who felt they had drifted apart and whose lives had become very separate. After a first session of counselling to

thanked her for giving this important feedback because it had corrected his view of the situation and made the important issues very clear.

THE COUPLE CONTINUED IN COUNSELLING AND THEIR FEEDBACK ON THE OUTCOME RATING SCALE SUGGESTED THEY BOTH FELT THEY WERE EXPERIENCING AN ENHANCED SENSE OF WELLBEING AND THE QUALITY OF THEIR RELATIONSHIP WAS CONSIDERABLY BETTER

start addressing this issue, they both completed the session rating scale. Steve's response suggested that he was happy with the way the session had gone, but Janet's feedback suggested that, while she felt some progress had been made, she did not feel entirely heard. Janet also felt there was something missing from the session.

In a discussion following this feedback Janet said she felt the counsellor had embraced Steve's dream of taking the year off and touring around the country with much more enthusiasm than her dream of restarting her career after putting it on hold for years while she raised their children. The counsellor acknowledged the lapse in his understanding and response to her. He then

The couple continued in counselling and their feedback on the outcome rating scale suggested they both felt they were experiencing an enhanced sense of wellbeing and the quality of their relationship was considerably better. In the latter stages of treatment the counsellor referred back to the earlier discussion and asked Janet if she would have continued attending if it hadn't happened. She said she wasn't sure, but added that the discussion had left her feeling much more optimistic about what the counselling could achieve. She also did not think she would have voiced her doubts if the counsellor had not asked for her feedback and then followed up with a question about her mixed feelings after the first session.

CASE STUDY

STEVE AND JANET

STEVE AND JANET ARE A MIDDLE AGED COUPLE WHO FELT THEY HAD DRIFTED APART AND WHOSE LIVES HAD BECOME VERY SEPARATE.

THE SERVICE AIMS TO IMPROVE CLIENT ACCESS SO THAT IT BETTER RESPONDS TO THE IMMEDIATE NEEDS OF CLIENTS, RESULTING IN MORE APPROPRIATE INTERVENTIONS THAT LEAD TO BETTER CLIENT OUTCOMES.

GAMBLING HELP SERVICE MODEL OF SERVICE AND SERVICE REDESIGN

Relationships Australia Queensland focusses on good client access and outcomes and has developed a model of service (MOS) for its Queensland Gambling Help service (GHS). The service aims to improve client access so that it better responds to the immediate needs of clients, resulting in more appropriate interventions that lead to better client outcomes.

WHY?

The most recent Queensland Household Survey 2011–12 indicates that only 17 per cent of problem gamblers have sought help for problems related to their gambling. It also suggested that even when problem gamblers seek help they are more likely

to drop out of treatment prematurely relative to those seeking help for other mental health problems (Kazdin & Mazurick, 1994). The drop out in treatment for problem gamblers is estimated to be between 43 per cent and 80 per cent (Grant, Kim, & Kuskowski, 2004).

MOS ACCESS REDESIGN

A key component of the MOS was to address access. Relationships Australia's analysis identified a number of barriers to access and client engagement. The effectiveness of brief telephone Motivational Enhancement Therapy (MET) in the treatment of problem gambling is well established (Hodgins, Shawn, Currie & el-Guebaly, 2001). In December 2013, Relationships Australia moved towards a MOS that responds to GHS client enquires with an immediate intake, assessment and a brief MET intervention.



The MET model encourages clients to seek help and increase motivation to change. The MET elements incorporated in Relationships Australia’s intervention include: normalised feedback to the client about their problem gambling risk; exploration of ambivalence about change and change talk exercises; provision of a range of therapeutic options to assist change (including face-to-face counselling, telephone counselling, online support, self-help workbooks and education material, support groups, self-exclusion and external referrals); and encourages hope and self-efficacy about the possibility of making changes to gambling behaviours.

In addition, the Relationships Australia intervention assists clients to explore and solve the barriers that exist to seeking treatment. It also has a mechanism to obtain client permission to follow-up the client if they drop out of treatment.

RESULTS

Initial analysis of Relationships Australia’s GHS data since December 2013 indicates that the MOS access redesign has enhanced initial client engagement. There has

also been a large reduction in the treatment dropout percentage between 2012 and now. (See Prevalence of Treatment Drop-out in the Relationships Australia Gambling Help Service 2000–2014).

YEAR	CLIENTS REGISTERED	PERCENT OF DROPOUT
2012	532*	51%
2013–2014	95	31%

2013–2014 data based on data gathered 12.12.2013–20.2.2014

* Problem gambling clients only that participated in a full assessment and not family members or significant others.

...THE RELATIONSHIPS AUSTRALIA INTERVENTION ASSISTS CLIENTS TO EXPLORE AND PROBLEM SOLVE THE BARRIERS THAT MAY EXIST TO SEEKING TREATMENT.



Troy, aged 35 years, called Relationships Australia Queensland's GHS one Monday. He presented as calm when the call started. Troy then started to cry when describing the effect of his recent gambling; stating that gambling is sometimes a problem in his life, and has recently caused a crisis for him. He had been made redundant from his job and, feeling lonely and under financial pressure, he gambled on the pokies the previous Wednesday night, losing \$1,800.

Troy identified depression and drinking as two of the key triggers for his gambling. He said he gambles as a distraction and a way of being social. Troy said that after losing the money he felt bad about the financial stress he had placed on his family and himself for the coming Christmas period; he spoke about having suicidal thoughts.

Troy said he had not been able to function or get out of bed for the next few days after the previous Wednesday's loss and this had been the first day he had been able to contact someone for help. Troy said he had kept his depression and gambling issues to himself and has only recently been more open with his experiences of depression. The only person aware of his problem gambling is his sister.

CLIENT HISTORY

Troy talked about a physical injury that makes gaining future employment difficult. He has a history of depression and has had previous suicidal thoughts. Troy said he previously had

been able to “pull himself out” of problem gambling by recognising the negative effects it has had for him and changing his behaviour by himself without formal treatment. He presented with a Problem Gambling Severity Index (PGSI) score of 18, a high risk problem gambler with negative consequences and a possible loss of control.

Risk factors: redundancy, previous history of depression, financial stress, Christmas and not having family support networks close.

INTERVENTION

During the phone call, the GHS practitioner used the MET intervention, giving normalised feedback about his PGSI score. She explored with Troy his ambivalence about making changes to his gambling behaviour and the effects of gaming on Troy’s life, financial loss, challenges with affording Christmas presents for his children and guilt at feeling he has let himself and his family down. The practitioner used self-efficacy enhancing interventions, discussing the benefits of positive help-seeking behaviour for depression and gambling.

They discussed a range of therapeutic options to assist Troy, including face-to-face counselling, telephone counselling, online support, and self-exclusion. From the therapeutic options discussed, Troy decided he would like to seek face-to-face counselling and booked an appointment for the following week.

In concluding the call, the practitioner assisted Troy to explore some of the barriers he could face in getting to the face-to-face counselling appointment. The practitioner also obtained Troy’s permission to make a follow-up call if he did not attend the appointment.

A suicide risk assessment was also administered. There was no specific plan or means for suicide.

Troy’s protective factors included extended family support in Townsville and Victoria, and a good relationship with his mother. Troy said that a protective factor was a picture of his children and he told himself he could not lose them. Troy also mentioned a friend who had been a big support to him previously and was coming over that afternoon.

Consent was gained from Troy to contact him again that evening. When this call was made, he requested a call back the following Wednesday. When a GHS practitioner contacted him on Wednesday, Troy told her he had informed four or more other people of his problem and was feeling supported. Troy was offered a further call back from a practitioner, but said he had enough support to get through until his appointment. He was encouraged to call GHS back if further support was required.

Troy presented for his face-to-face counselling and continues to receive ongoing treatment for his gambling.

CASE STUDY GAMBLING HELP SERVICE

TROY STARTED TO CRY WHEN DESCRIBING THE EFFECT OF HIS RECENT GAMBLING, STATING THAT GAMBLING IS SOMETIMES A PROBLEM IN HIS LIFE AND HAS RECENTLY CAUSED A CRISIS FOR HIM.

INCREASING PARENTAL REGARD

THE PARENTAL REGARD PILOT PROJECT

The Parental Regard Pilot Project is a practice-based research study conducted at the New South Wales Blacktown Family Relationship Centre (FRC) between mid-2011 and early 2013. *Parental Regard* emphasises the building of a therapeutic alliance between the practitioner and the client. It also aims to help post-separation clients form a positive regard for, and alliance with, the other parent where it is safe to do so.

Blacktown is recognised as one of the most multicultural areas in Sydney, with large Filipino and Indian communities. Located in the western suburbs, Blacktown is also home to the largest Aboriginal population of any postcode area in NSW.

The first stage of the project was to train family advisors from the Blacktown FRC in the *Parental Regard* model of practice. This model of practice explores the transformative effect of a deep level of engagement between the practitioner and the parent. It also assists parents to gain a greater understanding as to how they have been perceived by the other parent and how they might change their behaviour to reduce acrimony.

The research involved 28 semi-structured qualitative telephone interviews with

previous clients of the Blacktown FRC, in both pre-and post-training groups. The findings revealed several positive changes for clients who experienced the *Parental Regard* model of practice.

THEMES DRAWN FROM CLIENTS' NARRATIVES INCLUDE:

One father said: "I learnt to focus on using more positive language when talking about my son's mum. I hadn't realised that calling her 'my ex partner' instead of 'Tom's mum' was actually quite difficult for Tom."

Another father said: "Seeing the counsellors helped us to develop common words around the way we parent, even though we are separated. We now talk about the parenting bridge that our daughter stands on; the bridge that supports her through life. If the relationship totally collapses, our daughter has little to stand on so it's important we maintain that bridge in a positive way."

A mother we spoke to said: "I learnt how important it is to keep the conflict away from my children. I'm now more aware of how I talk about my daughter's father in front of her. I wasn't aware that she was picking up on the conflict, so I'm now mindful of reducing the conflict discussion when she's around."

Another mother stated: "My personal connection with the mediator at the Family Relationship Centre

really helped. They gave me the strength and support I needed to continue with the mediation process; especially through the difficult times. It was a really important relationship.”

