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**Evaluation of the Supporting Children After
Separation Program and Post Separation
Cooperative Parenting Programs**

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GLOSSARY AND ACRONYMS

Registered clients – clients who give their details to service providers for entry to FRSP Online

Unregistered clients – clients who do not give details to service providers for entry to FRSP Online

Services – services offered by service providers

Activities – services offered by service providers and entered on FRSP Online as activities

Strategies – services or approaches to services offered by service providers

FRC – Family Relationships Centres

CCS – Children’s’ Contact Service

CIP – Child Inclusive Practice

FDR – Family Dispute Resolution

1. EXECUTIVE SUMMARY

Introduction

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Institute of Child Protection Studies (ICPS) to carry out an evaluation of the Supporting Children After Separation Program (SCASP) and Post Separation Cooperative Parenting service (PSCP). In addition to providing evaluation of the programs themselves, it is hoped that this study will also make a contribution to more broadly based evaluation of FaHCSIA's Family Support Program (FSP), under whose umbrella these services fall.

The evaluation aimed to ascertain the appropriateness and effectiveness of service models and the extent to which they achieve their intended objectives. It also assessed the extent to which the programs give priority to at risk, vulnerable and disadvantaged families and how they generally increase family access to services through more collaborative service arrangements. In general terms, it attempted to establish whether and how these service models are consistent with, and contribute to, the overarching goals and principles of the FSP.

Key evaluation questions

The key evaluation questions that framed the project included:

- To what degree and how are SCASP and PSCP services achieving their objectives? (What do they do in practice, what are the objectives and strategies, who do they work with, what are they hoping to achieve, ie outcomes)
- How appropriate and effective are the service models in supporting target groups? (What are perceived strengths of the model, what enhancements are required, what challenges exist, levels of clients' satisfaction)
- What are the linkages between SCASP and PSCP and other Family Law and Family Support services? (Referral information, who do services work with and for what purpose, what is the extent of interagency collaboration)
- To what extent are the SCASP and PSCP service models consistent with the broad strategic objectives and principles of the Family Support Program – particularly giving priority to at risk, vulnerable and disadvantaged families and children?

Policy and program context

For many children and young people, the process of adjusting to their parents' separation and divorce can be very challenging. Stressful changes to their physical environment, as well as to their relationships and contact with parents and siblings, may significantly impact upon their adjustment and development, particularly if there is ongoing conflict or violence between parents¹.

In recognition of these issues, significant reform to family law and the policy and service environment has occurred since 2006. The reforms aimed to bring about changes to the management of parental separation, "away from litigation and towards cooperative

¹ However, whilst there is little doubt that separation and divorce is distressing for children and young people, the research indicates that the majority of children and young people from separated and divorced families are emotionally well adjusted (O'Hanlon, 2007). Whilst there is a risk of adjustment and relationship difficulties, the majority of children are resilient and continue to develop unremarkably.

parenting”². Apart from amendments to the legislation, significant funding was provided to establish a range of programs to assist families, including children during and after separation. In addition to 65 Family Relationship Centres, an online advice line, an increased number of Children’s Contact Centres and a range of other services, two particular programs were established funded through the Attorney- General’s portfolio:

- **Supporting Children After Separation Program (SCASP):** launched in 2008, this program assists children from separating families to deal with issues arising from the disruption in their parents’ relationship and to be able to participate in decisions that impact on them. The objective of this new service type is to support children, within the context of their family, to manage and enhance their relationships during and after family separation.
- **Post Separation Cooperative Parenting (PSCP):** was established in October 2008. It aims to assist separated parents in conflict to work cooperatively over parenting arrangements. These services are located in regional areas and provide education, counselling, individual support and access to children's contact services, as appropriate to each case. High conflict families may be referred by the courts to these services.

In 2009, further reform to the Family Support Program occurred, linked to the government’s broader social inclusion agenda. This reform process brought together a wide range of other programs aimed at supporting children and families, including the two programs central to the evaluation. Key principles of the new Family Support Program are to provide responsive and flexible services to better respond to the needs of families and children, with a focus on those at risk. It will do this by appropriate collaboration and by providing access to services for disadvantaged and vulnerable families (FaHCSIA FactSheet).³

This overarching program brings together key policy and service delivery approaches⁴; including the Family Relationship Services Program and a range of other strategies aimed at supporting and strengthening parenting. The policy change recognises the need for more coordinated and flexible approaches to delivering support to at risk and vulnerable families.

Data collection

The evaluation incorporated existing data and reviews and presents the views of service providers. It also features the experiences of a small number of young people who have been involved with SCASP and parents who have used PSCP. Both quantitative and qualitative data was collected, including by means of a desktop review of secondary data such as FRSP Online, an online survey of service providers, and five in-depth case studies focusing on what works well in these two programs. The sites for these case studies were chosen to provide maximum diversity of setting and auspice.

² Family Law Amendment (Shared Parental Responsibility) Bill 2005, Explanatory Memorandum, p. 1. (Cited in Evaluation of the 2006 family law reforms, AIFS, 2009)

³ http://www.fahcsia.gov.au/sa/families/progserv/familysupport/Documents/fsp_factsheet.pdf

⁴ Family Relationship Services Program, Strengthening Family Program (under National Illicit Drug Strategy), Communities for Children, Invest to Grow, Child Care links, Indigenous Children Program, Indigenous parenting support services, Playgroup program and Responding Early Assisting Children Program.

Summary findings for SCASP

The summary findings for SCASP in response to the key evaluation questions are as follows:

To what degree and how are SCASP services achieving their objectives?

- Services are clearly working with the target group of children who are experiencing issues as a result of the separation of their parents.
- The outcomes expected from SCASP align with the project objectives, which fundamentally aim to increase the capacity of children in some form (resilience, confidence, wellbeing).
- There are a range of different approaches taken to the model; these include theoretical and practical differences that reflect the context of the organisation and possibly the location.
- Services provide a range of activities which differ across the program but all aim to meet the individual needs of children. Those services that work in school programs provide a service to a wide range of children that may not be linked to a formal service.
- There are some groups of children who are not seen as appropriate for SCASP (they need longer term assistance or the issues are not related to the separation) or their involvement would cause more issues for them due to their parents' response.

How appropriate and effective is the SCASP service model in supporting target groups?

- Services are able to identify key elements that make the program effective, eg flexibility, highly skilled staff, child centredness.
- Services have some mechanism for monitoring their program, which provides evidence for changes that are made to better meet clients' needs. They have made modifications based on this feedback.
- FRSP Online indicates that 77% of registered clients are satisfied or very satisfied with the service they received, 63% said they would recommend the service to others.
- Services identified a range of challenges to providing this service, eg attracting skilled staff, recognition of work required with parents, access issues for parents.
- Many services argue that a more holistic approach that works with children and their parents would lead to more effective outcomes for children.

What are the linkages between SCASP and other agencies including Family Law and Family Support services?

- FRSP Online indicates low levels of referral of families to other services. However, the online survey indicates that attention is paid to developing relationships with other services.
- Most services indicate they work collaboratively with others at the networking level to ensure referrals in and to build relationships to make referrals.
- There are significant coordinating activities being carried out with services (co-location, shared activities) that aim to ensure services are more accessible to families. This includes other FSS programs, as well as other services such as schools, health and welfare. Many services have significant and important relationships with the court and other parts of the legal system.
- There are still barriers to working with others including the time it takes to build relationships, competition with other agencies and the issues with waiting lists or lack of services to meet children's needs.

Do SCASP services engage with 'at risk', disadvantaged families?

- These findings are based on registered clients only – more disadvantaged clients may be less likely to agree to be registered, therefore these findings may not show an accurate picture of clients' backgrounds.
- Locations of services are in areas with high or mixed levels of disadvantage, which has the potential to assist in attracting clients from diverse backgrounds.
- Economically and educationally disadvantaged families do seem to be participating in SCASP.
- High level of engagement of parents experiencing high levels of conflict.
- Mixed picture in attracting ATSI clients – overall the percentage of clients who are recorded as of ATSI status are congruent with the Australian average.
- Overall low representation of CALD groups accessing this program.
- Services are aware of the need to implement specific strategies to engage with diverse groups, eg prioritising schools in disadvantaged areas, building relationships with key services.
- Work may need to be carried out to assess whether low diversity of clients is due to program or outreach mechanisms. Some agencies argue there is a need for SCASP to be modified to be more culturally appropriate to ATSI and CALD clients. This needs to be done in partnership with different communities. Services recognise particular attention is required to engage diverse families. It would be expected if strategies are implemented there would be an increase in ATSI and CALD children accessing the service over time.

Summary findings for PSCP

The summary findings for PSCP in response to the key evaluation questions are as follows:

To what degree and how are PSCP services achieving their objectives?

- The program is attracting parents with high levels of conflict to complete this program and it is being used by some programs as a 'gateway', or hook, to engage parents in other family relationship services.
- There is some difference across services that say they include parents with complex needs and those who do not.
- Although most services provide a similar range of activities, there are some differences in practice approaches (case management, comprehensive approach). Around half of services who responded conceptualise their program as more than a workshop, ie a comprehensive approach to parents.
- Services have identified a clear set of outcomes that align with the objectives of the program.
- Around a quarter of services said they had a waiting list but provided support or referral to parents while waiting.

How appropriate and effective are the service models in supporting target groups?

- Very strong view that PSCP is a flexible program that enables services to respond to the needs of parents and, for some services, a comprehensive service response is provided.
- Most services have methods for monitoring the success of their program and have made changes to better meet a range of circumstances (one-on-one education, outreach, key partnerships).
- 87% of registered clients said they benefited or greatly benefited from PSCP and 98% said they would recommend the program to others.
- Possible suggested changes included: widening the scope to include other people in children's lives, providing brokerage money to clients for child care and travel costs.

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- Biggest challenge remains attracting skilled staff, retaining staff due to nature of the work and the travel involved in delivering the program.

What are the linkages between PSCP and other services including Family Law and Family Support services?

- FRSP Online does not reflect high levels of referrals out of PSCP.
- Most PSCP providers engage in strong networking activities to ensure information is available to other service providers, including membership on appropriate service networks, presenting information at expos.
- Where PSCP is co-located in a FRC or other family relationship agency, it is thought to provide a seamless service experience for parents in accessing other FRSs and good partnerships to increase access for parents.
- There are some excellent examples of more coordinated ways of working, eg with statutory or targeted services to increase outcomes for children and families, including the partnering with community organisations.
- Services identify major barriers in working with others that revolve around trust, competition and the time it takes to build relationships.

To what extent is the PSCP able to engage at risk/vulnerable or disadvantaged parents?

- Success in attracting people with low incomes and lower educational levels in most areas.
- Less success in engaging ATSI and CALD clients.
- Most services indicated they had strategies in place to better target ATSI and CALD clients.
- Most services argue that providing culturally appropriate services takes time and resources to develop appropriately. This occurs in some services through the development of partnerships.
- An acknowledgement that more work needs to be done to provide culturally appropriate services, although there are some structural barriers to this occurring.

Key messages

This evaluation study aimed to assess the current state of practice of SCASP and PSCP. Particular attention was paid to how the programs were achieving their objectives, as well as a focus on understanding how the service models work with children and families. Currently the Commonwealth is carrying out a major reform of service delivery and the new framework of the Family Support Program (FSP) is underpinned by several principles that aim to develop services to better meet the needs of children and families, particularly those more vulnerable children and families. A further focus of the evaluation was to examine how these programs are aligned with the principles of the FSP. The key principles of particular interest are the collaborative working of SCASP and PSCP and how they give priority to at risk, vulnerable and disadvantaged families and children.

The evaluation has found that SCASP and PSCP are vital programs in the suite of Family Relationship services. They are working with children and their families to assist them in a range of flexible ways, to better manage the transition of family separation. However these services are not yet available in a comprehensive way across Australia.

SCASP is an important and ground breaking initiative that works directly with children to support them and to help them develop skills in managing the often difficult processes of understanding and reconfiguring family relationships. The program gives children a 'safe place'

to talk about their lives. It goes beyond the frequent attention given to adults' needs to clearly enable children's views, thoughts and feelings to take centre stage in parents' lives and practitioners' practice. The existence of this program has required the development of a very skilled children's workforce which provides not only quality practice with children, but who are a critical resource to organisations to further develop the child centredness of services. However there are still groups of very vulnerable children whose needs are not being met through SCASP.

PSCP in some ways 'punches beyond its weight'. On one level, it is a simple program that aims to grab parents' attention about how conflict and poor communication affect children. Services are using this program creatively. It is being used by some services as a hook for parents to be engaged in other programs that can assist them further to focus on what is important: their children and how best to work together to be the best parents they can be.

In addition to these overall assessments, the following provides a summary of the report's findings about the key messages from the evaluation and points to possible enhancements of the models. It also specifically discusses some of the issues confronting particularly vulnerable children and families.

Parallel programs for children and parents

Many SCASP and PSCP services have identified the need to take a child centred, family focused approach to service delivery. They argued strongly and convincingly that time spent with parents is critical to the ability of SCASP to effectively work with their children and should therefore be valued and counted as 'work' of the program. Similarly, several PSCP services have found a need to offer parallel programs for children in order to maximise the benefits to families of the types of support and interventions.

Currently this does not occur systematically across both programs and is reliant on a creative use of resources to carry out this more holistic work. In the meantime, SCASP practitioners continue to spend significant time with parents to get children into the program and to keep them throughout. This is time that is then not available to children.

Vulnerable children and families

Overall, both programs demonstrated a focus on the provision of services to vulnerable families. However, we have noted in the report that for some children and families, there are constraints on the availability and/or appropriateness of services. This is particularly so for the most disadvantaged children living in families with entrenched and complex problems, where the very factors that make these children more vulnerable, at the same time make them less likely to access the services they need. Alongside this is the fact that services are available only in some locations and common access issues, such as transport, distance between services and the cost and time of getting to services, affect whether families can access them, the more so when families are otherwise disadvantaged.

Building culturally safe and appropriate programs

The data indicates variability in the ability of services to access a wide range of CALD and ATSI families. Many services noted the need to further attract clients from diverse backgrounds. Some services have built partnerships with ATSI or CALD services. It remains unclear whether the model of SCASP and PSCP in presenting a particular set of norms and values is the barrier to diverse families engaging in these services, or whether it is more about the need for

significant outreach to connect with a wider range of families. It may well be that both are required; the development of more culturally appropriate models and increased outreach.

Children who miss out

Services are very clear about the eligibility criteria for participation in SCASP. However, although SCASP meets one set of needs (around the separation), there are groups of vulnerable children who miss out because they are not deemed suitable for SCASP or are not able to access it, including:

- children whose parents are in conflict and refuse consent
- children who have suffered trauma
- children in families with high and complex needs.

These barriers to access are not a criticism as such of SCASP, but the fact remains that the most vulnerable children do not appear to be fully engaged in therapeutic supportive work. Due to their parents' complex issues, they are not seen to be appropriate for SCASP and yet may not always be able to access support elsewhere. Working with these families again relies on strong relationships being built with mental health services, child protection and drug and alcohol services to work alongside SCASP and PSCP practitioners.

Workforce issues

The case studies and the online survey indicated a number of workforce issues such as the recruitment, training and retention of high quality staff. While the evaluation team were very impressed with the level of professionalism and the high knowledge base which existed about working with children and families, especially vulnerable families, many agencies said they had difficulty in recruiting staff with specific skills such as child counselling and family law experience. There is a lack of accessible, specialised, appropriate and accredited training programs. The disparity in salaries between the government and non-government sector remains a problem and services voiced concerned about staff turnover, particularly among young qualified professionals who leave the non-government sector for better paid jobs in the public service.

Critical partnerships can help

The issues discussed above about how to best engage and work with vulnerable families are best situated in the arguments about collaborative working. As stated above, one of the key principles underpinning the FSP is the need for more coordinated and collaborative working to better meet the needs of vulnerable families. The findings of the evaluation point to a number of very good examples of how services network with FSP and other service systems to ensure parents know about SCASP and PSCP. There are also some very good examples of partnerships, co-located services and joint working that provide families with a high level of coordination, that is, seamless service provision to a range of services.

As stated above, there are also some instances of where SCASP and PSCP work with statutory and targeted services to meet the complex needs of parents and to support children. But more work appears to be needed to build stronger relationships with child protection and other support services to meet these children's needs. This requires attention and the justification for this work is well-established in the policy and practice of the Family Support Program reform and the National Framework for Protecting Australia's Children.

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Finally, some comment is required about the role of the court as a critical partner. For many high conflict parents FSP programs coupled with the authority of the court may be an effective strategy for building post separation relationships. There were several examples where the relationship with the court led to parents being encouraged and, in some cases mandated, to attend PSCP or their children to attend SCASP. This approach, where it exists, provides an early opportunity to address the frustration and conflict parents' experience. Where children are mandated to attend SCASP this too can play an early intervention role in supporting children. This can lead to better outcomes for children in both the short and long-term.

2. INTRODUCTION

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Institute of Child Protection Studies (ICPS) to carry out an evaluation of the Supporting Children After Separation Program (SCASP) and Post Separation Cooperative Parenting service (PSCP). It is hoped that this evaluation will contribute to a more broadly based evaluation of FaHCSIA's Family Support Program (FSP).

The evaluation aimed to ascertain the appropriateness and effectiveness of service models and the extent to which they achieve their intended objectives. It also assessed the extent to which the programs give priority to at risk, vulnerable and disadvantaged families and how they generally increase family access to services through more collaborative service arrangements. In general terms, it attempted to establish whether and how these service models are consistent with, and contribute to, the overarching goals and principles of the FSP.

The evaluation incorporated existing data and reviews and presents the views of service providers. It also features the experiences of a small number of young people who have been involved with SCASP and parents who have used PSCP. It utilised an evidence based framework of collaboration to analyse how programs are working with the relevant broader service delivery systems (Winkworth and White, 2010⁵).

The key evaluation questions that frame the project are:

- To what degree and how are SCASP and PSCP services achieving their objectives? (What do they do in practice, what are the objectives and strategies, who do they work with, what are they hoping to achieve ie outcomes)
- How appropriate and effective are the service models in supporting target groups? (What are perceived strengths of the model, what enhancements are required, what challenges exist, levels of clients' satisfaction)
- What are the linkages between SCASP and PSCP and other Family Law and Family Support services? (Referral information, who do services work with and for what purpose, what is the extent of interagency collaboration)
- To what extent are the SCASP and PSCP service models consistent with the broad strategic objectives and principles of the Family Support Program – particularly giving priority to at risk, vulnerable and disadvantaged families and children?

Policy and program context

For many children and young people, the process of adjusting to their parents' separation and divorce can be very challenging. Stressful changes to their physical environment, as well as to their relationships and contact with parent and siblings, may significantly impact upon their adjustment and development, particularly if there is ongoing conflict or violence between parents⁶.

⁵ Winkworth, G & White, M, (2010) May do, should do, can do: Collaboration between Commonwealth and State service systems for vulnerable children *Communities Children and Families Australia*, Vol 5. Issue, 1

⁶ However whilst there is little doubt that separation and divorce is distressing for children and young people, the research indicates that the majority of children and young people from separated and divorced families are emotionally well adjusted (O'Hanlon, 2007). Whilst there is a risk of adjustment and relationship difficulties the majority of children are resilient and continue to develop unremarkably.

Evaluation of the Supporting Children After Separation Program and Post Separation Cooperative Parenting Programs

In recognition of these issues, significant reform to family law and the policy and service environment has occurred since 2006. The reforms aimed to bring about changes to the management of parental separation, “away from litigation and towards cooperative parenting”⁷. Apart from amendments to the legislation, significant funding was provided to establish a range of Family Law programs to assist families, including children during and after separation. In addition to 65 Family Relationship Centres, an online advice line, an increased number of Children’s Contact Centres and a range of other services, two particular programs were established and funded by through the Attorney General’s portfolio:

- **Supporting Children After Separation Program (SCASP)** launched in 2008, this program assists children from separating families to deal with issues arising from the disruption in their parents’ relationship and to be able to participate in decisions that impact on them. The objective of this new service type is to support children within the context of their family to manage and enhance their relationships during and after family separation.
- **Post Separation Cooperative Parenting (PSCP)** was established in October 2008. It aims to assist separated parents in conflict to work cooperatively over parenting arrangements. These services are located in regional areas and provide education, counselling, individual support and access to children's contact services, as appropriate to each case. High conflict families may be referred by the courts to these services.

In 2009, further reform to the Family Support Program occurred, linked to the government’s broader social inclusion agenda. This reform process brought together a wide range of other programs aimed at supporting children and families, including the two programs central to the evaluation. Key principles of the new Family Support Program are to provide responsive and flexible services to better respond to the needs of families and children, with a focus on those at risk. It will do this by appropriate collaboration and by providing access to services for disadvantaged and vulnerable families (FaHCSIA Factsheet)⁸.

This overarching program brings together key policy and service delivery approaches⁹; including the Family Relationship Services Program and a range of other strategies aimed at supporting and strengthening parenting. The policy change recognises the need for more coordinated and flexible approaches to delivering support to at risk and vulnerable families.

3. EVALUATION DESIGN AND METHODOLOGY

FaHCSIA developed specific guidance for the evaluation which identified the broad key evaluation questions together with sub questions, detailed parameters of the evaluation design, including the evaluation approach, data collection methods, sampling requirements and ethical considerations. Although the evaluation pays some attention to the outcomes for families, the primary focus is on describing and assessing the processes surrounding the broad models to answer the evaluation questions (see above).

⁷ Family Law Amendment (Shared Parental Responsibility) Bill 2005, Explanatory Memorandum, p. 1. (Cited in Evaluation of the 2006 family law reforms, AIFS, 2009)

⁸ http://www.fahcsia.gov.au/sa/families/progserv/familysupport/Documents/fsp_factsheet.pdf

⁹ Family Relationship Services Program, Strengthening Family Program (under National Illicit Drug Strategy), Communities for Children, Invest to Grow, Child Care links, Indigenous Children Program, Indigenous parenting support services, Playgroup program and Responding Early Assisting Children Program.

Governance

Reference group

A project reference group was established and met in the commencement and finalisation stages. Its role was to assist in the research design and to support and provide advice on aspects of the evaluation, particularly the design and selection of the case study sites. The reference group comprised representatives from FaHCSIA, Attorney-General's Department, Family Relationships Services Australia and ICPS staff.

Young person's reference group

Complementary to this committee, a small group of young people was recruited by ICPS to assist researchers in how best to talk to young people about their experiences with SCASP services. Young people provided advice on the wording of the questions for young participants and gave specific direction about the types of questions they expected young people might find easy to answer.

Ethics approval

The project was designed to safeguard the rights of all who were involved and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee. The main focus was on an informed consent process, which covered all participants involved in the program. Parents as well as young people gave consent for the interviews with young people.

Data collection methods

The data collection methods included both quantitative and qualitative data.

Desktop review of secondary data

This analysis included a range of data sources, including FRSP Online data, FaHCSIA and Attorney-General's Department reports and ABS data. These data were used to provide a broad overview of the two programs, as well as to explore who is using the programs.

Online survey

An online survey was developed to elicit a program-wide view of the approaches, models of delivery, achievements (including practitioners' observations about changes for clients), who the program works well for, as well as who it does not. We were also keen to identify changes to the model over time (see Appendix 2 for a copy of the online survey).

The online survey was piloted to ensure the questions elicited useful qualitative data and that service providers did not find it too time consuming. The online survey was open for three weeks and had a response rate of **90% of SCASP services** and **79% of PSCP services**.

