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GUIDANCE FOR PROVIDERS OF SCA SP

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1 Introduction

1.1 Supporting children

A wealth of research shows that parental separation can be a difficult life experience for children, sometimes resulting in enduring sadness and sense of loss\(^1\). It has been noted by relationship services that parental separation can place significant stress on children, particularly when parental conflict occurs during times of family transitions. Most practitioners in the family law field would acknowledge that the “best interests” of the child are paramount in making decisions with families dealing with difficult transitions. However, children are often the “forgotten and unheard voice”\(^2\) in family conflicts.

In 2008, the Commonwealth Government funded the Supporting Children after Separation Program (SCaSP), as part of the former Family Relationship Services Program (FRSP), a precursor to the Family Support Program (FSP), in order to support children experiencing family transitions. SCaSP was created as part of the Commonwealth Government’s commitment to assist parents to agree on what is best for their children by placing a greater focus on the needs and role of children in situations of family separation. The Program provides a range of age appropriate interventions for children in order to ensure that they have direct assistance with issues arising from the family circumstances in which they find themselves, and that they are able to participate in making decisions that impact on them in relation to the separation of their parents.

Further detail on the development process of SCaSP is outlined in Appendix A.

1.2 This guide

This document has been developed during an extensive examination of the existing evidence on good practice in working with children experiencing family transitions. Central to this evidence base is the current experience and practice of the SCaSP service providers from numerous localities across Australia. Their contribution to this guide is reflected in the practice examples and revisions of early drafts. The result is a guide to support SCaSP service providers in providing seamless, appropriately differentiated service system for children and their parents.

The focus of these guidelines is on the activities, tools and strategies for the effective service delivery of SCaSP, based on recommendations from the field and research. These guidelines also make mention of some of the approaches that have proven ineffective to service providers, in order to serve as a reference and to better orient service provision.

These guidelines have been designed as a tool for reflective practice by individual SCaSP practitioners and service providers of SCaSP (whether providing counselling, group work or other interventions) as part of their ongoing quality review and service development commitments.

The Guide has been arranged into eight parts for ease of access:

**Chapter 1:** Introduction

**Chapter 2:** SCaSP and its place in the Family Relationships Support Program (FSP)

Outline of SCaSP, including the Program’s objectives, scope and its place within the context of the FSP

**Chapter 3:** Frameworks for effective practice

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Outline of the key knowledge domains, principles and practice approaches relevant to SCaSP workers when working with children affected by parental separation

Chapter 4: Guidelines for direct practice
Step-by-step guide for SCaSP workers to follow when working with children in SCaSP. Follows a direct service pathway from intake through to evaluating outcomes

Chapter 5: Promising programs
List of programs offering similar intervention services to children experiencing parental separation, from Australia and overseas

Appendix A: SCaSP development process
Appendix B: Additional resources for SCaSP providers
Appendix C: Presentations from the SCaSP forum.
2 SCaSP and its place in the Family Support Program

SCaSP services are one component of the Family Law Services stream of the Australian Government Family Support Program (FSP). Family Law Services, including SCaSP, are funded by the Attorney-General’s Department and deliver a range of services to separating and separated families through community organisations. In addition to Family Law Services, the Family Support Program includes a range of family, children and parenting services funded by the Department of Families, Housing, Community Services and Indigenous Affairs, delivered by community organisations. These include family relationship services such as family counselling and a number of children and parenting services such as Communities for Children and Playgroups.

Strong linkages and referral pathways among these various services are crucial to ensuring clients’ varying needs are met. Referrals come from Family Relationship Centres, the Parenting Orders Program, Centrelink, medical practitioners and other Commonwealth and State service providers. While children are receiving services through SCaSP, their parents might need counselling, education programs, dispute resolution, mediation and/or other complementary services. (Protocols and examples of how children and their parents may be linked to other services through SCaSP are outlined in section 4.4 “Linkages for children to other programs”).

SCaSP offers specialised services for children that can free up resources in the FSP for adult clients. Some examples include offering:

- the child component of Child Inclusive Practice for family dispute resolution undertaken through Family Relationship Centres and other funded service providers
- child counselling that has been done through the FSP counselling services
- children’s groups that have been run as part of the Children’s Contact Services or Parenting Orders Program.

SCaSP and the full range of FSP services have a significant role within the Australian Government’s Access to Justice Framework, which places emphasis on informal justice and its importance in preventing disputes from occurring and escalating. Formal court processes are seen only as the top of a pyramid, below which lie a number of alternative processes, activities and interventions, including alternative dispute resolution (ADR), supported self-determination, education, information and community supports.

The following services are funded by the Attorney General’s Department through the FSP and have relevance for linkages with SCaSP:

- **Family Relationship Centres**: help families strengthen relationships and deal with relationship difficulties. They can provide families experiencing separation with information, advice and dispute resolution services to help them to reach agreement on parenting arrangements without going to court. The centres refer individuals, couples and families to a range of other helpful services to enhance family relationships, including SCaSP services specifically for children.

- **Family Relationship Advice Line**: is a national telephone service providing free information, advice and referral to assist people affected by family relationship or separation issues. Where appropriate, family dispute resolution may also be provided. Referrals can be made for child-specific services, such as SCaSP.

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Family Relationships Online: provides individuals and families with information about family relationship issues, ranging from building better relationships to dispute resolution. The website also provides information on a range of family relationship services available across Australia that can help families with relationship issues, including helping separated parents with their parenting arrangements for children and assisting children cope with their feelings about family separation.

Family Counselling: helps couples and families to manage relationship issues arising from relationship changes, separation or divorce. Anyone can use these services, including intact, separated or extended families, carers and children experiencing family separation. These services include counselling, therapeutic intervention, support and information and referral.

Children's Contact Services: help children from separated families to establish or maintain a relationship with the parent they do not live with. When families separate and the transfer of children from one parent to another is a problem, a Children's Contact Service provides a neutral venue for safe changeovers. Any separated families can use a Children's Contact Service, whether or not the parents have ever been married or lived with each other. Where necessary, or as directed by a court order, these services can supervise the time children spend with a parent or other family members. The supervision is neutral as the focus is on the child and not on the dispute that parents or other family members may have.

Parenting Orders Program: assists separating families in high conflict over parenting arrangements. These services use a variety of child-focused and child-inclusive interventions to respond more effectively and flexibly to families' needs and work where possible with all members of the family. The program helps parents focus on their children's needs and uses education, counselling, mediation and access to Children's Contact Services as appropriate to each case. High conflict families may be referred by the courts to these services, giving separated parents an alternative to taking their disputes back to court.

Family Dispute Resolution: is the name for services such as mediation and conciliation that help people affected by separation and divorce to sort out their disputes with each other. These processes sometimes provide opportunities for children's voices to be heard by parents. Family Dispute Resolution can help separated parents to sort out dispute issues without going to court. Resolving differences outside of court saves time and money, and can lessen the chances of disputes escalating.

Regional Family Dispute Resolution: is designed to meet the needs of regional communities, providing a range of services to help separating families resolve disputes and reach agreement on parenting arrangements, and finances and property. All Regional Family Dispute Resolution services are registered Family Dispute Resolution providers. In addition to dispute resolution such as facilitation, mediation, conciliation and negotiation, these services may also provide education, information and counselling.

Post-Separation Cooperative Parenting: assists 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.

Supporting Children after Separation Program (SCaSP): launched in 2008 to assist children from separating families to deal with issues arising from the disruption in their parents’ relationship and to be able to participate in making decisions that impact on them in relation to the family separation. The objective of this new service type is to support children within the context of their families to manage and enhance their relationship during and after family separation.

FahCSIA also supports services which, among other aims, assist children, families and individuals undergoing the stress of separation. The following are some of the services:

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5 Jointly funded by FahCSIA and AGD.
Adolescent Mediation and Family Therapy: available to young people (aged 10 to 21) and their families or caregivers who want to improve their relationships and resolve conflict. These services aim to prevent family disruption or youth homelessness by working directly with young people and their families or caregivers to resolve conflict and improve relationships. This is done through mediation and/or family therapy. The services include counselling, family therapy, mediation, support, and information and referral.

Family Relations Education and Skills Training: assists couples and families, including those with children, to develop skills to foster positive, stable relationships with their partner or family. Service providers may run groups or courses for a broad audience or tailor programs for certain individuals, such as retirees or stepfamilies. These services have an additional emphasis on access to home education resources as well as assisting couples to address relationship issues early, before they become a problem. These services include family relationship education (including pre-marriage education), family relationship skills training, support, and information and referral.

Men and Family Relationship Services: provide a broad range of assistance to men and their families. These services help men to develop and maintain strong family relationships, or deal with conflict or separation. Men and Family Relationships Services include family relationship counselling, relationship education and skills training for men, community development and community education activities, support, and information and referral.

Mensline Australia: is a national, 24-hour, seven-day–a-week telephone support service available for the cost of a local call. Mensline Australia is dedicated to helping men and their families to deal with their family relationship issues. These services provide professional, anonymous and confidential short-term counselling over the telephone and make referrals to men's services and support programs in local areas. Additional support is available through the Mensline Call-back service and via the Mensline Australia website.

Specialised Family Violence Services: help families affected by violence by providing focused interventions that aim to minimise the incidence, severity and impact of family violence by increasing skills and assisting clients to achieve and maintain positive family relationships. Services aim to assist families affected by family violence at various life stages – prior to or during marriage, separation, divorce, remarriage, parenting and retirement.

Kids in Focus: Family Support Program’s (FSP) Kids in Focus – Family Drug Support (Kids in Focus) is an early intervention, family focused component of the wider National Drug Strategy. Kids in Focus is specifically directed towards family support rather than the health, education or criminal aspects of the wider Strategy. Kids in Focus aims to assist families including parents, grandparents, kinship carers and children of substance using parents, by taking an early intervention and family focused approach to dealing with the impacts of substance misuse on families.

2.1 Program objectives

The objective of SCaSP is to support children, within the context of their family and community, to manage and enhance their relationships during and after family transitions. The Department of Families, Housing, Community Services and Indigenous Affairs, and the Attorney-General’s Department describe the program this way:

SCaSP assists children [under 18 years of age] from separated or separating families who are experiencing issues around family relationships. SCaSP 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.

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SCaSP 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 between 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 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.

SCaSP services, which are designed to be client-centred, child-friendly and non-stigmatising, provide information and referral, education, courses and family counselling to help children and parents deal with personal and interpersonal issues. Children must be the centre of service delivery at all times, ensuring that the child’s best interests are the primary consideration. Approaches used to support children may include (but are not limited to) the following:

- child consultation as part of another intervention (e.g. family counselling)
- child inclusive practice component as part of another intervention (e.g. family dispute resolution)
- culturally appropriate strategies for Indigenous children (based around activities such as yarning or culture camps)
- culturally specific groups or events for children
- groups for teenagers whose parents are separated or separating to assist them to understand and manage the emotional consequences of family disruption
- individual counselling
- intake and assessment
- provision of information and referral to other services
- school holiday camps or other activities where education and/or support is provided to children experiencing separation from a parent
- therapeutic interventions for young children using child friendly techniques (for example art, play therapy, drama, story telling)
- use of resources such as books, computer programs, internet sites
- work in schools with groups of children promoting healthy relationships including understanding grief and loss issues around separated families.

The Supporting Children after Separation Program is an important component of an integrated family law system. It can entail processes such as counselling and therapeutic intervention or group work, by which a family counsellor helps people, including children, who are affected by separation or divorce to deal with personal and interpersonal issues relating to the care of children (Family Law Act, 1975, Section 10B definition). SCaSP can also entail the child consultation part of the family dispute resolution child inclusive model. Furthermore, the SCaSP as a program for children, works alongside child focused post-separation services for adults, which place the children’s needs to the forefront of parental deliberations and negotiations about post-separation parenting arrangements.

2.2 The SCaSP pathway

The Program Model depicted in Figure 1 specifies clear pathways through SCaSP. Following a referral, there is an intake and assessment process for the child and (if appropriate) the whole family, parental consent (if required) and referrals to other services (which would include services for children with high
and complex needs such as those relating to mental health, family violence and substance abuse). Children are then provided with age-appropriate individual and/or group counselling and other therapeutic services, peer support, school-based programs, education, skills development and/or the child inclusive component of interventions for parents. In addition, feedback regarding the child’s perceptions and views about the family’s situation is provided to parents, as appropriate.

Concrete evidence and continuous quality improvement including feedback, evaluation and action research are valued components of this program model.

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Figure 1 – Supporting Children after Separation Program Model
2.3 Scope of SCaSP

SCaSP is intended to encompass four sets of core services:

- general children’s services
- individual child therapy services
- group child/family therapy services
- professional development.

Table 1 below is intended to indicate which specific interventions and services are “in scope” and which are “out of scope” for SCaSP.

Table 1 – SCaSP activities

<table>
<thead>
<tr>
<th>SERVICES WITHIN SCOPE OF SCASP</th>
<th>SERVICES NOT WITHIN SCOPE OF SCASP</th>
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</thead>
<tbody>
<tr>
<td><strong>General children’s services</strong></td>
<td>• Specific services for children addressing family violence and/or child abuse issues</td>
</tr>
<tr>
<td>• Intake and assessment of children, including recognition of their developmental needs and severity of problems; intake interview with parents to identify child’s history, needs and developmental status</td>
<td></td>
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<tr>
<td>• Provision of feedback to parents on child’s perspective and needs</td>
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<tr>
<td>• Education about family relationships, separation and divorce</td>
<td></td>
</tr>
<tr>
<td>• Skills development</td>
<td></td>
</tr>
<tr>
<td>• Computer-based resources, written and video material</td>
<td></td>
</tr>
<tr>
<td><strong>Individual child therapy services</strong></td>
<td>• Children with serious mental illness</td>
</tr>
<tr>
<td>• Individual therapy using age-appropriate techniques</td>
<td></td>
</tr>
<tr>
<td>• Child consultation as part of family counselling and family dispute resolution, entailing child inclusive practice</td>
<td></td>
</tr>
<tr>
<td>• Grief, loss and trauma counselling</td>
<td></td>
</tr>
<tr>
<td>• Culturally appropriate strategies for Indigenous children</td>
<td></td>
</tr>
<tr>
<td><strong>Group child/family therapy services</strong></td>
<td>• Primary research</td>
</tr>
<tr>
<td>• Group counselling</td>
<td></td>
</tr>
<tr>
<td>• Peer group sessions in schools</td>
<td></td>
</tr>
<tr>
<td>• School holiday camps or other activities where education and/or support is provided to children</td>
<td></td>
</tr>
<tr>
<td>• Culturally specific groups or events</td>
<td></td>
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<tr>
<td><strong>Professional development</strong></td>
<td>• Individual therapy with parents</td>
</tr>
<tr>
<td>• “Train the trainer” courses</td>
<td></td>
</tr>
<tr>
<td>• Resource materials</td>
<td></td>
</tr>
<tr>
<td>• Child representation, advocacy or child report as part of formal family law proceedings</td>
<td></td>
</tr>
<tr>
<td>• Dispute resolution or mediation with parents</td>
<td></td>
</tr>
<tr>
<td>• Parenting Orders Program (as it pertains to adults)</td>
<td></td>
</tr>
<tr>
<td>• Parenting skills and education programs</td>
<td></td>
</tr>
<tr>
<td>• Children’s Contact Services (as they pertain to adults)</td>
<td></td>
</tr>
</tbody>
</table>

A central tenet of SCaSP is that the best outcomes for children are achieved when children remain the primary focus of interventions. This means providing direct assistance to children, and not just supporting them through their parents. It also means providing them with multiple opportunities to participate in making decisions and the processes that affect them.

It is therefore critical to shape practice in SCaSP services very thoughtfully, making certain that children are seen as active social agents in their own right, rather than being regarded as just one more “voice” in family law processes (e.g. mediation or dispute resolution). While theoretically and practically it does not make sense to try to think about children in isolation from their families, it is a “child in family” focus.

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rather than a “child or family” focus\(^9\) that is required. Nevertheless, this viewpoint of children as active social agents needs to be balanced with the reality that children’s participation in SCaSP activities, for the most part, requires the consent of a parent or parents or other responsible carers.

Good practice in supporting children experiencing family separation means using interventions that suit the unique circumstances of each client. Since children and families all come with distinctive histories, skills and competencies, concerns, opinions and issues, a “cookie cutter” approach will not accommodate the range of their needs. It is also incumbent on the professionals involved to ensure that the right combination of services is available and accessible to each child and family, and that the various parts of the service and family law systems “mesh” and offer a clear pathway through what can be a very complex array of processes and interventions. Suggested ways in which to achieve effective referral linkages are outlined in section 4.4, “Linkages for children to other programs”.