This mum commented: “The face-to-face sessions were the most valuable as they gave me the opportunity to really connect with the family advisor and do more than just exchange information. We were able

The initial findings from the *Parental Regard Pilot Project* have supported a second pilot study that has been running throughout 2014. In the second *Parental Regard Pilot* study, family dispute resolution practitioners as well as family advisors across Relationships Australia New South Wales are being trained in the *Parental Regard* model. As in the first pilot, parents who have received services from the FRCs will be interviewed



to engage in really supportive conversations about communication, conflict, and children’s needs.”

A father said: “We’ve experienced a positive shift in our relationship as parents, after visiting the Family Relationship Centre. The mediators helped both of us to think about the impact our disagreements were having on our children and how we could get on better with each other, as parents not partners.”

in order to understand their experiences of family dispute resolution. This project has provided Relationships Australia with vital feedback from clients, and continues to inform clinical practice in a positive way.

“SEEING THE COUNSELLORS HELPED US TO DEVELOP COMMON WORDS AROUND THE WAY WE PARENT, EVEN THOUGH WE ARE SEPARATED. WE NOW TALK ABOUT THE PARENTING BRIDGE THAT OUR DAUGHTER STANDS ON, THE BRIDGE THAT SUPPORTS HER THROUGH LIFE.”



**THE SAFETY, SECURITY
AND ULTIMATE
EMPOWERMENT OF
THESE YOUNG PEOPLE
AND THEIR FAMILIES
IN THIS PROCESS ARE
A PRIORITY.**

YOUTH DIVERSION PROGRAM, ALICE SPRINGS

The *Youth Diversion Program* provides case management support to young people whose behaviour and choices have brought them into contact with the formal justice system. The safety, security and ultimate empowerment of these young people and their families in this process are a priority.

With the introduction of the *Youth Justice Act 2005* in the Northern Territory, youth justice conferencing was developed by police as an alternative to a court appearance for young offenders. The rationale for the program is an early intervention approach to diverting young people from the formal justice system. Referrals of young people aged 10 to 18 years are made directly by the Northern Territory Police Youth Diversion Unit (YDU) to a non-government provider (such as Relationships Australia in Alice Springs).

Once the referral is assessed and considered suitable, the case manager seeks to engage and support the young person in their youth diversion program.

Relationships Australia's Youth Diversion Service operates in a restorative justice framework that combines conferencing with other interventions including counselling, community work/activities, training/education, restitution and an apology process.

This model is consistent with other examples of promising practice and is considered to offer young offenders the best opportunity to be diverted away from the criminal justice system.

"Restorative justice schemes bring together those with a stake in a crime (typically a victim, an offender and their supporters) to discuss the offence and its impact, and they decide what to do to repair the harm to the victim and perhaps also to a larger collective. Restorative justice can take place at any point of the criminal justice process." (Daly, 2001)

EVIDENCE BASE

There is a sizable body of research in this area largely focussing on implementation issues and feedback from participants. Fewer studies examine the effects of restorative justice sanctions on reoffending; however, most studies have identified some reduction in reoffending when compared to court-based responses.

There have been four main studies to date in Australia and New Zealand and these studies analyse whether the characteristics of conferencing resulted in lower recidivism. Lower rates of recidivism were found when the young person showed remorse and agreed with the conference outcome (Luke & Lind, 2002).

This work, including 590 first time offenders who attended a conference and 3,830 juvenile first time offenders who attended court found that the risk of reoffending was 15 to 20 per cent lower among juveniles sent to a conference than among those who went to court, regardless of Indigenous status (Richards et al, 2011).

STAYING ON TRACK



■ CONTACT

A Caseworker contacts you and your parent/guardian to see if you want to do a diversion program.

■ ASSESSMENT

We need to find out your side of the story and to check whether Diversion is the best option for you.



■ YOUTH JUSTICE CONFERENCE

Where we all sit together (you, the Police, your parent/guardian, your caseworker and the victim) and talk about what happened and how we are going to make it better. We sign a form at the end to show we all agree.

■ PRE-CONFERENCE

We all meet with the police to talk about what is going to happen in the Youth Justice Conference.

■ THE PROGRAM

This normally goes for approximately 3 months. In this time you will complete the things you have agreed to do as part of your diversion program.

■ EXIT INTERVIEW

When you have successfully completed all the things in your program the matter is over and you don't have to go to court.



CASE STUDY

YOUTH DIVERSION PROGRAM

**CHARLES IS A 15 YEAR
OLD BOY LIVING IN
ALICE SPRINGS.
ONE EVENING HE
WAS WALKING HOME
FROM RUGBY PRACTICE
WITH A FEW MATES.
HE WAS LESS THAN
FIVE MINUTES FROM
HIS HOME WHEN...**

Charles is a 15 year old boy living in Alice Springs. One evening he was walking home from rugby practice with a few mates. He was less than five minutes from his home when he picked up a large rock and started to carry it with him. Before he knew it his friends were encouraging him to throw it. They raised the stakes and challenged Charles; "bet ya can't hit the car". Charles threw the rock and not only did he hit the car, the rock smashed through the window also hitting the taxi driver in the head. Charles was charged with damage to property and aggravated assault and his file was sent by police to Relationships Australia Northern Territory's *Youth Diversion Program* to determine if Charles was suitable to participate in the program.

Charles and his mother Carlene attended for assessment. Carlene was very embarrassed as she had no prior knowledge of the incident. (Charles parents are separated and Charles had included his father in the earlier police interview.)

Charles was assessed as suitable to engage in diversion on the basis of his willingness to accept responsibility and his preparedness to be involved, and the family support available to him in the process. Charles was accepted by the Northern

Territory Police YDU to complete a diversion program. The program required Charles to participate in a victim/offender conference. The taxi driver was considered unsuitable to participate in the conference, and instead the conference went ahead with the owners of the taxi.

The taxi owner explained to Charles the impact of his behaviour on the taxi driver and themselves. It was not the first time this has happened to them. Cars had been damaged on other occasions, and they explained to Charles the taxi didn't just have a broken window. The taxi had become part of a crime scene and so it was impounded by the police and they were without an income for a week and had to pay a higher premium to the insurer to get the car fixed.

The conference was emotional and Charles' mother was in tears. She was distressed that her son had almost killed another person. The victims were both angry with Charles for making the choice he did, yet at the same time they expressed verbally how impressed they were that he came to see them and apologise. After the conference the victims consoled Charles' mother as they explained they too have teenagers who make bad choices. It was agreed at the conference

that Charles, as a part of his community service, would volunteer to work with Judith, one of the taxi owners, for ten hours, helping her in her work where she prepares 200 meals a day for school students around Alice Springs.

...CHARLES WAS VERY THANKFUL FOR THE OPPORTUNITY TO BE INVOLVED IN A DIVERSION PROCESS AS IT HAD GIVEN HIM A WAY TO FIX THE HARM HE HAD CAUSED.

Charles was given three months to complete his community service and he completed his time with Judith in just over two weeks. For the remainder of his community service hours he worked with Relationships Australia's youth diversion team in the delivery of a three day African drum making workshop for young people at the Alice Springs library during school holidays. Charles' assistance was valued and he contributed positively in the process. It gave him a peer leadership role and he rose to the challenge.

Due to his efforts he was introduced to the Alice Springs Council depot manager who was willing to offer him a

weekly work experience placement as a part of his schooling program. Charles jumped at the opportunity as he was keen to develop practical skills that could help him find employment in the building industry.

Rock throwing is a major problem in Alice Springs with cars, taxis and ambulances being hit regularly. Relationships Australia's *Youth Diversion Program* is currently working on an education program directed at this topic and is developing a DVD to use in schools. Charles has agreed to share his story for this purpose as he wants people to learn from his mistake. He would like young people to understand the impact they can have on themselves, their family and their community through choices they make. In his exit interview, Charles was grateful for the opportunity to be involved in a diversion process as it had given him a way to fix the harm he had caused.





**EXPERIENCING
AGGRESSIVE, VIOLENT
AND DANGEROUS
BEHAVIOUR FROM YOUR
CHILD IS SOMETHING
NO PARENT WANTS
TO EXPERIENCE.
FOR MANY PARENTS
THIS SCENARIO
CREATES A SENSE
OF HELPLESSNESS,
INCREASED CONFLICT
WITHIN THE HOME...**

NON-VIOLENT RESISTANCE

Experiencing aggressive, violent and dangerous behaviour from your child is something no parent wants to experience. For many parents this scenario creates a sense of helplessness, increased conflict within the home, and in some cases contributes to the family breaking down.

Non-violent resistance (NVR) is an innovative approach to addressing this behaviour in children, adolescents and young adults, by raising parental presence, and helping parents to overcome their sense of helplessness. In NVR, the parents aim to resist rather than control the

child's negative behaviours. NVR develops and strengthens the family support network that reduces violent and destructive behaviour, both in and out of the home.

Relationships Australia Canberra and Region has been running the NVR program in Canberra since 2012, working with parents who have children displaying destructive and hostile behaviour. In this ten week program, parents build their skills to resist the violence experienced from their children, to take a firm but non-aggressive stance and break the cycle of violence. Parents in these situations often feel helpless and respond to the behaviour

in ways that unintentionally disconnect them from 'the parent they want to be' which may escalate difficulties in the relationship.

The group is based on the premise that parents can non-violently resist destructive actions and provides a framework for support for them and other significant people in the child/young person's life.

Outcomes associated with the NVR program are:

- young people are prevented from entering into foster care;
- the family unit is supported and preserved;
- a reduction in family violence and conflict;
- the dignity and self-respect of parents, children and young people remain intact;
- reduction in anti-social and violent behaviour in schools and the community; and
- children and young people's sense of safety is increased.

The program is the first of its kind in Australia, based on a model developed by the Oxleas Family Therapy Centre in the UK. NVR was originally a response to oppression practiced by people such as Mahatma Gandhi and Martin Luther King. The philosophy of NVR has more recently been applied by Haim Omer in the field of family therapy,

and found to be very effective in helping families with children and young people who are displaying abusive and violent behaviours.

The NVR program is supported by research showing that young people who are underpinned by supportive communities are less likely to be involved in unlawful activities and anti-social behaviour. Protective factors include supportive environments and strong bonds with family, mentors, schools and the community, as well as healthy beliefs, attitudes and behavioural standards.