The online survey data were entered into SPSS and categorised by commonly occurring responses. This allowed us to both count the number of similar responses as well as to illustrate particular common views by the use of direct quotes.

Case studies

The focus of the in-depth inquiry component of the evaluation was on what is working well with the model of SCASP and PSCP. There was a particular focus on collaborative working and how services worked with families facing disadvantage. The case studies were chosen to provide maximum diversity of setting and auspice. We developed two SCASP and three PSCP

case studies (see Appendix 3 for criteria for choice of case study sites, as well as the complete case study narrative). Each case study used a similar framework to allow for a systematic analysis of the stages of each model in practice. We were also particularly interested in focusing on what stakeholders regarded as the key elements of success.

Report structure

Given their differences in target and strategies, the two programs are discussed separately. We have structured the report around the key evaluation questions and used the desktop analysis, online survey results and case study material to answer those questions. The final section discusses key messages to emerge from the evaluation in relation to both programs.

4. SUPPORTING CHILDREN AFTER SEPARATION PROGRAM

There are 18 SCASP services with 36 outlets located across Australia in all capital cities and in a range of larger regional cities. The program began in the 2008-2009 financial year. The online survey had responses from 17 services: a 90% response rate. There were however, 24 responses covering multiple outlets. Two in-depth case studies were developed: Fairfield Unifam in Sydney and Anglicare's SCASP in Perth. We have used the case study material to illustrate key points.

To what degree and how are SCASP services achieving their objectives?

This first evaluation question is answered by describing the target group, what services expect the outcomes to be for children and families, what services do in practice, that is, the approach they take, the activities and strategies they use in their model, who they see in the program and who is not suitable, who they prioritise, what they do about waiting lists and how they market the program.

Objectives

The SCASP program objective is "to support children, within the context of their family and community, to manage and enhance their relationships during and after family transitions" (Urbis, 2011, p.5).

Within this broad objective, SCASP is expected to operate in the following way:

- Assist children (under 18 years of age) from separated or separating families who are experiencing issues around family relationships. Its services help children and young people deal with issues arising from the disruption of their parents' relationship and the circumstances in which they find themselves.
- Services provide a range of age appropriate interventions that meet the individual needs of the child as they experience issues related to the disruption in their parent's relationship, offer opportunities for children to participate in decisions that impact on them in relation to the separation of their parents, and have the capacity to respond to emerging issues for children from separated families in the local community.
- In order to provide the most effective intervention for a child, the entire family may require family relationship services. While SCASP is only for children, an important element is the development of links with other services and strong referral pathways within the local service system to ensure family members also receive services. As a result of engaging with a parent

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when providing a service to a child, SCASP services may refer parents and/or carers to complementary services that assist them to focus on the interests and needs of their children (Commonwealth of Australia, 2009), (FaHCSIA's Description and Operational Requirements).

Target groups for service delivery

Not surprisingly, all services who completed the survey stated that their target group was children and young people who were experiencing separation. However, some services indicated that they do, and should, work with parents as well. In some cases a small number also included the need to work with other people such as grandparents and carers. Around a quarter specifically noted they worked with children and young people who were facing difficulties.

Taken overall for the financial year 2009-2010, the formal data collection indicates SCASP services saw:

- 9822 (66%) unregistered clients and 4867 (33%) registered clients, a total of 14,689¹⁰
- children aged under 18 made up 62% of the registered clients – the others were presumably parents of the child clients of SCASP
- 54% of children are aged 0-9, 36% are aged 10-14 years and 10% aged older than 14 and under 18 (see Table A, Appendix 1)
- 42% of clients were male and 58% female
- Indigenous registered clients comprised 2.6% of total registered clients (data 9 March 2011)
- 8.3% of registered clients over 15 indicated that they were unemployed and actively looking for work.

What are services hoping will change for children and families as a result of this program?

There were a variety of responses to the outcomes or changes agencies expected to see as a result of SCASP. The most commonly identified change involved increasing children's capacity in some way, such as their resilience or confidence. Increasing children's understanding of the situation was also a regular response. Outcomes for parents were also described. Respondents outlined how SCASP interventions aimed to increase parents' understanding of the effect conflict has on children.

¹⁰ Total numbers of clients varied depending on the date of the data run from FRSP Online. These data were provided on 8 March 2011. Data provided 15 March showed 4770 registered clients. In addition, we are mostly using data about registered clients. For PSCP this represents 69% of the clients, whilst for SCASP it is 33% of the clients (data 8 and 9 March 2011). Detailed information about clients is available only for those who are registered.

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TABLE 1 EXPECTED OUTCOMES SCASP ¹¹

Outcomes	Percentage
Increased children's resilience/capacity/confidence	45%
Child's increased understanding (of the situation)	45%
Increased understanding of parents (impact of conflict on children)	45%
Children feeling validated, heard, not feeling alone	32%
Healthy or improved relationship (either now or the future)	18%
Provide time and space for children to be heard	18%
Reduce negative behaviour (and stress)	14%

SCASP model approach and activities

The model as described identifies a broad range of possible activities. Overall, there appears to be some variability in SCASP program activities across services, depending on local and individual/family need and in particular, the ages of the children presenting at the particular service (SCASP services and activities in FRSP Online, FaHCSIA's Description and Operational Requirements and the SCASP Guide).

The following is a broad summary of the range of activities provided across services:

- assessment of parents before the child is seen
- one-to-one child therapy, including counselling
- peer support
- therapeutic group work
- school based programs
- helping children to participate in decision making
- working with adolescents
- father inclusive practice

The appendix to the SCASP Guide shows that particular models of practice are incorporated into the mix of individual and group strategies and both the mix and the models vary between organisations. Data drawn from FRSP Online data shows that 'counselling' was the most frequently occurring SCASP activity for children aged 17 and under and was also the most frequent activity overall, ie including for parents/carers. (See Table B, Appendix 1).

The online survey asked agencies to indicate their approach to SCASP. Twenty-two services responded. Over half of services mentioned they used multiple strategies: individual work, groups and community education through schools.

One example of a school program was that developed by Perth SCASP. The Stepping Stones program provides a six week child friendly education program delivered in schools. It covers topics such as a healthy relationship, dealing with stress and emotions, self-esteem, anger management, conflict resolution, transitions – dealing with change. The workshops use a range of different techniques and tools that reflect how children learn. It aims to provide support to children that may slip through the service net and is a way of reaching a wide range of children who are experiencing parental separation.

¹¹ Please note that all tables with data from the online survey will add up to more than 100% as respondents gave more than one response to questions.

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Services emphasised the child centredness of their approach by specifically noting SCASP was a way for children’s voices to be heard, in an environment that was child centred/friendly. Agencies mentioned a range of other elements that made up their approach including the flexibility of the model, that it was free, that it was child and family focused.

One example of a group program provided by the Fairfield SCASP is where two ‘streams’ are provided.

Group therapy is available for children who are being impacted by their parents’ separation. Fairfield offers two different groups: one for children coming from high conflict families and another group for children coming from lower conflict families. Both cater mainly for primary school aged children. The high conflict group, Connect Kids, is based on the work of Johnston and Roseby (Johnston & Roseby 1997).

TABLE 2 MAIN APPROACHES SCASP

Main Approaches	Percentage
Multiple strategies (eg counselling, groups and school work)	59%
Child centred/friendly – to hear children’s voices	41%
Provide counselling and groups	14%
Other comment (ie flexible program, free, provide outreach, holistic, strong theoretical base)	77%

In exploring in more depth the approaches taken to SCASP, it can be seen that a similar approach is taken between the two case study examples; however the emphasis between the two programs is different. One approach focused on a child centred therapeutic model and the other took a more family systems approach to ‘normalise’ the experience for children.

The Fairfield SCASP worker noted that their model of practice is summed up by the sentence: “The child is our client”. This therapeutic model of practice aims to provide a safe place for children to deal with issues of loss and grief and to separate themselves from their parent’s conflict. This occurs through a skilled clinician, as someone outside of the family that is ‘neutral’ and who can “give them a chance to express their stories and emotions around separation”. The program aims to address “the impact of separation on kids and help kids to deal with what it is like”.

Anglicare staff strongly articulated a need to work directly with children within the family system. They argue that parallel work with parents is often essential to enable sustained change to occur for children. They seek to provide children with a neutral space to discuss their feelings about their parent’s separation. They also aim to assist children to develop skills such as managing emotions, managing conflict and building self-esteem. Although individual sessions are available, there is a commitment to group work wherever appropriate – as it reduces the possible pathologising of children’s experiences. What helps children is that they have the opportunity to share their experiences with other children, helps with that sense of aloneness that can come when parents are divorcing, that sense of not being the only one. Bringing them together so they don’t feel isolated. It enables them to share those bottled up feelings. That bonding that is created between the children that can then lead to higher levels of self-esteem.

What criteria are used to accept clients or prioritise clients?

Most agencies said they used minimal criteria for accepting children into the program, ie children and young people who have experienced separation. About half stated their intake process aimed to ensure that it was the separation that was the central issue. A small number of agencies said they prioritised children based on who made the referral (eg court mandated) or where there was some urgency (either due to the issues facing the child or a court appearance). Some programs mentioned they prioritised children by the date of referral.

Intake and assessment process across the two case studies show differences in how children are accepted into SCASP.

At the Fairfield FRC, assessment for SCASP services largely occurs as a part of the FDR process. After intake with the Family Advisors, suitable families are referred to FDRPs for a Family Dispute Resolution Assessment (FDRA), which screens their suitability for FDR. If it is decided that they are suitable for FDR, further consideration is given as to the suitability of Child Inclusive Practice (CIP). Usually the children are not referred to SCASP for CIP or for therapy or group work until it is clear whether or not they are going to be involved in CIP. This delay of referral to SCASP is in place so that there is some clarity about what kind of involvement the child will have with SCASP, ie CIP, therapy, group work or no involvement.

Perth reflects a contrasting approach which provides an integrated intake and assessment with their Parenting Orders Program – Mums and Dads Forever (MDF). MDF is offered in the same locations as SCASP across metro Perth.

SCASP and MDF are regarded as ‘two sides’ of the same story – SCASP is a program available for children and MDF is for parents. The intake process involves an interview with one or both parents. This is carried out by practitioners in the MDF program where, amongst other issues, screening is carried out for violence. If appropriate, parents are encouraged to attend the MDF program and intake workers discuss the possibility of children being referred to SCASP. Children are assessed by a SCASP practitioner to decide whether the child attends the next available group, requires some one-on-one sessions before attending a group, or that another program is more suitable.

Which children are not eligible or not suitable for SCASP

Sixteen services answered this question about which children are thought not to be suitable for SCASP. The main decision to exclude children is when a child is experiencing serious trauma that requires a longer term intervention than SCASP can provide. Another group of children were those that had behaviour issues or other issues that are not related to the separation, or predated the separation. Two programs specifically noted that they excluded children whose parents had complex needs, such as mental health issues, family violence or alcohol and other drugs abuse. Several services stated that children would not be taken into the program if parents would make life difficult for the child, or where only one parent consented. One or two agencies specifically highlighted the importance of children’s safety and, if this could not be assured, then children would not be taken into the program. As one service said:

We do not want to put a child in a position where their counselling becomes another source of conflict between their parents.

TABLE 3 REASONS WHY CHILDREN ARE NOT ELIGIBLE FOR SCASP

Reasons	Percentage
Child requires long-term support/intervention	50%
Issues not related to separation	31%
Parents make life difficult/unsafe for child or don't consent	31%
Parent has complex needs	19%
Other reason (child too young, has a disability)	19%

Perth participants, in line with the broader view expressed in the online survey, identified children where there is domestic violence, sexual abuse or mental health issues and those whose parents do not agree about the child's involvement, or are unable to bring the child consistently, as those children not suitable for SCASP. As one SCASP practitioner noted:

We are not a one stop shop for children's needs – we have had to very careful to be transparent and clear with people that the focus is on the separation. This has taken time – we have to be careful that if there is a long-term issue that needs to be dealt with, we have to be transparent – can we offer what this child needs – we can make good connections. (SCASP practitioner)

FDR practitioners in Sydney noted that some clients were deemed unsuitable for SCASP or FDR, such as parents who did not have the “reflective capacity” to incorporate the children's feedback and could potentially misunderstand the child's wishes.

What children are offered if there is a waiting list

Nearly half of the SCASP agencies (48%) indicated they have children on a waiting list.

Ten agencies said they offered children a group work program (implication being most families wanted counselling), information kits, referrals to other services or telephone support while being on the waiting list.

Marketing the program

Services used a number of different ways to market their program. Most relied on written material, but agencies also used partnerships with other key services as a critical way to solicit referrals. Joining service networks was also used by most services. Several services mentioned that they networked with schools.

TABLE 4 MARKETING STRATEGIES SCASP

Strategy	Percentage
Pamphlets, posters	95%
Partnerships/collaboration with key services, eg schools	91%
Presentations	77%
Joining local service networks	86%
Advertisements in local media	32%

Summary findings

To what degree and how are SCASP achieving their objectives?

- Services are clearly working with the target group of children who are experiencing issues as a result of the separation of their parents.
- The outcomes expected from SCASP align with the project objectives which fundamentally aim to increase the capacity of children in some form (resilience, confidence, wellbeing)
- There are a range of different approaches taken to the model; these include theoretical and practical differences that reflect the context of the organisation and possibly the location.
- Services provide a range of activities which differs across the program but all aim to meet the individual needs of children. Those services that work in school programs provide a service to a wide range of children that may not be linked to a formal service.
- There are some groups of children who are not seen as appropriate for SCASP (they need longer term assistance or the issues are not related to the separation) or their involvement would cause more issues for them due to their parents' response.

How appropriate and effective is the SCASP service model in supporting target groups?

As described above, SCASP services provide a range of different activities to best ensure the wide engagement of children. This section aims to answer the second evaluation question by examining what services think are the key elements of success, how they monitor the effectiveness of their model, what clients say about their experiences and the challenges in providing a high quality program.

Elements of the program that work best

Twenty-three agencies identified the main elements that they consider work best in the program. This mainly focused on elements in the program itself. They also valued having well trained, quality staff and were positive about the range of different strategies available to children. One practitioner summarised:

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It is time limited to five weeks, we have good processes and structure for intake and assessment and the practitioners have a good rapport with children and are aware of the emotional complexities of the children they see.

The services from the online survey indicated these strengths of the program:

- program content, structure and resources (69% or 18 agencies). Including being time limited, low cost, providing early intervention, evaluation, intake and assessment, bilateral parent involvement, age appropriate activities, being multidisciplinary and holistic
- the support provided to parents and children (35% or nine agencies)
- well trained, quality staff (31% or eight agencies)
- effective group work (27% or seven agencies)
- individual counselling (19% or five agencies)
- effective referral network (15% or four agencies)
- complements other in-house agency programs (12% or three agencies)
- provides positive relationship outcomes for parents, children and siblings (4% or one agency).

The two case studies identified a range of other aspects that were critical to the success of the program. A number of these strengths are discussed in the sections on collaboration and engaging vulnerable and disadvantaged children and families.

Flexibility and variability: responsive to needs Both Unifam Fairfield and Anglicare Perth pointed to how the flexibility of this model allows them to be responsive to individual needs. For example, Fairfield outlined how they are able to do more or fewer sessions with clients depending on their needs. They are able to include a diverse range of people in the process who are significant in the lives of the children.

Perth practitioners point to how the model allows both early intervention (school program) and targeted approaches. As the program is available across Metro Perth the model can reflect local needs. For example in Joondalup, where there is very high demand for SCASP, the practitioner can increase the number of groups by slightly reducing the number of weeks for the program. Although not ideal, it does allow support to be provided to more children. This variety of strategies also gives staff a good mixture of work.

Having skilled practitioners was also highlighted by both case study respondents as a critical element to the effectiveness of SCASP. Anglicare have deliberately attracted, trained and supported practitioners who have showed an interest in working with children. As one Anglicare Perth manager said:

We have a children's consultant to raise the quality and work with individual supervision. We've had to grow our own. We made a commitment to high quality children's workers. Her role was to build the capacity of the children's workers (who were relatively new grads) all with a passion to work with children.

As a result, there has been very little turnover in the team. Anglicare staff identified a strong supportive culture which involves good supervision, strong management support, (open door policy), group and individual supervision, professional development and acknowledgement of their work.

The Unifam Fairfield SCASP workers were regarded as very competent and skilled professionals, who brought a wide range of qualifications to their work. Most were qualified social workers and psychologists, or held degrees in counselling. As in Perth, all are additionally

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provided with an extensive training program in therapeutic work with children prior to undertaking work in the SCASP program. The Fairfield SCASP Child Therapy Worker's skills and personal attributes are regarded as a significant component of the positive impact SCASP has had on the lives of the children, families and also in effecting change in the workplace.

The young people interviewed in Perth were very positive about their experience with the SCASP practitioners. They could identify clearly what the practitioners did that was useful or that they liked about the experience. These include:

The practitioner demonstrated strong listening skills – not judging

They listened, they didn't barge in, say something that was their own opinion, they sat there and let you talk – they would ask questions – it was well worded, simple, summed up everything in one sentence. (YP1)

I knew he was listening to me well – 'cause when we run through things at the end he would remember all the things we talked about. (YP6)

Provided new ways to think about the circumstances – new skills

Just like how to deal with things better – instead of like keeping quiet now it is better to talk to other people. I could talk openly with her – getting used to talking to someone else. Made it easier to talk to my mum. (YP3)

A comfortable and safe environment where the young person felt able to talk that was not attached to other parts of their life (eg school).

It was relaxed – it was like a second home, comfortable – like some kids' play room, stuff for little kids, it reminded me of my little sister's room, it was homely. (YP2)

I liked it how my mum would wait outside in the waiting room and she couldn't – no one could hear and no one could interrupt and it was like I was in this parallel world when the door closed no one could enter. (YP4)

Someone outside of the whole situation to trust – not a family member or a staff member at school because they are still connected – way outside the box – that could help and influence either party or dad if necessary. (YP5)

It is real comfortable place to meet – she is a really nice person. (YP3)

How do services know they are effectively meeting clients' needs?

Twenty-three agencies provided examples of how they monitored their practice. This included:

- Direct feedback to the service (81% or 21 agencies). Of this, 69% (18 agencies) mentioned direct client feedback from either parents or children, 62% (16 agencies) outlined a formal evaluation process both before and after the program, including a complaints process if needed, 31% (eight agencies) cited adhoc feedback from schools, referring agencies such as FDR and children. Finally, 12% (three agencies) noted the number or referrals from the legal system and schools, repeat referrals, word of mouth referrals and self-referral for siblings
- improvements in the child's behaviour, emotions and relationships with parents both at home and at school (12% or three agencies)
- follow up (12% or three agencies)
- by following a comprehensive assessment process (12% or three agencies)
- attendance at the service (8% or two agencies).

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Perth SCASP provided an example of how they used Action Research (AR) to evaluate and improve practice: SCASP practitioners were worried about time taken with intake and assessment of parents. They initiated an Action Research cycle to make modifications to the model, particularly the intake processes and how SCASP relates to MDF. They were very positive about how AR assists their practice.

Client satisfaction

Based on client satisfaction ratings entered onto FRSP Online, clients are generally satisfied. In addition, reasons for completion of service are largely positive. For the 2280 registered clients for whom data were entered on outcomes (48%), the most common reason for completion was 'intended client benefit achieved' (45% of cases). In all, the broadly positive reasons for closure far outweighed the other reasons, with 'intended client benefit achieved', 'agreement reached', 'course completed', 'community development objective achieved', 'referral to another service', and 'referral for psychological assessment' accounting for 80.3% of reasons for completion (see Table C, Appendix 1).

On a Likert Scale of 1 (never) to 7 (always), in response to the question, 'Overall how would you rate any benefit you received?', 64% chose the highest point (7) on the scale 'greatly benefited'. If the two highest points on the scale (6 and 7) are combined, the results are 77%. Clients were asked whether they would recommend the service to others and 63% said 'yes', with 37% answering 'no'. A table showing the breakdown of results on more specific scales is included in Table D, Appendix 1.¹²

Changes to the program

Twenty-one services outlined the modifications they have made to SCASP.

Providing flexible and individualised responses Almost all agencies indicated they provided a responsive service to meet the individual needs of children and families. For many this involved after hours appointments so children didn't miss school, providing more sessions, doing home visits or providing the service at school.

Some services provided examples of how they made changes to better reflect different groups' cultural meanings around family and separation. They said they recognised the need to provide a service that represents culturally sensitive practice for Aboriginal and Torres Strait Islander and CALD families. For example, one service mentioned they provided counselling in a Turkish Islamic School for children whose parents were not able to bring the children to the office.

Providing support to parents was identified by about half the respondents as a necessary part of the program. This support has been provided either through a parallel parent's program to mirror the child's program, referrals to other support services or the provision of information (eg effects of separation on children, child development).

Continual improvement processes seemed to be the key in providing flexible and individualised responses, noted by about a quarter of the services who said they frequently made modifications. They did this by actively seeking feedback from children and parents on how to best meet needs. One service identified a commitment to Action Research and how this assisted with the continual attention to improvement of the program.

Reasons for discontinuing participation in SCASP

¹² A small percentage of registered clients provided client satisfaction data on FRSP Online.

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Twenty-one services provided reasons why children may stop attending SCASP. Only one service indicated that a young person themselves had decided not to come. The most common reason given was that parents, for a range of reasons, withdrew their children. Sometimes this was because parents felt that the child's behaviour had improved and so counselling was no longer required. More commonly, because of high conflict between parents, consent for the child to attend was either not given or withdrawn. Services also outlined the general business or chaotic nature of some parent's lives, which made it almost impossible for their children to be brought to appointments. Children were also withdrawn when parents may have had unrealistic expectations about the speed of change.

Improvements to enhance the effectiveness of SCASP

Twenty-two agencies responded to this question and highlighted a comprehensive list of factors that could improve the effectiveness of their program. About half of services commented on the need to review the targets, primarily to have more time to engage and work with parents.

The need to include parents as clients (87% or 19 agencies). Almost all agencies called for time spent with parents to be encouraged and counted as 'work'. Agencies say they are currently spending time with parents (intake process, getting permission for other parent, feedback to parents etc) and this work needs to be funded. They argued, to be more effective for children, there is a need to work in a holistic family systems way. As one agency said:

To provide a whole counselling package to children and their parents by the same practitioner who will then have a complete idea of the family situation and can suggest a single directional approach towards resolving the problems rather than different counsellors suggesting different things. This could also include personal counselling for parents, support groups for parents and support groups for the whole family. It has been proven that when the worker engages with the parent and the child, from the beginning to the end, the program is more effective.

Staff issues (50% or 13 agencies). For example, an increase in funding, more staff (particularly in group work as it frees up staff for individual counselling), greater administrative support, simplifying the administrative work load, improving the flow of information from the funding body, supervision of staff and professional development in therapeutic techniques for parents and children.

Better partnerships/collaboration with schools and communities, the legal system, (31% or eight agencies). One agency suggested that court mandated services for children and parents needed to be better synchronised.

Better engagement, more appropriate strategies with adolescents (12% or three agencies).

Extend the length and scope of counselling services, for example, to include more outreach from major cities, issues of family violence and enhanced engagement with CALD and ATSI clients (8% or two agencies, respectively).