It should be noted that while SCaSP is not designed to offer specific services addressing the high and complex needs of children experiencing family violence and/or abuse issues, many children accessing SCaSP may have been exposed to some level of domestic and family violence, high parental conflict in the home and controlling and coercive behaviours. They may also live in families where parents have mental health and/or substance misuse issues. Intake and assessment processes of SCaSP are designed to identify family risk factors and to ensure that appropriate protective measures are taken to keep children safe.

However, in cases where SCaSP clients have been identified as having been impacted by domestic violence or abuse, they are not necessarily excluded from receiving support through SCaSP. SCaSP practitioners decide on a case-by-case basis whether the SCaSP service is appropriate in the context of domestic violence and whether it’s necessary to refer clients to other specialist services for family violence, such as the Specialised Family Violence Services described earlier. In most of these situations, it is especially important that professionals also take a proactive role in helping the family acknowledge these risks and seek appropriate help. Further detail on this is provided in section 4.2.3, “Screening and assessment of children”.

Frameworks for effective practice

While research sometimes indicates that children may suffer long-term negative effects from separation, it also shows that with appropriate support, most children can recover after a period of distress and return to normal levels of wellbeing, achieve their education and career goals, and retain close ties with their families. The evidence shows that children benefit from the quality and quantity of support and other interventions provided directly to them during and following separation, particularly in repairing and/or maintaining relationships with their families. This will be addressed in Chapter 4, “Guidelines for direct practice”.

However, for some service providers, working with children is a newer practice compared to work with adults. Following are some of the key knowledge domains emerging from international research on children’s experiences of family conflict and separation relevant to all SCaSP service providers. Following the discussion of knowledge domains, a set of principles is articulated that has wide applicability in the broader family relationships context and informs effective practice. This is then followed by an outline of children’s developmental stages relevant to work with children experiencing family disruption.

2.4 Children’s voices

There is a growing body of evidence that suggests that, not only do children want to be heard, but when they are, better decisions result. A 2003 Australian study, which involved interviews with children, found that only about 19% of children reported being consulted about their initial residence arrangements and about 37% about initial contact arrangements. Another study found that 25% of the children of separated parents indicated that no one discussed the separation with them when it happened and only 5% indicated that they were given a full explanation and a chance to ask questions. Most reported that they were confused and distressed by the separation. This confusion and distress is increased when children are not seen as competent enough to participate in the separation and divorce process and therefore are excluded from the proceedings.

Many parents do not seriously engage children in discussions about separation and post-separation arrangements for various reasons. Often this is because they do not know how to, or they feel that they know what their children are thinking and feeling and/or what is best for them, or because they don’t want to impose unnecessary further stress on their children during what may already be a stressful situation. Even with the advent of child-inclusive mediation practices, children often feel ignored and isolated from decisions that affect their lives. When their views are acknowledged and taken into consideration, children are more likely to feel appreciated and valued. Meaningful participation can itself

References:

enhance a young person’s sense of connectedness and belonging, both of which impact positively on mental health and wellbeing.  

2.5 Knowledge about children

2.5.1 Attachment and loss

Bonding and attachment are closely related and highly relevant to understanding children’s feelings of loss and grief. As research has made clear, bonding — the psychological ties between babies and their primary caregivers — begins in the first hours of life and requires ongoing, frequent contact. Attachment also begins the moment a child is born, becomes more apparent during the second six months of life and continues to develop throughout childhood. Attachment is part of the give and take — mutual interactions — between babies, young children and their caregivers. It results in the child having a secure base, self-confidence and a sense of trust in others. During the second year of life, children begin the process of individuation from their parents or primary caregivers. There is little doubt that children do better when they have a strong sense of stability and security throughout the developmental cycles of childhood.

When bonding and attachment are disrupted, children can suffer considerable anxiety, insecurity, loss and grief. The responses of the adults in their lives’ sphere have significant influences on how long children suffer and their long-term psychosocial development. While stable relationships with caregivers are important in forming attachments during childhood, recent research suggests that children do not need an ongoing relationship with both parents to ensure good attachment.

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However, most children experience family disruption as a process of change, involving losses and sometimes the grief that accompanies this. Losses include extended family and friends, community, financial security, familiar neighbourhood, siblings, traditions and continuity. Given their own emotional turmoil, it is often difficult for parents to recognise and address the grief and loss their children are suffering.

2.5.2 Children’s developmental stages

Research indicates that the reactions of children to their parents’ separation differ according to many individual factors including their developmental stage. Both national and international studies indicate that separation and divorce do not necessarily have more negative effects on children of a particular age but that children experience “age-related” consequences. For example:

- Five year olds, being quite egocentric, are very susceptible to self-blame and may, therefore, interpret parental conflict as their fault. They do not have the skills to understand the mental and emotional states of their parents, apart from how they are affected.
- Children five to eight years of age often try to distract their parents when conflict arises by acting out or avoiding it altogether.
- Children seven to nine years of age understand that conflict requires at least one party to change their view and are quite sensitive to whether a conflict has been resolved.
- Children eight to twelve years of age more often try to step in and help resolve parental conflicts.
- Adolescents are most likely to avoid parental conflict.

Table 2 summarises stages of development, common reactions to parental separation and potential interventions to assist children.

Table 2 – Developmental stages and potential strategies

<table>
<thead>
<tr>
<th>Developmental stage</th>
<th>Level of understanding</th>
<th>Common reactions to parental separation</th>
<th>Potential interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (0–2)</td>
<td>Sensitive to changes in parents’ moods and conflicts between parents, Difficulty with concepts of time (e.g. hours can seem an eternity).</td>
<td>Loss of appetite, Upset stomach, More fretful and anxious.</td>
<td>Maintain routines and ensure favourite toys are available, Remain calm, warm, Provide safe environment.</td>
</tr>
</tbody>
</table>


O’Hanlon, A. Patterson & J. Parham (Series Eds.), *Promotion, Prevention and Early Intervention for Mental Health in General Practice*. Adelaide: Australian Network for Promotion, Prevention and Early Intervention for Mental Health.


### Developmental stage

<table>
<thead>
<tr>
<th>Toddlers and preschoolers (3–5)</th>
<th>Common reactions to parental separation</th>
<th>Potential interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic understanding of what separation means – that a parent has moved away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does not understand why the separation has occurred.</td>
<td></td>
<td></td>
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<tr>
<td>• Improving sense of time</td>
<td></td>
<td></td>
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<tr>
<td>• May feel responsible for separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Uncertain about future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• More crying, clinging, irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Problems sleeping, nightmares</td>
<td></td>
<td></td>
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<tr>
<td>• Regression to infant behaviours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Angry, but may hold it inside</td>
<td></td>
<td></td>
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<tr>
<td>• Withdrawn, aggressive</td>
<td></td>
<td></td>
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<tr>
<td>• Accident prone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Grieving, sad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Worried about absent parent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintain routines</td>
<td></td>
<td></td>
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<tr>
<td>• Allow some regression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reassurance, nurturance</td>
<td></td>
<td></td>
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<tr>
<td>• Warm physical contact</td>
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<td></td>
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<tr>
<td>• Encouraging child to talk</td>
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<td></td>
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<tr>
<td>• Reinforce that child is NOT responsible.</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary (6–10)</th>
<th>Common reactions to parental separation</th>
<th>Potential interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Begins to understand what divorce is</td>
<td></td>
<td></td>
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<tr>
<td>• Knows that parents may not love each other</td>
<td></td>
<td></td>
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<tr>
<td>• Knows that parents may not get back together.</td>
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<td></td>
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<tr>
<td>• Feeling deceived, sense of loss</td>
<td></td>
<td></td>
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<tr>
<td>• Hoping parents will reunite</td>
<td></td>
<td></td>
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<tr>
<td>• Feeling rejected by parent who left</td>
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<td></td>
</tr>
<tr>
<td>• Ignoring school and friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Worried about the future</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Having somatic complaints, sleeping problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attempts to recreate the past.</td>
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</tr>
<tr>
<td>• Encourage children to talk about feelings, but not using expressions such as “be brave”</td>
<td></td>
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<tr>
<td>• Answer all questions about what is happening, changes taking place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Watch for signs of depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Monitor child, respecting child’s privacy.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-teen and adolescents (11–18)</th>
<th>Common reactions to parental separation</th>
<th>Potential interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands but may not accept the separation or divorce.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Feels disillusioned and angry</td>
<td></td>
<td></td>
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<tr>
<td>• Feels abandoned by parent who left</td>
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<td></td>
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<tr>
<td>• Tries to take advantage of parent’s stress and lack of energy</td>
<td></td>
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<tr>
<td>• Tries to take control of the family</td>
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<tr>
<td>• Becomes moralistic</td>
<td></td>
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<tr>
<td>• Gets involved with high risk behaviours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Feels like s/he will never have long-term relationships</td>
<td></td>
<td></td>
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<tr>
<td>• Worries about finances.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continue to talk about each step of the separation and divorce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintain routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continue to enforce behavioural rules and household responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remind child that parents own the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do not discuss “adult” problems.</td>
<td></td>
<td></td>
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</tbody>
</table>

### Early intervention

A growing body of research emphasises the importance of recognising the potential for harm from family disruption, reducing the risk factors and bolstering the protective factors as early in the process as possible, in order to assist the child in negotiating a positive trajectory along the developmental pathway to adulthood. The central goal is to assist children to cope as well as they can with the challenges that family changes inevitably present to all involved. Being sensitive to some of the difficulties children may face and intervening earlier rather than later may help avert emotional and behavioural problems.
Intervention is also likely to be more successful if there is an awareness of a child’s stages of development and the resources, strategies and preparation a child has to deal with a “fork in the road”. Professionals who work with children experiencing family separation need to have an understanding of developmental pathways and the skills and competencies it is reasonable to expect children to be able to draw upon. For example, children may lack the cognitive ability to understand what family disruption means and to put the uncertainty accompanying separation in perspective. This may make it difficult for them to process information and may distort their views of what part they play in what has happened. Young children and even adolescents may feel responsible for what is happening to their family and may construct very negative internal “working models”. Professionals should tread carefully by considering the developmental stage and skills of each individual child and responding accordingly.24

2.5.3 Children in transition

The contemporary view of family separation and transition is best characterised as a transition involving “transactional events” or “turning points”: According to the research on children’s experiences of parental separation:

- the initial period following family separation can be stressful for children and young people (more so when there have been high levels of conflict and/or violence)25
- most children are not adequately informed by their parents about what is happening26
- the majority of children are not emotionally prepared to manage the situation and often react with distress, anxiety, shock and disbelief27
- the abrupt and total absence of contact with a caring parent is distressing and painful 28
- there are a plethora of changes that must be dealt with such as moving between two households, adapting to new schedules, rules and physical spaces, and dealing with parental anger and confusion 29.

Separation is not a single event but a process that occurs over time. In most cases, marital conflict begins long before the physical or legal separation, and the separation brings about permanent changes to the family structure30. Changes in living arrangements and sometimes location, and changes in the child’s relationship with both parents frequently occur after separation. Separation also sets in train events that are themselves responsible for later events in the lives of family members. For example, reduced material resources and decline in standards of living can have an impact on children’s short and long-term futures.

2.5.4 Resilience

While it is recognised that family disruption can be challenging for children and that some studies show that psychological wellbeing of children in divorced families may, overall, be lower than for those from families in which there are secure and mostly happy relationships, research also indicates that children

28Ibid.
can show remarkable resilience in adapting to changed households and new residential arrangements.31

Numerous studies have compared the adjustment of children from separated and non-separated families, and the clear pattern is that only small differences are found in cognitive, social and psychological functioning.32 In the face of adversity, many children can bounce back from separation, sometimes showing greater coping capacity than their parents. But recognition of children’s successful coping must be tempered with an awareness that many children can have lingering and distressing feelings about their parents’ separation.33

While resilience has shown to be the normative outcome for children, and most children who experience parental separation adjust well and do not exhibit severe or enduring behaviour problems,34 there are certain factors that this is dependent on. According to McIntosh et al, children need a secure emotional base after their parents separate, exactly as they needed before.35 The major protective factors that facilitate children’s adjustment to separation and divorce are low inter-parental conflict, effective and constructive resolution of conflict between the parents, the quality of the parent-child relationship, nurturing and authoritative parenting from at least one parent, and cooperative co-parenting with good communication. Reviews of the literature show that it has become increasingly clear that it is these family processes that contribute to determining children’s wellbeing and “outcomes”, rather than family structures.

There are also certain types of interventions that can help children and young people cope successfully and develop resilience following parental separation, including:36

- support and time to adapt to changed household situations
- intervention at the earliest stage in the family separation process
- individual consultation and/or counselling with a professional for children
- counselling or education that helps parents understand their children’s needs.

2.5.5 Children affected by violence and abuse

Research consistently points to poorer outcomes for children where there is a high degree of conflict associated with family separation: “Children can experience stress, anxiety, depression and loyalty conflicts where parents express their anger or are verbally or physically aggressive to their other partner in front of them, ask children to carry hostile messages, denigrate the other parent in front of the child, or prohibit the child from mentioning the other parent in their presence”.37 Violence often escalates during the separation and divorce process.

Until relatively recently, the effects on children who witness violence but are not direct victims of it, were not fully acknowledged. Witnessing family violence and growing up in a “climate of fear” are associated with higher levels of behavioural and emotional problems in children and young people. Children exposed to violence have higher levels of aggression, behavioural problems and anxiety, and lower self esteem. Exposure to family violence affects a child’s relationships, social and cognitive development,
education and mental health. While most children escape without physical injury, they may bear emotional scars which in many cases can last a lifetime.

There are many factors that influence the effects of family violence on children. These include: age, gender, developmental stage, extent and frequency of violence, role of the child in the family, parents’ ability to parent, personality of the child, social and economic disadvantage. Children are particularly negatively affected by high conflict and violence if they perceive they are the cause of it.

Two important factors that help protect children exposed to family violence from long-term negative outcomes are the presence of support figures outside the family and the quality of the relationship between children and those who provide support. Arguably, the most important protective factors are community acceptance that an abusive family environment harms children and proactive responsibility for responding so that children do not feel that they are forgotten.

In situations where family violence occurs, sometimes the best way to protect children is to help a family separate. Difficult decisions then need to be made about the kind of contact, if any, children should have with one or both of their parents. This is recognised in Commonwealth family law and state child protection legislation which, in considering the best interests of children, take into account not only the benefit of children having a meaningful relationship with both parents but also the need to protect children from physical and psychological harm, including children seeing family violence, being neglected or being physically or psychologically hurt.

There is increasing awareness of the importance of differentiating types of intimate partner violence so that good decisions can be made about contact arrangements that are in children’s best interests. Research suggests that types of domestic violence can be differentiated with respect to partner dynamics, context and consequences. According to Kelly and Johnson, reliable differentiation, through appropriate screening measures, should “provide the basis for determining what safeguards are necessary and what types of parenting plans are appropriate to ensure healthy outcomes for children and parent–child relationships.”

2.6 Principles for practice

One way to approach supporting children and child-related practice is to develop underlying principles for such practice. The starting point for thinking about principles for supporting children is to reiterate their basic rights to protection and self determination, which in the case of family disruption also includes the right to be supported to deal with grief and loss, the right to be heard, the right to be safe and the right to have positive and healthy relationships with both parents.

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43 Ibid, p.476.

Winkworth and McArthur produced a highly relevant set of principles to guide working with children in an appropriate and effective way. All of these principles are underpinned by the belief that children have agency, resilience and strengths and that they are “human beings, not just human becomings”.

The ten principles have been adapted to help guide SCaSP work. As such, the following principles for practice outline why it is important to work directly with children and how children need to be positioned at the very centre of service practice.

**Principle 1**: special attention should be given at every opportunity to link very young children and their families with services and supports to strengthen children’s physical, cognitive and social functioning.

**Principle 2**: every effort should be made to assist and support children and young people as early as possible in the emergence of problems by linking them with services to strengthen child, youth and family functioning.

**Principle 3**: assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of “life worlds” including health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self care.

**Principle 4**: children and young people, in contact with the family law system, should be provided with direct and indirect opportunities to express their feelings and wishes. In this they can be greatly assisted by an adult (other than their carer) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.

**Principle 5**: policies and procedures should specifically discourage a “one size fits all” approach to participation by children and young people. The settings, language and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.

**Principle 6**: models of family decision making such as family group conferencing should be used when appropriate to maximise the participation of children and young people.

**Principle 7**: children and young people should be provided with information about family law processes, including how to make their voices heard. They should be well prepared for discussions in which they are expected to participate through the provision of developmentally appropriate information.

**Principle 8**: children and young people should be informed as soon as possible, preferably the same day, of decisions.

**Principle 9**: having regard to confidentiality and parental consent, knowledge and expertise should be actively shared judiciously between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation.

**Principle 10**: all interventions should as far as possible seek to create and strengthen the positive everyday networks that surround children and young people, including the provision of appropriate information, which will enable these networks to increase support.