Evaluation of the NVR program has been overwhelmingly positive, with participants commenting that they were able to increase their parental presence and authority, resist being drawn into escalation patterns and reconnect to their parenting values.

Through this constructive approach to dealing with challenges, enabling a more secure attachment for young people with their parents, young people are better equipped to respond to negative situations and not escalate anti-social behaviour.

RELATIONSHIPS AUSTRALIA CANBERRA AND REGION HAS BEEN RUNNING THE NVR PROGRAM IN CANBERRA SINCE 2012, WORKING WITH PARENTS WHO HAVE CHILDREN DISPLAYING DESTRUCTIVE AND HOSTILE BEHAVIOUR.



CASE STUDY

NON-VIOLENT RESISTANCE

**AT THE TIME OF JOINING
THE NVR GROUP,
CAROL WAS A SINGLE
MOTHER, RAISING TWO
CHILDREN ON HER
OWN AFTER LEAVING A
VIOLENT RELATIONSHIP.
THE CHILDREN HAD
WITNESSED THE
VIOLENCE BY THEIR
FATHER TOWARDS
THEIR MOTHER.**

At the time of joining the NVR group, Carol was a single mother, raising two children on her own after leaving a violent relationship. The children had witnessed the violence by their father towards their mother.

Prior to attending NVR, Carol was receiving some support from other government and non-government organisations. She was referred to Relationships Australia because she had been struggling to cope with the behaviour of her eldest son. Every day Carol was subjected to violent behaviour from her child that included punching, kicking and property damage to their home.

When she joined the group, Carol felt guilty for what her children had experienced in her past relationships and ashamed about what was happening in her home. She felt a sense of hopelessness and exhaustion. Carol was socially isolated because of her shame and couldn't ask for help because she felt unable to tell people about what was happening in her family.

Carol's motivation for attending the course was her concern around the escalating levels of violence in the home and the safety of both her children. Carol had hopes for a peaceful home.

Throughout the group Carol felt that she was able to reconnect to her own values as a mother with an increased parental presence in the home. There was a sense of relief in meeting with other parents with a shared experience, particularly when previous attempts to speak about it, had not resulted in support.

Carol was also able to regain a sense of parental authority which allowed her to stand up against the violence in ways that enabled her to stay grounded in her own ethics and values as a parent.

Carol felt supported in being able to break the silence and secrecy by recruiting supporters who could stand beside her in practicing the principles of NVR. Her supporters included the school teacher, a friend and family members.

At the end of the group Carol was feeling more hopeful and resourced to parent in ways that she had not felt confident to do previously. Six months after the completion of the group Carol continued to feel confident in sustaining the ideas and practices of NVR at home where the level of violence and conflict had significantly reduced.



I-CONNECT

Relationships Australia Victoria's 2013–2015 Strategy Plan identifies mental health services and children's services as key planks. Mental health is the biggest health issue facing young Australians today, yet only one in four young people with mental health issues receive professional help (headspace, 2014). Poor mental health in young people is strongly related to other health and

took place in April 2014 and was well-attended, with local families, children, service providers and East Gippsland Shire Council members taking part in the free activities.

Funded by DSS, *i-Connect* is based in Bairnsdale with outreach sites at Orbost and Cann River. This free service aims to help children and young people to stay engaged in education and learning, including sport and recreation, and maintain connections with their family, friends and community.

There is a strong link between mental health risk factors and barriers to education. Lower educational attainment can result in poor family wellbeing and mental health issues, including economic difficulties and disengagement from mainstream services and employment opportunities. Further issues, including family violence, drug and alcohol abuse and generational disenfranchisement, may also result. Conversely, a lack of support for poor mental health can contribute to relationship instability, a lack of engagement in education, and social isolation, and creating a cycle of disadvantage. The *i-Connect* service model is designed to interrupt this pattern and contribute to the long-term wellbeing and resilience of young people by strengthening family relationships and helping them to overcome barriers to education.

Building upon Relationships Australia's organisational strengths and experience, *i-Connect* utilises a relational approach to working with at-risk children and their families. Practical support is given to children and young people to assist them in building positive relationships, exploring positive risk-taking, supporting self-regulation and building positive reputations.

i-Connect is informed by the principle that relationships are central to the emotional wellbeing of children, and engagement in education, learning and recreation can be important protective factors. Parental engagement was investigated with respect to educational outcomes for children in the *Australian Research Alliance for Children and Youth report* in 2012. The report concluded that a child's academic achievement, wellbeing and productivity are improved by positively engaging parents in a child's learning. Furthermore, the engagement of significant adults in a child's life is associated with positive development outcomes, including improved social and emotional development, resilience, and self-esteem.

Case management that focuses on practical strategies provides a holistic approach to the work of the *i-Connect* team. Challenges faced by children and young people are not seen in isolation, with a whole-of-family and

development outcomes, notably lower educational achievements leading to unstable employment, substance abuse, violence, and poor sexual health. In 2013 Relationships Australia implemented *i-Connect*, a Family Mental Health Support Service for children and young people in East Gippsland who are at-risk or affected by mental illness. *i-Connect's* official launch and family fun day

I-CONNECT IS INFORMED BY THE PRINCIPLE THAT RELATIONSHIPS ARE CENTRAL TO THE EMOTIONAL WELLBEING OF CHILDREN, AND ENGAGEMENT IN EDUCATION, LEARNING AND RECREATION CAN BE IMPORTANT PROTECTIVE FACTORS.



CENTRAL TO THE SUCCESS OF THE I-CONNECT PROGRAM ARE COLLABORATIVE WORKING RELATIONSHIPS WITH OTHER ORGANISATIONS AND THE COMMUNITY.

whole-of community approach used to assist clients to achieve their desired outcomes. *i-Connect* uses a combination of promotion and education, short-term and long-term interventions. The long-term aim of the service is to help strengthen the capacity of at-risk young people for achieving success in learning and moving into the work force.

The services delivered through *i-Connect* are varied, with case managers meeting clients on school premises, at early childhood centres, office locations, community centres or in the family home. Caseworkers use a range of tools to engage with and assist clients to develop strengths-based strategies and build resilience and coping mechanisms. Client-driven, individualised family action plans are developed with the client and family to set goals, which are reviewed regularly. Clients and their families are linked

into counselling services where appropriate. With a client's permission, a joint case management model is used to ensure that the therapeutic work and case management are aligned.

Through a partnership with Good Beginnings Australia, the *i-Connect* team delivers the *Play 2 Learn* program, a weekly playgroup supporting vulnerable families. *Play 2 Learn* uses an early childhood development framework focusing on learning through role-modelling, to provide families with experiences that help build stronger attachment and engagement in play. In the first half of 2014, *Play 2 Learn* was delivered to 151 family members.

With the East Gippsland region home to a large Aboriginal and Torres Strait Islander community, *i-Connect* has built a strong rapport with local Aboriginal community and Indigenous Services; one quarter of active clients

identify as Aboriginal and Torres Strait Islanders. Focusing on community links, cultural awareness and respect, *i-Connect* has developed a relationship with the Lake Tyers Aboriginal Trust, enabling *i-Connect* staff to attend the Mission and engage with families that require support.

Central to the success of the *i-Connect* program are collaborative working relationships with other organisations and the community. Community capacity building aims to build the knowledge and skill of individuals, organisations and schools and in doing so, help communities to better understand and de-stigmatise mental illness, promote mental wellbeing, and support at-risk children and young people.

CASE STUDY

I-CONNECT

**I-CONNECT
ARRANGED
MEDICAL AND
THERAPEUTIC
APPOINTMENTS,
INCLUDING
COUNSELLING FOR
ABBY, TO ENABLE
HER TO RECEIVE
CARE TO IMPROVE
HER MENTAL
HEALTH AND
WELLBEING.**

Seventeen year old Abby was referred to *i-Connect* by her school as she was struggling at home and school. Abby had removed herself from her family home as a result of family violence and was staying with extended family members. High levels of anxiety were affecting Abby's health, diet and nutrition and, as a result, she was underweight for her age and height.

i-Connect arranged medical and therapeutic appointments, including counselling for Abby, to enable her to receive care to improve her mental health and wellbeing. Abby's case manager worked with her and her year level coordinator to establish a timetable that included one day of work. This flexibility enabled Abby to maintain some independence, pay her school fees and buy lunches.

After Abby expressed an interest in the education sector, *i-Connect* organised for Abby to undertake a day of work experience with a local service. This placement was so successful that the service is now looking to establish a traineeship for her.

Throughout the year, Abby's self-esteem and sense of worth has improved and continued to grow. A teacher from Abby's school visited her during the placement and noted that a significant change was evident in Abby and her behaviour. Abby now holds her head high and makes eye contact when engaging in conversation.

Eight year old Jack was referred to the *i-Connect* service through a 'Victims of Crime' support program. On referral, *i-Connect* contacted Jack's mother to arrange an assessment meeting in her home town, an hour away from *i-Connect's* Bairnsdale office. Jack's mother confided to her *i-Connect* case manager that she had been highly distressed the previous night and was feeling depressed. Jack's mother was experiencing financial difficulties, serious physical and mental health issues, and family breakdown. Both Jack and his mother were traumatised as a result of family violence. These events were affecting Jack's capacity to engage in school and he was presenting with anxious behaviours.

Through appropriate case management, *i-Connect* linked Jack and his mother with relevant support services. While with Jack and his mother, and with Jack's mother permission, *i-Connect* made contact with the family's local GP, as Jack's mother had tried to gain support on her own but had been unsuccessful.

The *i-Connect* caseworker engaged a counsellor to help address anxiety and family trauma, and helped Jack's mother to make contact with a financial counsellor and Centrelink. By liaising with Jack's school and providing transport, Jack was able to continue attending classes, allowing his educational,

social and community engagement needs to be met. *i-Connect* also helped Jack to connect with a service that supports children with a parent experiencing mental health issues.

Jack's mother sought to improve her mental health through counselling, medication and regular visits to her GP. Jack's mother also commenced further education, started receiving Centrelink family payment entitlements and re-entered the work force part-time, reducing financial pressures on the family. With the case management in place and weekly support provided in the classroom by the *i-Connect* case manager, Jack's attendance at school increased and he now actively engages in classroom activities.