Finally, 18 agencies responded to an opportunity to add any further comments about their program. Almost all responses spoke positively about SCASP and the important role it plays in supporting children and families after separation. As this practitioner comprehensively summed up SCASP:

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The program is extremely beneficial to families experiencing one of the most difficult transitions that they will encounter throughout their parenting life. Early intervention is clearly the most effective form of support – It benefits Australia financially in the long-term and builds for a better more resilient future for our young people. The program has the potential to prevent mental health issues, relationship difficulties, and government financial support for treatment later in life. If parents and their children are provided with early intervention through therapeutic family support then they will grow to contribute more to society both personally and by modeling resilience to their children.

Or another who spoke about the significance of the program:

SCASP provides crucial services to children who require additional support during what is often a highly conflictual and difficult time for parents. This has in the past been a major gap in services for children, particularly for those who cannot afford to pay for high quality, timely services such as through a private practitioner.

About equal numbers raised the ongoing concerns about the fact that work with parents is not 'counted' and that it should be. A number of respondents also raised concerns about how unregistered clients also do not seem to be counted as outputs. One practitioner said:

Some people are very suspicious, especially if the separation is acrimonious, and do not want to be registered clients and have their details on the database. The counselling is still provided and we are unable to count these client numbers despite the fact that the same service is being offered to these families.

Challenges in delivering services

Agencies were asked specifically if there were challenges in recruiting and retaining staff. Twenty-two agencies responded, with almost two thirds saying they had difficulties in recruiting staff with specific skills (such as child counselling, family law experience). The lack of specialised and appropriate training programs was also mentioned by almost half of the services. About a third of agencies pointed to the disparity in salaries between the government and non-government sector and about a quarter pointed to the high levels of stress involved in the work that impacted on staff retention.

The main challenge other than staffing identified by SCASP services were program factors, particularly the need to increase the funded program hours to meet the need. The ability to count the work with parents was again commonly mentioned. Agencies suggested that to provide a more holistic service, SCASP should be co-located with the POP or PSCP program (31% or eight agencies).

Just under a quarter of agencies identified the location of the service as a major challenge for both clients and workers that entailed substantial travel. About the same number of agencies felt that there were challenges in working with other agencies. For example, they identified waiting lists for specialised services and service gaps, for example a need for domestic violence counselling for children and families.

TABLE 5 CHALLENGES TO WORKING IN SCASP

Workforce challenges	Percentage	Other challenges	Percentage
Difficulties in recruiting staff with specialised skills	58%	Need for more funding hours to include work with parents	31%
Lack of specialised training programs	58%	Location of the program (travel for staff and clients)	23%
Lower salaries	35%	Other agency factors (waiting lists, engaging key stakeholders, lack of particular services)	23%
Workload	23%	Parent factors (expectations, emotional cost)	19%
Retaining staff in remote areas (high cost of living)	12%	Cost of meeting diverse clients' needs (ATSI, CALD)	4%

The need for more support for parents was seen as the “missing link” by the SCASP workers. All three Unifam SCASP workers interviewed said that they needed to spend “too much time with parents”. The SCASP worker at Fairfield does not have an ‘in-house’ counsellor or therapist for parents. As a result, the Fairfield SCASP worker often spends a lot of time talking to parents after CIP feedback. This can involve talking to each parent separately. This can be very time consuming and intensive. SCASP workers need the support of counsellors and therapists to work with the parents of the children as this is a time consuming task that is worthy of attention. The children are the primary client of the SCASP workers and this needs to remain the case. It was suggested that if there was a counsellor/therapist for parents they could sit in on the CIP feedback from the SCASP worker and then they could continue to work with the parents once the SCASP worker has left.

Perth SCASP has moved towards dealing with this issue by integrating their SCASP and POP services. However, this remains an issue for many SCASP services who may not have an ‘in-house’ parenting program such as POP.

Summary findings

How appropriate and effective is the service model in supporting target groups?

- Services are able to identify key elements that make the program effective, eg flexibility, highly skilled staff, child centredness.
- Services have some mechanism for monitoring their program which provides evidence for changes that are made to better meet clients’ needs. They have made modifications based on this feedback.
- FRSP Online indicates that 77% of registered clients who provided client satisfaction data rated the benefit received very highly and 63% said they would recommend the service to others.
- Services identified a range of challenges to providing this service, eg attracting skilled staff, recognition of work required with parents, access issues for parents.
- Many services argue that a more holistic approach that works with children and their parents would lead to more effective outcomes for children.

What are the linkages between SCASP and other agencies including Family Law and Family Support services?

A key principle underpinning the Family Support Program and a key interest of the evaluation is how SCASP can provide more coordinated and flexible approaches to delivering support to children and families. Agencies were asked to identify examples of effective collaborations with other Family Support Services. They were also asked to provide examples of wider collaborative working. These links with other services are fundamentally about networking to ensure referrals are made to the program, as well as having good relationships with services that parents might be referred to. However, there are examples of where the collaborative activity goes further than this most basic level to partnerships that aim to provide a more coordinated approach for families.

Referrals in

The single most frequently referring organisation (after the category of 'other' 18.5%) was the Family Relationships Centres, accounting for 17% of referrals. This was followed by 'Family/Friend' at 15.9% and 'Self-referral' (14.3%). The referral profiles of each organisation did vary considerably. For example, 78% of one organisation's clients were entered as self-referred, whereas another organisation identified only 1.9% of referrals as self-referred (FRSP Online 2009-2010).

Referrals out

For the vast majority of registered clients (93.3%), no referral to another service was recorded (FRSP Online data for the period 2009-2010 data 15 March 2011). The single largest category of service to which they were referred was another funded FRSP (2.2% of clients). Only one SCASP organisation recorded more than 10% of clients as having been referred out – for all others it was less than 10%. This may be because some service providers did not complete the 'Referral Details' form on FRSP Online and may not be a true reflection of referrals out to other services. The data on which FRSP services the 2.2% of clients who were referred to is somewhat confused by the greatest category being identified as SCASP itself.

Effective partnerships/collaboration between SCASP and other Family Support Services

Agencies were asked to identify examples of effective collaborations with other Family Support Services. Their answers were analysed using Winkworth and White's developmental model of collaboration.¹³

Level 1 Networked This type of collaboration has the purpose of gaining a better understanding of the service system and aims to build trust between services

In contrast to the FRSP Online data, most agencies described how they networked with a wide range of FSS and other services. The services identified include FRCs, other family support services as well as mental health, domestic violence services and schools. The reasons given were primarily to ensure a two way referral process. This is mainly done through information sharing activities (eg at staff meetings). As one agency said, "we provide information about our services to other organisations that do not have the ability to provide services such as ours".

¹³ Winkworth and White's Levels of Collaboration (2011).

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About a quarter of agencies gave examples of where they were part of a service network (eg Law Pathways Network). A small number of agencies mentioned shared training with key services as a way to build relationships.

Level 2 Coordinated working has the main purpose of making information and services more accessible for children and families

Over a third of agencies provided examples of how they worked with others to coordinate services. SCASP services are sometimes co-located within an agency that provides other Family Relationships services (seven agencies) or other broader welfare services. This co-location provides a more seamless referral process for children and their parents.

The co-location with Fairfield FRC has led to a productive collaboration with the other services offered, in particular the FDR practitioners. These services work together to inform and engage parents about the diverse roles of SCASP.

About a third of agencies described partnerships which involved both FSS and other services, eg co-facilitation of groups with school staff, shared group programs with Community Health agency, joint programs with services that provide similar services to SCASP.

A small number of services described how they worked with other services including schools to better meet the needs of children. One agency described how they used partnerships to actively outreach to ATSI (eg holiday program with HACC) and CALD children (eg outposted counsellor in a Turkish School).

The Perth program has developed a strong partnership with the Family Court. A Family Court magistrate is on the SCASP reference group and a MOU has been developed to outline the referral process. This includes the mandated attendance of parents to MDF and the assessment of children to SCASP. Court staff are confident about the skill level and the advice they receive from SCASP practitioners and frequently refer families.

Range of services SCASP is in contact with

As indicated in the previous discussion, almost all services had regular contact with a wide range of Family support/relationship and other services. The table below shows services that SCASP has regular contact with. Almost three quarters of services have regular contact with legal services and the courts. About a third of services said they had regular contact with child protection services and 40% said they had regular contact with youth services.

TABLE 6 SERVICES IN REGULAR CONTACT WITH SCASP

Services	Percentage
Family support/relationship services	86%
Legal services and the courts	73%
Health and mental health services	41%
Cultural and welfare support services	36%
Child Protection (statutory and non-government)	32%

Barriers to working with other services

Twenty-two agencies responded to this question, with one agency indicating that there were no barriers to working with others. However, for others a number of barriers were apparent.

Lack of time to build partnerships was mentioned by about a third of services. This included the observation that it took time to build relationships, but then staff from other organisations would change and more time was required to build new relationships.

Other services have had a large staff turnover and therefore we have to start again in educating service providers about what our service can offer and what the parameters of our service are.

Competition was identified as a barrier to collaboration by around just over a quarter of services. It was felt that some agencies compete because they provide similar services to SCASP and hence are reluctant to refer potential clients. One service voiced how competition was exacerbated by the need to meet program targets, with agencies reluctant to engage in joint projects due to competition, and the perception of “double dipping” of clients.

Ideological or practice differences A small number of agencies identified differences in ways of working as a major barrier to collaboration. One service provided this example:

We were very keen to work with (Women’s program), but they don’t work with fathers or male children over the age of 15 years because they have a very strong feminist view about family violence.

One service pointed to ideological differences in child inclusive versus child centred practices, which was a barrier to working together¹⁴.

Summary findings

What are the linkages between SCASP and other agencies including Family Law and Family Support services?

- FRSP Online indicates low levels of referral of families to other services. However, the online survey indicates that attention is paid to developing relationships with other services.
- Most services indicate they work collaboratively with others at the networking level to ensure referrals in and to build relationships to make referrals.
- There are significant coordinating activities being carried out with services (co-location, shared activities) that aim to ensure services are more accessible to families. This includes other FSS programs, as well as other services such as schools, health and welfare. Many services have significant and important relationships with the court and other parts of the legal system.
- There are still barriers to working with others including the time it takes to build relationships, competition with other agencies and the issues with waiting lists or lack of services to meet children’s needs.

To what extent does the SCASP model engage at risk families/disadvantaged families?

One of the key questions framing the evaluation was to explore to what extent services are successfully targeting children from families who are ‘at risk, vulnerable or displaying

¹⁴ Child-focused dispute resolution is where parents are focused on how to consider the unique needs of each of their children whereas child centred or child inclusive practice is where children are directly involved in the intervention.

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disadvantage'. SCASP services have been, on the whole, strategically located in locations that have some level of disadvantage. Using a crude measure of disadvantage (low income, ATSI, CALD, education) we analysed service data with ABS data.

Low income In terms of income levels,¹⁵ in each service location the percentage of clients on lower incomes was commensurate with, or exceeded, the percentage of people on lower incomes in the catchment areas. This analysis is based on small numbers because clients under 15 were excluded from the analysis, as were those for whom no income was stated. Similarly, clients under 15 were excluded from the analysis of employment status. However, on the basis of available data it seems that in most, not all locations, a sizeable proportion of clients are unemployed. (See Table E, Appendix 1).

Aboriginal and Torres Strait Islander clients Some service locations record a higher percentage of ATSI clients than those found in the catchment areas and some record a lower percentage. For example, in the Statistical Subdivision of Bundaberg, 3.06% of the population are Indigenous. However, the SCASP service there has recorded 10.29% of its clients as being of Indigenous status. Conversely, the Statistical Division of Darwin has an Indigenous population of 9.68% and the SCASP service there records its clients as 2.91% Indigenous. As we see above, overall the percentage of clients who are recorded as of ATSI status are congruent with the Australian average.

CALD clients Except for Sydney and Melbourne, very small percentages of clients were recorded as speaking a language other than English at home, indicating that generally across Australia CALD families tend not to access this program.

Acknowledging that we have data only on registered clients and that some registered clients did not provide data on some items (for example, income, educational level); economically and educationally disadvantaged people do seem to be participating in SCASP. On the basis of these data, CALD groups do not seem to be accessing this program. This is discussed further in the online survey results section.

Specific strategies to reach particular groups or families

Thirteen agencies in the online survey described the specific strategies they used to reach particular groups. The most frequently mentioned strategy was to attend network meetings (eg Islamic Women's Network Meeting, Arabic Network Meeting). A number of services indicated they were in partnership with targeted services to ensure more disadvantaged families had access to SCASP (eg child protection, domestic violence services).

About half the services referred to the fact they used outreach to disadvantaged areas, particularly schools, as a key way to attract more vulnerable children into the program. Attending professional development was also noted as a way to ensure practitioner's knowledge was up to date in working with culturally diverse families.

Unifam Fairfield identified culturally and linguistically diverse (CALD) groups as frequently not accessing SCASP. Fairfield is situated within a remarkably culturally diverse context and it was noted that more

¹⁵ The marker chosen was the percentage of clients on individual incomes of \$599 or less per week. This took into account the ABS's description of people in the second and third decile of income as being of low income and median disposable household income of \$692 (ABS Household and Income Distribution Australia 2007-2008).

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work was needed to engage with these groups and make it “culturally relevant”. However, this concern was not unanimous. The SCASP worker at Fairfield noted that she saw a diverse range of cultural groups and that the links with the community within Fairfield are strong. Yet other workers at Fairfield perceived that more work needed to be done in engaging with a wider range of cultural groups. Aboriginal and Torres Strait Islanders were consistently noted as not accessing SCASP.

The Perth program was felt to not be necessarily suitable for ATSI and CALD communities and therefore the level of diversity is low. Anglicare staff argue a community development approach with particular communities is required to design a culturally appropriate model. They have done this successfully with the Indigenous community with their Mums and Dads Forever program.

Summary findings

Do SCASP services engage with ‘at risk’, disadvantaged families?

- These findings are based on registered clients only – more disadvantaged clients may be less likely to agree to being registered, therefore these findings may not show an accurate picture of clients’ backgrounds.
- Locations of services are in areas with high or mixed levels of disadvantage which has the potential to assist in attracting clients from diverse backgrounds.
- Economically and educationally disadvantaged families do seem to be participating in SCASP.
- High level of engagement of parents experiencing high levels of conflict.
- Mixed picture in attracting ATSI clients. Some sites are engaging ATSI clients but there are programs with low representation meaning some children are not being reached.
- Overall low representation of CALD groups accessing this program meaning these children are not being reached.
- Services are aware of the need to implement specific strategies to engage with diverse groups (eg prioritising schools in disadvantaged areas, building relationships with key services). About half of the service indicated they have specific strategies in place.
- More work is required to assess whether low diversity of clients is due to program or outreach mechanisms. Some agencies argue there is a need for SCASP to be modified to be more culturally appropriate to ATSI and CALD clients. This needs to be done in partnership with different communities. Services recognise particular attention is required to engage diverse families. It would be expected if strategies are implemented there would be an increase in ATSI and CALD children accessing services over time.

5. POST SEPARATION COOPERATIVE PARENTING

PSCP was established in October 2008, with funding for 28 services at 42 outlets nationally. They are located in regional areas across Australia.

As with the SCASP discussion above, a range of data is used to assist in answering the key evaluation questions. We used data from the desktop analysis, as well as the online survey with practitioners to assess the progress of PSCP. A total of 21 services completed the online survey – a response rate of 79% of services, although there were 26 responses which included

some outlets. Case study data are used to provide a more in-depth description of the model in practice in three different locations.

To what degree and how are PSCP services achieving their objectives?

Objectives

The program objective of PSCP is to assist highly conflicted separated parents in regional areas to manage their conflict, focusing on the child's best interests. It helps separated parents to understand the effects of entrenched conflict on children and that their children need them to be supportive of their relationship with the other parent. It also helps parents develop strategies to deal more constructively with each other, be aware of the importance of supporting the child's relationship with the other parent and leads to change in behaviour/attitudes as a result of participating in the seminar.

Target groups for service delivery

Overall, for the financial year 2009-2010, the following clients accessed PSCP:

- 3854 registered clients (data 8 March 2011) and 1771 unregistered clients (data 9 March 2011), a total of 5625. The proportion of registered clients (69%) to unregistered clients (31%) is much higher than that in the SCASP program
- of the registered clients, 2096 (54%) were female and 1758 (46%) were male
- of the registered clients, 195 (5%) were Indigenous (see Table H, Appendix 1)
- of the registered clients, 440 (14.2%) of working age were unemployed.

Not surprisingly, agencies identified their target group as separating parents. However, more specific targets were also identified. These included:

- high conflict parents (46% or 13 agencies)
- families at risk (29% or eight agencies), which included lower socioeconomic, homeless and Indigenous and CALD clients, clients who had mental health, drug and alcohol issues
- grandparents and carers (25% or seven agencies)
- parents who have been involved in the family law court system and/or had undergone Family Dispute Resolution (25% or seven agencies)
- one agency mentioned that they have also worked with separated fathers in prison
- new partners (7% or two agencies).

What are services hoping will change for children and families as a result of this program?

There was a variety of responses to the outcomes agencies expected to see as a result of PSCP. The changes identified involved changes for both parents and children. The changes include an increased understanding or awareness of the effect of conflict on children, as well as skill development around parenting and better communication.

TABLE 7 EXPECTED OUTCOMES

Outcomes	Percentage
Improved child-focused parenting skills	68%
Increase in both parents working constructively together, including better communication with each other	64%
Improved parenting relationship with their children	61%
Increasing understanding of parents of the effects of conflict on children – leading to reduced conflict	50%
Positive child outcomes	43%
Increasing parent’s resilience through increased social support	39%
Ongoing parent learning	11%

Program approach

Activities

The dominant model of service is a comprehensive intake and assessment session followed by attendance at a half-day educational seminar, in a group setting if client is assessed as ‘group ready’, or by individual interview. The seminar, based on the pilot program out of which PSCP was developed, Building Connections, has the overall purpose of ‘improving outcomes for children in separated families’.

All services offered follow up, but of different types. Some may be group, some individual and some more intensive follow up. Some services offered outreach, for some this was in the form of home visits, others by phone.

Berri PSCP identified how follow up phone calls and coaching sessions enable issues brought up by the seminar to be worked through in a supportive manner. This assists with mediation and child contact arrangements. Parents appreciated having a non-judgmental and supportive facilitator who then acts as a coach, listens and assists them to come up with strategies.

A small number of service providers said they considered the cultural needs of Indigenous clients in their service delivery and one had a comprehensive service delivery model for Indigenous clients.

Data from FRSP Online showed that the most frequently delivered service activity was intake and assessment (36%), followed closely by education (32%). These figures reflect the nature of the program, as described above.

TABLE 8 PSCP ACTIVITIES ACROSS THE PROGRAM

Activities	Number	Percentage
Intake and assessment	2312	36
Education	2158	32
Support	678	10
Counselling	485	7
Information	404	6
Referral	298	4
Skills training	224	3
Community development	49	1
Preparatory	80	1
TOTAL ACTIVITIES	6688	100

What PSCP providers say they do?

The online survey asked agencies to indicate their approach to PSCP. Not surprisingly most agencies described the service as having an education focus via workshops, group work and seminars. In addition, both follow up (18%) and ongoing support (14%) was highlighted by agencies.

Around two thirds of the respondents indicated that they provided a comprehensive approach to service delivery. Around half of these services outlined their case work approach, which included intake, assessment and referral, with an emphasis on counselling. A small number of services specifically mentioned the importance of networking, both within and outside their agency. Some agencies specifically mentioned being child-focused (25% or seven agencies) and almost half indicated they offered individualised support (46% or 13 agencies).

The three case studies were Berri (RA), Shepparton (Berry Street) and Coffs Harbour (Interrelate). All three had some similar and some different approaches to PSCP. What they had in common was that all parents who came to the service (for other reasons or are referred) were expected to complete the workshop before they engage in dispute resolution for example. PSCP is regarded as a 'gateway' into other post separation services (see case study material for Berri and Coffs Harbour) as well as about a third of services indicating the strength of PSCP is how it links to other agencies and programs and how it complements other in house programs (25%).

One parent said:

great course; became more supportive of my child's relationship with the other parent; motivated me to get help; motivated me to enrol in the longer (six week) course that Interrelate offers.

Shepparton PSCP complements their parents' program with a group program for children (aged seven to 12) called Kids Turn Around. This is made available to children of separated parents after parents have participated in the Cooperative Parenting Program. It includes six sessions on a weekly basis for one and a half hours and is conducted once each term.

Coffs Harbour underpins their program with a case management approach. This allows one person, the case manager, to have overall responsibility for ensuring the best possible package of support to a client

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and their family. Other Interrelate practitioners refer to the BSF case manager as 'holding' the clients, and speak of him as the link, the 'glue' that binds all the services together. This ability to share information between practitioners without breaching client confidentiality is yet another of the benefits to this program of co-located services under the one agency umbrella.

What criteria are used to accept clients or prioritise clients?

Half of the agencies commented they used minimal criteria for accepting clients or regard no one as ineligible. This included agencies whose only criterion was separation, or those that stated they specifically aim to be as inclusive as possible. Five of the agencies indicated they assess prospective clients for their appropriateness for programs. Appropriateness tended to be judged during intake, assessment or screening as group readiness or an ability or willingness to participate in the program. Seven agencies commented they required priority criteria to manage the demand. These criteria included family involvement with the court system or contact agencies or high levels of risk, conflict or distress.

Two programs specifically noted that they excluded clients with complex needs such as mental health, family violence or alcohol and other drugs abuse. Eight programs responded they have had prospective clients attempt to access their program who do not meet their criteria. These included complex needs, judged not group ready, were grandparents or pregnant or other programs were viewed as more appropriate or urgent.

Berri PSCP and their external stakeholders indicated that providing this program to some more vulnerable groups is difficult. This included, for example, younger mothers with drug and alcohol, mental health or other issues are not well served. "It's too middle class for these mothers." (RA staff)

Shepparton PSCP indicated that parents with very complex lives, who experience high levels of entrenched conflict require a higher level of support and service than the PSCP allows. PSCP workers observe that, although parents do manage to take on some of the messages of the Cooperative Parenting Seminar, it is difficult to sustain those changes;

...perhaps they then know what they have to do, but do they have the inner strength to sustain those changes or be self-motivated...If we were able to provide extra support from the service further down the track, we may be able to better support the development of that inner strength. (PSCP worker)

Waiting lists

Only six agencies indicated they had a waiting list for the program. These agencies said they provided general support either by phone or face-to-face, referred to an outside service or tried to link parents to other internal programs while they waited (although they sometimes had waiting lists too).

Marketing the program

Services used a number of different ways to market their program. All had written material but agencies also used partnerships with other key services as a critical way to engage families. Joining local Family Law Pathways Networks was also used by most services. One agency mentioned they had joined a children's services network, with another indicating the importance of word of mouth for referrals.

TABLE 9 MARKETING STRATEGIES PSCP

Strategy	Count	Percentage
Pamphlets, posters	24	100%
Partnerships/collaboration with key services	23	95.8%
Presentations	23	95.8%
Joining local service networks	22	91.7%
Advertisements in local media	16	66.7%

Summary findings

To what degree and how are PSCP services achieving their objectives?

- The program is attracting parents with high levels of conflict to complete this program and it is being used by some programs as a ‘gateway’, or hook, to engage parents in other family relationship services.
- There is some difference across services that say they include parents with complex needs and those who do not.
- Although most services provide a similar range of activities, there are some differences in practice approaches (case management, comprehensive approach). Around half of services who responded conceptualise their program as more than a workshop, ie a comprehensive approach to parents.
- Services have identified a clear set of outcomes that align with the objectives of the program.
- Around a quarter of services said they had a waiting list but provided support or referral to parents while waiting.