Information sharing is central to all of these principles, especially principles 9 and 10. While SCaSP has privileged status under the Family Law Act and information provided cannot be used for litigious purposes, other agencies should be particularly careful to seek consent from parents before they share information, as they may not share legal status under the Family Law Act to appropriately handle such information.

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2.7 Approaches to working with children

In 2001, the Family Law Pathways Advisory Group in Australia acknowledged the need for children to have direct access to support during and after family separation. This acknowledgement is an important part of SCaSP, however, SCaSP providers still find it difficult to define the ideal way to “support” children during times of family transitions.

Taking the above principles for working with children into account, the following are three primary ways services attempt to include and support children in their practice:

**Child focused** services usually refer to activities that allow parents to think about or “hear” their children’s voices as part of a dispute resolution process, or as Moloney and McIntosh put it: “finding the child’s voice in the absence of the child”. The aims are to:

- create an environment that supports disputing parents in actively considering the unique needs of each of their children
- facilitate a parenting agreement that preserves significant relationships and supports children’s psychological adjustment to the separation, including recovery from parental acrimony and protection from further conflict.

Integral to the child-focused approach is also the assessment of parents, whereby skilled interventions and referrals can take place. This is important in ensuring that the needs of children are prioritised during family separation. (This is detailed further in section 4.2.3).

**Child-inclusive** services usually refer to dispute resolution activities that actually include the child directly in the process, or in Moloney and McIntosh’s words: “finding the child’s voice in the presence of the child”. The aims of child-inclusive practice include those identified under child-focused practice above and, in addition, are to:

- consult with children in a supportive, developmentally appropriate manner about their experiences of the family separation and dispute
- ensure that the style of consultation avoids and removes any burden of decision-making from the child
- understand and formulate the child’s core experience within a developmental framework
- validate the child’s experiences and provide basic information that may assist their present and future coping
- form a strategic therapeutic loop back to the child’s parents by considering with them the essence of their child’s experience in a manner that supports them to hear and reflect upon their child’s needs
- support parents to leave the dispute resolution forum on higher rather than diminished ground with respect to their post-separation parenting
- ensure that the ongoing mediation/litigation process and the agreements or decisions reached reflect, at core, the psycho-developmental needs of each child.

According to McIntosh, there may not be one agreed definition of what constitutes “child-inclusive” practice, but it can be described as a therapeutic model anchored clinically within the frameworks of

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49Ibid.
attachment and developmental theories\textsuperscript{50}. While it was developed to improve the capacity of parents to provide a secure emotional base for their children after separation (part of family law mediation and dispute resolution processes), it is clearly applicable to helping children themselves deal with the experience of family separation. It is, however, important to caution that a child-inclusive approach requires that parents need to be thoroughly assessed for their capacity to hear their child’s voice. If they do not possess this capacity, this may pose a risk to the child.

Child-centred practice refers to the intention to keep the interests and wellbeing of children central to all service delivery processes involving children and their families. The following principles have been identified as central to child-centred practice\textsuperscript{51}:

- recognise critical time frames in childhood and adolescence, including assisting children and young people as early as possible – early in the life of the child and early in the life of the problem
- take into account the developmental needs of children and young people in all interventions
- provide children and young people with appropriate opportunities to participate in all aspects of the separation and divorce process that affect them
- promote a collaborative approach to the support of children experiencing family separation, including strengthening the networks that are critical to their wellbeing.

\textsuperscript{50} McIntosh, J (2007). “Child Inclusion as a Principle and as Evidence-Based Practice: Applications to Family Law Services and Related Sectors”. Australian Family Relationships Clearinghouse Issues, No. 1

3 Guidelines for direct practice

This section will describe the basics of a SCaSP service, from the service environment through to intake and assessment, integration across different services, organisational and workforce issues and evaluation. It follows a pathway of a client’s contact with a SCaSP service, based on the SCaSP model (Figure 1).

The current SCaSP providers are developing a valuable bank of experience and this section highlights some of practices undertaken by providers. Some of these practices emerge directly from the experience of professionals working with children and their families. The perspectives of the professionals working directly with clients are always valuable in the absence of research because they may be the sole source of information on “what works”. Following, then, are examples of approaches, activities and practices drawn from SCaSP providers.

3.1 Service centre environment

3.1.1 Practice guidelines

Some might argue that good practice actually begins with the physical environment because that is the first thing a client sees. Service providers should ensure that their physical environments are accessible, appropriate, safe, user friendly and meet the needs of all ages.52.

Appropriate physical environments have well designed internal and external rooms. The waiting rooms should be flexible and spacious, with a mix of adult and child furniture. The agency should also be decorated with colourful walls or hanging materials, provide craft materials, toys and books for the children, and appropriate magazines for the parents and carers. A television and VHS are also ideal. Service agency waiting rooms should have access to food and water. Clients should have access to pram and wheelchair friendly toilets.

Teen-focused services should have access to the internet, a coffee shop or access to tea and coffee, music playing and musical instruments in the waiting and therapy rooms. An outdoor area is also recommended for physical activity.

An ideal approach to resources is flexibility. Waiting rooms and therapy areas should be flexible, to cater for different uses such as reception or functions. The service providers should have flexible and child-friendly hours, allowing clients to visit before school, after school and on weekends.

Child-centred and child-specific services should provide lots of materials about families and parenting. This can include posters, pamphlets, internet sites, a library, videos and handouts. Material can be child focused or adult focused. The service provider should also include some father friendly material, and material for carers.

An outreach service is also a key resource for successful agencies. The outreach service may be an agency vehicle that allows service providers to visit clients at home or a mobile counselling van. Other ways to conduct effective outreach is by visits to workplaces, schools and child care centres as well as teleconferences and video conferences for remote clients.

3.2 Intake, screening and assessment

3.2.1 First point of contact

Intake and assessment are the first points of contact with clients, and as such are critical to delivering a service that meets a wide range of needs and recognises the different needs that a child may have in addition to the needs of the parents.

The initial contact made with the service, either directly by the client or by a referring individual organisation, may be via telephone, face-to-face or through electronic communication. It is important at this first stage to assess the client for safety, and action a crisis response if requested or required. When taking referral information over the telephone, staff ensure privacy is maintained, such as in reception areas. The full range of options is offered to clients at the initial contact stage, which could include specialist services in the area of mental health, drug and alcohol, counselling, men’s services, family law pathways or post-separation.

There are both principles and key questions that can help ensure that initial encounters are productive, efficient (that is, avoiding multiple assessments whenever possible) and lay the foundations for trust between professionals and individual family members (parents and children). Effective assessments:

- provide a welcoming, warm and professional introduction to the service
- are child-centred and rooted in child development, but involve the parents as well
- are ecological in their approach, taking into account the environment surrounding the child and family
- include assessment of child’s developmental status
- build on strengths as well as identify difficulties
- provide a good opportunity for referral to complementary services with which strong linkages (and even formal MOUs) have been developed (see Section 5.3.3 for additional discussion)
- are a continuing process, not a single event
- can be done at the agency, by telephone, or at a client’s home or an external location.

Practice example: Anglicare, Western Australia

Parent Intake: Parents are seen initially for an intake to encourage support of their children through the program and offer referrals to other FSP services. A high number of parents are referred to the Parenting Orders Program (Mums and Dads Forever – MDF) and family counselling. Children whose parents are involved with the Family Relationship Centre or MDF can be seen immediately for intake.

Practice example: Relationships Australia, Tasmania

Initial contact is usually made with the program by a parent/caregiver on behalf of the child. The first point of contact normally occurs with RA Tasmania reception and an intake form is completed. Information regarding the program is provided and an appointment made for the parent/caregiver to attend the initial consultation. The call may also be transferred to program staff depending on the client need.

3.2.2 What is screening and assessment?

Screening for risk and safety and the assessment of needs is central to the work of SCaSP, and entails a continuous process which should be consciously undertaken by practitioners at every point in their contact with clients.\(^{54}\)

Screening refers to processes which generally identify:

- the existence or likelihood of domestic and family violence and of harm to others
- the risk of child abuse or abduction
- the risk of self-harm, and
- the urgency of required action.

Assessment takes into account:

- the expressed and underlying needs of children, their parents and others (such as grandparents)
- the strengths of clients which can be called upon to build their capacity to deal with issues facing them
- barriers which need to be overcome before a client is able to benefit from the services offered by the service provider, and any factors relevant to making a judgement about the advisability or otherwise of a client participating in a joint dispute resolution process or a group program.

The initial screening assessment of needs and risk must primarily identify whether family violence and/or child abuse has been or is currently present. In the case where these issues arise during or after screening, appropriate courses of action are outlined below.

3.2.3 Screening and assessment of children

Moloney and McIntosh identify key questions that should be part of a child’s assessment. While they are designed as part of child-inclusive practice that feeds into parental mediation or dispute resolution, they are applicable to working directly with children who are coping with family separation.\(^{55}\)

- What is the child’s current attachment security with each parent? How does the child experience the care giving function and capacity of each parent, and how does this resonate with their developmental history?
- What role may previous separations or traumas have had to play in their current experience of their parents?
- What self and other attributions do they make around the origins of their parents’ separation and conflict?
- What are the sources of strain and developmental stress for this child?
- What systemic and internal resources does the child bring to their situation?
- What do the child’s preferences around living and visiting arrangements reflect about his/her current adjustment and the parental capacity to support the child?
- What developmental needs of the child need to be prioritised within the dispute resolution outcomes?


One tool for assessing children’s needs is the Family Development Matrix (FDM) which aims to help children and families recognise their strengths and build skills, to assist professionals to develop an accurate picture of children’s status over time and to help everyone see progress. The FDM can be designed to cover a very wide range of issues affecting children and their families. Together, the professional and the family select the issues about which they are most concerned. The following table sets out the range of assessment issues included in the FDM.

Table 3 – FDM Issues

<table>
<thead>
<tr>
<th>Children’s care and safety</th>
<th>Children’s education and development</th>
<th>Social and emotional health and competence</th>
<th>Health and safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to quality child care</td>
<td>Age-appropriate development — physical, cognitive, emotional</td>
<td>Quality of social support system</td>
<td>Environmental conditions</td>
</tr>
<tr>
<td>Safety of environment.</td>
<td>Age-appropriate behaviour and social skills</td>
<td>Mental health status</td>
<td>Health habits</td>
</tr>
<tr>
<td></td>
<td>School behaviour, attendance and readiness to learn.</td>
<td>Sense of confidence, self esteem</td>
<td>Access to health resources</td>
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<tr>
<td></td>
<td></td>
<td>Sense of responsibility and control</td>
<td>Status of physical health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ability to identify needs and resources.</td>
<td></td>
</tr>
<tr>
<td>Family relations</td>
<td>Financials</td>
<td>Community relations</td>
<td>Adults education and employment</td>
</tr>
<tr>
<td></td>
<td>Income level in context of local cost of living</td>
<td>Knowledge of and access to community resources</td>
<td>Employment status</td>
</tr>
<tr>
<td></td>
<td>Long and short-term financial goals</td>
<td>Participation in the community</td>
<td>Career goals, if any</td>
</tr>
<tr>
<td></td>
<td>Budgeting skills and financial discipline.</td>
<td>Social conditions in the community</td>
<td>Education, job skills and work history</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Networks of family and friends.</td>
<td>Income, hours, benefits.</td>
</tr>
</tbody>
</table>

Once issues have been selected, the family with guidance by the professional, fleshes out the issues and then uses the FDM rating scale. The discussion of issues and rating of current status provides the baseline for determining what the child and family want to work on through the SCaSP and other services. Subsequent ratings and discussion reveal progress and areas that continue to pose challenges. (See Appendix B for the full FDM).

Children affected by abuse and neglect

The evidence from SCaSP service providers indicates that there can be a high prevalence of FDV in families accessing FRS services of varying degrees and severity. It can therefore be expected SCaSP providers will work with clients who have been exposed to domestic violence or abuse. However, SCaSP is not specifically focused on addressing family violence issues. When screening processes indicate the presence of violence and/or other abuse, SCaSP practitioners must ensure protection for the child in accordance with state statutory requirements including referral to specialised family violence services where appropriate.

Staff should be alert to and give direct attention to children’s experiences of trauma resulting from family separation, high conflict and violence and abuse. When instances of FDV arise, workers can help children with the following messages:

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• You are not alone
• It is not your fault
• Family violence is an adult problem
• It is OK to name and express painful feelings and to grieve losses
• Painful feelings can be expressed without harming anyone
• Violence is never OK
• Problems can be solved without violence.

It is critical that the issues identified in screening and assessment are communicated to all practitioners who have a role in decision making, support and service delivery. Effective referral linkages are to be in place, and where necessary service providers refer the client to appropriate services as per mandatory obligations.

The Winkworth and McArthur Screening, Assessment and Referral Practice Framework\textsuperscript{58} identifies a set of principles for working with children affected by abuse and neglect in the context of the Family Relationship Centres in more detail and refers to a series of practice guides for responding to concerns.

**Parental engagement**

There is a requirement for parental commitment and engagement to take place to ensure children attend appointments as required. Children are not able to drive themselves to appointments or generally book their own appointments so are reliant on their parents who, during times of separation, may be in high conflict and not in agreement as to who is taking the child to appointments, etc.

Generally, it is preferable to talk with parents in a joint session prior to interviewing the child to gather information on history, developmental milestones, behavioural changes, parental concerns and willingness to support their child’s participation in separate interventions. However, while joint sessions with parents are ideal, they are only preferable if parents have managed to establish a cooperative co-parenting relationship.

In arranging joint sessions (whether face-to-face or by telephone), consideration should be given to how best to engage the partner/ex-partner or other extended family members who have caring responsibilities for the children. Common elements from approaches made by service providers who have reported high levels of success in getting the second party involved include:

• a child-focused approach that emphasises the benefits to children of their parents attending dispute resolution
• an assumption of a cooperative and positive response by the other parent
• the avoidance of any adversarial language
• an outline of the possible benefits that can be achieved for both the child and parents
• an explanation that an individual interview with the other partner will first be conducted to discuss their options and concerns privately, prior to any decision to proceed to a joint session
• the legal basis for the approach in regards to the “best interests of the child” in the Family Law Act is made clear, but not threatening
• the full range of service is stated, not just dispute resolution
• clients should be reassured about their safety and how the service deals with safety issues

• clients should be invited to call the Centre first and discuss the services offered before making an appointment.

The way to make contact with the other parent (including by telephone or in writing) will take into account local area and individual needs such as cultural background and past history. For example, cases involving previous litigation may need all approaches to be made in writing, whereas a telephone call may be a preferred starting point for parents who are already cooperative. Feedback from service providers suggests that in some regional areas letters are seen as being too formal, hence the first approach is typically made by telephone. Conversely, clients in metropolitan areas tend to prefer the first contact to be made in writing as contact by telephone is considered to be intrusive.

Practice example: Relationships Australia, Tasmania

The initial consultation is normally scheduled with the parent/s (individually). At this appointment the counsellor collects client information along with information regarding family violence, current court orders or legal agreements, history and overview of the current situation. The parent/carer’s view of the impact of the family’s separation on the child is also explored. During the initial consultation, information regarding confidentiality is also provided.

In many cases, the biggest challenge is to engage the parents in reflecting and acting on the needs of their child(ren). Some parents are so caught up in their own struggles with the problems arising from the family separation (perhaps compounded by substance abuse, mental illness and abusive behaviour) that they have great difficulty focusing on the issues experienced by their children. Other parents may be concerned about issues of confidentiality (e.g. when children share personal family information) or the “undue” influence of professional counsellors on their child’s perspective.

These problems can be addressed by one or more of the following practices currently being undertaken by SCaSP service providers:

• providing a clear policy that the Agency and its professionals do not engage in parental conflict or take sides and that feedback will be provided to both referring and non-referring parents, as appropriate (Bethany Community Support)
• ensuring parents feel listened to and have a rapport with the counsellor following their intake (Relationships Australia, Tasmania)
• outlining a parent’s own progress in FSP services which can make them more receptive to engaging their children in the program (Relationships Australia, Tasmania)
• offering parents the opportunity to attend special sessions about how children cope with separation, what they might expect in terms of behaviour changes, how to provide support for their children throughout the difficult process of family separation and access to counselling programs
• partnering with family therapy team to build “parental alliances” in cases of high conflict — using narrative practices to re-story the parental bond and work at ways to strengthening bonds has proven beneficial (Lifeline Darling Downs, Queensland)
• considering the best intervention for parents on an individual needs bases, and understanding that these interventions may involve internal or external referrals (Relationships Australia, Queensland)
• requiring parents to attend a cooperative parenting workshop (“Working it out for the Kids”, run through the FREST program) in order to access counselling and other services (Relationships Australia, SA)
• providing information about services and benefits for children and adults at parent-friendly places (Relationships Australia, Queensland)
• undertaking special assessment procedures for assessing potential outcomes of one parent not knowing that the other has consented to counselling for their child (Kids and Youth Are Kool postSeparation, Marymead, ACT)
• introducing SCaSP to parents through personalised letters and warm referrals through other programs (Family Mediation Centre, Metropolitan Melbourne)
• providing some sessions free of charge (Relationships Australia, Tasmania).
Parental assessments

To be able to understand what is happening for children so that the right interventions are put in place to assist them, it is important also to understand the issues that parents confront. In practice, the majority of appointments with parents are conducted as individual sessions which often result in referrals to other appropriate programs. Assessment of parents is an integral and essential part of any therapeutic work with children. It is particularly imperative in a post-separation context where a skilled intervention and referrals need to be made so that systemic changes are facilitated within the family. An individual assessment interview with each of the separating parents prior to engaging the child adds to the child focus of the program rather than detracting from or diluting it.