JACK, EIGHT YEARS OLD, WAS REFERRED TO THE I-CONNECT SERVICE THROUGH A VICTIMS OF CRIME SUPPORT PROGRAM.



**“THE SERVICE WAS
BRILLIANT ...
I CAN’T SPEAK HIGHLY
ENOUGH ABOUT IT.”**

– Client

CHILD CONTACT SERVICES

Following parental separation, it is important for children’s wellbeing and development that they remain connected with significant people in their lives. It is also essential that they be shielded from conflict and abuse. The Child Contact Service (CCS) can reduce stress by providing a safe and supportive way for children to maintain a relationship with the parent they do not live with, and other family members (supervised contact), and to move between separated parents (handovers).

Referrals for the service mostly originate from the Family Court or mediation. The circumstances in each case are unique and require a varied amount of case work and rapport building with all parties. The child may be ambivalent about seeing the ‘absent’ parent and may be experiencing torn loyalties. The parent with whom the child lives may be anxious about exposing their child to distress and possible further trauma. The parent who spends time with the child may be angry and upset because they have not seen their child for a long time and may resent having supervised contact.



Annually, the Relationships Australia Western Australia service provides support for around 200 families. There are four locations, with each location holding a caseload of approximately 60 families last year. The success of the program can be attributed to the 40 staff members who work mostly on weekends facilitating supervised visits and handovers. The teams are highly qualified and skilled in their roles.

A recent independent evaluation of the Midland CCS noted that 96 per cent of clients surveyed agreed

or strongly agreed that they were treated with respect, that there was less conflict associated with handing their children over (93%), and that predictable handover/supervision benefited their children (80%).

The service also provides an orientation program for children who are being re-connected with a parent or other family members. This involves bringing the children into the CCS to meet and become familiar with the staff and surroundings as they prepare to meet with the parent. The team take on and maintain highly stressful

cases and work diligently to keep everyone focussed on the benefit for the children.

The philosophy of the team at CCS reflects the value and care each member puts on the safety and wellbeing of children and on the parent-child relationship.

CASE STUDY

CHILD CONTACT SERVICES

IN 2012 THE CSS WAS CONTACTED BY THE MOTHER OF A FIVE YEAR OLD BOY, BRETT, ASKING IF WE WOULD BE ABLE TO PROVIDE SUPERVISED CONTACT TO ALLOW HER TO RECONNECT WITH HER SON, WHOM SHE HAD NOT SEEN FOR THREE YEARS.

In 2012 the CSS was contacted by the mother of a five year old boy, Brett, asking if we would be able to provide supervised contact to allow her to reconnect with her son, whom she had not seen for three years. Brett's father, with whom he lived, was very reluctant to allow this contact, even though a court order had recently been made. The father's objection appeared to be related to the mother's prior drug use and the long gap in contact. He said that his son thought of his aunt as his mother. Because of this reluctance it took many months of patient negotiation and encouragement, and a referral back to the Family Court, to arrange the intake assessments necessary to establish the contact.

Orientation sessions were held with Brett to prepare him for meeting with his mother and the first supervised contact took place in mid-2013. A particularly skilled and experienced worker was assigned to the contact and sensitively assisted both Brett and his mother to communicate. She supported the child to invite his mother to join in the game they were playing. Maintaining communication at the level of the game enabled the child to gradually relax in his mother's presence.

Over the next few weeks mother and child were able to share activities and conversation with less support from the worker, who was always present but was increasingly able to take a background role. The mother was very careful and sensitive to her son's wariness and need to move slowly towards the closeness she was anxious to establish. With staff support the mother was able to explain to Brett some of the reasons for her long absence from his life. Brett accepted these explanations and was able to ask questions about it. At no time did the mother criticise the father about this.

At the same time the centre coordinator was able to keep the father informed about the progress of the supervised visits. As he saw that it was going well and that his son was enjoying his time with his mother he was able to let go of some of his anxiety and became more cooperative with the service.

Recently, in a meeting with the court consultant at the Family Court, the parents agreed to handovers rather than supervised contact. The service is now assisting with this.



**THE HOLDING CHILDREN
TOGETHER SERVICE
IS A THERAPEUTIC
COUNSELLING SERVICE
FOR ABORIGINAL
CHILDREN AGED FIVE
TO 12 YEARS WHO
HAVE EXPERIENCED
INTERPERSONAL
TRAUMA...**

**HOLDING
CHILDREN
TOGETHER —
ARNTWIRKE
— TYEKE
AMPEMAPA
APPURTELE**

We are now far more aware of the lifelong impact of abuse and neglect in childhood, including the impacts on the developing brain, affecting the child's ability to regulate their own behaviour and build trusting and trusted relationships with others (Lamont, 2010; Perry, 2009). Evidence from the field of neuroscience demonstrates that child maltreatment and exposure to "toxic" levels of stress, or to emotional and physical deprivation (i.e. child neglect), can significantly impair brain development. The associated cognitive and psychosocial impairments can lead to: learning and developmental problems (poor transition to school and early drop out); externalising behaviour problems including antisocial and risk taking behaviours (substance misuse and criminal activity); and significant mental health problems (post-traumatic stress disorder, anxiety, depression, suicidal ideation and behaviour) (Lamont, 2010; Northern Territory Government, 2010).

Research has shown that co-regulation of behaviour through attentive, responsive and soothing caregiving has the ability to both prevent and

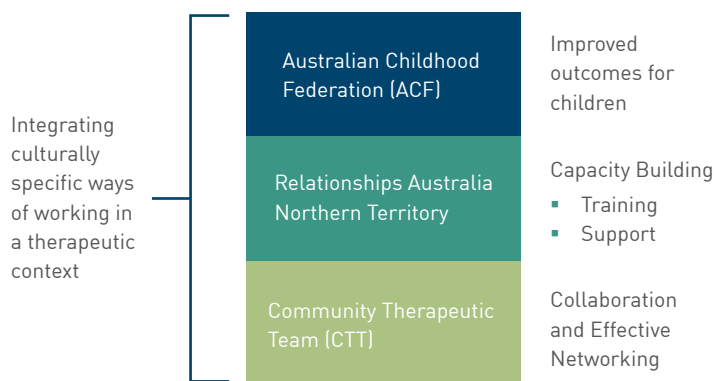
ameliorate stress responses in children and young people (Bath, 2008).

The Board of Inquiry Report into the Child Protection System in the Northern Territory (*Growing Them Strong, Together*) has highlighted the significant need for therapeutic services that respond to children's experiences of trauma, and to the intergenerational experiences of trauma. The Board of Inquiry further noted the fragmented nature of service delivery in the field of child and family services and recommended an increase in collaborative approaches to improving children's safety and wellbeing. These issues were also recognised in a community consultation conducted by Anglicare NT Communities for Children (C4C) that identified a service gap for therapeutic services for children who had experience interpersonal trauma in Alice Springs.

**DESCRIPTION OF
THE SERVICE**

The *Holding Children Together* (HCT) service is a therapeutic counselling service for Aboriginal children aged five to 12 years who have experienced interpersonal trauma and to assist their families/carers in supporting the children to provide safety and relational stability in their recovery. The service is delivered on the basis that interventions are shown to be most successful when carers, support networks and professionals enact

PROGRAM COMPONENTS

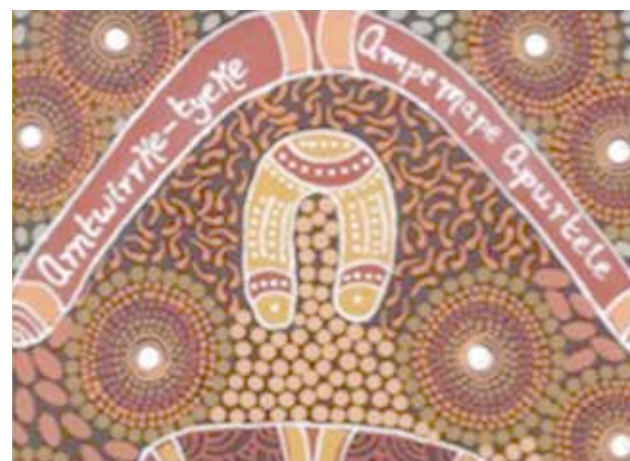


collaborative and intersecting functions that can achieve protective, reparative and restorative objectives for children and young people.

The result of a unique partnership between Relationships Australia Northern Territory, the Australian Childhood Federation (ACF) and the Community Therapeutic Team (CTT), the service works through a combination of direct service delivery to children with trauma symptoms, the formation of a network of practitioners who are supported through professional development, and training and supervision informed by the latest research about the neurobiology of trauma, delivered by experts in the field. *HCT* has also been designed to address contextual issues in Alice Springs such as a lack of staff trained in trauma-based counselling, particularly with children, and low staff retention.

Since the program began there have been 140 children referred into the program, with 109 referrals accepted. We are currently holding 39 clients of whom 60 per cent have or have had involvement with the Department of Children and Families. The average time in the program is 18 months.

HCT has had an evaluation framework integrated into it from the outset. (Arney & Brooke, 2012) The evaluation was specific to the service's first 12 months of operation and was conducted by Menzies School of Health Research (led by Dr Fiona Arney). The program logic is at the core of the *HCT* and continues to guide the evolution of the service.



INNOVATION AND A COMMITMENT TO ACTION RESEARCH/ EVIDENCE BASE

Currently the program is trialling a new assessment and evaluation tool developed specifically by the team for use with Aboriginal children and their families in Central Australia. Common presenting issues and measurements for levels of concern across the foundational domains of Safety, Learning, and Relationships & Adaptability have been identified. Initial baseline data was collected for 64 children and then after six months in the program, a second and third review has been possible on 19 children and their families with very promising results. Relationships Australia is currently seeking a research partner to assist us to improve the tool and its empirical validity.

CASE STUDY HOLDING CHILDREN TOGETHER

A SEVEN YEAR OLD BOY WAS REFERRED TO OUR SERVICE THROUGH THE SCHOOL DUE TO CONCERNS ABOUT HIS EMOTIONAL STABILITY, THE BOY HAVING DISPLAYED ANGER, DEPRESSION, ANXIETY AND UNHAPPINESS.