How appropriate and effective is the PSCP service model in supporting target groups?

Elements of the program that works best

Twenty-four agencies responded to this question with the program content and structure regarded as a critical element of the program. Services also appreciated the flexibility of the program to better meet clients’ needs through case management and team work.

The main elements that work best in the program are identified as:

- the program content, structure and resources/fact sheets, as well as the experienced staff (61% or 17 agencies)
- being able to meet the client’s needs by providing a flexible and holistic service, incorporating case management and multidisciplinary team work (57% or 16 agencies)

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- links/networks with other agencies and programs, including FRC and CSS (29% or eight agencies)
- the program compliments other in-house agency programs (25% or seven agencies)
- the program provides follow up (4% or one agency).

Berry Street Shepparton staff report being “astounded” by the impact of the three hour seminar, both in the sessions, through their observations of behaviour changes in the Children’s Contact Service and through feedback they get from parents and other services.

They (parents) literally have light bulb moments in the groups where they are sitting there saying yeah I’m only here because the court told me I had to. Once we start talking about what it’s like for your child when you called the mother a so and so, the light bulb goes on and they go ‘oh my god, all of a sudden I understand how my behaviour is impacting on my child’. There have been some amazing success stories from the three hour sessions. (PSCP worker)

Interrelate Coffs Harbour also identified the overriding focus on the needs and wellbeing of children as critically important. All the practitioners we spoke to view the program as being about helping highly conflicted parents to manage their conflict with a focus on the child’s best interests, and noted that this focus is very well supported by Interrelate’s overarching emphasis on the needs and wellbeing of children in separating families. One parent made the following comment on this aspect: *The staff at Interrelate are very, very good, as they should be. The children are the be-all and end-all, anyone who thinks they can use Interrelate against the partner, forget about it! They are there to help ex-partners get on the same page. They are very good, from reception right through.*

How do services know they are effectively meeting clients’ needs?

Twenty-four agencies responded to this question, indicating they had at least one form of feedback from clients. A number of measures were discussed, including:

- regular surveys and evaluations (71% or 20 agencies)
- verbal feedback from clients individually and in groups (40% or 11 agencies)
- feedback from other services (36% or 10 agencies)
- noticed positive changes in parent behaviour, including general wellbeing, communication and more emphasis on child-focused parenting (18% or five agencies)
- an increase in referrals and follow up conversations (both 7% or two agencies, respectively)
- one agency (4%) noted an increase in the development and implementation of successful parenting plans.

Outcomes of intervention and satisfaction

The data available indicate positive outcomes for intervention, and high levels of client satisfaction.

Of the 2160 registered clients for whom outcome data are available, the biggest category for why the activity (course or case activity) was completed was ‘course completed’ (62%). There were wide differences between organisations, so that this ‘reason for completion’ category had a range of 0% to 100% across services. This variation may reflect differences in how service providers interpret these categories, or the emphasis they place on courses as against follow up and individual work with PCSP clients. The other large category was ‘joint client/professional decision – intended client benefit achieved’ at 20%. The combined total of these largely positive categories of ‘course completed’, ‘intended benefit achieved’,

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'agreement reached' and referral categories was 89%. Table F, Appendix 1 shows a more detailed breakdown of client outcomes.

A varying proportion of registered clients in 2009-2010 provided client satisfaction data, depending on the item (minimum number of respondents for PSCP was 493 and the maximum 828). These data reflect high levels of satisfaction.

In response to the question, 'Overall how would you rate any benefit you received?', 68% chose the highest point (7) on the scale 'greatly benefited'. If the two highest points on the scale (6 and 7) are combined, the results are 87%. Finally, 98% of clients who provided a response to the question, 'Would you recommend this service to others?' answered 'yes'. For more detail on client responses, see Table G, Appendix 1.

In the 2010 PSCP review (1 July 2009 to 28 April 2010), 96% of clients (registered) felt that their expectations of the program were mostly met and 91% felt they were mostly able to apply new skills and knowledge (FRSP Online Client Satisfaction). This is commensurate with the findings for SCASP and higher than those for some other FRSP programs (this measure combined the upper 3 points of the rating scale 5, 6, 7).

Parents interviewed who were PSCP clients had a range of very positive things to say about the program:

It gives you a broader understanding of where you are at. It's about the kids not about us...When I first heard about it I thought oh no do I have to do this? But I went through with it and I was really glad I did and I thought gee, I can see why you are doing this. It's a good step before doing that final mediation. (PSCP parent)

It made me more focused on my child...you get so wound up in yourself when you have a separation and what you're doing might actually be making things worse for your child. (PSCP parent)

A lawyer interviewed said:

The reason I know it is working is that every client that comes into this practice that has kids and is separating is referred to the programs and now we litigate hardly any kids matters because it is so successful at getting people to stop think reflect and look at what they are doing...I have also seen people comfortable so if there is a change in the family instead of running to me as a lawyer they will go back to the centre...you can feel that change has happened over the last couple of years.

Reasons for clients discontinuing their participation in PSCP

Twenty-five agencies gave reasons for why they thought clients discontinued their participation. The main reason (43% or 12 agencies) was for a range of emotional barriers such as being overwhelmed, a lack of hope or motivation to change and the other parent perceived as being at fault.

Other common barriers to participation included more practical access issues, a lack of transport, a lack of access to child care, limits to counselling sessions and other parent competing demands (29% or eight agencies).

Over a third of agencies (37% or 11 agencies) felt they either had few clients who discontinued, and that when they did it was because the parent now had all the information they needed, had resolved the issues or felt that they could now manage on their own. Two agencies reported that it was court ordered parents who were more likely to drop out.

Changes to the program

The PSCP was rolled out in 2009, based on a program developed by Interrelate. After this time, gauging a sense of what changes have been made is important. Alongside the question about what changes have been made is what services believe would enhance the model.

Nineteen agencies responded to this question.

All the agencies that responded noted that flexibility was necessary to better meet clients' needs. This flexibility of the current model was identified by most services, which allowed them to make modifications to the program and to better meet a range of people's needs. The specific changes included:

Providing individual support For example, for those who are not 'group ready' (eg violence), from a CALD background who may need an interpreter or for those in small towns, to ensure confidentiality (29% or eight agencies); the use of telephone, email to provide support (14% or four agencies).

Outreach For example running groups offsite (21% or six agencies) or running smaller groups to provide a service more often.

Expanding the target group to include grandparents and parents with preschool aged children (14% or four agencies); also reviewing written material for a range of different groups, including people with a disability.

Creating partnerships has been identified as a key modification over time. Partnerships have been developed with a range of external organisations (eg CALD and ATSI, Early intervention programs, women's refuges by 14% or four agencies). These partnerships are to provide the program to the partners' clients and to make referrals to them after the program.

Administrative changes Some services mentioned they had streamlined or reviewed agency policies, such as intake processes. Staff training around domestic violence and the legal system was also mentioned as a change (18% or five agencies).

Improvements to enhance the effectiveness of PSCP

Twenty-four agencies responded to this question and highlighted a comprehensive list of factors that could improve the effectiveness of their program. These included:

More resources were called for by around half of the agencies. This included more funding generally (21%) or increased funding for more staff, better pay and conditions, training, more resources, financial support for travel, including outreach and child care and better marketing of the program.

Widening the scope in some direction was called for by a third of agencies. This included working with other groups such as stepfamilies, children and families with complex needs, including material in the workshops to deal with a broader range of issues (eg healthy parenting or child development).

Increased collaboration was regarded as an area that required further attention by around a third of agencies. Their responses revolved around increasing referrals from key agencies, especially the courts and improved partnerships with competing services.

Meeting particular groups needs providing more support for Indigenous and non-English speaking families, particularly in remote areas.

Simplifying reporting requirements and improving the client management system was mentioned by several agencies.

Case study respondents indicated the following would also enhance the model:

*Concurrent support for children of parents participating in PSCP was identified as a high priority by parents, staff and external stakeholder in **Berri (RA)**. Funding for both specialist children's counselling and structured play sessions, assisting parents to develop skills in playing with and communicating with their children, would be beneficial. Parents also identified that they would appreciate single gender sessions prior to meeting in a mixed gender PSCP seminar, as well as a follow up and refresher PSCP group session around six months down the track. **Coffs Harbour (Interrelate)** participants said it would be good to have some additional funding to provide an outreach service to particularly isolated clients, such as women who have very little money, live out of town, and have no transport or babysitting. A number of workers also consider that it would be helpful to have a little additional funding to be able to offer an extra individual support session six to 12 months after first joining the BSF program. Coffs Harbour also emphasised the importance of concurrent support for children of PSCP parents; it is already funding its own support group for children, but considers that PSCP funding should be available for this purpose.*

More support for children – although Berry Street Shepparton have developed and funded separately a small group program for children, they see a need for more support and counselling for children in the Shepparton area given the limited and expensive referral options and the low income levels of most of their clients.

Finally, 23 agencies responded to an opportunity to add any further comments about their program. A very small number of agencies raised concerns about the impact that targets had on their practice and their worry about a lack of referrals from the court. However, overwhelmingly the responses highlighted the positive aspects of the program, eg providing a comprehensive suite of services that focus on flexibility to support parents through the complex maze of services. About half of the agencies believed the program also helps to meet children's needs (including connecting fathers with children) by improving communication between parents and a reduction in conflict.

One response summarised these comments:

Feedback from staff at FRC is that they can tell parents who have attended PSCP groups due to their increased understanding of children's needs and ability to use a common language to discuss parenting plans.

Challenges in delivering services

Agencies were asked specifically if there were challenges in recruiting and retaining staff. Twenty-four agencies responded, with over half of agencies indicating they had a shortage of staff and difficulties in retaining staff. Just under half of agencies pointed to the disparity in salaries between the government and non-government sector and a third of agencies pointed to the high levels of stress involved in the work that impacted on staff retention.

Other challenges raised also included the stress of travel for both staff and clients as impacting on retaining staff and had implications for clients' access to services.

TABLE 10 CHALLENGES TO WORKING

Workforce challenges	Percentage	Other challenges	Percentage
A shortage of qualified staff, difficulties in retaining qualified staff	57%	Need for more flexibility in funding model (need for staff training etc)	25%
Lower salaries	43%	Keeping clients motivated and able to access service	21%
Workload	29%	Meeting diverse clients' needs (ATSI, CALD)	14%
Travel	11%	Travel for staff and clients	50%
Costs of recruiting and training new staff	11%	Lack of privacy for clients in rural communities	7%

The challenges identified by the case study sites were similar to those raised by the online survey respondents.

Berri noted the key challenge of providing the service in a dispersed population across a large geographical area. For example, there are approximately 900 people who identify as ATSI in the Riverland, so obtaining the critical mass in order to tailor a group for separated parents in such a small population has inherent challenges including timing, location and delivery of the program, and privacy concerns.

One of our challenges is how do you deliver the program to lots of small satellite towns so they get the full impact? (PSCP worker)

Summary findings

How appropriate and effective are the service models in supporting target groups?

- Very strong view that PSCP is a flexible program that enables services to respond to the needs of parents and for some services a comprehensive service response is provided.
- Most services have methods for monitoring the success of their program and have made changes to better meet a range of circumstances (one-on-one education, outreach, key partnerships).
- PSCP as a short term limited intervention can have a strong affect on some parents although for others, often due to complex needs the intervention is not enough to lead to enduring change.
- 87% of registered clients who provided client satisfaction data rated the benefit received from PSCP very highly and 98% said they would recommend the program to others.
- Possible suggested changes included widening the scope to include other people in children's lives, providing brokerage money to clients for child care and travel costs.
- Biggest challenge remains attracting skilled staff, retaining staff due to nature of the work and the travel involved in delivering the program.

What are the linkages between PSCP and other services including Family Law and Family Support services?

A key principle underpinning the Family Support Program and a key interest of the evaluation is how PSCP can be part of providing more coordinated and flexible approaches to delivering support to families. Agencies were asked to identify examples of effective collaborations with other Family Support Services. They were also asked to provide examples of wider collaborative working. These data indicate how PSCP works with others to ensure increased access to services that may assist families.

As with SCASP, links with other services are fundamentally about networking to ensure referrals are made to the program, as well as having good relationships with the services parents might be referred to. However, there are some examples where services go further than just networking towards more coordinated activity. The purpose of forming these kinds of partnerships is to make a wider range of services more accessible for families.

Referrals in

‘Self-referral’ to PSCP was the common referral sources (21%) and as with SCASP the next largest referral source is ‘Family Relationships Centres’ (20%). In total, courts referred 9% of parents on a court order and made a further 5% of referrals. Private legal practitioners made 7% of referrals. Once again the profiles of referrals show variability between the services. For example, 70% of one service’s referrals were entered as coming from a Federal Magistrate’s Court (FRSP Online data for the period 2009-2010).

Referrals out

Three quarters of registered clients were not recorded as being referred out to another service (data as of 15 March 2011). The highest percentage of referrals made (11%) was again to ‘another FRSP service provider’. These numbers are consistent with the PSCP 2010 review data (1 July 2009-28 April 2010) which indicated that the vast majority (67%) of clients were not referred out to another service. However, these data also indicate that the majority of clients were utilising at least one other Family Relationship Service. Referrals are only useful when based on need and these numbers do not indicate whether or not clients needed referral to other services.

Collaboration and partnership working between PSCP and a) other Family Support Services and b) other organisations

Level 1 Networked This type of collaboration has the purpose of gaining a better understanding of service systems and to begin to build trust between services.

FSS	Other services
Most services provided examples of where they networked with other Family Support Services, they did this by presentations at their staff meetings or expos to heighten awareness of PSCP and what it could offer.	Almost all services gave examples of successful networking which has led to referrals from a wide range of services most commonly mentioned were Legal Aid services, solicitors or the court. Other services included Statutory Child Protection and domestic violence services.

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About a quarter of agencies gave examples of where they were part of a service network (eg Law Pathways Network). One agency described how they established a joint reference group with the local FRC to work towards a more supported referrals.

Several agencies mentioned joint events with other services, eg providing information at Children's week with other local providers. About a third of agencies mentioned participation in a wide range of service networks to provide information, training and possible ideas for new service delivery initiatives.

Berri's referrals into the program come primarily through the Children's Contact Service (CCS), solicitors and services such as the Riverland Advocacy Service, Families SA and Mental Health services. There are also an increasing number of self-referrals attributed by program staff to word of mouth. RA reported an increase in referrals into RA since the introduction of the PSCP program. Sometimes workers from other services attend PSCP seminars as support people for parents. RA also hires rooms belonging to other services to conduct their outreach seminars in Renmark and Waikerie, however, this seems to be the extent of collaboration with those services.

Level 2 Coordinated working has the main purpose of making information and services more accessible for families.

Over a third of agencies provided examples of how they worked with other FSS to coordinate services. Many PSCP are co-located within an agency that provides other Family Relationships services, while others have formalised their partnership through the development of Memorandums of Understanding, particularly around referrals.

About a third of agencies indicated that they were co-located in other agencies or part of a group which provided a wide range of family relationship and other welfare services. Most mentioned that this co-location provided a more seamless experience for clients, they were able to share resources (such as joint training and supervision) and some mentioned how FDR and FRC intake systematically invited parents to attend PSCP as a first step before engaging in other processes. As one respondent noted, "Being co-located makes it easier to offer a streamlined, integrated service to clients. Clients experience it as seamless".

In Coffs Harbour much of the referral and linking for this program occurs within the co-located services that make up the FRC and the Interrelate Family Centre. There is ongoing collaboration with a number of other community agencies, both informally through the BSF case manager and more formally in the context of the Coffs Harbour Family Law Pathways Network (FLPN).

A small number of services described how they worked with other services to better meet the needs of parents. One agency had developed an outreach pilot program, which was being delivered with their FRC partner's clients "who may otherwise miss out". In the same vein another agency described how they worked with a consortium partner to provide group work to parents living in another town, which meant parents didn't need to travel to access the service.

The partnership with Shepparton PSCP and FRC demonstrates what a small provider can achieve in order to provide a seamless service for parents. Berry Street and the FRC (Centacare) have a joint intake process, so families now go through one intake process for both agencies. Berry Street has also recently started accompanying FRC staff on outreach visits to smaller communities to give brief (one hour) sessions communicating the key messages of the PSCP/Building Connections seminar. The PSCP is compulsory for parents undertaking mediation at the FRC.

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We talk a lot and there's no preciousness. It's about sharing the load and keeping our common goal in mind. It's all about the children, so we're very outcomes and client focused. The children are the outcome. (External stakeholder on collaboration with Berry Street)

Successful collaboration is all about attitude. I don't believe I know everything or that I have all the skills. I trust Berry Street. We can't let egos get in the way of the children. (External stakeholder)

There were fewer examples given of this level of coordination with other non FSS services, although, as outlined above, there was strong networking activity to ensure referrals into the program. There were several examples where PSCP workshops were held in other agencies, such as a Domestic Violence service.

Two agencies provided detailed examples of how the PSCP has partnered with mental health services:

An example of collaboration would be a recent case where we worked with the mental health team to provide support for a dad who had attempted suicide. We worked closely with dad and his mental health worker to develop a plan that incorporated mediation, post separation parenting support, and access visits with his children in the children's contact service. The outcome of this case was that we assisted mum and dad to resolve lots of outstanding issues which eventually saw the family restored with the understanding that they could return to us at anytime to address any further family relationship issues.

Berry Street at Shepparton have also identified that there is a significant group of separated parents in prison. The local low security prison has a population of separated fathers who are transitioning into moving back into the community. Berry Street are currently developing a program to work with these fathers to enable them to reconnect with their children. The program will focus on self-care, re-establishing relationships and maintaining cooperative parenting relationships in the context of separation. It will be modified to cater for very low levels of literacy and to be father focused;

It will also help them to develop skills to deal with their ex-partners, who have often moved on and have new partners. The seminar will still have the same flavour and focus and will have a very hands on discussion as many of the fathers are illiterate. (PSCP worker)

The second example is where a service has partnered with another agency and a community organisation. This is an example of creative partnerships which are fun and non-stigmatising.

The third example is where a service has partnered with a community organisation:

We deliver a 'whole of family' weekly group program for disadvantaged/at risk families using 'social circus' to enhance family interaction, confidence and resilience. We do this in partnership with another agency and a Circus Company.

The table below indicates regular contact with other family support/relationships services, followed by legal services and the courts. These data point to a considerable amount of contact with child protection and health and mental health services, which indicate that reasonable connections have been made with these types of services.

TABLE 11 MAIN SERVICES REGULAR CONTACT PSCP

Service type	Percentage
Family support/relationships services	92%
Legal services and the courts	83%
Cultural and welfare support services	58%
Child protection	33%
Health and mental health services	25%

Barriers to working with other services

Twenty-five agencies responded to this question, with three agencies indicating that there were no barriers to working with others. However, a number of barriers were outlined.

The most commonly mentioned barrier was a lack of success in engaging particular services as a source of referrals. Agencies mentioned lawyers or other family relationship services as not being a referring source even though services felt they had made repeated efforts to make connections. Competition between services in a competitive tendering environment was also sometimes seen as a barrier. Other factors included a lack of services in regional areas, time constraints and travel and differences in the operation between Federal and State programs.

Summary findings

What are the linkages between PSCP and other services including Family Law and Family Support services?

- FRSP Online does not reflect high levels of referrals out of PSCP.
- Most PSCP providers engage in strong networking activities to ensure information is available to other service providers, including membership on appropriate service networks, presenting information at expos.
- Where PSCP is co-located in a FRC or other family relationship agency it is thought to provide a seamless service experience for parents in accessing other FRs and good partnerships to increase access for parents.
- There are some excellent examples of more coordinated ways of working, eg with statutory or targeted services to increase outcomes for children and families, including partnering with community organisations.
- Services identify major barriers in working with others that revolve around trust, competition and the time it takes to build relationships.

To what extent are PSCP services able to engage at risk/vulnerable or disadvantaged parents?

One of the key questions framing the evaluation was to explore to what extent services are successfully targeting families who are 'at risk, vulnerable or displaying disadvantage'. PSCP services are located in regional areas that have some level of disadvantage and potentially a limited service system. Using a crude measure of disadvantage (low income, ATSI, CALD,

education level) we compared FRSP Online data with ABS data to analyse demographic features of clients who are using the service compared to those in the surrounding population. Services were also asked how they targeted families who may be experiencing disadvantage. More detail of this analysis can be found in Table H, Appendix 1.

Disadvantaged families

Indigenous clients in many of the locations were represented proportionate to the general population in that area. However, there were some locations in which no Indigenous clients were identified, despite a high percentage of Indigenous people in the surrounding population, and some where the proportions were higher than those in the general population. Few locations recorded seeing the percentage of CALD clients commensurate with those found in the surrounding population.

The percentage of clients with educational level of Year 10 or lower was generally similar to that in the broader local population. The proportion of clients on incomes of \$599 per week or below were overall on a par with the proportion of people in the general population in that income group, with some areas recording considerable higher percentages of people in this income group than found in the surrounding population. High levels of unemployment amongst clients were recorded (for those over 15) in most service locations.

From the FRSP data available, it appears that, overall, PSCP programs are seeing clients who are disadvantaged, consistent with their local contexts. Groups which seem to not be accessing this service include CALD communities. The online responses indicate that most services are aware that they are not providing support for Indigenous and CALD families, particularly in remote areas. Some agencies indicated that they do not have the resources to ensure that the PSCP is relevant to diverse groups and this requires more resources to meet these family's needs.

Specific strategies to reach particular groups or families

Eighteen agencies identified specific strategies they used to reach particular groups. The most frequently mentioned strategy was that of working in partnership with particular CALD and ATSI agencies.

One agency said they were currently carrying out a pilot of the program with a small group of Indigenous clients with elders in attendance to support and guide both the facilitators and participants. They wanted to recruit one or more elders to train as a facilitator, thereby attracting more Aboriginal parents to the program. Another program is currently delivering a modified parent education seminar and is looking to develop a more substantial example over the next 12 months. Others mentioned outreach as a key way to ensure the program is more accessible; this involves going to smaller towns or outreaching to schools.

TABLE 12 STRATEGIES USED TO REACH PARTICULAR GROUPS

Specific strategies	Percentage
Networking/partnership with other service providers, in particular CALD and Indigenous agencies or workers	50%
Outreach or going to where clients are	29%
Culturally specific resources	18%
Mention of specific agency programs and policies, such as cultural action plans and language service policy	18%
Arranging interpreters for CALD clients	11%
Working with local schools	7%

In Coffs Harbour, high violence families usually do not come, but high conflict families do, and these may be anywhere on the socioeconomic spectrum. Clients with drug and alcohol and mental health issues are routinely referred to BSF, eg by the FRC, CCS or legal practitioners, and some practitioners noted that in such cases, clients tend to obtain more benefit from the BSF program if they are receiving help with these other issues.

The Berri participants said that ATSI parents don't access mainstream services. Whilst some of the content of the seminar can be used, a completely different style of delivery is needed.

Culturally and Linguistically Diverse (CALD) parents, particularly from New and Emerging Communities (NEC's) rarely access the PSCP. There are over 50 language groups represented in the Riverland, a large number of who are from NEC's. Whilst RA conducts outreach visits to TAFE English classes they recognise that there are many complex cultural issues which also need to be effectively addressed in order to assist separated parents from CALD backgrounds.

Summary findings

To what extent is the PSCP able to engage at risk/vulnerable or disadvantaged parents?