Some SCaSP service providers have raised the issue of working with high conflict parents. In cases where there has been or is conflict or violence, it is necessary for the practitioner to:

- ascertain whether there is a restraining order/DVO/AVO etc. in place and, if so, whether it has a clause that allows for the discussions to take place between the parents
- ascertain the status of contact for children with the other parent in any protective orders/restraining orders/DVO/AVO etc.
- screen out unsuitable cases (ultimately this decision rests with the practitioner)
- be aware of non-physical forms of abuse and understand their impact
- understand trauma and how it affects capacity
- validate the experience of the victim — acknowledge/believe
- refer victims of violence, including children and young people, to appropriate counselling and support programs
- refer perpetrators of violence to appropriate counselling and support, treatment programs or report to criminal justice agencies if required.

After careful screening for safety, issues between the parents and the best means to contact the other party should usually be explored with the presenting client and, if it is safe to do so, their wishes taken into account. In some cases, a practitioner may want to use a third party (for example, a community liaison officer) to assist them to engage one or both parties.

Consent and confidentiality issues

Parental consent remains a contested area of practice; that is, the issue of whose consent is required for children to participate in SCaSP, or any Family Relationship Support services. There is a requirement to gain parental consent or to notify both parents of their child’s involvement in the program. However, it is recognised that there may be some situations where this may not be appropriate, such as where a child is 14 years or over, or where there is a counsellor-recognised therapeutic benefit in a child’s involvement in the presence of parental acrimony, violence and/or other at-risk situations. In all cases where neither parents are notified, the service provider will discuss the decision with a supervisor or practice manager.

Practice example: Relationships Australia, South Australia

Relationships Australia, South Australia (RASA) has a clear set of consent and confidentiality guidelines premised on a whole-of-family approach. While the child is the principal client, it is recognised that family relationships, family situation, parenting strategies and parental attitudes play a significant role in supporting or undermining children’s resiliency after separation. With this in mind it is therapeutically preferable that, where possible, counselling and group therapy interventions are provided with the support of both parents and/or other significant adults.

However, where there is entrenched parental conflict, it is known that the disengagement of one parent from the conflict can significantly benefit the child. Situations can be envisaged where a child could...
benefit from therapeutic intervention with the support of one parent where the other parent is resistant or opposed to that occurring. Where parents are engaged in parallel parenting (i.e. joint custody but where parenting styles differ) it may be beneficial and appropriate for a parent to refer a child without the consent of the other parent. There may also be situations where adolescents may want to access the program, independent of any parental consent.

In determining their consent guidelines, RASA have referred to medical practices, practices in schools regarding external referral from school counsellors to therapeutic programs and legal precedent.

**Consent**

1) It is preferable that children are seen with the consent of both parents

2) iKiDs counsellors can provide counselling to a child with the consent of a parent or legal guardian. In normal circumstances a letter will be sent to the non-referring parent, inviting them to an interview with the relevant counsellor

3) A counsellor should ensure s/he sights all current court orders prior to providing counselling to children, and ensure that services provided are not in breach of such orders

4) If a counsellor considers that it is inappropriate, unsafe, or unnecessary to send an invitation to the non-referring parent, s/he will discuss this with a supervisor or manager. In these circumstances, counselling will only proceed if there is a genuine therapeutic benefit

5) If a non-referring parent objects to the referral of a child to iKiDs, the counsellor will discuss the circumstances with a supervisor or manager; counselling will only proceed if there is a genuine therapeutic benefit

6) A counsellor can provide counselling to a child without the knowledge of a parent only:
   i) Where a child is 14 years or over
   ii) If the counsellor considers there is a therapeutic benefit, taking into account the maturity of the child and his/her developmental needs, the child’s family situation, including the presence of parental acrimony or violence, and any other practical considerations
   iii) After the counsellor has discussed the decision with a supervisor or practice manager.

**Confidentiality**

1) Counselling provided by iKiDs is considered to be Family Counselling under Section 10B(b) of the Family Law Act (1975): As such, iKiDs counselling is privileged and subject to the limited confidentiality provisions of the Act.

2) Where parents sign confidentiality contracts, the normal limited confidentiality principles apply, based on statutory authorisation under Section 10D of Family Law Act and state mandatory reporting requirements. Where these limitations do not apply, therapeutic services are provided to children on the basis that the wishes of children are respected and that we will not divulge information when children expressly request us not to do so.

3) Self-referring children 14 years of age and over are asked to sign their own limited Confidentiality Contract.
3.3 Interventions for children

Following are some of the practice examples of the different service types for helping children and young people cope with the stress of family separation and divorce.

3.3.1 One-to-one child therapy

One-to-one counselling for children can be provided by SCaSP services in a safe, friendly and confidential way in order to help children and young people talk about and process their experiences of family disruption. One of the major psychological tasks children must deal with is grief. Too often parents and professionals fail to recognise the symptoms of grieving in children and, even when they do, they avoid discussing it directly as a misguided way of protecting children. Children must be allowed to grieve and talking about it can help them manage the process.

Using play to assist children may help engage them. By using play, professionals may be better able to engage children, and can try to work from the perspective of the child, to enter their world and take the lead from them. As a trusting relationship develops, the child can express feelings, thoughts and experiences using play with carefully selected toys and materials. Professionals with backgrounds in law, social work, psychology and counselling should have a solid grounding in the best way to work with children using play.

Practice example: Relationships Australia, Tasmania

At Relationships Australia, Tasmania, the initial session/s with the child/ren focus on engagement and issues/needs identification. This information informs the development of a case plan. During sessions with children, counsellors select from a range of play-based therapies including sand tray, creative expression, role play with props, use of established therapeutic resources, as well as traditional counselling/talking therapies. Therapy selections are based on an individual child’s needs, interests and desired therapeutic outcome. Work occurs with parents at varying intervals depending on case progression and client need.

Practice example: UnitingCare Unifam

UnitingCare Unifam attempts to address the following themes in their one-on-one work with children:

- Building resilience
- Protecting from conflict
- Deconstructing myths
- Challenging self-blame
- Addressing anger and loss
- Validating fears
- Exploring hope for change.

3.3.2 Peer support

Peer support helps normalise the fact that families can and do experience major changes in living arrangements and composition. Knowing that other children experience similar difficult life transitions

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can be reassuring and provide helpful strategies for managing the pain, sense of loss, chaos and
general psychological distress. Using peer groups within schools is one way to support children’s
adjustment.

3.3.3 Therapeutic group work

Like peer support, therapeutic group work can offer children and adolescents a chance to develop
relationships with others experiencing family separation, which in turn helps normalise their
experiences, reduces isolation and assists them in understanding what is happening and why they feel
the way they do. Groups should be age-appropriate to accommodate children’s developmental stages
and skills. For example, younger children may need to focus on understanding themselves and
expressing their feelings, while it may be more appropriate for adolescents to focus on intimate
relationships.

Practice example: Relationships Australia

Relationships Australia’s iKiD60 (I Know I Do) program assists children from separating families to deal
with issues arising from the disruption of their parents’ relationships. iKIDs therapeutic groups are
provided for different age and cultural groups to build and revise relationships of trust and self-esteem.
The five therapeutic goals of these groups are to:

- create common ground and safety among peers
- explore the language and complexity of feelings
- define and differentiate self and others
- define and revise roles and relationships
- explore and establish/restore compassion and optimism.

Practice examples: Catholic Care, Northern Territory

Catholic Care, NT uses the following activities during group therapy:

- balloon playing activity: for sharing personal ideas about likes and dislikes
- ball playing activity: used for introducing self and for rapport building
- rope exercise: for sharing personal feelings and behaviours and for gaining an insight into one’s
  personality
- hula hoop activity: for sharing what a participant likes or dislikes about mum’s and/or dad’s house
- providing information: understanding mum and dad as individuals, relationship adjustments,
  personal strengths and growth areas, goal setting and appropriate related activities, building and
  maintaining suitable relationships.

Practice example: UnitingCare Unifam

UnitingCare Unifam’s Jigsaw program (for children during and after separation) is a fun group for
children whose parents are separated. It aims to help children feel less isolated and address issues
such as change and loss during and after separation. Children can be struggling with strong feelings
even if the separation was a long time ago and this can impact on their relationships. This program runs
for six weeks during the school term, and is based on six tasks of adjustment that children need to
negotiate after their parents separate:

1. Acknowledge the reality of the separation

60Relationships Australia, iKiDs - Supporting Children Post Separation. Available at:
2. Disengage from parental conflict and distress and resume customary pursuits
3. Resolve their loss
4. Resolve anger and self-blame
5. Accept the permanence of the divorce/separation and
6. Achieve realistic hope regarding relationships.

UnitingCare Unifam’s ‘Connect Kids’ program is an eight-week therapeutic group. Topics covered include:
- getting to know each other and learning a little about each other’s families
- going between houses
- exploring feelings and different points of view
- relaxation and making videos.
- parental conflict.
- jobs for parents and children
- the difference between feelings and behaviour
- looking at the future
- using children’s expertise.

Practice example: Family Works, Melbourne

Family Works in Melbourne (managed through a consortium arrangement between Family Mediation Centre and LifeWorks) runs group programs that have been adapted from the group treatment manual, Safe Place to Grow – A Group Treatment Manual for School-Age Children, by Vivienne Roseby, Ph.D. and Janet R. Johnston, Ph.D; and Creative Intervention For Children Of Divorce by Lianna Lowenstein.

The program runs for eight weekly sessions when at school sites and during school term, and ten sessions based at the Family Mediation Centre. Each group is run by two leaders and with no less than five participants and a maximum of eight participants. The duration of sessions is one hour and a half with a ten minute break at the end of the session. All participants will go through and intake/assessment process to check the appropriateness and the readiness to participate in the group.

Sessions Overview:

Door to Door
Where’s My teddy
Session 1: Saying hello and making a safe place to work together
Session 2: Exploring levels of feelings, actions and points of view. Making a safe inside place and learning the rules of role play
Session 3: Defining wishes for yourself and rules that work for your family and relationships
Session 4: Who you are and how you know your feelings
Session 5: Exploring your inside self and outside self
Session 6: Becoming the experts on living with change, loss and conflict
Session 7: Telling your story so far, thinking about who you want to be in the future
Session 8: Saying goodbye and celebrating, program evaluation.

Examples of some of the activities provided:
- Group discussion
- Role plays
- Feelings activities
- Relaxation
- Storytelling (“turtle” story)
- Games and fun
- Art and music (family drawing)
- Fantasy room (masks/inside me/outside me)
- Letter for parents
- Puppets.

Practice example: Centacare Gold Coast

Centacare Gold Coast offers responses to three age groups of children and young persons:
- Young children (to five years): supported play group, observational play with parent/caregiver
- Children (six to 12 years): individual counselling sessions for play therapy and art/music therapy as well as groups “Children First”
- Adolescents (13 to 17 years): information sessions at high schools focused on “support when someone you know is experiencing parental separation”. Counselling sessions, art/cartoon competitions.

3.3.4 School-based programs

SCaSP also links its work with schools. For example, educational programs about families, separation and divorce are an increasingly common part of the curriculum in primary and secondary schools.

SCaSP services can assist schools by coming into the school to offer one or more sessions to engage
children in discussions about these sometimes very sensitive issues. These activities help “normalise” the experience of family disruption for children and young people experiencing it.

**Practice example: Bethany Community Support**

Bethany Community Support offers group sessions related to family change as a result of separation and divorce which is delivered within a school setting. A whole year level class approach is used to avoid stigmatising children. Age-appropriate content is tailored to meet the requirements and learning style of the year level.

**Practice example: Relationships Australia, South Australia**

Relationships Australia, South Australia (RASA) has implemented the use of puppets, performance, narrative and drama in order for the children to experience positive change from the messages in the puppet performances. By staging a production that is not usually a part of the average school day and curriculum, they can engage three of the most important principles of neuroplasticity, namely “Novelty”, “Close Paying of Attention” and “Relationships” (Siegal, 2010).

Two age-appropriate puppet scripts as well as a debriefing session were developed for schools; namely, Dillon’s Secret Adventure (Reception to Year 1) and Leila’s Birthday Party (Years 2 to 4). The scripts and character development were mainly based on the iKiDs’ counsellors’ clinical experiences with individual clients. The scripts contained rich descriptions of common themes and complexities for children from separated families. Although the stories are set in the context of family separation and conflict, each story has themes and messages relevant to all children.

These themes include the nature of secrets, distinguishing good and bad secrets, the healing power of sharing, the power of friendships, all families are different, pets as friends/companions/comfort, making sense of and managing feelings, normalising experiences of separation, not taking responsibility for adults’ behaviour, finding the good stuff in things we don’t like, what you can and can’t change, encouraging help-seeking behaviours, coping strategies and cultural differences.

The counsellor for the school’s region as well as the educator are present at every show to ensure its smooth running and to also assist any children who may find the issues addressed in the show distressing. The educator liaises with the school counsellor before and after the show to assess and address needs. The goal is to see how many children are likely to be affected by parental separation, increase school awareness of the impacts of separation and conflict on children, and how the school is currently responding to children who are affected. The themes of the show encompass many elements of the Health and Physical Education; Society and Environment and English curriculums. The shows also complement the Child Protection Curriculum and most schools incorporate the show into curriculum time.

The schools are also offered post performance support through therapeutic group work, referral for individual therapy, professional development for teachers around supporting children after separation and courses for parents. The response to the show thus far has been positive. Children have interacted with the show and debriefing, many commenting that they can relate to the characters’ experiences and many share stories and coping strategies that they use in their own lives. Some teachers have noted that those engaging with the material do not usually engage in the classroom. Schools have received or are receiving therapeutic group work as a result of the shows and there have also been requests for parenting courses.

**Practice example: Anglicare Western Australia**

A school program has been introduced to build healthy relationships among children and young people in the school setting. Six workshops have been developed to be delivered in a class room setting. Topics include: self-esteem, anger management, conflict resolution, transition, healthy relationships, and stress and emotion.
3.3.5 Helping children to participate in decision making

Children and young people of all ages need help in understanding separation and divorce and participating in the decision making about separation and divorce. When children are treated as competent players and can communicate with those who are making important decisions about their lives, their ability to manage the stress of parental separation improves; so does their ability to come through the process feeling good about themselves. Child-focused services can provide education through books, CD-ROMs, audio-visual materials, games, telephone help lines and websites.

Helping children to take part in the decision-making processes that affect them is integral to the philosophies behind SCaSP around children’s rights and agency.

To help practitioners strengthen their child-centred practice, the Institute of Child Protection Studies at the Australian Catholic University, in partnership with the ACT Department of Disability, Housing and Community Services, and with support from the ACT community sector, developed the Kids Central toolkit\(^1\). The toolkit, based on research conducted with homeless children, parents and workers, was developed for workers and services that support families who have experienced homelessness. The toolkit offers practical ways in which children can be helped to participate in decisions/processes that affect them.

One of the main principles is keeping children informed, which means providing them with information that they want to know, such as that their family is safe, that what is happening is not their fault and what is going to happen next. Also, listening and responding to children is especially important to let children know that their voices are heard. In talking with children, enabling them to form their own opinions of certain situations and allowing them to offer strategies to resolve problems helps children feel that they have something to offer and that their contribution is valued.

Key principles to help enable participation:

- develop a relationship of trust with the child
- every child is unique: invest some time with each child in determining what they want to have a say about, how they want to participate and any “no-go zones” is essential
- give multiple openings: not all children will be enthusiastic about getting involved at first. Keep providing children with openings or opportunities for involvement
- take your time: children need time to process information and consider their own thoughts and feelings
- make participation meaningful: it’s important to assess what commitment you have to responding to the needs and wishes that children raise. Children may lose faith in the process if they feel their participation is only token
- make the child’s participation beneficial and valuable, and reward children for their participation
- offer the child positive feedback about how their contribution was used.