A seven year old boy was referred to our service through the school due to concerns about his emotional stability, the boy having displayed anger, depression, anxiety and unhappiness. Included in this were behavioural concerns, such as fighting with peers and continual disruptions in the classroom. He had been put on restricted play due to schoolyard incidents.

The child attended five sessions with the therapist building rapport, trust and observing neurobiological symptomatology, understanding his strengths and struggles. Activities with the child included soccer, gym, piano, basketball, juggling, sand-play, music, dancing, (he loves Michael Jackson and taught the therapist all the moves) art, and an attempt at emotional literacy.

The therapist also spent time with him in the playground, classroom and engaged with his peer group, inviting a friend to the sessions to teach the child to lead and follow and how to play well.

During this time the child had been removed from his family and placed in temporary residential care until the mother came back from out bush. Six months on, she has still not returned. His grandmother was the only contact the therapist had with immediate family but there had been some contact with other extended family from time to time. The therapist has actively

worked to facilitate and promote the importance of family connection for the child, particularly with his grandmother.

Many meetings have been held with the child's teacher and carers, as part of his support team, and strategies developed to help meet his needs. Explaining the situation from a neurobiological framework helped the workers understand what was happening physiologically for the child and enabled them to develop strategies to work with him.

Understanding themes of displacement, safety and fears, framed in a client-centred way like "Where do I fit?, who's looking after me?, what's wrong with me?, am I safe?, am I in control?, where's my family?"...helped the workers empathise. Strategies were designed by all workers together, based on the premise of helping him to position himself when aroused (feeling unsafe). Examples of strategies are: sitting with the child and helping him to de-escalate, exercises such as balloon blowing or slow bubble blowing, trampolining, swinging, teaching how to play with peers, making transparent rules in the class by role playing it, acknowledging him and his needs and allowing him time out. (One of the skills of this child is his ability to play by himself).

As the support team developed more of an understanding of the child, they dealt with him differently, showing empathy and attempting strategies. This has created better outcomes for him. At the three month

less violent. He continues to present hyper-aroused (not violent or aggressive just racy thoughts and fast body) and the therapist continues to create slow, safe spaces for him. He may continue to have issues of control if he is feeling unsafe.

THE THERAPIST WILL CONTINUE TO ENGAGE WITH THE BOY, ESPECIALLY IN THE NEXT MONTH AS HE TRANSITIONS INTO A NEW CLASSROOM WITH A NEW TEACHER

mark his behaviour was perceived by his support team as becoming worse. The therapist hypothesised that this was because he now felt that he had a safer place and relationships in which he could allow previous repressed feelings to be expressed. These feelings needed to be held and acknowledged and strategies continued. The team managed to do this and the intensity of the behaviour quickly (within two weeks) lessened. At the six month mark, the feedback from workers was that it had been well over a month without any angry outbursts. His physical aggression and teasing of peers has ceased and he is presenting as happier and emotionally stable.

The therapist's current observations are that he is expressing more, and his sand-play and art are

In sibling sessions he and his 12 year old sister are starting to narrate stories from the past. Recently the 12 year old sister told a funny story about her brother playing in the mud when he was two years old. Mum tried to coax him out with ice-cream and he came out, grabbed the ice-cream, and went back into the mud. These reflections are positive and give the therapist the sense that the children feel safe enough in the present to reflect back and share joyful moments from the past.

The program works with children and families long-term who continue to be challenged with on-going trauma. The therapist will continue to engage with the boy, especially in the next month as he transitions into a new classroom with a new teacher.



**...IN RESPONSE TO
CONCERN ABOUT
THE TASMANIAN
SUICIDE RATE OF
15.6 PER 100,000,
THE SECOND HIGHEST
NATIONALLY AND
ABOVE THE NATIONAL
AVERAGE SINCE 1997.**

BEST PRACTICE APPROACHES FOR SUICIDE PREVENTION

Tasmania developed its four year Suicide Prevention Strategy (TSPS) in December 2010 as part of the *Building the Foundations for Mental Health and Wellbeing Framework (2009)* and in response to concern about the Tasmanian suicide rate of 15.6 per 100,000, the second highest nationally and above the national average since 1997.

Some of the key aims of this strategy are to develop communities 'that understand suicide issues, can articulate the way suicide is a problem for their community, and have a range of strategies they can use to address the problem' as well as to encourage collaboration of services

and resources to better respond to need. One of the goals is to empower people through the development of community action plans for at-risk communities. One of these communities identified as being the Tasmanian Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community.

The strategy drew on a strong evidence base of effective practices and approaches. Australia has had a focus on suicide prevention for more than ten years. The National *LiFE (living is for everyone) Framework 2007* confirms that suicide is the result of the complex interaction of factors such as:

'...adverse life events, social and geographical isolation, cultural and family background, socioeconomic disadvantage, genetic makeup, mental and physical health, the extent of support of



family and friends, and the ability of a person to manage life events and bounce back from adversity.'

It therefore advocates a multi-faceted approach to suicide prevention, including interventions at a population level with persons at risk and a coordinated approach towards support.

Comparison of suicide prevention strategies internationally shows that best practice in suicide prevention needs to include prevention efforts from primary, secondary and tertiary sources (Martin & Page 2010; Mann 2005) and must be:

'multi-faceted, multimodal, operate at all levels of government, and from bureaucracy through to society, community, family and the individual'. (TSPS 2010).

Key strategies proven to be effective are a combination of:

- community — it is known that 'connectedness' to other people is highly protective against suicide in the context of suicidal thinking, and investing in the human capital of all people, especially the most disadvantaged, is crucial to suicide prevention;
- cultural appropriateness;
- information — the first person voices of suicidal, self-harming and suicide-bereaved people are crucial to increasing understanding of suicide, effective suicide prevention responses and challenging misconceptions;
- access to services and programs;

- education of primary health care providers and 'gatekeepers' who can identify, refer and respond, restricting access to the means to suicide;
- using CBT, problem solving therapy and interpersonal psychotherapy, either alone or in conjunction with medication;
- structured collaboration and follow up care; and
- education of the media and ongoing systemic evaluation of suicide prevention projects.

(Mann et al 2005, SPA, 2009)

In 2012, Relationships Australia Tasmania was funded by the State Department of Health and Human Services to run the Tasmanian Suicide Prevention Initiative 2012-14.

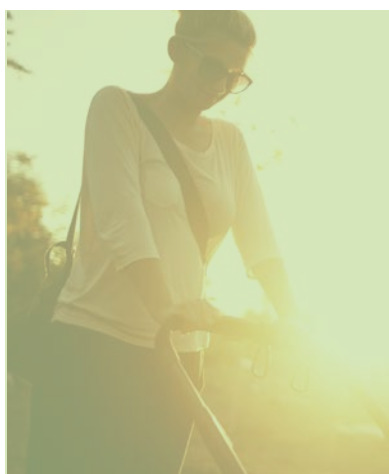
The initiative comprised two distinct but interrelated projects: *Statewide Suicide Prevention Community Services* and *Lesbian, Gay, Bisexual, Transgender and Intersex Community Action Plan*. Each had a set of six deliverables.

STATEWIDE SUICIDE PREVENTION COMMUNITY SERVICES

Purpose: To deliver six initiatives under the TSPS 2010–2014

Activities:

- Establish and facilitate the new TSP Community Network.
- Development of a suicide prevention action plan for Tasmania's LGBTI communities and implementation and delivery of initiatives and projects.
- Deliver the annual Tasmanian LiFE Awards.
- Deliver an annual prevention forum, in conjunction with the Tasmanian LiFE Awards.
- Map suicide prevention and postvention services in Tasmania.
- Support community sector organisations to develop performance indicators for suicide prevention activity in Tasmania in line with work underway at a national level.



LGBTI COMMUNITY ACTION PLAN

Purpose: To support the implementation of the LGBTI Community Action Plan, in particular, of activities that will support the six key areas identified in the Plan.

Key focus areas:

- Challenging discrimination and prejudice.
- Improved education and training.
- Better access to services and information.
- Improving health services.
- Improved crisis and emergency response.
- Reducing isolation.

A recent external evaluation of the projects indicates they have both been successful in raising awareness of issues related to suicide risk, in particular those specifically related to LGBTI identity. They have successfully promoted skills, actions and knowledge across the broader service system to improve practices and access to appropriate support, and they have established a foundation

for active collaboration within the community services sector focused on improving capacity to address suicide risk and response.

Three community action plans were developed through these projects and the evaluation found positive indications that these were being translated into action. The findings suggested that the development of these community action plans represent important and positive outcomes with respect to mobilising and resourcing individual members and localised groups to take a role in identifying and undertaking actions to address suicide risk and improve access to preventative support. With respect to the LGBTI Plan the focus on addressing discrimination, prejudice and isolation are clearly important factors in suicide prevention. Overall it has been an effective and important initiative that has drawn on the commitment, passion and experience of its members to deliver practical outcomes in the direction of suicide prevention, intervention and postvention.

Key activities of the TSP Community Network that contributed to these outcomes included the inaugural Tasmanian Suicide Prevention Forum which included the re-establishment of the *LiFE* Awards. The forum brought together service providers, researchers and the general community to explore a range of both clinical and non-clinical areas of interest. Another key activity has been the process of mapping suicide prevention and postvention services (and gaps) in Tasmania. This will result in a TSP Community Network Services directory to be launched at the next forum.

The LGBTI project has also undertaken a number of activities that have underpinned its success in addressing discrimination, prejudice and isolation as risk factors to suicide for LGBTI Tasmanians. The formation of regional working groups (for service providers) and community groups (for LGBTI Tasmanians) has been integral to this success. The working groups, through the provision of, and participation in, education and training in inclusive practices and awareness of suicide risk, have engendered practical outcomes in these areas. The community groups have contributed to challenging discrimination, prejudice and reducing isolation through activities such as a forum held in March 2014 that included presentations by the Tasmanian Anti-Discrimination

Commissioner, as well as personal stories from community members regarding the effect of discrimination on their lives.

Members of community groups made comments such as these when feedback was sought about the positive/negative aspects of the groups and the highlights of involvement:

'Overall very positive, a voice to open up discussion as to what we want to see happen on the NW coast.'