- Success in attracting people with low incomes and lower educational levels in most areas.
- Less success in engaging ATSI and CALD clients compared to those on low income and education levels.
- Most services indicated they had strategies in place to better target ATSI and CALD clients.
- Most services argue that providing culturally appropriate services takes time and resources to develop appropriately. This occurs in some services through the development of partnerships.
- Acknowledgement that more work has to be done to provide culturally appropriate services, although there are some structural barriers to this occurring.

6. KEY MESSAGES

This evaluation study aimed to assess the current state of practice of SCASP and PSCP. Particular attention was paid to how the programs were achieving their objectives, as well as a focus on understanding how the service models work with children and families. Currently the Commonwealth is carrying out a major reform of service delivery and the new framework of the Family Support Program (FSP) is underpinned by several principles that aim to develop services to better meet the needs of children and families, particularly those more vulnerable children and families. A further focus of the evaluation was to examine how these programs are aligned with the principles of the FSP. The key principles of particular interest are the collaborative working of SCASP and PSCP and how they give priority to at risk, vulnerable and disadvantaged families and children.

The evidence sources for the evaluation included an analysis of secondary data including FRSP Online, an online survey of service providers and the development of five case studies to explore in more depth the critical elements of success. Based on these data, it is clear that SCASP and PSCP are vital programs in the suite of Family Relationship services. They are working with children and their families to assist them in a range of flexible ways to better manage the transition of family separation. However these services are not yet available in a comprehensive way across Australia.

SCASP is an important and ground breaking initiative that works directly with children to support them and to help them develop skills in managing the often difficult processes of understanding and reconfiguring family relationships. The program gives children a 'safe place' to talk about their lives. It goes beyond the frequent attention given to adults' needs, to clearly enable children's views, thoughts and feelings to take centre stage in parents' lives and practitioners' practice. The existence of this program has required the development of a very skilled children's workforce, which provides not only quality practice with children, but who are a critical resource to organisations to further develop the child centredness of services. However as discussed below there are still groups of very vulnerable children whose needs are not being met through SCASP.

PSCP in some ways 'punches beyond its weight'. On one level it is a simple program that aims to grab parents' attention about how conflict and poor communication affect children. Services are using this program creatively. It is being used by some services as a hook for parents to be engaged in other programs that can assist them further to focus on what is important: their children and how best to work together to be the best parents they can be.

The following provides a discussion of the key messages from the evaluation and points to possible enhancements of the models. It also specifically discusses some of the issues confronting particularly vulnerable children and families.

Parallel programs for children and parents

Many SCASP and PSCP services have identified the need to take a child centred, family focused approach to service delivery. SCASP was established with the primary aim of supporting children during separation. It is understandable, in what is otherwise an adult focused society that the design of SCASP was underpinned with a commitment to focus more directly on children. Accordingly, the program guidelines have not viewed work with parents as a key priority. However, services argue strongly and convincingly that time spent with parents is

critical to the ability of SCASP to effectively work with their children and should therefore be valued and counted as 'work' of the program. Ecological and family systems theories and theories of bonding and attachment, grief and loss invariably underpin therapeutic programs for children in other well-established contexts, such as Child and Family Mental Health and a range of other health and welfare programs. These theories recognise the complexity of bonds between children and their parents and extended families, including the need for children to be assured by parents that they support their involvement in the program.

There is a risk when focusing only on children of compromising the endurance of any gains that are made. It also greatly reduces the likelihood of engaging vulnerable and disadvantaged children. When families have high and complex needs, considerable time and skill is required to persuade parents to allow them to join therapeutic programs and to sensitively provide feedback so that they will allow continued involvement in the program.

Some services have found a possible way forward by providing parallel programs for children and parents. Perth SCASP is an example of where, using Action Research, they aimed to solve the problem of reducing the time SCASP practitioners spent with parents and at the same time providing a program for parents (Mums and Dads Forever – Parenting Orders Program). Now MDF practitioners carry out the adult work while SCASP practitioners focus on children. With this co-located parallel model there are opportunities for collaborative work between the adult and children's practitioner.

Shepparton PSCP, recognising the need to work with the children of their adult clients, runs a six week children's group, Kids Turn Around, which does group work with children aged seven to 12 after parents have participated in the Cooperative Parenting Program.

There are other examples of where services provide a parallel program for parents and children that recognise the need for child centred, family focused programs that meet the needs of children and parents. As one service said:

If children are in a program and parents are not, then nothing is changing for children; this is very unhelpful for children. Unless parents are on board and acknowledge their role in the conflict then nothing can change for children.

Currently this does not occur systematically across both programs and is reliant on a creative use of resources to carry out this more holistic work. In the meantime, SCASP practitioners continue to spend significant time with parents to get children into the program and to keep them throughout. This is time that is then not available to children.

Vulnerable children and families

Overall, both programs demonstrated a focus on the provision of services to vulnerable families. However, we noted that for some children and families there are constraints on the availability and/or appropriateness of services. Evidence suggests that the most disadvantaged children typically live in families whose complex needs (eg mental health issues, abuse, neglect, trauma, drug and alcohol issues) lead them into chaotic lives, which make them unable or unwilling to attend services regularly. In other words, factors that make these children more vulnerable, at the same time make them less likely to access the services they need, such as SCASP or services complementing PSCP. It is apparent that the capacity of SCASP and, to some extent PSCP services, is currently heavily absorbed by clients who are able to use services, can

reliably bring themselves or their children to participate, and in the case of SCASP, who self-refer and where both parents consent.

Location, transport, child care and costs

Critical structural factors such as the existence and location of services pose barriers to the ability of some families using SCASP and PSCP services. Services are not available in every city, suburb and town and common access issues such as transport, distance between services and the cost and time of getting to services affect whether families can access them. Invariably families with least resources, information and family support networks will be the most likely to miss out. Some services argued for brokerage money to be made available to parents to assist with the cost of transport or child care. Some programs, in response to these access issues, provided outreach to smaller towns and to schools and also offer services in partnership with other services.

Competition and reluctance to refer

Another structural issue that affects service access is an apparent competitive climate between some Family Relationship agencies. Although there are examples of this being overcome through successful partnerships, in some situations competition has affected the willingness or otherwise to refer children and parents to the services they need. It also remains unclear why so few referrals are recorded on FRSP Online. Similarly the large category of 'self-referred' suggests services may not know how families find out about their program. This information is important if services are to know how to target a wider range of potential referral sources, especially agencies that are in contact with vulnerable families.

Building culturally safe and appropriate programs

The data indicate variability in the ability of services to access a wide range of CALD and ATSI families. Many services noted the need to further attract clients from diverse backgrounds. Some services have built partnerships with ATSI or CALD services. However, a question remains as to how culturally appropriate the current models are in reflecting a wide range of values, norms and practices that encapsulate what it means to be 'family' in the context of relationship breakdown and separation.

To work with different culturally and linguistically diverse groups requires knowledge of the existing sets of values, norms and practices of the family and the broader cultural setting. However, in each instance child centred practice endeavours to introduce a potentially new set of values that can reframe a family discourse to improve the outcomes for children and families. How easily a family adopts or incorporates this new family discourse will vary from family to family. It remains unclear whether the model of SCASP and PSCP in presenting a particular set of norms and values is the barrier to diverse families engaging in these services, or whether it is more about the need for significant outreach to connect with a wider range of families. It may well be that both are required; the development of more culturally appropriate models and increased outreach.

Children who miss out

Services are very clear about the eligibility criteria for participation in SCASP. However, although SCASP meets one set of needs (around the separation), there are groups of

vulnerable children who miss out because they are not deemed suitable for SCASP or are not able to access it.

Children whose parents are in conflict and refuse consent

The need for consent from both parents, particularly where there is high conflict, can prevent some children, who would benefit, not being able to access the service. In these situations the SCASP worker and the provision of timely feedback about how the child is benefiting from the program can make considerable progress through individual approaches to each parent.

Children who have suffered trauma

Children who have suffered severe trauma, including through family violence and/or sexual abuse may also miss out. Recognition that SCASP, a short term program, is not sufficient to meet longer term needs and that specialist skills may be required, SCASP services often try unsuccessfully to refer children to more suitable services.

Participants report that specialised, therapeutic, longer term treatment either does not exist, there are long waiting lists or the fees required by the private sector are too high. It is particularly concerning that these children with the highest levels of need are not able to benefit from a therapeutic opportunity, however short term. This is a problem which requires more extensive analysis. In many instances children in these situations do benefit from therapy, and early intervention may prevent the onset of more serious mental health and behavioural problems.

This does not obviate the need for more long-term treatment services for children; rather it suggests the importance of training for SCASP workers in how to assist children in the short term, as well as good supervision and support as they undertake this difficult work. Although not raised specifically in this evaluation, there are examples of services that have developed strategies such as 'secondary consultation' between SCASP, for example, Child and Adolescent Mental Health Services (CAMHS). This arrangement enables SCASP practitioners to seek advice about how to best support children and young people who are experiencing difficulties. In this example, some clients may never be seen by a CAMHS practitioner, others will be assessed but may continue to receive most of the support they need from SCASP, while a small number are transferred into CAMHS¹⁶.

Children in families with high and complex needs

Children of parents who have a range of high and complex needs, such as drug and alcohol or mental health issues, can find it difficult to organise for their children to regularly participate. Services indicate a number of ways of responding to these children, such as providing services in schools and using other more accessible locations.

Other examples are also provided where child protection authorities or domestic violence services work together with family relationship services. This is not a criticism of SCASP, but the fact remains that again, the most vulnerable children appear not to be fully engaged in therapeutic supportive work. Due to their parents' complex issues, they are not seen to be appropriate for SCASP and yet may not always be able to access support elsewhere. Working with these families again relies on strong relationships being built with mental health services, child protection and drug and alcohol services to work alongside SCASP and PSCP practitioners.

¹⁶ FRSA (2010) What Helps and Hinders, FRSA Linkages and Collaboration Project Report

Workforce issues

The case studies and the online survey indicated a number of workforce issues, such as the recruitment, training and retention of high quality staff. The evaluation team were very impressed with the level of professionalism and the high knowledge base which existed about working with children and families, especially vulnerable families. This has been assisted by the good networks that many have with other agencies and the prior work experience in critical agencies, such as child protection and mental health. It is also due to the commitment of agencies to support and build the skill and knowledge of practitioners.

However, many agencies said they had difficulty in recruiting staff with specific skills such as child counselling and family law experience. There is a lack of accessible, specialised, appropriate and accredited training programs. The disparity in salaries between the government and non-government sector remains a problem and services voiced concerned about staff turnover, particularly among young qualified professionals who leave the non-government sector for better paid jobs in the public service.

Critical partnerships can help

The issues discussed above about how to best engage and work with vulnerable families are best situated in the arguments about collaborative working. As stated above, one of the key principles underpinning the FSP is the need for more coordinated and collaborative working to better meet the needs of vulnerable families. The findings of the evaluation point to a number of very good examples of how services network with FSP and other service systems to ensure parents know about SCASP and PSCP. There are also some very good examples of partnerships, co-located services and joint working that provide families with a high level of coordination, that is, seamless service provision to a range of services.

As stated above, there are also some instances of where SCASP and PSCP work with statutory and targeted services to meet the complex needs of parents and to support children. There is no doubt that different levels of collaboration should align with the vulnerability of children and their families, as Winkworth and White argue, the greater the level of risks to children, the greater the level of collaboration needed within and between systems to keep children safe (Winkworth and White, 2009). The same argument can be made about how the most vulnerable children can be provided with the therapeutic support they need. More work is required to build stronger relationships with child protection and other support services to meet these children's needs. This requires attention and the justification for this work is well-established in the policy and practice of the Family Support Program reform and the National Framework for Protecting Australia's Children.

Finally, some comment is required about the role of the court as a critical partner. For many high conflict parents, FSP programs coupled with the authority of the court may be an effective strategy for building post separation relationships. There were several examples where the relationship with the court led to parents being encouraged and, in some cases, mandated to attend PSCP, or their children to attend SCASP. This approach, where it exists, provides an early opportunity to address the frustration and conflict parents' experience. Where children are mandated to attend SCASP this too can play an early intervention role in supporting children. This can lead to better outcomes for children in both the short and long-term.

7. APPENDIX 1 PROGRAM TABLES

TABLE A REGISTERED CLIENTS 1 JULY 2009-30 JUNE 2010: AGES AND ATSI STATUS SCASP

<u>Ages</u>	<u>Total</u>	<u>Indigenous</u>	<u>% Indigenous</u>
0-9	1643	41	2.5
10-14	1104	46	4.2
15-17	285	11	3.9
18-21	28	1	3.6
22-29	117	6	3.4
30-49	1509	15	1.0
50+	121	6	4.9
Total		126	2.6

TABLE B SCASP STRATEGIES 2009-2010

Strategies	Counselling		Education		Information		Intake and Assessment		Referral		Skills training		Support		Total
All clients entered	2995	50%	767	12%	470	8%	1601	27%	35	.6%	99	2%	15	.2%	5982
Children aged 17 or less only	2100	57%	674	18%	144	4%	666	18%	12	3%	79	2%	6	.2%	3681

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TABLE C REASON FOR CLOSURE SCASP REGISTERED CLIENTS DATA

SCASP Reason for closure	Count	Percentage
Client decision – did not show/attendance discontinued	360	15.8%
Client decision – practical issues (eg times, distance, cost)	68	3%
Client decision – unable to reach agreement (applies to dispute resolution activities)	15	0.7%
Community development activity completed	17	0.7%
Course completed	428	18.8%
Internal referral	21	0.9%
Joint client/worker decision – agreement reached	226	9.9%
Joint client/worker decision – intended client benefit achieved	1027	45%
Professional decision – FDR inappropriate	2	0.1%
Referral for psychological assessment	24	1.1%
Referred to another service	88	3.9%
Service decision – catchment area	4	0.2%
Total	2280	100%

TABLE D SCASP LEVELS OF CLIENT SATISFACTION

Statement	% answering ALWAYS (pt 7 on Likert Scale)	% answering 6 or 7 on Likert Scale
You were treated with respect	75.1%	81.9%
You received an explanation of the nature and limits of confidentiality surrounding the service	68.2%	80.4%
You received competent and professional service	72.7%	82.2%
You were clear about the expectations you and your practitioner were working towards	69.2%	78.6%
Your expectations were met	67.4%	79.7%
You are able to apply new skills and knowledge to your relationships or situations	61.3%	71.9%
You would use this service or another FRSP service in the future	67.7%	78.8%
You were shown respect for your cultural back ground and tradition	74.0%	82.1%

TABLE E DEMOGRAPHICS OF CLIENTS AND AREAS-SCASP

ASGC ¹⁷	Location	SCASP Service Provider	Unemployment ¹⁸		ATSI		Language other than English at home		Weekly income \$599 or below ¹⁹	
			% Clients	% Clients	% location	% Clients	% location	% Clients (no. of clients)	% location	
ACT										
SD	Canberra	Marymead Child and Family Centre	33.3	4.88	1.19	0	19	33.3 (1)	40.72	
NSW										
SD	Sydney	UnitingCare Unifam Counselling and Mediation	6.1	4.28	1.06	8.76	20	54.7 (99)	49.94	
SSD	Newcastle	UnitingCare Unifam Counselling and Mediation	5	1.79	2.49	0.89	8.3	55.1 (27)	60.10	

¹⁷ Australian Standard Geographic Locations. Given that catchment areas for each service location varied (between one Statistical Division (SD), several Statistical Subdivisions (SSD), and one Statistical Subdivision), the most practical was used, noting that variation may occur within the classification used. For more information see ABS (2005). *Australian Standard Geographical Classification (ASGC)*, Canberra: Commonwealth of Australia. Data about locations are from ABS Quickstats, Census Tables and CData Online, which report on the 2006 Census. <http://www.abs.gov.au/websitedbs/d3310114.nsf/home/census+data>

¹⁸ Comparable proportions of unemployment in the surrounding population are not given due to limited relevance caused by the nature of unemployment rates and the length of time since the Census data were collected.

¹⁹ The count was included due to the numbers being so small in some locations. There was data for 4770 SCASP registered clients for this analysis. Of these, 2659 (55.7%) were excluded from the analysis because they were under 15 years of age and 731 (15.3%) were excluded because their income was not stated. The percentages are based on the remaining 1380 registered clients.

Evaluation of the Supporting Children After Separation Program and Post Separation Cooperative Parenting Programs

ASGC ¹⁷	Location	SCASP Service Provider	Unemployment ¹⁸		ATSI		Language other than English at home		Weekly income \$599 or below ¹⁹	
			% Clients	% Clients	% location	% Clients	% location	% Clients (no. of clients)	% location	
SSD	Gosford/Wyong	UnitingCare Unifam Counselling and Mediation	10	3.65	2.16	0	9.3	75.2 (85)	59.59	
SSD	Wollongong	UnitingCare Unifam Counselling and Mediation	12.2	1.26	1.80	1.26	18.4	55.6 (45)	59.28	
NT										
SD	Darwin	Centacare NT	0	2.91	9.68	0	23.2	100 (2)	38.29	
QLD										
SD	Gold Coast	Centacare Brisbane	8.3	3.28	1.20	0	25.8	100 (6)	54.5	
SD	Brisbane	Lifeline Community Care QLD	6.3	3.28	1.73	2.97	16.1	54.3 (44)	51.68	
SSD	Bundaberg	Lifeline Community Care QLD	0	10.29	3.06	0	8.4	100 (5)	65.66	
SSD	Caboolture	Lifeline Community Care QLD	11.3	0	2.29	0	9.1	64.3 (27)	61.10	
SSD	Ipswich	Lifeline Community Care QLD	16.7	8.46	3.37	0	12	75 (3)	55.9	
SSD	Toowoomba	Lifeline Darling Downs and South West QLD Ltd	0	5.22	2.88	0	8.2	100 (90)	58.29	
SSD	Cairns	Relationships Australia (QLD)	4.5	2.63	7.8 (21.7 in Far North SSD)	0	18	58.9 (33)	49.35 (61.88 in Far North SSD)	

Evaluation of the Supporting Children After Separation Program and Post Separation Cooperative Parenting Programs

ASGC ¹⁷	Location	SCASP Service Provider	Unemployment ¹⁸		ATSI		Language other than English at home		Weekly income \$599 or below ¹⁹	
			% Clients	% Clients	% location	% Clients	% location	% Clients (no. of clients)	% location	
SA										
SD	Adelaide	Relationships Australia SA	4.7	1.86	1.13	2.35	20.6	61.3 (119)	57.26	
TAS										
SD	Hobart	Relationships Australia Tasmania	15.8	4	2.86	0	10.1	66.7 (4)	57.64	
VIC										
SSD	Geelong	Bethany Community Support Inc	0	1.92	0.75	0	14.2	100 (1)	59.97	
SD	Melbourne	Family Mediation Centre	13.1	0.9	0.39	39.32	31.9	51.2 (133)	53.13	
WA										
SD	Perth	Anglicare WA Inc	9.5	1.08	1.48	0.56	20.1	62.6 (129)	50.98	

Evaluation of the Supporting Children After Separation Program and Post Separation Cooperative Parenting Programs

TABLE F REASON FOR CLOSURE PSCP REGISTERED CLIENTS DATA 15 MARCH 2011

Reason for closure	Count	Percentage
Client decision – did not show/attendance discontinued	175	8.1%
Client decision – practical issues (eg times, distance, cost)	31	1.4%
Client decision – unable to reach agreement (applies to dispute resolution activities)	4	0.2%
Community Development activity completed	4	0.2%
Course completed	1340	62%
Internal referral	55	2.5%
Joint client/worker decision – agreement reached	65	3%
Joint client/worker decision – intended client benefit achieved	440	20.4%
Professional decision – FDR inappropriate	5	0.2%
Referral for psychological assessment	1	0.0%
Referred to another service	31	1.4%
Service decision – catchment area	3	0.1%
Service decision – safety concern	6	0.3%
Total	2160	100%

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TABLE G CLIENT SATISFACTION WITH PSCP

Statement	% answering ALWAYS (pt 7 on Likert Scale)	% answering 6 or 7 on Likert Scale
You were treated with respect	92.1%	97.7%
You received an explanation of the nature and limits of confidentiality surrounding the service	83.7%	95.9%
You received competent and professional service	85.9%	97.2%
You were clear about the expectations you and your practitioner were working towards	75.3%	93.0%
Your expectations were met	68.1%	86.8%
You are able to apply new skills and knowledge to your relationships or situations	56.3%	80.1%
You would use this service or another FRSP service in the future	68.6%	86.7%
You were shown respect for your cultural back ground and tradition	84.8%	95.5%

TABLE H DEMOGRAPHICS OF CLIENTS AND AREAS-PSCP

ASGC	Location	PSCP Service Provider	% Clients unemployed ²⁰	ATSI		Highest Level of Education Year 10 and below		Weekly income \$599 or below		Language other than English at home	
				% Clients	% location	% Clients	% location	% Clients	% location	% Clients	% location
	NSW										
SSD	Gosford/Wyong	Interrelate Family Centres (Wyong)	9.3	4.37	2.16	38.1	51.10	62.4	59.59	4.40	9.3
SD (Murrumbidgee)	Wagga Wagga	Centacare Wagga Wagga	10.3	4.71	4.1	48.1	53.82	58.6	60.32	5.33	9.7
SSD	Tamworth	Centacare New England NW	14.5	6.74	7.49	41.9	54.13	56	60.98	3.14	5.7
SSD	Port Macquarie	Interrelate Family Centres	18.2	6.37	2.59	40	52.97	80.9	65.79	1.91	6.3
SSD (Orange SSD)	Bathurst/Orange	Interrelate Family Centres	20.2	6.63	4.05	50.6	51.49	62.8	57.22	1.10	8.1
SSD	Coffs Harbour	Interrelate Family Centres	20.9	7.25	3.63	46.5	51.24	46.5	66.05	1.45	8.3
SSD	Dubbo	Interrelate Family Centres	14.9	9.26	11.13	49.2	51.56	58.1	55.81	1.32	9.8

²⁰ Comparable proportions in the general population are not given due to limited relevance caused by the nature of unemployment rates and the length of time since the Census data were collected.