3.3.6 Working with adolescents

The research tells us that the reactions of children and adolescents to parental separation differ significantly\(^1\). From a developmental point of view, adolescents are faced with biological, cognitive, psychological and social challenges. Adolescence is also a time of transitions; the individual may be

completing school, beginning tertiary education, leaving home or commencing full-time employment. Because of the developments that are taking place cognitively, adolescents may be more able to understand the reasons for their family disruption and may be better able to separate themselves from blame than are younger children.

This cognitive maturity may also lead parents to rely on their adolescent children to provide support and advice, sometimes resulting in increased pressures and responsibilities. Research has shown that children often become involved in the conflict between their parents, sometimes with attempts to mediate inter-parental conflict, or by acting as a confidante or feeling pressured to take sides.

Some adolescents acquire certain strengths as a consequence of altered family structure, patterns, and routines, notably a sense of responsibility, competence and resilience. However, multiple life transitions sometimes place certain adolescents at risk, with some adolescents becoming depressed or engaging in acting-out risk-taking behaviours such as those involving truancy, sex, alcohol or abuse.

Adolescents may sometimes enter therapy with multiple defences, often having been coerced into the program by their parents. It is important for service providers to comprehend the multiple facets that may characterise an adolescent’s experience of parental separation, and take time to appreciate and understand the world from their point of view. Research shows that most adolescents tend to cooperate with adults who pay attention to what their goals and expectations are, and not just what the parents or family wants.

“Positive re-labelling” is a useful therapeutic tool that can foster a cooperative climate and reduce client defensiveness. For example, an angry parent’s behaviour can be positively re-labelled by the therapist as demonstrating a high level of concern and commitment toward resolving the presenting problem. A withdrawn adolescent can be positively re-labelled as being a thoughtful adolescent.

Other useful rapport-building tools for fostering therapist-client cooperation are purposive use of self-disclosure, the use of humour, normalising, demonstrating cultural and gender sensitivity and therapeutic compliments. Humour can help create a relaxed atmosphere, distance the adolescent from his or her concerns, and heal those in pain.

3.3.7 Father-inclusive practice

Since many family services seem to focus mostly on the needs of mothers and children, it is important that services are also father-friendly. Given that SCAASP as well as other family relationship support services aim to help children to maintain positive relationships with both parents, father-inclusive practice should be part of service planning and implementation. A guide developed by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, designed to help practitioners include fathers in appropriate ways, describes the father-inclusive model as one that:

- recognises the diverse circumstances, strengths and interests of fathers
- takes a positive approach to the diversity of men, their needs and expectations

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encourages men and service providers to openly celebrate and value fathering.

According to the guide, father-inclusive practice aims to value and support men in their role as fathers, actively encourage their participation in programs, and ensure they are appropriately and equally considered in all aspects of service delivery.

This can include, but is not limited to:

- the introduction of father specific programs and resources
- the way groups are facilitated, attitudes and skills of staff members
- language used in promotional materials
- flexible opening hours.

Including fathers in this way can result in a greater understanding of their child’s development and needs, a closer bond with their child, improved communication skills, more positive father-child interaction, increased confidence in parenting, decreased feelings of isolation, the development of a peer network with other fathers with similar life experiences, a greater sense of self-worth and commitment to their family, and greater likelihood of increased interaction and involvement with their community.
3.4 Linkages for children to other programs

3.4.1 Practice guidelines

There is widespread agreement among SCaSP providers that developing collaborative practices and seamless linkages and referrals with complementary services adds value to what SCaSP itself can offer. According to Winkworth and McArthur, one of the key roles that service providers will have is to link people to the services they may need. Linking people appropriately and effectively to services external to the SCaSP is fundamental to playing a prevention and early intervention role. Timely and effective linkage processes is a key element to the program’s success.

First points of contact should have the knowledge and resources to provide information and support and to actively link families with appropriate services. This is about embedding the “no wrong door” concept of entry into the complex array of services that might be appropriate and available for a particular family at a particular time. This requires coordination, cooperation and collaboration to provide a seamless, comprehensive suite of services for the whole family.

Coordination with other services

In terms of on-the-ground work, coordination requires that each agency knows and understands the services provided by other organisations. Poor coordination and misunderstanding of the range of services to support families can result in inconsistent advice, confusion and children falling through the cracks. To ensure appropriate information and referrals, each staff member should:

- have up-to-date and accurate information regarding other service providers, including appropriate contact details
- know the scope and capacity of complementary service providers
- understand the specific programs, services and interventions offered
- know the eligibility criteria for clients and the likely waiting time involved in accessing the service
- know the needs and concerns of other services in relation to referrals.

Collaboration with other services

According to Winkworth and Healy, collaboration “crosses boundaries, results in an outcome greater than that which any sector, organisation or individual can achieve on its own and increases public value by working together rather than separately.” As indicated throughout this document, strong collaboration between SCaSP services and other service providers is integral to ensuring that children affected by parental separation have access to all the services they need. A lack of collaboration between services can create real barriers to achieving this.

Family Relationship Services Australia recently conducted a project that explored service linkages and collaboration between Family and Relationship Services (FRS) and related community service sectors. The project outlined a number of recommendations for FRS service providers which are also relevant.

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within the context of SCaSP. Among the recommendations, the report stated that service providers should:

- foster leadership that values collaboration and creates an authorising environment for cooperation and partnership
- incorporate collaboration in internal performance measurement and workforce development to recognise and support “collaboration champions”
- allocate dedicated resources to collaboration and partnerships, with clear communication to staff that collaborative activity is supported
- develop good practice in collaboration, including good administrative practice and clarity regarding delegated authority for decision-making
- identify and implement strategies to enhance organisation capability, including those that address historical barriers between agencies.

Promoting and maintaining good linkages and referral processes may also be enhanced by regular inter-sectoral, cross agency meetings and information sessions and participation in conferences and workshops. Multi-service agencies can arrange professional development activities that bring staff together from various services, which provides cross fertilisation opportunities.

Other activities might include:

- establishing a point of contact in each agency
- using common intake and screening processes
- involving diverse populations in advisory groups to ensure culturally sensitive and appropriate referral practices
- working with community organisations to increase knowledge and understanding of local community issues
- involving Aboriginal, and Torres Strait Islander, and culturally and linguistically diverse community representatives in reference groups as a way of guiding services in local referral practices.

**Practice example: Family Mediation Centre**

Family Mediation Centre in Melbourne uses internal meetings and personal development days as ‘cross fertilisation’ opportunities to familiarise their FSP staff in other programs. They also use clear internal referral procedures and attend regular local area network meetings and developed working protocols with external FSP service providers.

**Practice example: Bethany Community Support**

Bethany Community Support has strong links with Bethany internal programs including Men and Family Relationships, Family Relationships Counselling, Specialised Family Violence Counselling and the state funded Men’s Behaviour Change Program. Parent engagement with the service is strengthened through the range of services available within Bethany particularly its FaHCSIA funded counselling programs and externally to the Family Relationship Centre. Additional referral options include but are not limited to: Child and Adolescent Mental Health Services (CAMHS), Headspace, GPs for Mental Health Plans, Child First and Child Protection. They have strong links with the legal fraternity at a local level which also generates a strong referral pathway.

**Co-location of Services**

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Co-location of services has also been shown to be highly effective for some service providers who are able to link clients to other services within the same location. The participation of young children in particular requires the involvement of a parent who may also be engaged in therapy, parent education and/or support group activities. If a single agency provides services for children and parents, coordination may be easier. Some large agencies that offer a range of services may find this easier to do than smaller organisations that provide a specific service or two and must make most referrals to outside agencies. When services must be coordinated across organisations, clear lines of communication and protocols for providing “seamless” services to the whole family are required.

**Practice example: Centacare, Gold Coast**

Centacare in Ashmore, Queensland, provides a Family Relationship Centre, as well as Men and Family Relationships, Specialised Family Violence Service, EIS Counselling, Family Relationship Education and Skills Training, Adolescent Mediation and Family Therapy. This range of programs enabled the service model to include case management with seamless service delivery addressing the needs of children and most members of their families.

**Practice example: Relationships Australia, Tasmania**

Relationships Australia Tasmania’s “Just for Kids” program is co-located in a purpose-built, child-friendly venue with POP and CCS. This, together with a close working relationship with other FSP services, allows the whole family to be supported within the suite of FSP services. Further, the close proximity of the program to other FSP services has allowed collaborative working relationships and referral pathways to be established which provide clients with seamless access to multiple services.

Other referral pathways and links to other services:

- the program’s location encourages a collaborative working relationship and referral pathways with other FSP services onsite and externally
- being a part of the Family Law Pathways Network created referral pathways and linkages with the Family Law System
- the program has a standing item on the FRC Reference Group agenda. The program provides updates to the Reference Group and receives input from stakeholders.

While many of the linkages may be informal, it may be appropriate to formalise relationships through joint guidelines, referral protocols, client confidentiality agreements and memoranda of understanding which outline the working relationships and delineate the roles and responsibilities of collaborating agencies. Agreements should be reviewed periodically and modified as appropriate. When confidential information is shared between coordinating providers, such formal agreements are essential.

**Development of referral protocols**

**Practice examples:**

Unifam, with its SCaSP in Sydney and surrounding areas, has developed protocols to work with Family Relationship Centres in providing child counselling or child consultation as part of Child Inclusive Practice, in relation to Family Dispute Resolution. This is an example of coordination and collaboration between SCaSP and other FSP services, which might be provided by another organisation.

Relationships Australia QLD is also currently in the process of developing an integrated service delivery model in Cairns involving all post-separation services.

Anglicare WA has developed MOUs with:

- Ngala to provide early childhood services to parents and their children under five years focusing on attachment. Referrals are formally made to Ngala by SCASP Counsellors.
- Family Court of WA for court orders to include both POP and SCASP as this assists the family as a whole to gain the support required. When court orders were made for only one program the worker...
then had to work with the parent to convince them of the benefits of attending the other program rather than it being ordered by the court.

- Intra-agency referrals from other FSP services such as the FRC and CCS mean that intake and assessments do not have to be repeated by SCASP but children can be immediately seen as the parents are being supported in other programs.

Family Mediation Centre (FMC) in Moorabbin has protocols between their SCaSP program and Centacare’s “Our Kids” Parenting Orders Program (POP) which covers various referral elements to and from both agencies, and can serve as a useful guide to service providers:

Centacare will:

1. Provide referrals to the Supporting Children after Separation Program as deemed appropriate. Centacare will gain the consent of both parents.
2. Indicate, at the time of referral, if there is ongoing Centacare involvement with the family and if liaison is required.
3. Provide relevant information within the boundaries of legislative and privacy requirements to facilitate referral.
4. Accept referrals from SCaSP and assess them according to program guidelines.
5. Provide feedback to SCaSP regarding the progress of referrals and advise of any decision not to proceed.

Family Mediation Centre will:

1. Provide referrals to the Parenting Orders Program as deemed appropriate. FMC will gain the consent of both parents.
2. Indicate, at the time of referral, if there is ongoing FMC involvement with the family and if liaison is required.
3. Provide relevant information within the boundaries of legislative and privacy requirements to facilitate referral.
4. Accept referrals from POP and assess them according to program guidelines.
5. Provide feedback to POP regarding the progress of referrals and advise of any decision not to proceed.

Operation of Children’s Group:

1. Both organisations are committed to jointly operating children’s groups on a regular and as needed basis for children moving between their parents’ houses on a regular basis.
2. The content of the group in terms of sessions has already been developed and there is a manual available.
3. Referrals into this group would be the joint responsibility of each program and according to agreed criteria. For example it would be likely that POP and SCAS would each be responsible for 50% of referrals.
4. There would be regular meetings for both management and practice purposes to ensure the group is able to deliver its desired outcomes.
5. There will be ongoing review of this joint venture.

Within these protocols, regular reviews will be conducted between the program managers to assess the ongoing validity of the protocol and accommodate any revision. Any revisions must be the result of
consultation and placed in writing and agreed to by both agencies. Where one party raises concerns with its application, a meeting will be convened as soon as practicable to address this.

The linking process

Once a client’s needs have been determined, the referral needs would also be identified\textsuperscript{73}. An assessment of the client’s willingness and ability to accept and complete a referral is necessary. Service referrals that match the client’s self-identified priority needs are more likely to be successfully completed than those that do not.

The referral service would not only meet the needs and priorities of the service user but should be appropriate to the culture, language, sex, sexual orientation, age and development level (with regard to children, for example). The referral assessment would take into account factors, such as lack of transport or cost, that make completing the referral difficult.

All information necessary to successfully access the referral service (contact name, eligibility requirements, location, opening hours, and telephone number, for example) should be provided. Providing clients with assistance (for instance, with setting up an appointment, introducing the service user to the worker at the referral agency, sorting out transport) will help to effectively link people to other services. The client’s consent must be obtained before sharing identifying information to complete the referral.

Effective linkages often require follow up, particularly to see whether the referral has been taken up. Following up with people to ascertain the degree of satisfaction with the referral can be important. If the services were unsatisfactory, in some contexts additional or different referrals can be offered. Documentation of referrals made, their status and client satisfaction with them should help service providers better meet the needs of clients.

\textsuperscript{73} A framework for assessment, information and referral is under development in a collaborative effort of FaHCSIA and ARACY. It is the Common Approach to Assessment and Referral (CAARS) and is informed by research with families with multiple and complex needs. Check the ARACY and FaHCSIA websites for more information as this project progresses.
Evaluating children’s outcomes

3.4.2 Practice guidelines

Evaluating the outcomes for children receiving services through SCaSP is essential to assessing the program’s effectiveness in achieving positive results for children experiencing family separation. Having quality information about the results being achieved can help service providers to:

- plan with confidence: deliver the right services, in the right place at the right time
- improve the way services are delivered
- document the services’ impact and report to funders, members and other interested people
- look at trends over time.

There are many measurement instruments and tools (qualitative and quantitative) that can be purchased and used singly or in combination with children. While it is ideal to be able to assess a client before an intervention, immediately after and then again several months or even years later, much can be learned by using highly sophisticated tools that can track the progress of children and their families over the period of time they are receiving services.

Friedman’s results-based accountability framework

Results-based accountability (also known as outcome-based accountability) is a management tool that can facilitate collaboration among human service agencies, as a method of decentralising services, and as an innovative regulatory process. It is a conceptual approach to planning services and assessing their performance that focuses attention on the results — or outcomes — that the services are intended to achieve.

It is also seen as much more than a tool for planning effective services. It can become a way of securing strategic and cultural change: moving organisations away from a focus on “efficiency” and “process” as the arbiters of value in their services, and towards making better outcomes the primary purpose of their organisation and its employees.

Good performance in the SCaSP could be identified via the “Results-Based Accountability Framework” (RBA). The three fundamental RBA questions are “How much did we do?”, “How well did we do it?” and “Is anyone better off?”.

The RBA framework is applied to all levels of the organisation from working with clients, staff, management, the board ensuring and the funding body, a consistent reporting format at all levels. The fundamentals of the RBA Framework include:

- identifying a result, which is a desired outcome or goal stated plainly and clearly, such as “Children ready for school”
- choosing an indicator, a measure that represents progress on the result. For example, third-grade reading scores can help determine whether children were ready for school when they entered kindergarten

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Client-directed, outcome-informed therapy

Client-directed, outcome-informed therapy is a therapeutic direction informed by regular, reliable and valid feedback from clients, using measures such as the Outcome Rating Scale and the Session Rating Scale.

This technique can be used with a variety of therapeutic models. The basic tenets are to:

- ensure consumer involvement in the planning, delivery, and evaluation of treatment services through regular feedback
- move from “evidence-based practice” (specific treatments for specific disorders) to “practice-based evidence” (is the treatment being delivered working?).

LifeLine Community Care Queensland uses this approach and identifies it as one of their successes.

Family Development Matrix

As discussed in detail in section 4.2.3, the Family Development Matrix (FDM) provides a baseline against which progress toward goals can be tracked. The FDM is designed to assist the program with quality improvement through ascribing various values to outcomes, resulting in quantifiable scores.

The full FDM tool is provided in Appendix B.

Kids Central “pulse checks”

Kids Central is a highly interactive toolkit for services working with children. It contains many evaluation “pulse checks” for organisations and a range of creative tools for facilitating discussions with children about what is happening in their lives, whether things are getting better and how helpful services are.

Service providers utilise a range of feedback and evaluation methods. However, the real value of individual client feedback is in collation and analysis over time. One example of an evaluation method is provided here.

Practice example: Family Works, Melbourne

Family Works, Melbourne uses a program evaluation questionnaire for children and adolescents after their program attendance. Leaders need to help children in responding to these questionnaires by explaining the questions and then providing them with some examples.

Some of the questions include:

1. What things did you find most useful about the program?
2. What things did you enjoy the most?
3. Name three ideas/skills you have learnt from the group
4. Is there anything you will now be doing differently?
5. How do you feel you are able to cope with your parents’ separation now?