'Positive because they look for a satisfactory outcome and are not judgemental.'

'Positive because the community knows there is help available before it is needed and where to turn to.'

'The highlight of being involved with the community groups... changing attitudes.'

'Positive because it gives a balanced, open point of expression.'

'...All views and opinions are listened to, and respected.'

'Everyone has a say and is involved in the final decision.'

'The highlight has been seeing action at last.'

Both projects have utilised strategies based on evidence of effectiveness; combining community, information, education and access to appropriate services into models which seek to build the capacity of the community to shape its own future.

“...THEY LOOK FOR A SATISFACTORY OUTCOME AND ARE NOT JUDGEMENTAL.”

“...ALL VIEWS AND OPINIONS ARE LISTENED TO, AND RESPECTED.”

“EVERYONE HAS A SAY AND IS INVOLVED IN THE FINAL DECISION.”

JULBUL JULBUL OMAN IN TOWNSVILLE, QUEENSLAND

It is well known that domestic and family violence (DFV) occurs with greater frequency among Aboriginal and Torres Strait Islander communities than their non-Indigenous counterparts. While many communities have domestic violence (DV) resource services,

A POSITIVE EFFECT HAS BEEN THE STRENGTHENED RELATIONSHIPS ACROSS THE COMMUNITY OF PROGRAMS AND SERVICES WITH AN INTEREST IN DOMESTIC AND FAMILY VIOLENCE.

few are specifically geared towards Aboriginal and/or Torres Strait Islander individuals and families. In some communities, mainstream DV services offer services geared towards this population, but it is also known that Aboriginal and Torres Strait Islander women may not feel comfortable approaching a mainstream organisation for support. Further, there may be a disconnect between the

core underlying values of traditional feminist anti-violence groups and those of Aboriginal cultures “where family and community are valued and recognised far above individual rights.” (Heise, 1996)

More than two years ago, Relationships Australia Queensland in Townsville began a collaboration with staff from the local Victim Assist Queensland (VAQ) and the North Queensland Domestic Violence Resource Service (NQDVRS) to explore strategies that might address the over representation of Aboriginal and Torres Strait Islander women impacted by DV, as well as activities and events that might decrease the incidence of DFV.

A variety of successful programs followed as a result of this collaboration, including events targeting the Aboriginal and Torres Strait Islander communities during *Domestic and Family Violence Prevention Month*, each May.

Also as a result of the collaboration, a program began early this year that involves a women’s group for those affected by DFV. *Julbul Julbul Oman* is a weekly women’s group held in a local community centre. *Julbul Julbul* is the Aboriginal word for women, while *Oman* (pronounced *Orman*) is the Torres Strait Islander word for women. This name was selected to emphasise the important role of women in the community as well as to best reflect the

various Indigenous groups in the greater Townsville region. Enid Surha, Relationships Australia’s Indigenous Community Links (ICL) worker in the Greater Townsville Region Relationships Australia office, began the group with the assistance of Babette Doherty from Victim Assist Queensland. A variety of community support workers from a mix of other programs contribute time and transportation for local women interested in attending.

The group is open to any woman who wants to attend, and focuses on issues related to being in an abusive relationship, coming out of a violent relationship and strategies for those wanting to leave a violent relationship. Where it is determined that the services of the local DV service is important for an individual client, the group coordinators are able to make warm referrals to other community programs and services as appropriate, creating a secure and comfortable experiences for the women. For example they may suggest counselling through the Relationships Australia Victims Counselling and Support Service (VCSS) and can assist with booking an appointment and providing transport.

This approach is consistent with summary information from the Final Report of *Reshaping Responses to Domestic Violence*

(Bagshaw et al, 2000) which suggests that self-help organisations and programs such as this from within the Aboriginal and Torres Strait Islander community sector have the advantage of being “non-stigmatising and inclusive and tend to locate the problem of family violence in the broader social context.”

Other service providers are present at some meetings

Other service providers are invited when the group identifies that information from a particular service might be beneficial. All services that attend are able to offer information and referrals and some are able to book in clients for further support at their local offices.

Each weekly group includes an activity, usually some sort of art or craft project, as well as time for general

an annual event as part of *Domestic and Family Violence Prevention Month's* activities in Townsville. *Deadly Families* is a collaboration of Relationships Australia, NQDVRS, VAQ and various other community partners.

This grassroots group has proven very successful. Relationships Australia's involvement includes providing staff for each group session, as well as morning tea and some craft items. Though not a funded service, the impact of this group is felt to justify the expense involved. A positive effect has been the strengthened relationships across the community of programs and services with an interest in domestic and family violence. While we continue to turn to the local DFV service for their considerable expertise in the area of domestic violence, they have been able to benefit from the knowledge and effective connections that the Relationships Australia ICL program staff have with the local Aboriginal and Torres Strait Islander communities in and around Townsville. As such, each has enhanced their service delivery to this important and vulnerable population.

In December, Enid and Babette will present on this important service at the *World Indigenous Domestic Violence Conference* in Cairns.

to provide information or legal advice, including the local police liaison officer and the Aboriginal & Torres Strait Islander Womens' Legal Service. When not appropriate for an individual (usually a male) to be present, community representatives provide information that the coordinators can share with the women in attendance, such as written material.

talking and storytelling. Refreshments are provided as this helps to create a relaxed and safe atmosphere that the coordinators know is so important. While many of the art projects done in the group are for the women to take home, the group as a whole painted the colourful banner that was used in the 2014 *Deadly Families are Happy, Safe and Strong* family fun day, which has become





GAMERS TAKE CONTROL

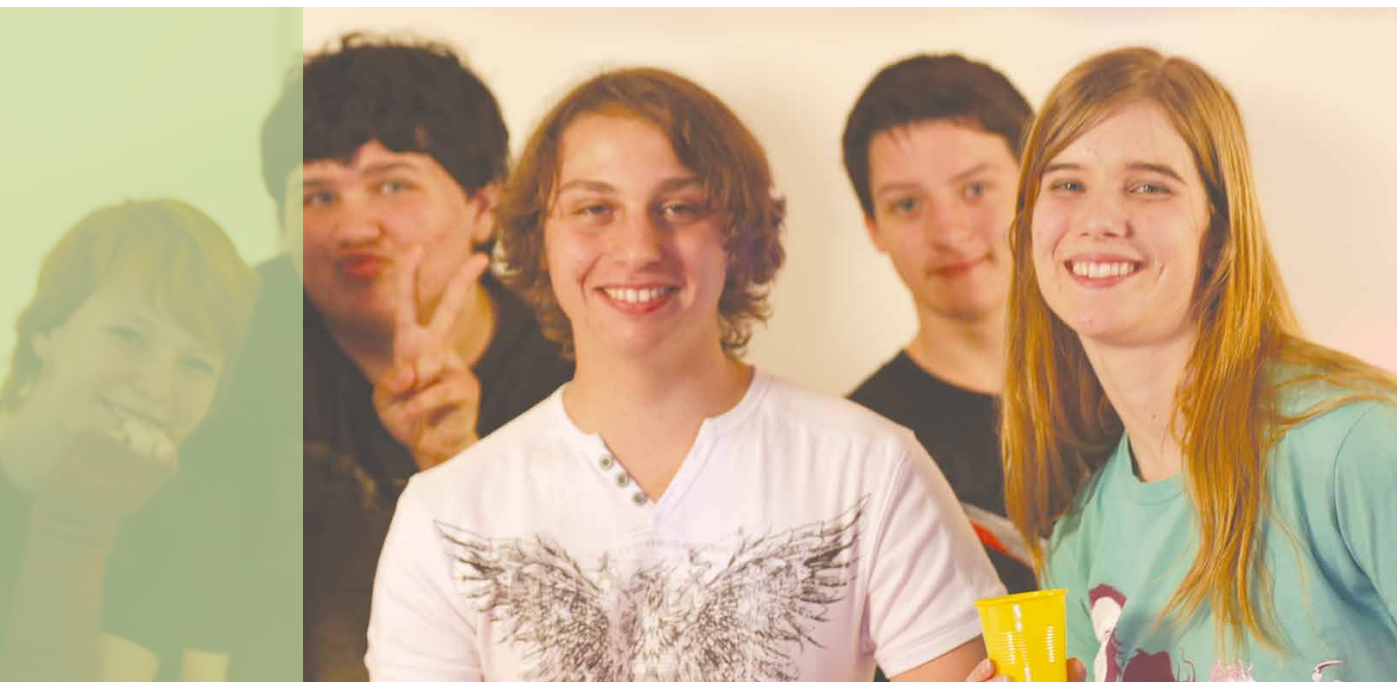
While millions of people around the world play games on computers, consoles, tablets and mobile phones with notable recreational and educational benefits, Relationships Australia South Australia is concerned about the emerging research into the high prevalence of gaming addiction among children and adolescents. Furthermore, the increasing proliferation of simulated gambling games and gambling activities embedded within games that are readily accessible to children and adolescents may contribute to the development of problem gambling in young people.

Current research indicates that between 8 and 12 per cent of adolescents are problematically involved in gaming, often resulting in social and family conflict, reduced social competence, diminished academic performance, and increased rates of depression and suicide ideation. A further two to five per cent of young people can be clinically diagnosed as addicted to online gaming/gambling such that all of the impacts of excessive gambling/gaming are combined with a wide range of physiological, biochemical and neurological aberrations that establish clinical addiction (Kuss & Griffiths 2012b).

In early 2013, Relationships Australia became aware of one parent's struggles with a gaming addicted teenager and began a project to raise awareness about the issue, stimulate local discussion, and promote

a service to young people, parents and friends of gamers affected by these issues. The South Australian Government's Department of Social Communities and Social Inclusion contributed funds to the development of the project.

The project was kick-started by consulting extensively with researchers Associate Professor Paul Delfabbro and Dr Dan King, to learn from their experience. A rigorous recruitment was then undertaken to choose ten young people aged between 12 and 17 years who identified as being significantly involved in gaming. The selected youth consultants were given a brief to develop a tool or product that would be attractive to gamers in their age group and would promote strategies for keeping gaming safe and fun. The result of this brief is an online resource called *Take Control*.