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ASGC	Location	PSCP Service Provider	% Clients unemployed ²⁰	ATSI		Highest Level of Education Year 10 and below		Weekly income \$599 or below		Language other than English at home	
				% Clients	% location	% Clients	% location	% Clients	% location	% Clients	% location
SSD (L.South Coast)	Bega	Sydney Anglican Home Mission	19.0	6.45	3.6	38.6	51.88	68.5	68.80	0	7
SSD	Nowra	Sydney Anglican Home Mission	14.2	7.43	5.80	41.1	54.42	56.1	63.28	0	8.4
	NT										
SSD (Central NT)	Alice Springs	Relationships Australia NT	6.7	4.55	38.3	42.9	43.31	15.4	49.72	0	38.9
	QLD										
SSD	Caboolture	Lifeline Community Care QLD	20.0	2.70	2.29	44.3	59.68	75.0	61.10	1.43	9.1
SSD	Ipswich	Lifeline Community Care QLD	16.9	1.59	3.37	31.7	56.44	50.0	55.90	1.59	12
SSD	Toowoomba	Centacare Toowoomba	5.5	5.43	2.88	31.9	53.11	56.3	58.29	0	8.2
SSD	Hervey Bay	Lifeline Community Care QLD	18.5	11.03	2.50	49.6	52.64	78.0	68.72	2.76	7.3
SSD	Mackay	Lifeline Community Care QLD	3.8	0	3.1	42.9	59.03	56.5	49.31	0	11.7

Evaluation of the Supporting Children After Separation Program and Post Separation Cooperative Parenting Programs

ASGC	Location	PSCP Service Provider	% Clients unemployed ²⁰	ATSI		Highest Level of Education Year 10 and below		Weekly income \$599 or below		Language other than English at home	
				% Clients	% location	% Clients	% location	% Clients	% location	% Clients	% location
SA											
SD (South East)	Mt Gambier	Anglican Community Care Inc	22.1	3.03	1.57	38.6	39.61	69.3	59.02	0	7.3
SD (Murray Lands)	Berri	Relationships Australia SA	16.2	1.72	3.11	56.3	45.7	70.3	66.12	1.72	10.5
SSD (Flinders Ranges)	Port Augusta	Uniting Care Wesley Port Pirie Inc	7.3	0	16.59	60	40.1	87	57.97	2.44	11.6
TAS											
SD (Mersey-Lyell)	Devonport	Centacare Tasmania	13.5	5.39	4.42	48.1	66.69	65.3	65.54	0	5.4
VIC											
SSD	Shepparton	Berry Street Victoria Inc	13.8	0.7	3.77	48.6	52.34	50.7	60.20	1.39	15.6
SD (Lodden)	Bendigo	Centacare Diocese of Sandhurst	8.4	0.53	0.9	27.1	39.17	61.9	62.01	0.53	6.6

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ASGC	Location	PSCP Service Provider	% Clients unemployed ²⁰	ATSI		Highest Level of Education Year 10 and below		Weekly income \$599 or below		Language other than English at home	
				% Clients	% location	% Clients	% location	% Clients	% location	% Clients	% location
SD (Central Highlands)	Ballarat	Child & Family Services Ballarat	18.4	3.77	0.9	51.5	38.06	61.37	24.44	0	7.7
SSD	Warrnambool	Community Connections (Vic) Ltd	6.5	1.86	1.29	29.3	47.51	58.6	60.18	0	7.1
SSD	Mildura	Mallee Family Care	9.1	3.7	3.03	41.2	55.68	²¹	62.8	0	13.1
	WA										
SSD (King)	Albany	Anglicare WA Inc	14.4	4.76	2.5	60	43.82	74.6	60.76	0.48	8.4
SD (Central)	Geraldton	Centacare Family Services	9.3	8.61	10.1	55.3	45.20	66.7	54.35	0.49	12.2
SSD	Kalgoorlie	Centrecare Inc	25.8	0	7.28	48.4	54.93	51.9	38.79	0	16.9

²¹ No client income stated.

8. APPENDIX 2 ONLINE SURVEY

Online survey

Dear Participant,

You are invited to participate in an evaluation project. The purpose of this evaluation is to explore the appropriateness and effectiveness of services that are provided under the Supporting Children after Separation Program (SCASP) and the Post Separation Cooperative Parenting Program (PSCP). The report about this research will be provided to Department of Families, Housing, Community Services and Indigenous Affairs.

This study has been approved by the Human Research Ethics Committee at the Australian Catholic University.

We are asking agencies about their approaches to delivering services; their target client groups; partnerships and referral pathways; strengths and challenges in providing services; and ideas for improving services. We would very much appreciate hearing about your service's approaches and ideas.

The research involves taking part in one online survey. The survey consists of 19 questions and we expect this survey will take about 40 minutes of your time.

Participation in the research is voluntary and you can withdraw from the research at any time without giving a reason, including after the survey has begun.

If you cannot complete the survey in one attempt, you are able to re-access the survey using a password the system will ask you to provide. Your original responses will be displayed and you will be able to continue from where you left off.

Your responses will be anonymous. The responses will be aggregated and no personally identifying data will be used or be accessible to anyone outside the research team. The data will then be used by the researchers for data analysis, for writing the research report and preparing articles for academic journals.

The survey needs to be completed by Tuesday 19 April.

If you have any questions regarding this research, these can be directed to:

Dr Morag McArthur
Director
Australian Catholic University
Institute of Child Protection Studies
Phone: 02 6209 1225

Or to:

Kate Butler
Researcher
Australian Catholic University
Institute of Child Protection Studies
Phone: 02 6209 1151

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Email: kate.butler@acu.edu.au

If you have any complaints or concern about the way you have been treated during this study, or if you have any questions that the Investigators have not been able to satisfy, you may write to the chair of the Human Research Ethics Committee, care of the nearest branch of the Research Services Unit:

Chair, HREC C/o Research Services
Australian Catholic University
Strathfield Campus
Locked Bay 2002
STRATHFIELD NSW 2135
Phone: 02 9701 4093
Fax: 02 9701 4350

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the result of your complaint.

All participants will have the chance to win **\$100 voucher** from Seekbooks (an Australian online bookshop). If you would like to enter this lucky draw, please give your name and email address at the end of the survey. Also, do the same if you would like a summary of the evaluation report.

Please ensure you have read and understood this information letter. If you agree to participate, completing and submitting the survey indicates your consent.

Name of your organisation _____

Type of program offered _____ PSCP / SCASP (*circle one*)

In what town or suburb is your program/service delivered?

Please complete a survey for each outlet

1. In broad terms, what are the key features of your organisation's approach to the program?

2. What are you hoping will change for children and families as a result of this program?

3: Who would you identify as your target client groups for your service?

4. What criteria do you use for accepting clients, eg criteria for prioritising prospective clients? (*This includes referrals from other agencies and self-referrals from families*)

5. Are there any prospective clients who have tried to access your program but do not meet the criteria, eg are not eligible or suitable for participating in the program? (*Please give examples*)

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6a. Do you have any people on a waiting list?

Yes No

6b. What, if anything, are you able to offer clients on the waiting list?

7. What strategies do you use to promote your program? (Please tick strategies that you use)

- Partnerships / collaboration with key services, eg schools
- Pamphlets, posters
- Presentations (*to whom*) _____
- Advertisements in local media
- Joining local service networks (*provide details*) _____
- Other (*please state*) _____

8. Do you use any specific strategies to reach particular groups or families? For example, CALD families, ATSI families, at risk and/or disadvantaged families?

Yes No

8a. If yes, please describe below

9a. Have you found it necessary to modify your practice to better meet clients' needs?

Yes No

9b. If yes, please describe below

10. What do you think are some of the reasons for clients discontinuing their participation in your program?

11a. Please describe examples of effective partnerships / collaboration between your organisation and other Family Support Services (FSS) in your area (eg Family Relationship Services and Children and parenting services). For example: referrals, combined projects, joint events, co-location, interagency arrangements.

11b. Please describe examples of effective partnerships / collaboration between your organisation and other services (ie NOT FSS). For example: referrals, combined projects, joint events, co-location, interagency arrangements.

12. What, if any, are the barriers you face in working with other services?

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13. Please indicate the frequency of contact you have with the following services related to your clients:

	No Contact	Occasional	Regular
Aboriginal support service			
Care & Protection – Government agency			
Care & Protection – Non-Government			
Child & family service			
Children’s Contact Service			
Children and Parents Services (eg C4C)			
Community Legal Centre			
Disability service			
Drug & Alcohol service			
Family Court of Australia			
Family Law Pathways Network			
Family Relationship Centre			
Family Relationship Counselling Service			
Family Support Service (State funded)			
Family, parenting, relationship Education service			
Federal Magistrates Court			
Legal Aid Service			
Local Court			
Maternal & Child Health Care service			
Men’s service			
Mental Health service			

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	No Contact	Occasional	Regular
Migrant service – settlement or resource centre			
Welfare/Emergency Relief service			
Women’s health, housing service			
Women’s legal service			
Youth Service			
Other services and/or professionals			

14. How do you know that you are effectively meeting clients’ needs?

(Please describe below)

15a. What do you consider to be the main challenges in recruiting and retaining staff in your area?

15b. What do you consider to be the other main challenges in delivering services in your area?

16. In your view, what are the three things that work best in your program?

17. In your view, what are the three most important things that could improve the effectiveness of your program?

18. Please provide any other comments you would like to make about the services you provide (specifically SCASP or PSCP program).

If you would like to enter the lucky draw please provide your email details.

Please tick the box if you would like FaHCSIA to send you a summary of the findings when available.

Thank you for your feedback and your time. Your contribution to this evaluation is very important!

9. APPENDIX 3 CASE STUDIES

Criteria for case study choice

The case studies were chosen based on the following criteria to maximise diversity:

- mixture of states and territories (five states)
- mixture of service providers, ie large and small providers (four national providers, one location only)
- level of disadvantage in catchment area
- staff were available and willing to be involved in assisting with the recruitment of young people and their parents. We needed this availability and willingness as the evaluation team spent two days in each site.
- specific criteria for SCASP – services that attract large enough numbers of young people aged 12 to 17 to increase the possibility of engaging young people in the evaluation. We were aware that the majority of children who attend SCASP are aged younger than 12.

SCASP Case study – Sydney, New South Wales

Overview

This case study focused on Fairfield Unifam SCASP but draws on the different models and contexts of other Unifam SCASP services operating from locations in Parramatta, Gosford, Campbelltown and Bankstown FRC.

The Unifam SCASP in Fairfield is located at the Fairfield Family Relationship Centre. Fairfield City is a western suburb of Sydney. It is one of the largest local government areas in NSW and one of the most culturally diverse locations in Australia. Fairfield City is a comparatively young population. Income levels in Fairfield represent some of the lowest in Sydney and unemployment is much higher than other metropolitan areas in Sydney.

Data collection

Interviews were held with the following: Unifam SCASP Child and Family therapists (from Parramatta, Fairfield, Gosford and Campbelltown); Unifam Fairfield SCASP practitioner; Unifam manager clinical programs; Unifam Manager SCASP, Unifam area manager; Unifam SCASP senior clinical supervisor; Unifam FDRPs (internal stakeholders from Fairfield and Parramatta); Fairfield FRC manager (internal stakeholder); and a manager of an external FRC which uses SCASP services.

Unfortunately we were unable to interview young people from this program.

Current model

Aims, objectives

The Fairfield SCASP program aims to address the needs of children and young people in the context of parental separation and family conflict. The program provides a means to support young people to adjust to and cope with changes in their family and provides the opportunity and means for their voice to be heard. Whilst the focus is on the children as the primary client of SCASP, they are seen within the context of their family, in recognition that

parental and family wellbeing fundamentally affects the influence that the SCASP program can have on children's wellbeing.

Key elements and practice model

The Fairfield SCASP worker noted that their model of practice is summed up by the sentence: "The child is our client". This therapeutic model of practice aims to provide a safe place for children to deal with issues of loss and grief and to separate themselves from their parents' conflict. This occurs through a skilled clinician as someone outside of the family that is 'neutral' and who can "give them a chance to express their stories and emotions around separation". The program aims to address "the impact of separation on kids and help kids to deal with what it is like".

The Fairfield SCASP service model is adaptive and responsive and can be catered to the needs of children and their families. The co-location of SCASP with the FRC at Fairfield has a significant impact on both the work of the SCASP and on the FRC. The SCASP worker's proximity and close working relationship with the FDR practitioners at the FRC shapes the intake process and the way that the work is done. The 'warm referrals' within Fairfield FRC facilitate collaboration and dialogue between internal stakeholders and increases the range of opportunities for assistance available to children and families.

Intake and assessment

At the Fairfield FRC, assessment for SCASP services largely occurs as part of the FDR process. After intake with the Family Advisors, suitable families are referred to FDRPs for a Family Dispute Resolution Assessment (FDRA), which screens their suitability for FDR. If it is decided that they are suitable for FDR, further consideration is given as to the suitability of Child Inclusive Practice (CIP). Usually the children are not referred to SCASP for CIP or for therapy or group work until it is clear whether or not they are going to be involved in CIP. This delay of referral to SCASP is in place so that there is some clarity about what kind of involvement the child will have with SCASP, ie CIP, therapy, group work or no involvement. Although not usually the case, some children are directly referred to the SCASP worker by the Family Adviser following the Family Assessment process. Children and families are referred to Fairfield SCASP from several sources that include the Parenting Orders Program (Keeping Contact), Independent Children's Lawyers, Family Court, Schools (school counsellors), FRCs and FDRPs.

Interventions

Child consultation SCASP child consultation is referred to as Child Inclusive Practice (CIP) which "provides the opportunity for children to be seen as part of a dispute resolution process". CIP provides a means for the children to inform parents about what they think and how they feel. This assists parents and families to make decisions in mediation. As noted by one of the FDR practitioners:

If parents come to mediation and they are stuck and they've got different views about what they think their kids, or how they perceive their kids are coping, in order to get unstuck, for want of a better word...to be able to have the kids come in a very safe environment to be able to say what it is like for them...for them to feel like they are in control...It often gives the parents greater insight.

Individual therapy Individual therapy helps the children deal with issues of loss and grief, separating themselves from their parent's conflict, building coping skills, giving them

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someone outside of the family that is neutral and unbiased. The Fairfield SCASP worker usually works with children for around eight sessions with the option to continue this contact if needed.

Group therapy Group therapy is available for children who are being impacted by their parents' separation. They offer two different groups: one for children coming from high conflict families and another group for children coming from lower conflict families. Both cater mainly for primary school aged children. The high conflict group, Connect Kids, is based on the work of Johnston and Roseby (Johnston & Roseby 1997). The groups aim to provide (amongst other things) a safe place for the children to understand their emotions, be introspective and examine their needs in the context of the separation, family conflict, validate the feelings and discuss the role of parents and children within a family.

Community outreach The community outreach of a SCASP worker includes:

- Information seminars to schools, community and youth services to inform people who work with children about the SCASP program and encourage identification and referral of children in need of support.
- Resources and information kits are developed for schools (particularly school counsellors), ICL, and other services to support them in dealing with children experiencing separation.
- Seminars aimed at parents, titled Talking with Kids, aim to provide information, skills and resources to parents to address the impact of separation and conflict on children. These seminars endeavour to assist parents to communicate better, to reduce conflict, and to provide them with the tools to help their children.

Referral and linking

Fairfield SCASP effectively collaborates with and refers to both external and internal stakeholders and services. The co-location with Fairfield FRC has led to a productive collaboration with the other services offered, in particular the FDR Practitioners. These services work together to inform and engage parents about the diverse roles of SCASP.

The Fairfield SCASP worker noted that they have good communication, linkages and networks within the surrounding community. They have working relationships with a range of services that they can refer and link clients with to address issues outside of their expertise. Fairfield SCASP refers clients to Brighter Futures, Headspace, CAMHS, Community Health and school counsellors. It was noted that there are a lack of services for young people between five and 12 years of age, especially for those who are victims of sexual abuse. The SCASP workers we spoke to actively pursue referrals and support from other services, but often have to be creative and adaptive to their clients' needs when there is a lack of services to refer to.

Important success factors in the current model

Engaging vulnerable and disadvantaged children and families Fairfield SCASP demonstrated many examples of disadvantaged children and families successfully engaged by the program. When asked who was best served or benefited most from SCASP the common response was "families in high conflict", with complex needs and chaotic lives. "High conflict families" were characterised by one FDR practitioner as less able to consider the perspective

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of the children due to being engrossed and consumed with their own perspectives and issues.

Case examples included families where there were serious drug and alcohol issues, complex extended family relationships, and child protection involvement. A key factor in the successful engagement of these families included good relationships with statutory agencies and their funded programs, such as the Department of Community Services, the early intervention program Brighter Futures, and court ordered programs such as the Parenting Orders Program.

Engaging with families involved in FDR One of the strengths of Fairfield SCASP is their involvement and positive impact on FDR. Family Dispute Resolution practitioners (FDR Practitioners) who have had experiences with working with SCASP were very positive about the role SCASP play in mediation, their CIP role, and how that fits in with the other suite of interventions and supports.

Flexibility: responsive to needs The flexibility of this model includes being able to do more or less sessions with clients depending on their needs, and being able to include a diverse range of people in the process who were significant people in the lives of the children they worked with.

Highly skilled SCASP child therapy workers The Unifam SCASP workers were very competent and skilled professionals who brought a wide range of qualifications to their work. Most were qualified social workers and psychologists, or held degrees in counselling. All are additionally provided with an extensive training program in therapeutic work with children prior to undertaking work in the SCASP program. The Fairfield SCASP child therapy worker's skills and personal attributes are a significant component of the positive impact SCASP has had on the lives of the children, families and also in effecting change in the workplace.

Challenges of the current model

Which children does SCASP not suit? The most commonly referred to groups that do not access SCASP were culturally and linguistically diverse (CALD) groups. Fairfield is situated within a remarkably culturally diverse context and it was noted that more work was needed to engage with these groups and make it "culturally relevant". However, this concern was not unanimous. The SCASP worker at Fairfield noted that she saw a diverse range of cultural groups and that the links with the community within Fairfield are strong. Yet other workers at Fairfield perceived that more work needed to be done in engaging with a wider range of cultural groups. Aboriginal and Torres Strait Islanders were consistently noted as groups of people that were not accessing SCASP.

The FDR Practitioners noted that some clients were deemed unsuitable for SCASP or FDR such as parents who did not have the "reflective capacity" to incorporate the children's feedback and could potentially misunderstand the child's wishes.

Consent from both parents Some stakeholders observed that needing consent from both parents was a barrier to some families accessing SCASP.

Court orders and Parenting Orders Program The challenges of getting families involved in SCASP and reaching both parents can be made easier when it is court ordered, as this provides leverage for consent from parents and encourages attendance. Engaging with the

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legal system, for example through Independent Children Lawyers (ICL) Parenting Orders Program's (POP) can be part of this process.

Attitudes to Child Inclusive Practice (CIP) Some external stakeholder's attitudes towards CIP are a barrier to involving families in SCASP. For example, some FRCs are considered not to be advocates of CIP, and therefore are hesitant to refer families.

Out of the domain of SCASP? There are some children and families that were considered "out of the domain" of SCASP workers. Whilst many of the SCASP clients had "highly chaotic lives" and complex needs, some of them were not specifically related to post separation issues. Entrenched trauma, serious mental health issues and sexual abuse were three areas in which the SCASP workers felt that they were not the best option of support for children. In these instances they would refer to other more appropriate services. However, it was noted that there was often a lack of services to refer five to 12 year olds, especially in relation to sexual abuse. SCASP workers were sometimes put into situations where they felt that the best interests of the children was to keep seeing them for lack of other places to send them and not wanting to contribute to service fatigue (continually being sent to different services).

Access issues Many children and families are not served well by SCASP, as they are unable to readily access the service. Some external stakeholders did not refer families because the nearest SCASP was too difficult from them to get there. Thus, the distance, time and cost of travelling to the nearest available SCASP prevented some families from benefitting from this program. This difficulty is compounded by the factor that services that are more distant from SCASP (or CIP) and not involved with the Program are generally less inclined to refer in the first place (as mentioned above).

Reporting does not capture the extent of work It was noted in the interviews that reporting for SCASP does not capture the extent of work involved in SCASP. Instead the reporting focuses on "bums on seats" – number of interactions with children. Measuring the work of SCASP needs to capture and reflect the range of tasks involved rather than merely counting the number of children seen. Unifam is implementing their own data collection system to better capture the work that is being done and outcomes for clients.

Staffing – recruitment and retention, training The SCASP Child and Family Therapists were very competent and dedicated professionals with a range of qualifications and had done specific training for their position provided by the organisation. Unifam has developed an accredited training package for staff working in this program focused on working with children therapeutically and with families where there is high conflict post separation. It became apparent that they had dropped salary rates from previous jobs. The SCASP workers explicitly noted a potential for the pay rate along with the potential for 'burn out' creating problems with staff retention.

Need for community development approaches The Fairfield SCASP worker noted that there was a community development aspect to her role, accessing and informing the community about SCASP to raise awareness of the service, particularly within targeted populations groups. However, this is not a significant part of her work as her other roles leave her little time to do this. More capacity within the program for a community development role would help to ensure SCASP reaches vulnerable children and families within the communities they are situated.

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Work with parents The need for more support for parents was seen as the “missing link” by the SCASP workers. All three Unifam SCASP workers interviewed said that they needed to spend “too much time with parents”. The SCASP worker at Fairfield does not have an ‘in-house’ counsellor or therapist for parents. As a result, the Fairfield SCASP worker often spends a lot of time talking to parents after CIP feedback. This can involve talking to each parent separately. This can be very time consuming and intensive. SCASP workers need the support of counsellors and therapists to work with the parents of the children as this is a time consuming task that is worthy of attention. The children are the primary client of the SCASP workers and this needs to remain the case. It was suggested that if there was a counsellor/therapist for parents they could sit in on the CIP feedback from the SCASP worker and then they could continue to work with the parents once the SCASP worker has left. This model is used elsewhere (Gosford). The primary client of the SCASP worker is the child and this could create difficulties if they are drawn into counselling individual parents.

SCASP Case study – Metro Perth – Western Australia

Overview

SCASP in Metro Perth is run by Anglicare. It aims to covers all of Metro Perth with outlets in East Perth, Rockingham, Joondalup, Gosnells and Midland. The school program covers all of Metro Perth. Perth has a population of approximately 1,696,000.

History of SCASP in Perth

Anglicare had developed a Parenting Orders Program (POP) called Mums and Dads Forever (MDF). Recognising the need to work with the children of parents in MDF, in 2007 they developed and piloted a children’s program for six to nine and 10-12 year olds, which worked well. The current SCASP model evolved from this pilot. As well as SCASP, Anglicare provides a diverse range of complementary separation services, including Family Relationship Centres, Family Dispute Resolution, POP and Children’s Contact Centres. Anglicare also delivers a wide range of specialist and general welfare and counselling services.

Data collection

Interviews were held with Anglicare senior staff, group interviews with SCASP practitioners (located in East Perth, Rockingham, Joondalup, Gosnells and Midland). Group interview external and internal stakeholders: court counsellor, clinical manager FRC, manager and staff from Mums and Dads Forever program, manager Children’s Contact Service. Telephone interviews with a Family Court magistrate and coordinator of the Stepping Stones (school program). Interviews were carried out with eight young people who had been clients of SCASP (one face-to-face, seven telephone interviews). Young people were aged between 12 and 18.

Program staff also provided case study material and evaluation data with client feedback.

Current Model

Aims, objectives

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The articulated aim of SCASP is to provide support for children and young people who have experienced, or are experiencing, parental separation. The program supports children and young people in adjusting to the changes separation may bring to the family.

Key elements and practice approach

Anglicare staff strongly articulated a need to work directly with children within the family system. They work from a strengths perspective and aim to work holistically with children. They argue that parallel work with parents is often essential to enable sustained change to occur for children. They seek to provide children with a neutral space to discuss their feelings about their parent's separation. They also aim to assist children to develop skills such as: managing emotions, managing conflict and building self-esteem. A key element to the approach is, "helping kids to realise they are not alone". (SCASP practitioner)

Anglicare's practice approach focuses mainly on group work and community development in schools arguing these approaches reduce the stigma children may feel. Although individual sessions are available there is a commitment to group work where ever appropriate – as it reduces the possible pathologising of children experiences.

What helps children is that they have the opportunity to share their experiences with other children, helps with that sense of aloneness that can come when parents are divorcing, that sense of not being the only one. Bringing them together so they don't feel isolated. It enables them to share those bottled up feelings. That bonding that is created between the children that can then lead to higher levels of self-esteem.

Reach

SCASP workers are located in areas of Perth where families experiencing disadvantage live. As one SCASP worker noted, "We work with families across the board, a lot experience serious economic disadvantage. We also prioritise our work in schools in those areas that are disadvantaged".