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77 These instruments were developed by Scott Miller and Barry Duncan and described in “The Who, What, and Why of Client Directed Outcome Informed Clinical Work”. Available at: http://www.talkingcure.com/uploadedFiles/CDOI_Fact_Sheet.pdf; and “Client-directed outcome-informed therapy”. Available at http://www.goodtherapy.org/client-directed-outcome-informed-therapy.html.

78 The toolkit and training in its use is available through the Institute of Child Protection Studies, Australian Catholic University. It can also be downloaded through the website.
6. Were there any things that you didn't like or enjoy about the group?

7. Please give us some ideas/suggestions for further activities.

Family Works also need to complete a staff weekly reflection process and evaluation form for group programs with children. Sections to be completed include:

- issues that were presented
- methods used/activities
- themes requiring attention
- children’s experience of the session e.g. acting out, participation, out of control, withdrawing
- workers’ experience/feedback on the session e.g. How do you feel overall? What did you do well? What do you need to do differently next session?
- issues requiring follow-up e.g. individual session with a participant, change activities, consult, consultation, etc.

### 3.5 Organisational and workforce support

#### 3.5.1 Practice guidelines

The key to working effectively with children is to ensure that staff are sufficiently skilled, which generally involves specialised training, extensive experience and ongoing supervision. As McIntosh puts it, professionals “must be able to recognise and think sensitively about chronic presentations of distress in children and parents alike. Particular experience is required in working with children whose presentations include depression and traumatised states, and with young children whose non-verbal communication is their chief tool of expression. Well founded developmental knowledge and therapeutic skill are at the core of the skills required”.

It is also important for SCaSP services to continuously assess their capacity — in terms of both skills and time — to deliver a range of services as well as, for example, a formula for determining how many individual and group counselling sessions and school-based programs one professional can deliver during a week. This will, then, inform the design of the service mix, the selection of target client numbers and allocation of staff.

The recommendations that emerged from the Child Inclusive Practice Forums held in Australia in 2000 included an ideal staffing profile. These staffing recommendations might be useful when thinking about SCaSP:

- staff are appropriately recruited and trained to ensure quality performance, and adequately remunerated and supported
- ideal staff are friendly, supporting and accepting, able to dress casually in a child friendly way, can relate to children, can get down on the ground and play, are skilled and love working with children. Intuitive sense is valued and encouraged regarding the needs of children

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appropriate training courses need to be available, which may involve inter-agency cooperation, as well as professional development (training focuses on identified competencies)
- counselling staff need to be trained in family systems approaches and family–child orientations
- all agency staff need to have a role in looking after children, including checking child safety
- child inclusive practice is a key element in supervision of all staff — supervisors are mindful of how practitioners are working with children, and how practitioners’ own child aspects are manifesting in working with parents
- in small agencies one person often does everything — an awareness of limits in this situation needs to inform staffing and organisational decisions
- adequate resourcing for co-counselling with provision for a co-therapist of each gender
- a host person welcomes children and shows them around, crèche workers supervise and baby-sit when needed
- receptionists are welcoming and friendly
- preferably two staff members are present for safety reasons.

Workforce should reflect the cultural diversity of its local community. Specific strategies are required to recruit, train and retain culturally competent staff.

Staff competencies

The necessary competencies of staff working with SCaSP may vary depending on centre type, location and available resources. However there are certain key skill sets that are required from all SCaSP service providers. The following six points reflect common competencies reflected in documentation provided by services:

Demonstrated ability to provide counselling and related services within a therapeutic context with a range of clients and issues including, but not limited to family violence, sexual abuse, child abuse, relationship discord and grief and loss; with an emphasis on the effects of family separation on children and young persons.

Understanding of separation issues, power differentials, violence issues, parenting and child development in the context of family dynamics.

Proven ability to work cooperatively within a multidisciplinary team in a complex human services environment

Demonstrated high level of interpersonal, oral and written communication and advocacy skills.

Demonstrated commitment to personal/professional growth through supervision and participation in professional development and ongoing training.

Ability to work within the beliefs, mission, values and policies of [service provider] and to adhere to the provisions of the Workplace Health and Safety Act.

Additional requirements may include:

- a tertiary qualification in Counselling, Psychology, Social Work or other related discipline, and eligibility for membership of a relevant professional association.
- current drivers licence — presentation of a current drivers licence before appointment to the position can be confirmed.
- suitability card for child related employment (Blue Card) — all adults who work with people under 18 years in some states are required to undergo a “Working with Children Check” under the screening provisions of the Commission for Children and Young People Act (2000). Presentation of a current suitability card must be made before your appointment to the position can be confirmed.
current national police check and working with children check.

- knowledge of, and preferably experience in, working within the Family Law Act 1975 and its amendments.

- knowledge of the political environment in which community-based services operate, including Government compliance and constraints, tendering and contracting processes, reporting requirements, funding procedures and agreements, and relevant policies and practices.

- experience in liaison, and ability to liaise effectively with different levels of the community, including community groups, other service organisations, the private sector, local, State and Federal Governments.

- ability to represent the organisation as part of a network of local, regional, State and national service providers.

- experience in developing effective strategic alliances with other organisations.

- awareness of current developments in the sector broadly, and specifically in the family dispute resolution area and child inclusive practice/counselling.

**Supervision and professional development**

According to the Practice Framework for Screening, Assessment and Referral, all staff and practitioners conducting screening and assessment should receive regular supervision to ensure they understand and are applying the practice principles at a level appropriate to their work, and to identify the need for education and development. The supervision should be:

- provided by a suitably qualified and experienced supervisor.

- conducted individually or where appropriate in a supervisor facilitated group or where specialists or professionals are suitably experienced in a peer group.

- based on individual needs for supervision.

In addition, supervisors, managers and co-workers should be alert to the need for individual staff to receive debriefing, coaching, advice and other assistance when required, and ensure that they receive this in a timely way.

The key educative and professional development roles of the agency include:

- promoting professional and personal development.

- providing learning opportunities so that staff can keep their knowledge and skills up-to-date.

- developing awareness of roles and responsibilities within the organisational context.

- helping the worker acquire greater understanding of the people, problems and situations.

- building professional confidence, creativity and new ways of working.

**Becoming a child-focused/inclusive organisation**

In 2000 the Department of Family and Community Services and the Attorney-General’s Department co-sponsored a series of forums on child-inclusive practice because this was a relatively new way of working with children and families dealing with conflicts and separation. During the process of the forums there was substantial discussion about the change process itself, in particular, how to overcome “barriers to change” such as practitioner resistance, funding constraints, limited time and/or under

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skilled staff. The following change strategies are generally applicable to organisations providing SCaSP services\textsuperscript{82}:

- involve the whole organisation (top to bottom) in the development of child-centred, child-specific practice. Ensure that an explicit statement of child-centred practice is available and visible
- begin with simple initiatives that can be built on and monitor their impact
- provide professional development programs to strengthen staff skills in child-centred practice
- recruit appropriately skilled and experienced staff as opportunity allows, including recruitment of workers with a family systems perspective
- run pilots and trials in selected areas to demonstrate child-centred practice
- integrate child-centred practice into supervision and performance monitoring practices
- ensure that practitioners understand the importance of legal consent, confidentiality provisions and other related ethical issues.

4 Widely used programs

Acknowledging the difficulties many children and young people face when experiencing family separation, jurisdictions in Australia and overseas have put in place a range of programs to support children through this major life transition. There have been some evaluations of separation and divorce programs for children and they are generally positive. However, the evaluation results may not provide meaningful information about the program’s impact on parent-child interaction, inter-parental conflict, child adjustment or litigation rates, which are the primary objectives of many programs. Many of the evaluations can be challenged based on:

- subjective appraisals by the group leaders, parents and children participating in the program
- composition of the groups and the failure to include a comparison group
- the use of measures of unknown reliability and validity, and non-random assignment to groups
- no clear indications of factors that made for positive changes
- no long-term follow ups to test whether positive effects are maintained.

Therefore, caution must be exercised in deciding whether to implement one or more of these “good” practice programs. Rigorous evaluation of programs, especially when they are first implemented, is a wise practice to ensure that they work as anticipated and produce the expected outcomes for children and their families.

4.1 A Safe Place to Grow

In *A Safe Place to Grow: A Group Treatment Manual for Children in Conflicted, Violent, and Separating Homes*, experts give mental health professionals the tools to provide effective group treatment for children affected by family environments of conflict and abuse. This easy-to-understand, step-by-step manual is a developmentally appropriate treatment curriculum for traumatised school-aged children. Age-appropriate sections separate therapy for young or older children, focusing on efficacy while presenting a comfortable multi-ethnic, multicultural model.

*A Safe Place to Grow* has easy-to-understand descriptions of techniques, with each session in the curriculum containing games and activities that are therapeutic yet flexible enough to be modified whenever the situation warrants. A chapter is included to helpfully troubleshoot problems encountered when in session with either age group of children. Useful illustrations accompany the text, along with a comprehensive bibliography listing additional therapeutic resources for different types of family problems. Appendices are included for instruction on psycho-educational groups for parents that enhance their sensitivity to their children’s needs, as well as providing an evaluation study of the group model itself.

*A Safe Place to Grow* provides a sequence of activities within the group model aimed at each of these five goals:

- creating common ground and safety
- exploring the language and complexity of feeling
- defining and understanding the self

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• defining and revising roles and relationships
  • restoring a moral order.

*A Safe Place to Grow* is a resource for social workers, psychologists, family and child therapists, school counsellors, and battered women and children’s advocates.

### 4.2 Children in the Middle

In the United States, the program entitled Children in the Middle (CiM) was developed for children aged three to 15 years, based on the most common and stressful conflicts experienced by children in separating and divorcing families.

CiM is a skills-based program that helps children deal with reactions to separation and divorce. The program, specifically designed for children, is facilitated by a mental health practitioner and held either at school or in groups at social service agencies. Parents and children can also view a 30-minute child-focused video together and complete workbook exercises at home or at the practitioner’s office, with guidance from the practitioner.

Typically, a family counsellor will incorporate the skills-based material into a treatment plan consisting of four to ten sessions over two to four months. The program seeks to alleviate problems such as:

- loss of concentration and attention
- declining grades and behaviour problems at school
- withdrawal from friends
- emotional outbursts and health problems
- serious anger with one or both parents
- delinquency and substance use.

The program has been evaluated with more than 1,000 African American, Asian American, Hispanic/Latino and Anglo families representing a cross-section of incomes in small towns and large cities in the U.S. These studies were conducted in court settings, schools, community agencies, and therapists’ offices. The following outcomes were noted:

- increased parental support of the children’s relationship with the other parent
- custodial parents increase children’s time with the other parent
- improved parental communication, including increased direct communication between parents instead of using the children as messengers
- decreased exposure to parental conflict
- children experienced less stress and had fewer absences from school
- less re-litigation.

CiM is designed as a stand-alone program and training is not required for group leaders. However, effective group leaders must have experience with divorced families, have good interpersonal skills and be nonjudgmental. They should study the *Discussion Leader’s Guide* and review all program materials.

In addition to the *Leader’s Guide*, materials include: the “Children in the Middle” video, a set of PowerPoint slides, and two booklets (*Children in the Middle: A Parent’s and Children’s Guidebook* and *What About the Children: A Guide for Divorced and Divorcing Parents*), a 40-page summary of the

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effects of divorce on children, the impact of moderating variables, and practical advice on ways to increase their children’s protective factors and reduce risk factors.

4.3 SandCastles

Many children whose parents are separating or divorcing report feeling alone and detached from other children. The SandCastles program allows children to meet with peers who are going through a similar experience. It focuses on projective techniques, which encourage children to express their feelings to group members. Age-appropriate scripts and workbooks are also used to help promote group discussion of important issues and facilitators lead group activities to help children discuss their feelings.

Children participate in small, interactive groups with others in their age group. The groups are arranged, according to ages: six–eight, nine–12 and 13–17 years old. Through activities, children are able to discuss sensitive issues because the activities are interesting, fun and less intense than a didactic classroom setting. The facilitators use a variety of activities such as role playing, watching videos and plays, participating in group discussions and completing workbooks. Together, these activities help children:

- develop self-expression and problem-solving skills
- learn appropriate means of expressing anger and other intense emotions
- reach a better understanding of the reality of divorce
- recognise their own unique qualities and strengths.

The SandCastles program assists children to see that they are not alone, and that their thoughts and feelings are similar to many other children who are experiencing separation and divorce.

4.4 Rollercoasters

Another program, Rollercoasters, was developed by the American not-for-profit organisation, Families First, in conjunction with school counsellors and social workers. The Rollercoasters program is taught in age-specific groups (five–eight years old; nine–12 years old; and adolescents), focusing on the six psychological tasks faced by children whose parents separate and divorce:

- to resolve self-blame and understand what factors cause family division
- to overcome sense of loss
- to acknowledge permanence of divorce
- to alleviate anger
- to resume the development agenda at school and on the playground
- to develop hope and confidence for the future.

It helps children work on these tasks by considering eight themes in a structured group therapy format:

**Theme 1 – A rollercoaster of change**

Changes in family, like all changes, impact our world of thoughts, feelings and behaviour. Children

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select from a myriad of possible changes their family has undergone and discuss ways to adjust to their new life.

**Theme 2 – Why change happens**
Parents divorce for many reasons which are not a child’s responsibility. Children play a game to help dispel typical myths and beliefs regarding family separation.

**Theme 3 – Change means loss**
The process of grieving helps us move on, making room for new experiences and growth. This session includes storytelling and the loss box activity.

**Theme 4 – A rollercoaster of feelings**
Sadness, confusion, relief, fear, powerlessness, guilt … managing feelings improve self-esteem. Children enjoy an activity which helps them organise their feelings around the events they have experienced.

**Theme 5 – Anger management**
In this favourite session where hands-on activities are utilised, the children receive an arsenal of ways to cope with their anger.

**Theme 6 – Coping strategies to handle turbulence**
Problem solving skills: how to get out of the middle, avoid choosing sides; two houses/two lives, role play, coping strategies and much more.

**Theme 7 – More change will come**
Variations of the family can provide new and rich experiences. A poignant activity helps children prepare for new changes.

**Theme 8 – What I’ve learned through change**
Getting unstuck, hope for the future. A group activity helps synthesise what has been learned. There is also an optional presentation to parents.

It is designed according to the following principles:

- **Flexibility** — a curriculum which allows for flexibility in structure, providing facilitators the opportunity to customise activities, site and duration to accommodate logistic constraints and to meet individual group needs.
- **Comprehensive** — a focus on the developmentally critical, core issues for children in a changing family environment.
- **Interactive** — innovative and engaging activities keep the interest level of children high and encourage active participation to gain the support possible.
- **Quality assurance** — curriculum development has involved the input of professional focus groups, consultation from national leaders in the field of children in transition and comprehensive evaluation from diverse pilot sites.
- **Companion materials** — professionally illustrated activity pages provide each child with his or her own private keepsake from the program, which includes additional activities and a game they may play on their own time.
- **Developmentally designed** — age-appropriate activities for children aged five–eight (Primary level) and nine–12 (Intermediate level) help children learn new ways to cope.

In 1997, Families First conducted an eight-week evaluation of the Rollercoasters program involving over 50 children in seven groups located in three American cities. The results suggest an increase in children’s self-esteem and a higher willingness for children to express their feelings after the program.
4.5 Rainbows Program

Since 1983, the Rainbows Program has helped children and adolescents who are experiencing separation and divorce. The program provides ongoing support through small facilitated group discussions, broken down by age group. For example, children aged between three and four years engage in activities using puppets and teddy bears, which are designed to help them express their feelings and to learn new strategies on how to cope with the stresses of family separation. Children aged between five and 11 years are provided with a Rainbows Kit, which includes:

- personal journal sets
- storybooks, activities and games
- certificate of completion cards
- special keepsakes.

Spectrum is the Rainbows Program aimed at adolescents whose parents are divorcing or separating to help teens share feelings and thoughts with others their own age. Conversations are kept confidential and trained facilitators help teens put their feelings into words and build self-esteem. The core curriculum contains:

- coordinator manuals
- making things better conversations
- personal journals
- games and activities in large groups to help participants express, accept, and understand their feelings about what is happening in their lives.

These Rainbows activities result in several important protective functions, including:

- helping children to better understand their feelings about divorce via small peer support group atmosphere led by trained adult facilitators
- supporting children’s ability to demonstrate rule-governed behaviours by enhancing self-esteem and characterisation of personal self-ideal
- supporting children’s ability to use effective coping strategies using age directed, structured curricula materials
- providing children with opportunities to enter and re-enter the program when they reach different ages and stages in their grieving process. Rainbows may be the only divorce recovery program that is structured for and welcomes re-entry.

In October 2006, an evaluation of the Rainbows program was completed. The findings suggest that participants who completed the Rainbows program:

- showed a significant positive change in their ability to communicate their feelings from pre-test to post-test evaluations regardless of age or gender
- reported higher levels of wellbeing and greater ability to cope confidently with life’s changes and make better behavioural choices.