Take Control is a useful collection of resources for gamers, and parents and friends of gamers that have been accessed by people from around Australia. The biggest referral of traffic to the *Take Control* webpage was from a subreddit on reddit set up by the youth consultants that directly targeted gamers. The video was a creative part of the campaign by the youth consultants to let people know about *Take Control* and to encourage people to visit the webpage. One of the most popular parts of the website is a screening survey for gamers, comprising 15 questions, with five 'yes' answers being indicative of a problem with gaming. Almost half of the respondents to this survey so far are under the age of 22 years.

One-third of the respondents said they felt they had a gaming problem and one-fifth

said they sometimes feel they have a gaming problem. The survey might motivate young people to question whether their gaming is excessive and what they can do about it. The data from this survey can be used to inform projects and services in the future.

Visits to the website, views of the video and the number of submitted surveys indicate a wide interest in the issue. The South Australian Government is continuing their support by sharing *Take Control* on their platforms and with their networks to ensure that more people have access to this valuable resource.

The youth consultants' comments about their participation in the project demonstrated how it helped them to question their own approach to gaming, leading to positive changes in their behaviours and relationships

with family and friends. The youth consultants learned about problematic gaming and gambling among young people, how such issues might be addressed from a public health perspective, how health promotion campaigns are developed and what key elements contribute to their success. An important part of the learning for them was the way their input was valued and necessary to the development of *Take Control*. This led to a strong commitment to, and ownership of, the project.

Take Control provided the consultants' families and friends with the necessary knowledge and understanding to engage with a loved-one whose gaming might be of concern. Several parents told Relationships Australia South Australia that they had noticed some changes in their child's engagement with gaming and in the strengthening of family relationships, including a significant growth in their child's confidence and self-esteem as a result of their participation in the project.

Take Control has not only contributed significantly to raising awareness about problematic gaming amongst young people, but it is an ongoing valuable resource for gamers, parents and friends of gamers seeking information and support about how to keep gaming safe and fun. *Take Control* can be found at www.rasa.org.au/takecontrol

**FAMILY RELATIONSHIP
CENTRES PROVIDE
FAMILIES (WHETHER
TOGETHER OR
SEPARATED) WITH
ACCESS TO INFORMATION
ABOUT FAMILY
RELATIONSHIP ISSUES,
FROM BUILDING BETTER
RELATIONSHIPS TO
DISPUTE RESOLUTION.**



**EFFECTIVE
PRACTICE
IN FAMILY
RELATIONSHIP
CENTRES
— THE
PROFESSIONALS'
PERSPECTIVE**

FRCs provide families (whether together or separated) with access to information about family relationship issues, from building better relationships to dispute resolution. FRCs were established by the Federal Government in 2006 as part of a plan to reduce the adversarial approach to family dissolution in Australia. Research has shown that the number of cases presenting to the Family Court decreased by one third in the five years following the introduction of FRCs.

In looking at the effectiveness of FRC model, Relationships Australia New South Wales developed a project that focused on the perspective of

frontline professionals to identify what they see as the most effective strategies to support good outcomes for children and families.

Twenty two interviews were undertaken with family advisors, family dispute resolution practitioners, a child consultant and a mediator at six NSW based FRCs and the Relationships Australia Mediation Service. The study was approved by the Relationships Australia NSW Ethics Committee. Participants were mainly female (n=16) and more than half worked full time (n=12), which was representative of the workforce at the time of the interviews. This study provides valuable insight into how our professionals perceive their work, and highlights their support and development needs.

The key themes that emerged from the interviews focused on parent communication and workplace support. In helping families,

the professionals interviewed saw their task as improving communication between parents and identifying key issues for families. They see this work as challenging and rewarding, though made possible by the way they work with clients and the way they support each other in the team.

Themes drawn from participants' narratives include:

COMMUNICATION:

"Communication is a big [issue]. Even when parents make written agreements, it seems to work less well than when parents are able to sit in a room with support and really talk."

"Parents have the ability to see each other as an important part of their child's development and they are learning to use communication skills in a productive way. Being able to communicate as parents rather than ex-partners [is really important]."

IDENTIFYING KEY ISSUES:

"The nature of what we do is defined by the complexity of the cases involved and their needs. I think being able to assess those issues is a real art form in itself, and I think our centre does the best that it possibly can in terms of being aware of current literature, current findings and current tools to use for assessment on violence, child protection,

mental health and drug and alcohol issues. There's a big expectation of professionals to be able to sort of through very complex difficulties within a short timeframe."

DEVELOPING A THERAPEUTIC ALLIANCE:

"What about the added-on value that's being given to parents [through our work] should a parenting agreement fall over? There is still an added-on value that parents are getting a therapeutic message about how to be with their kids in the future. That gets way overlooked. Often a family mediation case may progress over a few months, with many changes within that timeframe. Clients may initially be resistant, nervous and distressed, then progress to being relaxed, reasonable and engaged in the process. In essence, the outcome is not a static or singular event. It's quite dynamic with factors that change significantly over time. As professionals we need to remember the dynamic nature of the situation and to be able to travel with a family over that time."

TEAM SUPPORT

"The most important resource for our work is the support we receive from others within the FRC team. The team support helps us to make better referrals and to mitigate the potential distress of working with families in difficult circumstances.

BEING ABLE TO COMMUNICATE AS PARENTS RATHER THAN EX-PARTNERS IS REALLY IMPORTANT.

It can be emotionally draining, complex work with no clear end. We treat each other with respect and work together to find the best outcomes for families. A good working environment for family support workers has a significant impact on the children and families we help."

"Ultimately, these professionals perceive their task as improving the alliance between separated parents. An improved parental alliance enhances communication skills and decreases conflict which is better for the children involved. It is also a more rewarding way to work."



SEMINARS
CONFERENCES
PRESENTATIONS
NEWSPAPERS
PUBLICATIONS
FILMS



INTERNATIONAL CONFERENCES

Hewlett, B and Wheeler, A (RANSW) *The Parental Regard model: An Australian example of therapeutic post-separation family mediation*, 61st International Commission on Couple and Family Relations Conference, Brussels, Belgium, May 2014.

Hewlett, B and Wheeler, A (RANSW) *The Parental Regard model: An Australian example of therapeutic post-separation family mediation*, seminar presented at the Collaborative Law network, Family Law in Partnership, London, UK, May 2014.

Hewlett, B and Wheeler, A (RANSW) *The Parental Regard model: An Australian example of therapeutic post-separation family mediation*, seminar presented to the faculty of social sciences, University of Bristol, Bristol UK, May, 2014.

Vallance, S (RASA) *Building a Position of Organisation Knowledge: Integrating your Client Information System into Service Delivery, Safety Management and Service Education*, Athena Software US and Canada User Conference, Waterloo, Canada, May 2014.

NATIONAL CONFERENCES, SEMINARS, AND PRESENTATIONS

Alexi, N (RANT) Argyrides A. & Moore, K. (July 2013). Psychometric properties of the Greek translation of the Social Phobia Inventory (SoPhI) *Brain and Therapy into modern society*, 1st Panhellenic Conference of Psychology in Cyprus.

Alexi, N. (RANT) Argyrides A. & Moore, K. (July 2013). The Centre for Epidemiological Studies- Depression Scale (CES-D): factorial structure in a Greek-Cypriot population. *Brain and Therapy into modern society*, 1st Panhellenic Conference of Psychology in Cyprus.

Bailey, M and Schultz, G (RANSW) *"Time out" for families experiencing mental health issues: a whole of family approach*, 7th annual FRSA conference: Investing in Families: prevention, integration, innovation, Canberra, November 2013.

Battle, C and Bendit, J (RANSW) *The challenges and opportunities for group practitioners' working with parents of Kids in Care: a group for parents whose children have been formally removed*. PACFA, CAPA & AARC Joint conference: Complexity and connectedness in life and love, Sydney, June 2014.

Battle, C and Bendit, J (RANSW) *The challenges and opportunities for group practitioners' working with parents of Kids in Care: a group for parents whose*

children have been formally removed. Institute of Group Leaders conference: Creating cultures of caring: achieving diversity and inclusiveness in the practice of group work, Sydney, September 2013.

Bendit, J and Battle, C (RANSW) *Kids in Care: a group for parents who have lost children to the "system"*, Australian Social Policy Conference, UNSW, Sydney, September 2013.

Birtwistle-Smith C (RASA) Facilitator: *"Community Engagement including outreach and hard to reach populations"* group, Gay Men's Health Conference, Sydney, April 2014.

Brunskill, A (RACR) *Shifting to Child Focus*, Mind Maters Conference, Wagga Wagga, May 2014.

Brunskill, A (RACR) *Best Interest of the Child: What really is in the children's best interests?* Riverina Law Week 2013, May 2014.

Caplan, K, Gray, R, Codrington, R, Douglas, J and MacKinnon, L (RANSW) *Was it something I said? Examining client dropout in couples' therapy*. PACFA, CAPA & AARC Joint conference: Complexity and connectedness in life and love, Sydney, June 2014.

Connop, I. (RAQ) *Mediation, Trauma and Culture; The Art of the Possible*, Alberta Family Mediation Society coupled with Association of Family and Conciliation Courts Calgary Chapter, April 2014.

de Clouet, M and Reeve, S (RATAS) *Innovative use of cartoons to engage with children who may be challenged with literacy*, FRSA Conference, Canberra, November 2013.

Decrea, S (RASA) *Engaging Aboriginal Families*, Child Aware Approaches Conference, Melbourne, April 2014.

Elston-Smith, D and Patelesio, N (RANSW) *Juvenile justice, culture and community: reflections from two programs for young offenders and their families from the Pacific community*, 7th annual FRSA conference, Investing in Families: prevention, integration, innovation, Canberra, November 2013.

Elvery, S and Armitage, T (RANSW) *Exploring the co- in co-leadership*, Institute of Group Leaders annual conference: Creating cultures of caring: achieving diversity and inclusiveness in the practice of group work, Sydney, September 2013.

Engelbretch, E (RACR) *Stress Management*, Mind Matters Conference, Wagga Wagga, May 2014.

Foley, K (RACR) *Responding to Cultural Diversity*, AVERT Family Violence Workshop, December 2013.