Intake and assessment

In line with Anglicare's holistic approach the two programs – SCASP and MDF are 'two sides' of the same story – SCASP is a program available for children and MDF is for parents. Most participants had the view that when parents are suitable for MDF their children would often benefit from SCASP and vice versa.

The intake process involves an interview with one or both parents. This is carried out by practitioners in the MDF program where amongst other issues screening is carried out for violence. If appropriate parents are encouraged to attend the MDF program and intake workers discuss the possibility of children being referred to SCASP.

Children are assessed by a SCASP practitioner to decide whether the child attends the next available group, requires some one-on-one sessions before attending a group or that another program is more suitable (see section on children SCASP is not appropriate for).

There are a variety of different pathways for children to enter SCASP. This includes:

- parents who are already attending MDF program
- after Child Inclusive Practice (CIP) sessions with practitioners in a Family Relationship Centre,
- directly from parents who are worried about children

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- direct referral from the Family Court where the court believes there is conflict between parents and that children would benefit from involvement in SCASP. Parents are mandated to attend MDF and the expectation is that children will become involved in SCASP.

Interventions

Direct work with children Approximately four sessions are held with children (usually either before group work to ensure group readiness, or as a 'holding' strategy while waiting for a group to start).

Group work program A psycho-educational program usually for up to six children facilitated by one practitioner for four to six weeks. The program is designed to flexibly deal with different ages of children. It covers issues such as managing emotions, managing conflict, dealing with conflict. The group provides a space for children to share their experiences.

The group work model also takes away the feelings of blame, they can see other children that are going through the same thing and then not responsible for their family breaking up. Releases the guilt and helps with the fantasies like their parents getting back to together. (SCASP practitioner 1)

Enables them to share those bottled up feelings. That bonding that is created between the children that can then lead to higher levels of self-esteem. (SCASP practitioner 2)

Holiday workshops are held to maintain connections with children and to provide further specific support and input on particular topics during each of the school holidays.

School program The Stepping Stones program provides a six week child friendly education program delivered in schools. It covers topics such as a healthy relationship, dealing with stress and emotions, self-esteem, anger management, conflict resolution, transitions – dealing with change. The workshops use a range of different techniques and tools that reflect how children learn. It aims to provide support to children that may slip through the service net and is a way of reaching a wide range of children who are experiencing parental separation.

Referral and linking

SCASP in Perth works with a range of other internal Anglicare services and external services. Staff communicate about SCASP informally and more formally through interagency forums and specific meetings. For example:

I make time with community agencies eg Child Mental Health, so they can refer to us and we can refer to them. Need to have time to make those connections – we need a good knowledge about what is available – we need to be able to make a 'warm referral'.

Schools act as a key source of referrals. The program has also developed a strong partnership with the Family Court. A Family Court magistrate is on the SCASP reference group and a MOU has been developed to outline the referral process. This includes the mandated attendance of parents to MDF and the assessment of children to SCASP. Court staff are confident about the skill level and the advice they are receiving from SCASP practitioners. A lot of referrals are made to general counselling services for children, including private practitioners, intensive family support, parenting programs, Edith Cowen University counselling clinic. Referrals are also made to Children's Domestic Violence program.

Monitoring the program

Like most services who aim to deliver best practice Anglicare SCASP has a range of ways to monitor the quality of their program. This includes:

- Children and parents involved in group programs and the school program. Teachers are also asked for feedback after each program.
- Use of Action Research to evaluate and improve practice, eg SCASP practitioners were worried about time taken with intake and assessment of parents. They initiated an Action Research cycle to make modifications to the model particularly the intake processes and how SCASP relates to MDF.

Important success factors in the current model

Child centered – family focused Children are supported through SCASP and wherever appropriate and possible parents attend MDF. This is a holistic approach that works from the position that, as it is often the child's environment that requires change, working and supporting children without engaging parents will not be as effective as working with children and their parents.

The young people interviewed were very positive about their experience with the SCASP practitioners. They could identify clearly what the practitioners did that was useful or that they liked about the experience.

These include:

- the practitioner demonstrated strong listening skills – not judging

They listened, they didn't barge in, say something that was their own opinion, they sat there and let you talk – they would ask questions – it was well worded, simple, summed up everything in one sentence. (YP1)

I knew he was listening to me well – 'cause when we run through things at the end he would remember all the things we talked about. (YP3)

- provided new ways to think about the circumstances – new skills

Just like how to deal with things better – instead of like keeping quiet now it is better to talk to other people. I could talk openly with her – getting used to talking to someone else. Made it easier to talk to my mum. (YP3).

- a comfortable and safe environment where the young person felt able to talk that was not attached to other parts of their life (eg school).

It was relaxed – it was like a second home, comfortable – like some kids play room, stuff for little kids, it reminded me of my little sister's room, it was homely. (YP2)

I liked it how my mum would wait outside in the waiting room and she couldn't – no one could hear and no one could interrupt and it was like I was in this parallel world when the door closed no one could enter. (YP4)

Someone outside of the whole situation to trust – not a family member or a staff member at school because they are still connected – way outside the box – that could help and influence either party or dad if necessary. (YP1)

It is real comfortable place to meet – she is a really nice person. (YP3)

Essential partnerships Stakeholders made the point that the partnership with the Family Court was a critical one in ensuring that parents and children received the support they

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required to minimize conflict. The court is convinced by evidence of change in parents and children that many families would benefit from concurrent engagement in SCASP and MDF and routinely mandates parent's involvement.

Variety and flexibility of strategies in the model allows both early intervention (school program) and targeted approaches. As the program is available across Metro Perth the model also allows for a level of flexibility to meet local needs. For example in Joondalup where there is very high demand for SCASP the practitioner can increase the number of groups by slightly reducing the number of weeks for the program. Although not ideal it does allow support to be provided to children. This variety of strategies also gives staff a good mixture of work.

Skilled practitioners Anglicare is the largest employer of children's workers in Western Australia and have deliberately attracted trained and supported practitioners who showed an interest in working with children. As one Anglicare manager said:

We have a children's consultant to raise the quality and work with individual, supervision. We've had to grow our own. We made a commitment to high quality children's workers. Her role was to build the capacity of the children's workers (who were relatively new grads) all with a passion to work with children

As a result, there has been very little turnover in the team. Anglicare staff identified a strong supportive culture which involves good supervision, strong management support, (open door policy), group and individual supervision, professional development and acknowledgement of their work. Staff also have the opportunity to identify issues that may be the basis of Action Research. As the work is intense there is also the possibility for practitioners to have a break from the work with children and they can do something else, for example co-facilitating the MDF workshops.

Challenges of the current model

Which children does SCASP not suit? There are two groups of children that program staff regards as either would not get their needs met or who are missing out in the current model. These are children where there is domestic violence, sexual abuse or mental health issues and those whose parents do not agree about the child's involvement or are unable to bring the child consistently.

Practitioners are very conscious that for some children who have experienced trauma, through witnessing or experiencing family violence SCASP may not be appropriate.

We are not a one stop shop for children's needs – we have had to very careful to be transparent and clear with people that the focus is on the separation. This has taken time – we have to be careful that if there is a long-term issue that needs to be dealt with, we have to be transparent – can we offer what this child needs – we can make good connections. (SCASP practitioner)

Logistics and access issues include:

- **The** need for the right fit of children, ie their age and the stage, can take time to arrange.
- There is a limit to the number of children in a group as there is only one facilitator per group, and this limits the number of groups that can be run.
- There is a waiting list for children in some locations in Perth.

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- The current system does not count the essential work done with parents. This needs to be acknowledged and built into the model.
- The current program is not necessarily suitable for ATSI and CALD communities and therefore the level of diversity is low. Anglicare staff argue a community development approach be taken, with particular communities it is required to design a culturally appropriate model.

PSCP Case study – Berri - South Australia

Overview

Location

The Berri Working it out for the Kids: Post Separation Cooperative Parenting Program, run by Relationships Australia, South Australia (RA SA) caters for the Riverland region, a large geographical area with a scattered population of approximately 30,000 people. The service is based at the Berri office of Relationships Australia. Berri is a service hub for the region, with Centrelink offices, courts, advocacy services, legal services and correctional services all located there. The RA PSCP program provides outreach to four other towns across the Riverland: Loxton, Waikerie, Renmark and Morgan. The Riverland area has been hard hit by drought, floods and crop failures. The region is home to just over 900 people who identify as ATSI. A language other than English is spoken at home by 10.5% of the population and many members of New and Emerging Communities (NEC's) come from refugee backgrounds.

Methods of data collection Berri

Interviews were conducted with six staff at the Relationships Australia Berri office, six parents who have participated in the program and three external stakeholders and services. Small group, individual, face-to-face and telephone interviews were undertaken in order to get a range of perspectives on the program.

To obtain the views of external stakeholders, interviews were conducted with solicitors working both privately and for the SA Legal Services Commission, and with the manager of the regional Domestic Violence service. Other stakeholders were invited to participate in small focus group or telephone interviews and chose not to or were unable to do so for a variety of reasons.

A full three hour, PSCP seminar, Working it out for the Kids, developed by Berri RA specifically in response to their local population and context, was also observed. Program documentation including intake and assessment forms, policy and planning documents and facilitators guides was also reviewed by the evaluation team.

History of the program in Berri and the Riverland

Berri RA provides a range of programs that include the Children's Contact Service (CCS), family and relationship counselling, Family Dispute Resolution (FDR or mediation), gambling help services, personal counselling, support for people affected by HIV and Hepatitis C, drought support (soon to cease) and PSCP.

Berri RA saw the PSCP as a way of addressing a gap in post separation services and as a much needed rural alternative to POP. As there is no Family Relationships Centre (FRC) in Berri, (the closest is Mildura FRC; 160 km away with limited outreach services provided) separated parents were routinely entering straight into pre-mediation sessions under the Family Dispute Resolution (FDR) program – a formal mediation process. The PSCP fills a need for a less formal process, which focuses specifically on the needs of children and on reducing conflict, and the impact of conflict, on children. Berri RA staff and the parents interviewed report that the program motivates many parents to establish a more cooperative

relationship with their ex-partner much sooner. The seminar is seen as quite a successful way of bringing the needs of children into sharp focus for parents.

Current model

Working it out for the Kids is compulsory for all parents who engage with Berri RA. It is offered free of charge to all parents for the current financial year. The lack of fees is unusual for programs delivered by Relationships Australia and reflects the RA SA commitment to the region, in response to an extended period of economic distress and hardship.

Aims and objectives

The Berri PSCP is a locally devised program, which aims to provide a gateway to all post separation services. The program is advertised as, “Coaching and Education to help parents stay focused on children’s needs after separation”. The program aims to assist highly conflicted parents to adopt a child-focus and to better manage their relationship with their co-parent to reduce conflict and minimise the impact of conflict on their children.

Key elements and practice approach

PSCP is the gateway to RA’s suite of post separation services. All parents are referred first to the PSCP, except in circumstances where there are serious safety concerns. The program incorporates approximately six parent coaching sessions, which usually take place after the seminar.

The program is carried out in four stages:

1. **Intake and assessment** The intake interview is quite informal and is focused on building rapport and trust with parents. Where appropriate referrals, information and safety planning are provided at the intake interview, including to other RA services.
2. **Seminar** A one-off, three hour seminar usually delivered in a small group setting and is designed to create an emotional response in parents. Parents are challenged by the seminar and given an opportunity to reflect on how their children are being affected by parental conflict and given tips on how to begin to separate ex-partner issues from parenting issues.
3. **Follow up phone call** Follow up usually consists of a phone call within about a week of having completed the seminar.
4. **Coaching** The PSCP worker undertakes divorce or separation coaching as part of follow up with individual parents. Coaching often happens alongside mediation sessions. The PSCP worker’s role is to work alongside the parent, to support and coach them, in contrast to the mediator’s role as a neutral and objective third party.

Staffing for the program includes two part-time workers who co-facilitate the PSCP seminars, and one of whom takes the major role in assessments and follow up.

Key elements Staff report that the PSCP program has made important differences to parents and to service delivery, including motivating parents earlier in separation process to prioritise children’s needs and reduce conflict:

It gives you a broader understanding of where you are at. It’s about the kids not about us...When I first heard about it I thought oh no do I have to do this? But I went through with it and I was really glad I did and I thought gee, I can see why you are doing this. It’s a good step before doing that final mediation. (Parent A)

It made me more focused on my child...you get so wound up in yourself when you have a separation and what you’re doing might actually be making things worse for your child. (Parent B)

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The program has also helped Berri RA to become more child-focused as an organisation:

It means the focus on the child is so much more present in our minds than it would have been, to the point where we've just developed a draft code of conduct about how we think about and engage with children. (RA staff member)

Berri RA has a strong focus on trying to meet the needs of the dispersed rural community they serve. This is reflected in outreach PSCP programs run in other towns in the Riverland, in the flexibility they display in visiting parents and conducting one-on-one sessions for those who are geographically disadvantaged. It is also reflected in the seminar, which is designed to be accessible for people with low literacy levels and uses a conversational workshop style to specifically cater for this population. The marketing plan and priority placed on being visible and attending a range of services and events (ie TAFE English classes, community markets, attempts to engage with local Aboriginal community etc) complement this. There is agreement from stakeholders and staff alike however, that there is more work to be done to make the program more appropriate and accessible to particularly disadvantaged groups, and RA are engaged in trying to address this.

Referrals and linking

Referrals into the program come primarily through the Children's Contact Service (CCS), solicitors and services such as the Riverland Advocacy Service, Families SA and Mental Health services. There are also an increasing number of self-referrals attributed by program staff to word of mouth.

RA reported an increase in referrals into RA since the introduction of the PSCP program. Sometimes workers from other services attend PSCP seminars as support people for parents. RA also hires rooms belonging to other services to conduct their outreach seminars in Renmark and Waikerie, however, this seems to be the extent of collaboration with those services.

Given our limited engagement in the case study research with external stakeholders it was more difficult to get a good sense of referrals out of RA to other services. The RA manager is actively involved in some interagency forums and RA receive a large number of referrals from the Community Legal Service (CLS), however, they also identified that they would like to work more closely with the CLS. There was a strong sense within RA that staff are encouraged to 'do what it takes' to address barriers clients may experience and to undertake outreach and tailor the service to meet diverse needs. However, communicating with other services about their willingness to work creatively with such barriers may be an area for further development. There was also concern that RA have limited engagement with the most disadvantaged sections of the community (those with drug and alcohol issues, serious family violence issues, CALD and ATSI communities), which is also reflected in the demographic data tables. Both RA and external stakeholders identified a need to develop stronger collaborative relationships in order to address some of these issues. It is expected that the Family Safety Framework currently being rolled out in SA will bring all services involved in family violence in the region together and this was seen as a very welcome and positive mechanism to increase communication and potentially also collaboration.

Monitoring

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RA obtains client feedback through follow up phone calls and coaching sessions, which take place after the seminar. Word of mouth self-referrals demonstrate a need for the program and that it is useful and positively regarded by at least some of the parents who participate. Due to increasing numbers of referrals, RA now has a three to four week waiting list, which has not previously been the case.

Important success factors in the current model

Overall, the PSCP at Berri RA is viewed by participants in the case study as a useful and effective program, which meets a need for separated parents. It allows for earlier intervention in post separation conflict and increases the ability of many parents to focus on the needs of their children. Berri RA is receiving an increasing number of referrals, partly due to the PSCP and partly due to the fee waiver for all RA services which has been in place in Berri in the last year. The PSCP caters well for parents who are able to attend a group setting, parents who have low literacy levels, parents who are open to learning and increasing their skills to deal with challenges, and ATSI parents who are comfortable accessing mainstream services. Success factors include:

Skilled facilitators who run the PSCP groups and successfully engage with a stressed and vulnerable parent population whilst remaining neutral and fair;

Positioning PSCP as the gateway to all RA services It is compulsory and usually attended within the first month of engagement with RA. Transition from PSCP into other RA services is managed in an increasingly seamless way.

Co-location of services. The benefits of hosting a suite of FRSP services under the same roof, was regarded as a strength of the program and has led to the success of the program in Berri. The bulk of referrals into and out of the program are within FRSP –hence the benefit of operating children’s counselling, relationship counselling, CCS, PSCP and mediation under the same roof.

Warm, informal nature of the intake and assessment interview.

Follow up phone calls and coaching sessions enable issues brought up by the seminar to be worked through in a supportive manner. This assists with mediation and child contact arrangements. Parents appreciated having a non-judgmental and supportive facilitator who then acts as a coach, listens and assists them to come up with strategies.

Group nature of the program and mixed range of separation experiences in groups Parents with very high conflict are exposed to, and learn from, those with less conflict. Sharing of experiences and insights is helpful for parents.

Flexible delivery of the program to meet the needs of a dispersed rural population in a large geographical area.

Staff working across the PSCP and other programs contributes to seamless service provision within the organisation:

Lots of our work practices have improved, we’re more child-focused, we’ve had to streamline our systems so there’s a more seamless service delivery. And there’s an increase in referrals and in warm referrals. I think it has also changed the way other agencies see us. (RA staff member)

Challenges in the current model

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Berri RA identifies one of their primary challenges as the dispersed population across a large geographical area. For example, there are approximately 900 people who identify as ATSI in the Riverland, so obtaining the critical mass in order to tailor a group for separated parents in such a small population has inherent challenges including timing, location and delivery of the program, privacy concerns.

One of our challenges is how do you deliver the program to lots of small satellite towns so they get the full impact? (PSCP worker)

While the PSCP is effective for some groups of parents experiencing post separation conflict, both RA and external stakeholders identified challenges in providing for highly vulnerable groups of parents, including:

- **Young mothers at risk** (particularly young mothers with alcohol and other drug issues, mental health issues, homelessness and high levels of family violence etc) are not well served. *It's too middle class for these mothers (RA staff).*
Recognising this group as particularly vulnerable PSCP spent 4 sessions with the Manic Mondays group (a group of at-risk younger mothers run by Headspace aged under 21). Feedback from the first time it was run was that younger mothers said they didn't like being 'taught in a class room'. In response the program was changed to focus on conversations and opportunities to reflect with the young mums rather than presenting the seminar.
- **ATSI** parents who don't access mainstream services. Whilst some of the content of the seminar can be used, a completely different style of delivery is needed.
- **Alcohol and other drug issues** were also identified as a serious challenge for the Riverland. External stakeholders expressed particular concern about the number of vulnerable children living in very unsafe situations related to drug and alcohol use of parents and/or ex-partners. They identified young mothers and ATSI communities as needing urgent support in this area.
- **Culturally and Linguistically Diverse (CALD)** parents, particularly from New and Emerging Communities (NEC's) rarely access the PSCP. There are over 50 language groups represented in the Riverland, a large number of who are from NEC's. Whilst RA conducts outreach visits to TAFE English classes they recognise that there are many complex cultural issues which also need to be effectively addressed in order to assist separated parents from CALD backgrounds.

Other issues include:

- Collaboration with other services to address the complex challenges above is recognised as difficult but necessary.
- Relationship building with vulnerable communities and continuity is particularly vital. Increased support and specialist counselling for children was identified as a high priority by RA, parents and external stakeholders.
- Child care is also an ongoing challenge which creates difficulties for many parents in accessing the seminar and the program generally.
- Travel distances and problems associated with parents living in different locations mean that sometimes only one parent attends the PSCP, thereby reducing the effectiveness of PSCP for that family.

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- Serious violence poses challenges; firstly, where RA assesses that it is inappropriate or unsafe for a parent to participate in group seminars and secondly, where PSCP may not be effective. In one situation, the mother said it was not PSCP but restraining orders which helped with reducing conflict and her child's exposure to conflict.

Enhancing the model

Concurrent support for children of parents participating in PSCP was identified as a high priority by parents, staff and external stakeholders. Funding for both specialist children's counselling and structured play sessions, assisting parents to develop skills in playing with and communicating with their children, would be beneficial. CAMHS has restricted eligibility and a lengthy waiting list.

Parents also identified that they would appreciate single gender sessions prior to meeting in a mixed gender PSCP seminar, as well as a follow up and refresher PSCP group session around six months down the track. Access to post separation support for the most vulnerable parent populations (young mothers, ATSI, CALD parents and parents with drug and alcohol issues) was identified by external stakeholders and recognised by RA as a matter of urgency. The development of strong partnerships in order to tackle these complex issues needs to be given high priority and commensurate support. Better collaboration may be encouraged through prioritisation of this in policy and funding frameworks, training, incentives and support for organisations and communities. The Berri RA PSCP identified that they would also benefit from meeting with or hearing about how other PSCP services are delivering the service, and how they are addressing similar challenges.

PSCP Case study – Coffs Harbour – New South Wales

Overview

Location

Coffs Harbour Interrelate Family Centre is one of a network of community-based, not-for-profit agencies providing relationship services across NSW since 1926. The Coffs Harbour centre is located adjacent to the main shopping precinct in Coffs Harbour, on the north coast of NSW. The Interrelate Family Centre is co-located with the Coffs Harbour Family Relationship Centre (FRC), which is run by Interrelate. Each service has its own reception area, but there is no formal physical separation of the services beyond this point.

Methods of data collection Coffs Harbour

Material for the case study was obtained mainly by interview. At Interrelate itself, we conducted focus or group interviews with centre and line managers, with Family Dispute Resolution (FDR) practitioners and the manager of the Children's Contact Service (CCS), and with the counsellors who share the extra PSCP position funded at Coffs Harbour Interrelate. Given his central role in the program, we interviewed the PSCP case manager individually.

To get the views of external stakeholders, we conducted individual phone interviews with five parents, with a solicitor in private practice who works extensively in family law in Coffs Harbour, with a Legal Aid Commission family law practitioner, with a Legal Aid Early Intervention practitioner in the FRC co-located with Interrelate and with the magistrate responsible for Federal Magistrates Court family law hearings in Coffs Harbour.

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We were given a full demonstration of the three hour seminar program, Building Connections, which is a key element of the PSCP in Coffs Harbour. We were also given copies of relevant program and staffing structures, and flyers/brochures providing information about PSCP (generally, and in Coffs Harbour) and about programs and activities that complement PSCP services in Coffs Harbour.

A full inspection of the Interrelate Family Services and FRC premises contributed to our understanding of how co-location facilitates referrals and the case management model adopted for PSCP in Coffs Harbour.

History of the program in Coffs Harbour

PSCP was based on the 2006 Interrelate Family Centres' Building Connections pilot, funded by the Attorney-General's Department. Also, prior to the introduction of PSCP, Interrelate had been operating its Parents not Partners program for separated parents in conflict over parenting issues. As a result, when they attended initial training for PSCP in Sydney, they already felt they had a very strong understanding of what the program would be trying to achieve.

Current Model

Aims, objectives

Building Stronger Families (BSF), as PSCP is known within the Coffs Harbour service, has a very strong focus on getting parents to be aware of the impact of their situation on their children, especially the impact of their conflict, and putting children's needs first. In other words, although the program is delivered to parents, it is essentially helping parents to develop skills to be aware of and attend to the needs of their children. As the BSF case manager puts it, "even if I am working with the parents, I am thinking about the kids".

There is a strong emphasis on making the program as accessible as possible and accordingly, there is a one-off fee of \$15 for participation in the full program. Coffs Harbour has a high rate of unemployment and this fee is often waived or renegotiated to ensure that cost is not a barrier to accessing the program.

Key elements and practice approach

BSF has several clearly delineated sequential steps outlined below.