4.6 Children First Program

The Children First is a group-work program that seeks to address children’s grief and loss issues after separation. Key principles of the program include:

- children should be allowed to be children
- children deserve respect
- children need to use all their senses in the group learning environment
- younger children are usually visually dominant and learn more through their eyes than through their ears.

The Children First Program focuses on children aged five to 15 years. It places five or six children together in a group for two-hour sessions. Confidentiality is an important aspect of the program and is therefore clarified with the children and parents at the beginning of the group work. Parents can also attend a parallel support group aimed at counselling and education.

Aspects of the program that appear particularly successful include:

- the peer support
- sense of not being alone
- groups of parents and children combining to interact.

In addition, it is important that parents from the same relationship do not attend the same sessions and siblings are separated.

4.7 Seasons for Growth

The Seasons for Growth Program is running in all Australian jurisdictions and targets children and young people who have experienced significant change, loss and grief in relation to family disruption, separation, divorce or death of a significant other. It is a selective program that caters for ages six–18 years. The aim(s) of the program are to:

- support young people to understand and manage the grief that is experienced because of the loss of a parent or significant other through death, separation or divorce
- assist in normalising the emotions associated with the loss
- encourage the expression of thoughts and emotions
- educate about the grief process
- develop a peer support network
- help restore self-confidence and self-esteem
- draw on extensive research in developing a sound educative response to loss and grief.

The primary program consists of three levels:

- Level 1 (ages six–eight years)

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Level 2 (ages nine–ten years)
Level 3 (ages 11-12 years).

Each level of the Seasons for Growth Young People’s Program consists of eight sessions, one celebration session and two “reconnector” sessions. At each level, the sessions follow the cycle of the four seasons:

**Autumn** – Session 1 and 2 aim to support participants to come to terms with the reality of the loss.

**Winter** – Session 3 and 4 give participants the opportunity to learn about the emotions that accompany grief and how each has experienced these in their own loss.

**Spring** - Session 5 and 6 aim to provide participants with the skills that will assist them to process their own grief.

**Summer** – Session 7 and 8 encourage participants to explore the ways of letting go and moving on.

In addition to the student component, the Seasons for Growth program also aims to establish a parent partnership as part of the process. The key features of this include:

- an initial information session (1.5 hours)
- assurance of confidentiality (mandatory reporting issues explained)
- quality communication
- invitation to experience the program separately as an adult group
- encouragement to reflect on their own reactions to the death/separation/divorce and strategies for supporting their children
- invitation to participate in the celebration session at the conclusion of program sessions
- optional activities that can be shared with a parent/family member to encourage further family communication.

An evaluation of Seasons For Growth, which was completed in 1998–1999, included qualitative and quantitative components. It concluded that Seasons for Growth met a critical need and was effective. Young people who had participated in the program commented positively and stated that they felt that their involvement had been helpful. Parents, companions, school principals and agency managers reported that the program had been beneficial to participants.

### 4.8 Tree of Life

The Tree of Life methodology is an inspiring approach to working with vulnerable children or children who have experienced trauma or hard times. The methodology was co-developed by Ncazelo Ncube (Regional Psychosocial Support Initiative) and David Denborough (Dulwich Centre Foundation) to assist African colleagues who worked with children affected by HIV/AIDS in southern Africa. This approach proved so successful and popular that it is now being used with children, young people, and adults in a wide range of countries across Africa and also in Australia (including Indigenous communities), Brazil, Canada, Russia, Nepal, the USA and elsewhere.

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93 Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups, and communities who have experienced trauma*. Adelaide: Dulwich Centre Publications. This program is offered by Lifeline Queensland (Child, Adolescent and Family Therapy Unit in Toowoomba).
Tree of Life is a form of narrative therapy, which is a respectful, non-blaming approach to counselling and community work. It emphasises people as the experts in their own lives. This approach enables children to speak about their lives in ways that make them stronger (Narrative Therapy Centre). It involves children drawing their own “tree of life”. Children draw their roots (where they come from), their ground (where they live and what they do each day), their trunk (special skills and abilities), their branches (hopes and dreams), their leaves (special people) and their fruit (gifts). Groups of children then join their individual trees into a collective “Forest of Life”.

Once the forest is created, the children can discuss some of the “storms” that affect forests and the lives of children. It is then possible for children to speak about the special strengths the forest, trees and children use to respond to the storms. Children can discuss how to respond to these storms, protect themselves and each other. A ceremony is held at the end of the Tree of Life workshop in which children, parents, and other community members celebrate children’s skills and knowledge.

The Tree of Life approach is a hopeful and validating method of working with children. It enables children to speak about their lives in ways that make them stronger. It provides a forum for children to speak collectively about the difficulties they are experiencing, and to share stories and ideas about ways of responding to these difficulties.
References


Institute of Child Protection Studies (2010). “Kids Central: Principle One, Children and Young People’s Safety and Wellbeing are of Primary Importance”. Available online.


Victoria Legal Aid (2009), Deciding Children’s Best Interests. Available online.


Appendix A: The development of SCaSP
5.1 Children and Family Law Reform

Australia’s Family Law Act was amended in 1996 to provide a legal basis for ensuring the “best interests” of the child were paramount in family separations. These reforms broadened the scope of counselling and mediation services and have enabled the family relationship sector to be more child-centred and inclusive. More specifically, government policy was to be directed towards:

- effectively assisting children to deal with the experience of parental conflict, separation and divorce
- encouraging holistic approaches to providing family services
- encouraging increased sharing, collaboration and flexibility across agencies
- encouraging the community to think first of primary dispute resolution in dealing with family conflicts rather than litigation.

Family disruption and separation can be a difficult time for children, sometimes affecting them over their entire life course. For example, children may experience depression and begin “acting out” in school and other places. One report, *Through a Child’s Eyes*, which collected data from over 200 participants in Child Inclusive Practice Forums held in Australia in 2000, concluded that children can be “major causalities in the progress of family conflicts and break-ups.”

More recent research, conducted by McIntosh, recognises parental separation as “a coat of many colours, studied as a multilayered process that impacts on children differentially, over time. The researcher’s lens today is informed by multiple frameworks from social learning, family systems, trauma, cognitive, and developmental theories … research findings converge on this point: unresolved, ensuring parental conflict can violate children’s core developmental needs and threaten their psychological growth.”

The outcomes for children from separated families, compared to intact families include the following:

- more likely to experience greater economic, social and health difficulties
- more likely to use alcohol, cigarettes and drugs
- more likely to rely on peer groups who use substances
- twice as likely to give birth to a child as a teenager
- 2.5 times more likely to receive psychological treatment
- more than twice as likely to drop out of school early, except when fathers are actively involved
- more likely to have earlier marriages, which in turn, correlate with increased propensity to divorce
- more likely to demonstrate poorer socioeconomic attainment

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• more likely to be especially disturbed (particularly boys) if the divorce processes are accompanied by parental violence
• more likely to experience psychological problems during adolescence and young adulthood.

However, as sobering as these facts are, negative outcomes are not inevitable and most children handle this life transition without significant trauma and/or damage. As prominent Australian child protection researchers explain: “whilst there is little doubt that parental separation may be 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 … the differences in psychological adjustment for children experiencing parental separation as compared to those whose parents remain together are statistically significant but small in scale. Consequently children are resilient and continue to develop unremarkably”99.

It is also important to note that for children affected by high conflict and violence, family separation and transition may be the best option and may ultimately lead to better overall outcomes for both the children and their parents. Further, research suggests that shared parenting may undermine the continuity of care for young children, and separation may be necessary to keep children safe when children are witness to, or are directly affected by various forms of abuse from one parent100.

These new perspectives have lead to a change in thinking about family separation and transition, captured best by the focus on the “best interests” of the child clearly embedded in the UN Convention on the Rights of the Child, to which Australia is a signatory. Children’s rights are defined as the right to protection and welfare and the right to self-determination or freedom, including the right to be heard, the right to freedom of thought, conscience and religion 101.

Australia’s Family Law Act was amended in 1996 to provide a legal basis for ensuring the “best interests” of the child were paramount in family separations. These reforms broadened the scope of counselling and mediation services and have enabled the family relationship sector to be more child-centred and inclusive. More specifically, government policy was to be directed towards:
• effectively assisting children to deal with the experience of parental conflict, separation and divorce
• encouraging holistic approaches to providing family services
• encouraging increased sharing, collaboration and flexibility across agencies
• encouraging the community to think first of primary dispute resolution in dealing with family conflicts rather than litigation.

In 2001, the Family Law Pathways Advisory Group produced a report entitled, “Out of the Maze: Pathways to the Future for Families Experiencing Separation”102. This report concluded that the family law system faced the following challenges:

there was not enough focus on the best interests of the child or child inclusive practices in family law services  
the right sort of help and information was not always available to families at the time and place they needed it most  
some people managed their separation with little interaction with the system at all whereas others felt frustrated by it, believing in some cases that the system was biased against them  
there was little assessment of all of the needs of separating families and too much adversarial behaviour  
some parts of the system worked well, but overall it was not as effective as it could be, or should be  
it is clear that a more coordinated and integrated approach to helping families in distress was needed.

Again, in 2006, the Australian Government introduced a series of reforms to the family law system with the aim of bringing about “generational change in family law” and a “cultural shift” in the management of parental separation, “away from litigation and towards co-operative parenting”103. Specific policy objectives of the 2006 changes to the family system were to:  
help to build strong healthy relationships and prevent separation  
encourage greater involvement by both parents in their children’s lives after separation, and also protect children from violence and abuse  
help separated parents agree on what is best for their children (rather than litigating), through the provision of useful information and advice, and effective dispute resolution services  
establish a highly visible entry point that operates as a doorway to other services and helps families to access these other services.

The legislative changes comprised four main elements that:  
require parents to attend family dispute resolution (FDR) before filing a court application, except in certain circumstances, including where there are concerns about family violence and child abuse  
place increased emphasis on the need for both parents to be involved in their children’s lives after separation through a range of provisions, including the introduction of a presumption in favour of equal shared parental responsibility  
place greater emphasis on the need to protect children from exposure to family violence and child abuse  
introduce legislative support for less adversarial court processes in children’s matters.

In 2006, the Australian Institute of Family Studies (AIFS) was commissioned by the Attorney-General’s Department and Department of Families, Housing, Community Services and Indigenous Affairs to undertake an evaluation of the impact of the 2006 changes104. The evaluation involved the collection of data from some 28,000 people involved or potentially involved in the family law system — including parents, grandparents, family relationship service staff, clients of family relationship services, lawyers, court professionals and judicial officers — and the analysis of administrative data and court files. Several of the findings are particularly relevant to the Supporting Children after Separation Program:


Among parents who separated after the 2006 changes, 62% reported having a friendly and cooperative relationship with the other parent, 19% a distant relationship, 14% a relationship of high conflict relationship and 5% a fearful relationship (7% of mothers and 3% of fathers).

About two-thirds of parents who separated after the 2006 changes had contacted or used family relationship services during or after separation.

Separated parents who used services were more likely than separated parents who had not used services to have issues that impacted negatively on their relationships — especially family violence, mental health problems or drug and alcohol misuse issues.

Overall, relationship services clients provided favourable assessments of the services they attended. Pre-separation services were regarded very highly by clients. At the post-separation level, over 70% of FRC and FDR clients said that the service treated everyone fairly (i.e. practitioners did not take sides) and over half said that the services provided them with the help they needed. This can be considered to be a quite high level of satisfaction, given that these cases often involve strong emotions and high levels of conflict, and usually lack easy solutions.

The considerable increase in the use of relationship-oriented services, both pre- and post-separation, suggests a cultural shift in the way in which problems that affect family relationships are being dealt with.

Progress has been made in moving towards a more coordinated series of services across the family relationship and legal sectors and FRCs have generally become highly visible gateways to the family law system. Nevertheless, pathways through the system need to be more clearly defined and widely understood.

5.2 Description and operational requirements

In the 2007–08 Budget, the Commonwealth allocated $36.9 million over four years for two new service types to assist separated families and their children. The Supporting Children after Separation Program (SCaSP) was included in this budget allocation. SCaSP is part of the Family Support Program, which is governed by the following principles:

- Provide interventions that focus on whole of family approaches and are responsive to the needs of all family types.
- Focus on family and community strengths, build skills and be child focused.
- Work with family law professionals, Australian and State and Territory programs, and communities to contribute to an integrated family support system.
- Ensure universal and equitable access to the program.
- Develop and maintain a skilled workforce.
- Support a culture of continuous quality improvement.
- Use a partnership approach to program development.
- Provide transparency and accountability.
- Implement an outcomes based approach.
- Provide flexibility in terms of service delivery.
- Help build family friendly communities.

The 2008 Selection Document, prepared by the Attorney-General’s Department, identified specific locations and available funding for SCaSP. Following an open competitive selection process, 18 services were funded nationally, with at least one in each state and territory.

5.3 Key program outcomes: the view from the field

FaHCSIA and AGD co-sponsored a two-day forum for SCaSP service providers in May 2010. The group of 28 representing 16 organisations from all states and territories participated in a number of highly interactive processes to identify good practice ideas that could be integrated into a Guide for practitioners in SCaSP. One of the exercises involved identification of the desirable outcomes for children as a result of participation in SCaSP. The top ten included:

- Understanding of the separation/family transition
- Increased resilience and ability to manage strong emotions
- Increased sense of empowerment
- Greater sense of control in their lives
- Having a voice in the family transition process
- Improved communication with parents
- Enhanced capacity to manage own relationships with parents and significant others
- Improved ability to adapt to change
- Decreased stress and distress
- Increased responsiveness of the family law system.

If these outcomes are to be fully realised in the SCaSP, then Australia needs to continue developing more collaborative, cooperative, non-litigious ways of settling parental conflicts. Given that prolonged conflict and tension-filled separations and divorces may negatively affect children’s social and emotional wellbeing, it is understandable that a major strategy has been to introduce less adversarial approaches with greater flexibility and simplicity. These approaches can reduce the length of time before issues are resolved and can also promote a greater focus on the best interests of the child.

This has resulted in a plethora of new programs in family law, which aim to maintain a child’s relationships with both parents: independent child representation and advocacy, child-inclusive practices in family dispute resolution, child-focused practices, and many more. While all of these programs seek to focus on good outcomes for children, they rarely actually involve children directly. Bagshaw, Quinn and Schmidt summarise the situation in this way: “... although many researchers and service providers argue that children have a right to be involved in decisions, and that children have the capacity to act as agents in their own lives, there are few support services that embody these ideals in the way they are currently designed”.

It appears, therefore, that the child is still the missing piece of the puzzle most of the time. This is where SCaSP comes in: it is a program specifically for children within the larger family law context. SCaSP has the potential to address children’s issues directly and genuinely involve them in decisions that affect them.

Appendix B: Additional resources for SCaSP services
6.1 Family Development Matrix

The Family Development Matrix (FDM) is one of three matrices that make up the California Matrix Model developed by The Institute for Community Collaborative Studies (ICCS) in California. It is a tool to help the caseworker or family support or advocate worker with case management and their ability to measure the progress of the families\textsuperscript{107}.

According to the ICCS:

“There’s no way to truly put on paper the complex realities of the families, but the Family Development Matrix helps by quantifying the qualitative information. The FDM encourages strength skill building in parents and the development of goals that enable the measuring of family progress. Documentation of a family’s process in achieving outcomes allows the worker and family to look across indicators of family progress so they can learn from the past to better plan for the future”\textsuperscript{108}.

The Family Development Matrix is based on a strength model rather than a deficit model. It documents where a family is thriving as well as where it needs support, and allows those using it to easily identify strengths from which to start addressing needs and set goals.

6.1.1 Family Development Matrix

| Reduces the complexity of a family’s situation by: | offering indicators to identify current strengths and weaknesses |
| | translating the family situation into numerical scores |
| | using the initial and later assessments to track progress. |
| Strengths-based model: | provides an information & planning tool for children, families and professionals |
| | stimulates the development of a family’s problem-solving and resource skills crucial to healthy decision-making, |
| | empowers a family toward self-sufficiency by strengthening accountability and responsibility to accomplish the goals they have set. |
| Helps create a partnership between practitioner and family by: | applying program resources in relation to family goals and resources |
| | focusing program resources where they are most efficient and effective |
| | sharing with the family their progress over time. |
| Documents over time, the opportunities, obstacles and progress the family goes through to achieve their outcomes by: | helping identify patterns and pitfalls |
| | learning from the past to plan for the future. |
| Facilitates family ownership of their efforts in that: | the family worker acts as a support and resource person to help set and work toward goals, |
| | it builds accountability and responsibility for decisions and actions within the family while facilitating family support principles. |
| Assists the program with quality improvement by: | combining the family’s scores with those of other families for case load evaluation |
| | helping to identify where agency is or is not assisting family progress |
| | providing “primary” data to determine where a program may need additional resources. |
| | charting program population data for funder’s reports, fundraising, reports to boards and the community. |


\textsuperscript{108} Ibid.
measuring results, real outcomes for families
helping answer, what differences did the program make?
keeping things client-focused
encouraging continuous improvement
satisfying the need for accountability.