Fox, J (RAV) *Brutha's Day Out, Investing in Families and Communities: Prevention + Integration + Innovation*, FRSA National Conference, Canberra, November 2013.

Gray, R (RANSW) *Shame and silence in professional accounts of AOD counselling*. PACFA, CAPA & AARC Joint conference: Complexity and connectedness in life and love, Sydney, June 2014.

Hanan L (RASA) *So you have a Facebook page, now what?* Gay Men's Health Conference, Sydney, April 2014.

Hewlett, B (RANSW) *When we reduce the diminishing effect that parental acrimony has on parenting capacity, the child's opportunity to embrace all that life has on offer... begins*, PACFA, CAPA & AARC Joint conference: Complexity and connectedness in life and love, Sydney, June 2014.

Holt, J (RANSW) *Group work in a camp/retreat setting: opportunity or chaos?* Institute of Group Leaders conference: Creating cultures of caring: achieving diversity and inclusiveness in the practice of group work, Sydney, September 2013.

Hubble, T, Stowe, R, Stephenson, C (RANSW) *Emerging findings from evolving practice: My changing family and me*. Institute of Group Leaders conference: Creating cultures of caring: achieving diversity and inclusiveness in the practice of group work, Sydney, September 2013.

Jenson, K (RACR) *Lets look at Dispute Resolution*, Canberra Region Family Law Professionals Association, September 2013.

Jenson, K (RACR) *Mediating Relocation Disputes*, Canberra Family Law Pathways Network, May 2014.

Jones, S and Bashford, V (RATAS) *MindOut LGBTI Mental Health Conference*, Sydney, June 2014.

Jones, S and Bashford, V (RATAS) *Power Through Action, Human Rights Conference*, Darwin, May 2014.

Jovanov, G (RASA) *The intersection of motivational interviewing and financial issues*, South Australian Financial Counselling Association, Adelaide, April 2014.

Lee, J (RASA) *Children's voices but whose ears? The developmental and psychological challenges of listening to children and young people following parental separation*, Paper presented at the conference of the South Australia Family Law Pathways Network, Hindmarsh, South Australia, May 2014.

Logue W (RASA) and community member Wanganeen K, *The respect test*, Gay Men's Health Conference, Sydney, April 2014.

Lowe, R (RANT) *An Introduction to Family Therapy*, Charles Darwin University, Masters in Psychology workshop, May 2013.

Lowe, R (RANT)

An Introduction to Narrative Therapy, Charles Darwin University, Masters in Psychology workshop, May 2013.

Lynch, A and Sheehan, M (RAWA)

'High Conflict' and 'Family Violence' – What's the difference and does it really matter? FRSA National Conference: Investing in Families and Communities, Canberra, November 2013.

Newton-John, T (Australian Catholic University), Gray, R and Huntingdon, B (RANSW)

The role of relationship counselling in supporting clients with enduring health issues: preliminary findings from an organisational prevalence study, 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases, University of New South Wales, Sydney, February 2014.

Nugent, W (RANSW) *Family dispute resolution and the problem of process: what science and psychology have been telling us about the intervention environment.*

Leader's 12th international Alternative Dispute Resolution conference: Kongress, Sydney, August 2013.

Oudih, E (RASA) *Culturally Appropriate Nursing: Hepatitis B Assessment and Treatment Care*, Contemporary Look at Hepatitis B Conference, Melbourne, October 2013.

Oudih, E (RASA) *Working with complexities when violence and culture meet*, Standing together to end gendered violence against Culturally and Linguistically Diverse Women Conference (South Australian Context), Adelaide, November 2013.

Oudih, E (RASA) *CALD Challenges: Case Studies and Health Literacy*, Australian Hepatology Association Summit 2014, Adelaide, June 2014.

Pace, J and Garrett, M (RANSW) *Refocusing systems ideas in providing agency based family therapy*, 34th Australian Family

Therapy annual conference, Australian Association of Family Therapy, Brisbane, October 2013.

Pearce, A (RASA) *Moving from facilitation to empowerment in Family Dispute Resolution* 2013 LEADR Conference Adelaide, September 2013.

Power, L (RANSW) *Working with adolescents and their families*, Settlement Services International Symposium, Sydney, June 2014.

Ralfs, C (RASA) *Risk Screening in Family Law: New Data, New Practices, New Possibilities*, Seminar and online training program launch, Sydney and Melbourne, March 2013.

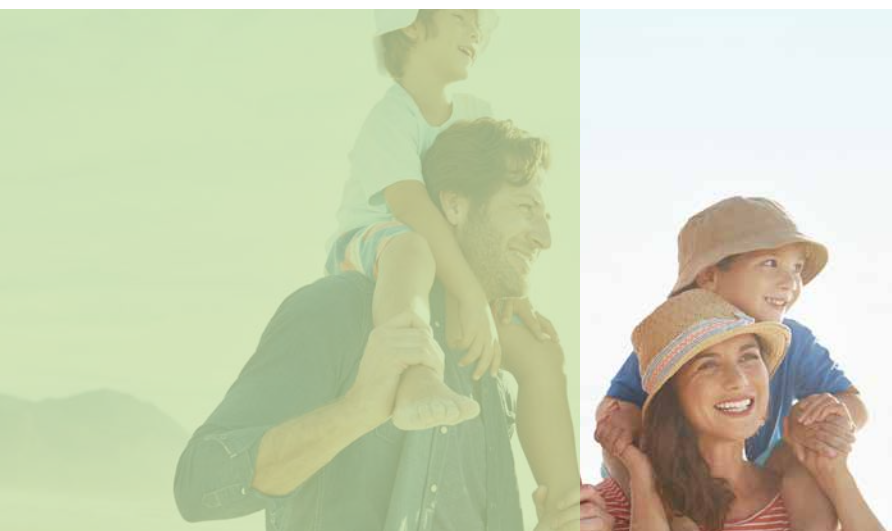
Ralfs, C (RASA) *Family Law DOORS Masterclass Workshop*, FRSA Conference, Canberra, November 2013.

Ralfs, C (RASA) *Implementing the Family Law DOORS one day training*, Albury Wodonga Pathways Conference, Albury Wodonga, March 2014.

Ralfs, C (RASA) *Systematic screening and coordinated responses to family violence risks*, Standing together to end gendered violence against Culturally and Linguistically Diverse Women Conference (South Australian context) Adelaide, November 2013.

Rohrshiem, D (RASA)

Child Focussed Practice: An Overview, Housing SA Regional Managers Forum, Adelaide, February 2014.



Rohrshiem, D (RASA) *Moving Towards a Practice Framework*, Housing SA Regional Managers Forum, Adelaide, February 2014.

Rohrshiem, D (RASA) *Child Focussed Practice: An Overview*, Housing SA Disruptive Tenancies Team, Adelaide, January 2014.

Rohrshiem, D, and Haro, C (RASA) *Innovative approaches to working with children who are homeless*, Child Aware Approaches Conference, Melbourne, April 2014.

Rohrshiem, D, Haro, C and Rasmussen, C (RASA) *Child Focussed Practice: An Overview*, Housing SA Induction for New Staff, Adelaide, June 2014.

Schultz, G and Bird, N (RANSW) *Workshop: "Stop, think, go or let go"*, Education and Mental Health: we can do it together, a collaborative conference with Child and Adolescent Mental Health, Department of Education and Communities and Catholic and Independent Schools in the Western and Far Western Regions, Orange, April 2014.

Stephenson, C, Stowe, R and Hubble, T (RANSW) *Emerging findings from evolving practice: My changing family and me*. Child Aware Approaches conference: Sharing, building and recognising child aware innovation, Melbourne, March 2014.

Tometzki, H, Petch, J, & Turner, W (RAQ) *The prevalence and profile of sports betters in a*

community-based treatment setting, NAGS, Sydney, November 2013.

Treloar, P (BADAC) and Fox, J (RAV) *Brutha's Day Out, What Works – Doing It Our Way*, NIDAC Conference, Melbourne, June 2014.

Vallance, S (RASA) *Building a Position of Organisation Knowledge: Integrating your Client Information System into Service Delivery, Safety Management and Service Education*, FRSA Conference, Canberra, November 2013.

Westcott, G and Chowdry, R (RANSW) *Reaching and responding to refugee families and couples: how community work integrated with counselling provides a space for some profound exploration and renewed relational connections*, 34th Australian Family Therapy annual conference, Australian Association of Family Therapy, Brisbane, October 2013.

Wheeler, A (RANSW) *The parental regard pilot project: integrating a relational focus into family dispute resolution practice*, 7th annual FRSA conference, Investing in Families: prevention, integration, innovation. Canberra, November 2013.

Wheeler, A and Hewlett, B (RANSW) *The parental regard pilot project: integrating a relational focus into family dispute resolution practice*. Child Aware Approaches conference: Sharing, building and recognising child aware innovation, Melbourne, March 2014.

PUBLICATIONS

Cleak, H (La Trobe University), Schofiel, M (La Trobe University) and Bickerdike, A (RAV) *Efficacy of family mediation and the role of family violence: study protocol*. BMC Public Health, 14:57, 2014.

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ABBREVIATIONS

ACF	Australian Childhood Foundation
ATAPS	Access to Allied Psychological Services
CALD	Culturally and Linguistically Diverse
CBT	Cognitive Behavioural Therapy
CCS	Child Contact Service
CMHS	Child Mental Health Service
CTT	Community Therapeutic Team
DFV	Domestic Family Violence
DSS	Department of Social Services
DV	Domestic Violence
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FDR	Family Dispute Resolution
FRC	Family Relationships Centre
GP	General Practitioner
GHS	Gambling Help Service
HCT	Holding Children Together
HIV	Human Immunodeficiency Virus
ICL	Indigenous Community Links
LGBTQI	Lesbian Gay Bi-Sexual Transgender Queer and Intersex
MET	Motivational Enhancement Therapy
MOS	Model of Service
NREN	National Research and Evaluation Network
NVR	Non Violent Resistance
PEACE	Personal Education and Community Empowerment
SDQ	Strengths and Difficulties Questionnaire
STI	Sexually Transmitted Infection
TSPS	Tasmanian Suicide Prevention Strategy
VCCS	Victims Counselling and Support Service
YDU	Youth Division Unit



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