Session 1 Intake and assessment: a session of approximately one to one and a half hours. This session takes place as soon as possible after a parent makes contact with the centre, usually the same day and sometimes immediately, particularly if the client presents in person at the service. This initial interview may lead to immediate referrals to co-located services, depending on the needs identified. Normally the client is then booked to attend the Building Connections seminar, within one to two weeks of the initial interview. If both parents are participating in the program, they attend different seminars. If clients are assessed as not ready to attend a group course, they nevertheless participate in an individual child-focus interview where the impact of conflict and separation on their children is explored.

Clients may be referred to BSF by the Federal Court magistrate, private or legal aid lawyers, the FRC, or other community agencies. Clients may also be self-referred. The criteria are that they are separating and there are children involved.

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Building Connections seminar This three hour seminar, delivered in a group setting, covers a number of elements including:

- the importance of looking after yourself
- the impact of separation and conflict on children
- useful tips for parenting
- strategies to be a more effective parent
- ways to communicate with the other parent
- setting of goals for future parenting
- information on support services available.

The seminar involves slides, interactive exercises and discussion. It attempts to challenge parents and engage them on an emotional level to really understand the impact of separation and conflict on their children. It also encourages them to set goals for their communication with the other parent.

The BC seminar is strongly integrated across the co-located services. It is a prerequisite for proceeding beyond intake with Family Dispute Resolution, and also a prerequisite for participation in the Children's Contact Service.

Session 2 Interview session of up to one hour where worker assesses client's circumstances and emotional state, follows up on their responses to the BC seminar, makes referrals as needed to counselling or Family Relationship Education and Skills Training and facilitates arrangements if necessary for Children's Contact Service. The interviews focus on helping the parent be the best possible parent in their current situation, and also encourage and support self-care.

Session 3 Follow up interview with client, of one to one and a half hours, to again assess where client is up to and provide support and referrals as needed. This usually takes place about six weeks after a client enters the program.

As far as is possible within available resources, clients may be offered one-on-one support additional to the formal steps set out above.

Staffing for the program includes one dedicated worker (the BSF case manager) and an additional full-time position that is shared among a number of counsellors working at the Interrelate Family Centre. These counsellors all do the individual child-focus interviews when required and help facilitate the BC seminars, as well as their other FC responsibilities (counselling couples, individuals and children).

A key element of PSCP as it is offered in this Interrelate model is **case management of all families engaged with the BSF program**. The original practice model used at Interrelate when BSF was introduced included just the steps described above, with the BSF worker working on his own. Over time, however, the BSF worker, and Interrelate generally, realised the usefulness of sharing information about his clients with other Interrelate practitioners such as FDR practitioners, counsellors and workers operating the children's contact service. Case management is now an integral aspect of the BSF model for Interrelate. Case management meetings take place weekly. If discussion on a particular family goes for longer than five minutes, this is taken as an indicator that more structured discussion outside the case meeting is needed to help move the family's situation forward. This ability to share

information between practitioners without breaching client confidentiality is yet another of the benefits to this program of co-located services under the one agency umbrella.

Referral and linking

As outlined above, much of the referral and linking for this program occurs within the co-located services that make up the FRC and the Interrelate Family Centre. There is ongoing collaboration with a number of other community agencies, both informally through the BSF case manager and more formally in the context of the Coffs Harbour Family Law Pathways Network (FLPN). This networking agency is funded by the Attorney-General's Department and auspiced by Interrelate, with a steering committee of representatives from key agencies servicing the needs of separating families in the region. The BSF manager is a member of this committee.

Monitoring

The BSF manager considers the existing formal feedback form to be unsatisfactory and is currently developing a replacement. In the main, monitoring of the success of BSF occurs through performance markers such as the number of people returning to court, the number of people continuing to use the CCS, and FDR success rates. There are also several opportunities for direct verbal feedback to the BSF manager in follow up sessions and to FDR practitioners in assessing any changes in understanding after clients have attended the BC seminar.

Important success factors in the current model

The overall impression of the BSF at Interrelate Coffs Harbour is of a coherent, effective program with seamless links to other relevant services, especially co-located ones, and strong support from key stakeholders.

The following appear to be the key factors contributing to its success:

Co-location of the program with other Family Centre programs and with the Family Relationship Centre When distressed clients make that first crucial contact with Interrelate, often as result of a referral from the Federal Court magistrate, they may have no clear idea what they need, just help, and as soon as possible. The fact of co-location of its services allows Interrelate to respond quickly and seamlessly to a separating family's distress in a number of ways. BSF, especially through the case manager's role, is the core of this service response. However, clients are not usually aware of what 'program' is being offered to them, rather they are aware of being offered help in ways that they and their family really need at that point in time. With acutely distressed clients, who for example may be suicidal, either the BSF manager or a counsellor will see them the same day. Quite often, a parent comes in distressed about not having contact with their child. Due to co-located services, the BSF case manager can take the client to see the children's contact centre, which is on site, explain how the service works, book the parent in for the Building Connections seminar which is a prerequisite for taking part in the contact service, and start making arrangements for a contact visit to take place – all within a few hours of the client first approaching the service.

The case management model that has developed for the program on this site The case management model allows one person, the case manager, to have overall responsibility for

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ensuring the best possible package of support to a client and their family over the period of their connection with Interrelate. Other Interrelate practitioners refer to the BSF case manager as ‘holding’ the clients, and speak of him as the link, the ‘glue’ that binds all the services together.

The strength and effectiveness of the Building Connections seminar and its integration with other services Without exception, practitioners with whom we spoke to at Interrelate regard the BC seminars as a highly valuable and effective tool in their work with separating families experiencing conflict. One commented that people coming to the BSF are often consumed by grief, rage and even hatred. After the BC seminar, there is usually a shift in this mood, or at least enough of a shift to allow parents to focus on their children’s needs, for example in the FDR process or parent/child contact arrangements. Its integration with other co-located services such as FDR and the children’s contact service, being a prerequisite for both these services, means that its helpful impact is felt across the range of available services and increases the likelihood of positive outcomes.

Some parent comments about the seminar include:

great course; became more supportive of my child’s relationship with the other parent; motivated me to get help; motivated me to enrol in the longer (six week) course that Interrelate offers;

Could be quite confrontational but I was quite at ease because I was looking for answers.

The skills, experience and commitment of the BSF case manager It is very clear from numerous comments across the range of people we interviewed that the BSF case manager brings significant skill and dedication and professionalism to his role.

One example of a response to his role is:

J and the counsellor...couldn’t come across more caring people. They really cared about your children...when you ask a question, he looks at you, thinks about what he is going to say, gives a genuine response, he thinks about you and your situation...He goes through every question you have, every problem...tries to work through a solution, what is important, doesn’t tell you, doesn’t watch the clock.

Overriding focus on the needs and wellbeing of children All the practitioners we spoke to view the program as being about helping highly conflicted parents to manage their conflict with a focus on the child’s best interests, and noted that this focus is very well supported by Interrelate’s overarching emphasis on the needs and wellbeing of children in separating families. One parent made the following comment on this aspect:

The staff at Interrelate are very, very good, as they should be. The children are the be-all and end-all, anyone who thinks they can use Interrelate against the partner, forget about it! They are there to help ex-partners get on the same page. They are very good, from reception right through.

An interesting extension of the BSF program is Interrelate’s development of a new program for children, Building Bridges, that helps children gain skills in getting the help they need and making social connections.

Strong positive links with the Federal Magistrates Court and legal practitioners The Federal Magistrates Court magistrate commented very positively on Interrelate’s work, noting that since more people have been attending Interrelate, there has been less congestion in court. Such is his confidence in the quality of their assessments of where families are up to in their grieving process that he regularly orders families to “go over the

road” to Interrelate and take up whatever program or service Interrelate considers is most appropriate to offer them. He noted that their programs are not middle class, they work well across the range of families, and that there is usually only a short waiting period. He also commented that skilled FDR practitioners can engage even with mandated clients and achieve positive outcomes for a family.

One legal practitioner commented that there has been a reduction in the number of “kids’ cases” since the education programs came on board, and that whenever parents in conflict come to see her, she always refers them to Interrelate to do the courses. A measure of their effectiveness is that those parents don’t usually come back. Another legal practitioner expressed her confidence in the program and noted that it helps parents think beyond themselves to the needs of the children.

Mandated family dispute resolution (FDR) Court mandated FDR is a helpful factor in the success of the program in Coffs Harbour. This is because the FRC requirement that couples participate in a BC seminar before proceeding with FDR connects clients into the BSF program. This is particularly helpful with high conflict parents, who, even if they are assessed as unsuitable for FDR, at least initially, can be referred to BSF/BC straightaway.

One FDR practitioner made the observation that the BSF interventions can be very helpful in the FDR process where there is entrenched negativity. The BSF manager does not need to be impartial in the way that FDR practitioners do, so he can challenge them more and help them shift their position. Therefore the two services (mandated FDR and the BSF) are quite complementary.

The program’s capacity to reach the most vulnerable families There is a policy that no one is ineligible and that at least some form of service can be offered to any client who approaches the centre. High violence families usually do not come, but high conflict families do, and these may be anywhere on the socioeconomic spectrum. Clients with drug and alcohol and mental health issues are routinely referred to BSF, for example by the FRC, CCS or legal practitioners, and some practitioners noted that in such cases, clients tend to obtain more benefit from the BSF program if they are receiving help with these other issues. Few Indigenous clients come to the centre but an outreach program is offered to Indigenous families in Bowraville. They are currently undertaking a needs assessment process to work out how they might best help a community of Sudanese families who have settled in Coffs Harbour over recent years.

Challenges in the current model

From the point of view of practitioners at Coffs Harbour Interrelate, the major concern about the future of BSF is the level of funding, in particular, how they would be able to maintain the quality of the service offered through BSF if there was less money available. Another comment made by several practitioners was that it would be good if there was funding for direct services for children. Interrelate already offers a range of individual and group services and programs for children from its other funding sources which complement the services that BSF offers parents.

Some practitioners commented that it can be difficult working with families where there is involvement with the child protection system, particularly getting enough information to work effectively with a particular family. The BSF manager is currently looking into how they

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might set up more formalised collaboration with external agencies like this where confidentiality protocols can limit the amount of information sharing and collaborative work that agencies can engage in.

The observation was also made that it would be good to have some additional funding to provide an outreach service to particularly isolated clients such as women who have very little money, live out of town, and have no transport or babysitting. A number of workers also consider that it would be helpful to have a little additional funding to be able to offer an extra individual support session six to 12 months after first joining the BSF program.

Enhancing the model

Interrelate has developed a model of service for the PSCP that is now strongly validated by its outcomes and generally embraced by key stakeholders, with the full range of factors described above contributing to its success. A key theoretical underpinning for its program is a clearly conceptualised framework of the process of change that parents work through, across a spectrum from intractable conflict to resolution and stability, with lower conflict levels and issues becoming resolved. For children, the goal is moving them back to a more secure emotional base for their development and nurturing. In practice, help and support are provided to clients in the context of the seamless integration of PSCP services into the wider services co-located on the Interrelate site, according to individual needs.

Suggestions for enhancing the model would include action on the challenges described in the section above.

PSCP Case study – Shepparton - Victoria

Overview

The Shepparton PSCP, called the Cooperative Parenting Program, is run by Berry Street, the largest independent child welfare organisation in Victoria. The catchment area for the program aligns with the Greater Shepparton Region and includes Kyabram, Cobram, Yarrawonga, Benalla, Seymour and the area up to Alexandra. Parents come mainly from Shepparton, a regional city located in north-central Victoria. With a population of 56,000 it is predominantly an agricultural, fruit growing and fruit processing region and has attracted a large migrant population (approximately 15% speaking a language other than English at home, with many from New and Emerging and refugee communities). The Shepparton region also has an Aboriginal population of around 4% (2006 Census ASGC).

Methods of data collection in Shepparton

Interviews were conducted with three staff at Berry Street, three external stakeholders and services, one 'internal stakeholder' (providing the Children's Contact Service in the same organisation) and four parents who had participated in the PSCP program.

A range of external stakeholders and service providers were invited to attend a focus group, individual or phone interview. External stakeholders who participated included local private legal practitioners, a service for people from diverse cultural and linguistic backgrounds and the Family Relationships Centre service provider. Program documentation including seminar outlines, intake and assessment forms and audio visual materials were also reviewed by the evaluation team.

History of the program in Shepparton

Berry Street is a Victorian child-focused service delivery organisation which states its core business as “protecting and caring for children”. Shepparton Berry Street office has historically focused on foster care and residential care and tendered for both the PSCP and a Children’s Contact service at the same time, primarily driven by a pressing need for these services in Shepparton. Up until this point, the Shepparton police were managing parental contact arrangements for parents who were experiencing high levels of conflict and needed a supervised setting to conduct changeovers.

Although the provision of post separation services is a new area for the Shepparton Berry Street office, Berry Street had a Children’s Contact Service in the north western region of Melbourne and so, as an organisation, had some experience with post separation work.

Berry Street opted for the Building Connections model given the limited professional therapeutic resources available and on the basis that it was well researched and evaluated.

Building Connections is a short, sharp and immediate intervention with an educational focus. We did struggle initially with the fact that it is just a short, sharp intervention and we’re not working therapeutically with these families. But we love the model we’ve got and we’ve come to terms with this approach. (PSCP worker)

It really helps parents to become more reliant and focus on their parenting, to really focus on the needs of their kids. (PSCP worker)

Current model

All parents who enter the Berry Street Children’s Contact Service are expected to participate in the Cooperative Parenting Program (CPP) within the first month of engagement. The CPP is complemented by a children’s program, Kids Turn Around, developed and funded for the initial six months through a local government pilot grant and now funded by Berry Street.

1. **Seminar** A one-off, three hour education seminar based on Building Connections is offered fortnightly (once during the day and once after hours). Building Connections has not been modified however, Berry Street have changed their intake and follow up processes over time. The seminar covers three major areas:
 - about me – looking after yourself
 - both parents – communicating with the other parent, parenting tips, impact of conflict on children
 - relationships between parent and child – strategies to become a more effective parent.
2. **Follow up support** A maximum of two follow up ‘supports’ are available to parents identified by staff as having a high need for it (around 10%) after the seminar.

They also offer a children’s group, Kids Turn Around, which does group work with children aged seven to 12 of separated parents, after parents have participated in the Cooperative Parenting Program. It includes six sessions on a weekly basis for one and a half hours and is conducted once each term.

Aims and objectives

The Berry Street Cooperative Parenting Program is a child-focused program targeted at highly conflicted parents and aims to equip separated parents with the tools to manage

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parenting arrangements in a cooperative manner. It aims to, “assist parents to focus on their parenting as opposed to their partnering issues and to help parents understand the effect of their conflict on the children, support the child’s relationship with each parent and to deal with each parent in a constructive manner”.

The benefits are enormous...They come in with a very conflicted relationship and the idea is that they come into the Children’s Contact Service and the Cooperative Parenting Program is the start of a new journey for them. Some then go on to do mediation and a few other things but the Cooperative Parenting Program is the start of a journey. (Service provider)

Key elements and practice approach

Staffing One full-time and one 0.8 worker run the PSCP program. They are supported by a team leader responsible for both the PSCP and the Children’s Contact Service. These two workers also conduct the Kids Turn Around programs to support children of parents participating in the PSCP (self-funded by Berry Street). A small one-off fee is charged (\$15 for wage earners and \$5 for those with a Health Care Card).

Joint intake and assessment with the Family Relationships Centre The FRC and Berry Street now conduct one intake and assessment process for parents referred through the FRC to avoid the need for parents to retell their story.

It took a bit of working out but we need to respect that the FRC has a great intake process. We don’t need to repeat it. Clients don’t need to retell their story over and over and over. They experience it as a seamless transition between both services. (PSCP worker)

Joint outreach with the FRC to outlying towns Berry Street and the FRC have just begun piloting a joint outreach program designed to make the service more accessible. Berry Street PSCP staff accompany the FRC on a monthly basis on visits to smaller outlying towns. The PSCP worker presents a condensed (one hour) version of the Cooperative Parenting Program as part of a child-focused information session.

What I have found is that we can’t sit here waiting for clients to come in. The parents are out there but we need to work collaboratively, we have to do that in rural areas...get out there working with the other services. Flexibility is the key. (PSCP worker)

Children’s Contact Service The Berry Street Children’s Contact Service (CCS) is the major source of referrals to PSCP. Parents using the new CCS are asked to participate in the PSCP prior to starting at the CCS.

Kids Turn Around program Developed by Berry Street in response to a gap in services for children of separated parents; it runs for an hour and a half each week for six weeks.

Referrals and linking

Initially referrals to the PSCP came primarily through court. It is thought that initial high referrals from court were due to a ‘backlog’ of parents and that need has now been addressed. The largest referral source now is internal – the Children’s Contact Service, followed by referrals from the FRC, from court and self-referrals. Berry Street have developed a strong emphasis on collaboration and outreach, driven more recently by low client numbers and a recognition of needs and access issues in their community.

We know it’s needed but we’ve had to get out there and be creative. (PSCP worker)

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As a result, a strong collaborative relationship has developed with the Centacare FRC, which has led to a joint, seamless intake and assessment system and joint outreach visits to outlying towns.

Berry Street is also currently developing a program to work with separated parents in the low security prison, to enable these fathers to reconnect with their children. The program will focus on self-care, re-establishing relationships and maintaining cooperative parenting relationships in the context of separation. It will be modified to cater for very low levels of literacy and to be father focused;

It will also help them to develop skills to deal with their ex-partners, who have often moved on and have new partners. The seminar will still have the same flavour and focus and will have a very hands on discussion as many of the fathers are illiterate. (PSCP worker)

The FRC sees the PSCP program as vital and effective and are keen to see it continue at Berry Street. The collaborative relationship required “a lot of talking” and was understood by both agencies as being all about “sharing the load” and “improving outcomes”.

It's brilliant. The education that the PSCP provides is crucial to change. Many parents come back and say that it was really good, that they didn't realise they were behaving like that. They really do have light bulb moments. They also realise that they are not the only one feeling that way. It normalises their experience and helps them to become more aware of their behaviours. (External stakeholder)

Berry Street has no referral pathways to other services internally, as their services focus on large foster care programs. Berry Street also identify a large gap in children's services and are concerned that they have virtually nowhere to refer children who need additional support, hence the development of their small children's group program.

Monitoring

Berry Street has adapted their delivery of the PSCP program over time in response to changes in referral patterns, client needs and interactions with other services. Initially Berry Street offered follow up to all PSCP participants and found that most mothers would take up the offer, but not fathers. They have since focused on becoming a more father inclusive agency and modified their follow up approach. However, they found that 100% follow up of participants was difficult to sustain with staffing levels, so they now tend to identify parents who have a high need for it (around 10%). Berry Street identified this as a challenge:

...it is a significant gap in the program. We do form a relationship with people in these small groups and they disclose very personal information. One or two follow up visits are never enough. We do have a few options to refer people to but not a lot. (PSCP worker)

Often we have dads ringing up time and time again after our formal follow up role has ended; they are asking questions, doing a bit of debriefing and we get really worried about some of the dads. On half a dozen occasions we've had dads who have presented as suicidal. It is disheartening that we're not able to offer a more robust service to them. (PSCP worker)

Important success factors in the current model

The seminar Berry Street staff report being “astounded” by the impact of the three hour seminar, both in the sessions, through their observations of behaviour changes in the Children's Contact Service and through feedback they get from parents and other services. PSCP workers think that the use of real parents telling their stories is particularly powerful and that hands on activities help parents to set goals and make appropriate shifts.

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They literally have light bulb moments in the groups where they are sitting there saying yeah I'm only here because the court told me I had to. Once we start talking about what it's like for your child when you called the mother a so and so, the light bulb goes on and they go "oh my god, all of a sudden I understand how my behaviour is impacting on my child". There have been some amazing success stories from the three hour sessions. (PSCP worker B)

Flexibility in delivery of PSCP Berry Street emphasise flexibility in delivery of their program in order to improve access and relevance. They recently developed shorter seminars for joint outreach visits, and are currently developing a program for separated fathers in prison. They invite new partners in a long-term relationship to attend PSCP seminars so they can offer support and relate constructively to their step-child's other parent. They have also had some grandparents attend.

Access for parents on low incomes Berry Street report that approximately 75% of their clients in the PSCP are low income health care card holders. They also offer after hours sessions, which tend to cater for working and more affluent parents.

Close links with the Children's Contact Service The Cooperative Parenting Program is compulsory for parents who are using the CCS. This is seen as a strength, and has contributed to more constructive engagement with the CCS for many parents.

Close collaboration The partnership with FRC demonstrates what a small provider with no history of working in the family relationships area can achieve in an effort to provide a seamless service for parents. Also, the PSCP is compulsory for parents undertaking mediation at the FRC.

Kids Turn Around program Berry Street believes it is crucial to offer support to the children of parents who are participating in the program, given that there are very limited sources of other support for children in the area. The program has been popular and feedback very positive. It was initially funded by the Local Council for six months and is now funded by Berry Street.

Challenges in the current model

Parents with very complex lives who experience high levels of entrenched conflict require a higher level of support and service than the PSCP allows. PSCP workers observe that although parents do manage to take on some of the messages of the Cooperative Parenting Seminar, it is difficult to sustain those changes.

...perhaps they then know what they have to do, but do they have the inner strength to sustain those changes or be self-motivated...If we were able to provide extra support from the service further down the track, we may be able to better support the development of that inner strength. (PSCP worker)

More support for children Although Berry Street have developed and funded separately a small group program for children, they see a need for more support and counselling for children in the Shepparton area, given the limited and expensive referral options and the low income levels of most of their clients.

ATSI parents There is a high Indigenous population in the area, however Berry Street staff are concerned that the program is "too Anglo" to meet their needs and program data reflects this.

CALD parents Berry Street are also aware that they have had very limited capacity and success in making the program relevant and accessible to parents from Cultural and

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Linguistically Diverse backgrounds, also reflected in the data. The local Ethnic Communities Council identify that there is a need for an entirely different, more community development oriented model to work with this client group, particularly refugee and New and Emerging Communities. There is some hesitation from Berry Street in deviating from the PSCP model in order to cater for the needs of clients who may require a different approach.

We are limited in the information we can present and I don't know how much scope there is to develop our own programs for different groups. Maybe we could explore this with FaHCSIA and see how much room there is for flexibility. It could be something that PSCP across Australia works on together to try and meet the needs of different cultural groups. (PSCP worker A)

There is some concern that **people with low literacy levels** have limited access to PSCP.

The reading and writing can be confronting. They do come but they are withdrawn and don't tend to engage. (PSCP worker B)

Parents with long-term entrenched conflict benefit **less** from the program than those who have separated more recently.

I think the group benefits those who are just borderline entrenched rather than those who are completely entrenched in conflict and it's been over a long period of time. We think we make the most difference when we can get in early in the parental conflict...if we have people come into the group where there's been fighting for years and years it is certainly less effective for those. (PSCP worker A)

Hostile, aggressive parents who are likely to upset and confront the group – Berry Street do try to offer one-on-one sessions in this situation, but it is limited by resources.

Enhancing the model

Berry Street feel there is a need for a more holistic approach to the PSCP, which can also provide counselling and support to parents, as well as interventions for children. They would like to be able to offer a more comprehensive POP type of service. They also articulated a wish to see greater collaboration across PSCP services around the country, in particular so that they can explore ways of enabling more effective support for high needs parent groups who are not currently accessing their service; parents from CALD backgrounds, ATSI parents and parents with low levels of literacy, parents who may be hostile or aggressive and those with very high levels of long-term entrenched conflict. Other PSCP providers may also benefit from hearing about Berry Street's experiences of collaboration in Shepparton, particularly their joint intake, assessment and outreach processes.