6.1.2 Table 4 – FDM Rating Scale

<table>
<thead>
<tr>
<th>Level</th>
<th>Status</th>
<th>Help needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-crisis -- 1</td>
<td>Family cannot meet its needs. May be unwilling or unable to work toward positive change. Family systems have collapsed.</td>
<td>Strong outside intervention</td>
</tr>
<tr>
<td>At-risk -- 2</td>
<td>Family is secure from immediate threats to health and safety, but has not yet made plans for long-term growth and change.</td>
<td>Safety net intervention to provide platform on which family can build its plans for improving its circumstances.</td>
</tr>
<tr>
<td>Stable --3</td>
<td>Family is no longer in danger, is ready and willing to change and plan for its future.</td>
<td>Supportive services to assist family in implementing its plans.</td>
</tr>
<tr>
<td>Safe/self sufficient --4</td>
<td>Family is strong and has made significant progress in improving its circumstances. Generally secure and economically self-sufficient and has clear goals.</td>
<td>Resource-oriented interventions to help family achieve its goals.</td>
</tr>
</tbody>
</table>

The FDM can also help agencies evaluate their overall outcomes by looking at progress across clients. The fact that this tool includes a quantitative rating system helps with such outcomes assessment. However, there are other ways to measure service outcomes such as the Family Support Program performance framework, which is still in development.

Many FSP providers work with researchers in academic institutions to develop and implement program evaluations. There are a number of academics in universities across Australia who are engaged in research on children and families, are evaluation experts and can apply their expertise to SCaSP services. There are also many private consultants who conduct program evaluations for relatively modest fees. Working with an external evaluator usually increases the rigour of the evaluation and avoids staff conflicts of interest.
<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Objectives</th>
<th>Performance Indicators</th>
<th>Examples of information to be collected by service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client outcomes</strong></td>
<td>To improve family functioning</td>
<td>% clients with improved family functioning including child wellbeing</td>
<td>% clients reporting they are better equipped to deal with family issues e.g. - family conflict - harmful behaviours - relationships with (ex) partner - relationship with children - making parenting arrangements - workable parenting arrangements - improved communication - complex family separation issues</td>
</tr>
<tr>
<td></td>
<td>To improve child development</td>
<td>% children with improved development</td>
<td>% clients (parents / carers) reporting they are better able to support their child’s development e.g. - better use of services to support their child’s development - changed parenting practices that support child development</td>
</tr>
<tr>
<td></td>
<td>To increase the safety of family environments</td>
<td>% clients that live in safer family and community environments</td>
<td>% clients reporting that they feel safer at home and in their communities</td>
</tr>
<tr>
<td></td>
<td>To increase community connectedness / social inclusion</td>
<td>% clients who are included in and socially connected to their community</td>
<td>% of clients reporting that they feel connected to social support networks and/or their community</td>
</tr>
<tr>
<td><strong>Service system outcomes</strong></td>
<td>To improve family’s knowledge and skills for life and learning</td>
<td>% clients with improved knowledge and skills</td>
<td>% clients reporting improved knowledge &amp; skills related to: - parenting practices - supporting child development - seeking help / articulating problems % clients demonstrating that they can apply new knowledge &amp; skills</td>
</tr>
<tr>
<td></td>
<td>To improve the client’s access to and engagement with support services</td>
<td>% clients with improved access/engagement with services</td>
<td>% clients who can find and go to services when needed % clients with better voluntary engagement with community services relevant to their needs</td>
</tr>
<tr>
<td></td>
<td>To provide services in a manner appropriate to client which satisfies their needs</td>
<td>% clients satisfied with the service they received</td>
<td>% clients satisfied that they received adequate information / referrals for their needs % clients reporting that the service was responsive / respectful of their needs and / or cultural / language background</td>
</tr>
<tr>
<td></td>
<td>To improve family, social and economic participation</td>
<td>% of clients with improved family, community and economic engagement</td>
<td>% clients reporting improved relationships / connect with family, friends and / or community members % of clients assisted to participate in activities with the potential to enhance family incomes (e.g. employment, education and training) % of clients assisted to increase their civic or community participation</td>
</tr>
</tbody>
</table>
### Service delivery quality: How well have we done it?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator 1</th>
<th>Indicator 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase service to vulnerable and at-risk target groups</td>
<td>% clients from priority groups</td>
<td>% clients from Indigenous background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% clients from CALD background</td>
</tr>
<tr>
<td></td>
<td>Other priority groups under development</td>
<td></td>
</tr>
<tr>
<td>To increase integration and collaboration between service providers and the</td>
<td>% partner agencies reporting satisfaction with the contribution of the service</td>
<td>% partner agencies reporting satisfaction with the contribution of the service</td>
</tr>
<tr>
<td>community</td>
<td>providers to integrated service delivery/coordination</td>
<td>providers to integrated service delivery/coordination</td>
</tr>
<tr>
<td></td>
<td>Under development</td>
<td>Under development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% service providers that meet approval requirements</td>
</tr>
</tbody>
</table>

### Service outputs: How much did we do?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide appropriate levels of service delivery</td>
<td>Number of clients assisted by demographic characteristics</td>
</tr>
<tr>
<td></td>
<td>Number of service events / service episodes / activities</td>
</tr>
<tr>
<td></td>
<td>Number and location of service sites</td>
</tr>
</tbody>
</table>
Unifam’s reading list for SCaSP therapists or any staff working with children after separation


Appendix C: Presentations from the SCaSP forum
7.1 Anglicare WA SCaSP forum presentation

**ANGLICARE WA SCASP**
Supporting children and young people in the separation process.

Children's counsellors are located at five sites across the metropolitan area:
- East Perth
- Joondalup
- Gosnells
- Midland
- Rockingham

**What does the service offer?**
Office based programs:
- Therapeutic groups
- School holiday workshops
- Individual counselling

Outreach:
- School program across metropolitan area

**School Program**
Topics include:
- Self esteem
- Anger management
- Conflict resolution
- Managing stress and emotions
- Healthy relationships
- Transition – managing change

**Statistics**
Year to date:
- 228 children for intake sessions
- 414 counselling sessions for children
- 29 therapeutic groups held
- 133 children in groups
- 289 parents seen for intake
- 2590 children participated in schools program

**Successes**
- Family Court
- School program
- Counsellors
- Referral to other programs

“When mum and dad were breaking up, me and my sister used to fight and be mean to each other all the time. The Counsellor helped us to be friends again.”
Challenges

- Parent demands
- Parent commitment
- Therapeutic groups
- High conflict parents
- Demands on counsellors

"Before I went to see the counsellor I never knew why Mum and Dad broke up but Mum’s explained it all to me now and although I’m sad and miss my Dad it’s better."

What has been effective?

- Referral pathways
- Parent contact
- Adapting program to client needs

"Even if I decided as a parent to not take them back, I wouldn’t have a chance – wild horses wouldn’t stop the kids from going back!"
7.2 FAMILY MEDIATION CENTRE’S SCASP PROGRAM IN METROPOLITAN MELBOURNE

Our service covers Metropolitan Melbourne from eight locations offering from each site:

• Skills Education Programs in Primary and Secondary Schools
• Therapeutic Groups tailored to the specific needs of the children
• Counselling services
• Child Inclusive Practice

7.2.1 SUCCESSES

• Establishment of a cohesive, skilled and passionate team of ten practitioners
• Strong uptake of the program by schools and communities in all locations
• Steadily increasing demand for therapeutic groups and counselling
• Requests for joint initiatives with other service providers
• Positive evaluations and feedback from children, parents and schools
• Most importantly, demonstrable improvements in wellbeing of children and parents

7.2.2 DIFFICULTIES

• Timely recruiting of an experienced trained team
• Cultural and political challenges of integrating the team into the organisation
• Meeting constant demands of government to demonstrate we would reach targets
• High level of stress on practitioners having to meet high targets in start up phase
• Establishing credibility and trust in new locations.

7.2.3 CHALLENGES

• Getting a balanced delivery of service types
• Finding sufficient time and resources to meet the high demand for counselling
• Filling the need for case management of children’s multifaceted and highly complex issues
• Having two-thirds of the client population not counted in targets (i.e. parents).

7.2.4 STRATEGIES FOR WORKING WITH OTHER FRSP POST-SEPARATION SERVICES
• Using internal meetings and PD days as cross-fertilisation opportunities to familiarise our FRSP staff in other programs
• Clear internal referral procedures
• Attend regular local area network meetings and developed working protocols with external FRSP service providers.

7.2.5 STRATEGIES FOR ENGAGING PARENTS TO HAVE THEIR CHILDREN PARTICIPATE IN SCASP
• Introduce SCaSP to parents through our other programs eg the weekly Child in Focus sessions, at FDR intake and in Post-Separation Parenting groups
• Personalised letters to parents and warm referrals into and between programs, which helps
• Establish early contact with and gain consent of parents.
7.3 “Just for Kids” – Supporting Children after Separation Program

7.3.1 Referral by networks or self referral (parent/child)

Referrals are received from internal FRSP services (including Counselling, Mediation, FRC, POP and CCS) and external sources (self referral, Family Court, Legal Practitioners or other service providers including external FRSP services).

7.3.2 Intake (telephone and/or face-to-face)

Contact is usually made with the program by a parent/caregiver on behalf of the child. The first point of contact normally occurs with RA Tasmania reception and an intake form is completed. Information regarding the program is provided and an appointment made for the parent/caregiver to attend the initial consultation. The call may also be transferred to program staff depending on client need.

7.3.3 Initial consultation (parent or child)

The initial consultation is normally scheduled with the parent/s (individually). At this appointment the counsellor collects FRSP data along with information regarding family violence, current court orders or legal agreements, history and overview of the current situation. The parent/carer's view of the impact of the family's separation on the child is also explored. During the initial consultation, information regarding confidentiality is also provided.

7.3.4 Session/s with child/ren

The initial session/s with the child/ren focus on engagement and issues/needs identification. This information informs the development of a case plan. During sessions with children, counsellors select from a range of play-based therapies including sand tray, creative expression, role play with props, use of established therapeutic resources, as well as traditional counselling/talking therapies. Therapy selections are based on an individual child's needs, interests and desired therapeutic outcome. Work occurs with parents at varying intervals depending on case progression and client need.

The program also provides therapeutic groups (four to six weeks duration) with particular learning goals and a set agenda. The groups assist children to understand and deal with the changes, feelings and challenges that may arise after parental separation. Schools are also utilised for group work with primary school aged children.

7.3.5 Case plan

A case plan, informed by work with the child, is developed. Planned interventions may include counselling and/or participation in group work and other interventions. The child's counsellor may also provide the parent/s with information regarding other relevant services and assist with referrals. This model ensures practice is child directed.

7.3.6 Case management and review

Case management and review is ongoing at a case level. Program staff participate in regular case review meetings and supervision.
7.3.7 “Just for Kids” and other FRSP services

The program is co-located in a purpose built, child-friendly venue with POP and CCS. This, together with a close working relationship with other FRSP services, allows the whole family to be supported within the suite of FRSP services. Further, the close proximity of the program to other FRSP services has allowed collaborative working relationships and referral pathways to be established which provide clients with seamless access to multiple services.
7.4 Lifeline Brisbane - Presentation

LIFELINE COMMUNITY CARE QUEENSLAND

Who are you? Where are you from?
Lifeline Community Care Queensland
Supporting Children after Separation Program (SCaSP) - Brisbane, Moreton Bay, Ipswich and West Moreton, Bundaberg and Coral Coast:
- Team Leader, Greater Brisbane.
- Coordinator, Moreton Bay Region.
- Coordinator, Ipswich and West Moreton.
- Coordinator, Capricorn Coral Coast Bundaberg.
To keep within our allotted 5 minutes, we have merged our responses.

What type of service do you offer as part of SCaSP?
- Intake and assessment
- Information and referral
- Individual and sibling counselling
- Groups (various types, children four – 18 years)
- Inclusive partnership with parents/carers
- Feedback to parents/carers
- Workshops and information seminars
- Information packs and other self-help resources

What is important for your specific location and service?
- Safety considerations
- Service accessibility
- Working with all children impacted by separation
- Community engagement to support high numbers of Indigenous and CALD clients
- Flexibility and ability to work with different cultures
- Maximising use of local community resources

What have been the successes in your service delivery?
- The building of alliances with parents and community agencies
- Group work with children to normalise their experiences
- Positive change in parent/child relationship dynamics
- Utilising the Scott D Miller, Client Directed Outcome Inform (CDOI) scale as an evaluation tool
- Assessment and allocation meetings
- Child directed practice using different modalities with consideration for ages and stages of development and special attention to grief and loss issues

What have been the difficulties in your service delivery?
- Parents not being counted in the statistics
- Employing suitably qualified and experienced staff
- FaHCSIA targets
- Processing the numbers of children referred
- Shortage of staff to allow full coverage of larger regions
What type of interventions have been the most effective?

- Co-location with other FRSA services, particularly FRC and PSCP proves to be more effective
- Inclusion of parents by forming a working alliance
- Counselling response in accordance to the child’s individual needs (i.e. Group work and/or individual sessions)
- Child inclusive practice through FDR
- Building positive relationships with other FRSP post-separation services
- Inclusion of parents in the first group and individual sessions
7.5 Supporting Children after Separation Program

7.5.1 Lifeline Darling Downs and South West Queensland

This program commenced in December 2008 is based in Toowoomba and operates within Lifeline's Child, Adolescent and Family Therapy Unit. Other programs operating within this unit are:

- Family Therapy for individuals, couples and families
- Family Law Pathways
- The Rural Far West Family Counselling Service

7.5.1.1 The Supporting Children after Separation Program utilises three types of intervention

(a) Counselling/Play Therapy (depending upon the age of the child/young person which:

- offers the child a safe place to identify, accept and appropriately express their memories, confusion, guilt, anger, sadness and silent shame
- restores trust
- helps the child develop new understandings of their experience
- renew for the child a sense of their strengths and enables them to find a voice to express their experience and needs
- invites each parent to:
  - continue their parental connection and look for new ways to re-build attachment
  - listen to and acknowledge their child's experience of loss and change
  - take active steps to reduce their child's exposure to the marital conflict.

(b) The Tree of Life and Team of Life programs are being therapeutically used in schools or community groups for children for whom individual, centre-based counselling is not generally appropriate (i.e. Indigenous or CALD children). One school asked that the Tree of Life narrative workshops be presented as a whole-of-school (including teachers) exercise. It provides children with a “safe place to stand” as they collectively explore their life experiences, skills, knowledge, connection to family and community, values and cultural heritage. The intention here is not to provide a one-off event but ongoing follow-up and intervention. Information received from teachers indicates a high level of parental illiteracy, poverty and separated parents. Lifeline's "Reconciliation Working Party" (which includes indigenous workers and elders) has also been engaged to support and extend these approaches.

(c) From time to time the Supporting Children after Separation program is invited into schools to undertake particular exercises relating to grief and loss and resilience.
7.5.1.2 Linkages within Lifeline's Child, Youth and Family Therapy Unit

- The Family Therapy Program provides a counselling service to non-SCaSP clients (i.e. children, single adults, couples and families). Where it is timely and safe to do so, this program is able to facilitate the inclusion of the child's voice and needs into the SCaSP family systems.

- By extension, the Family Law Pathways Project is able to articulate the child's voice and needs in facilitated conversations between the SCASP program and the Family Lawyers, Court system and the NGOs in Toowoomba who work with separated parents and their children.

7.5.1.3 Issues and challenges

- Online Data collection and entry — time consuming and convoluted

- Evaluation of client outcomes — the earlier concept testing attempted to utilise generic outcomes applicable to all 18 FRSP programs appears to dilute its relevance or applicability to the SCaSP program. What is trying to be measured here?

- Funding of staff salaries — there is now a shortfall in funding for salaries given Lifeline's commitment to pay staff according to the current Community Services Award. Without a financial adjustment here, the option for the SCaSP program is to reduce staff hours and client targets

- Subpoena of SCaSP staff and client records. Although our experiences of this issue were resolved without placing the child's counselling conversations into the adversarial arena of the Family Court it would appear that the “non reportability requirement” of the SCASP program needs some form of legislative support.
Program Delivery

- **Parent intake**: Parents are seen initially for an intake to encourage support of their children through the program and offer referrals to other FSP services. A high number of parents are referred to the Parenting Orders Program (Mums and Dads Forever — MDF) and family counselling. Children whose parents are involved with the Family Relationship Centre or MDF can be seen immediately for intake.

- **Family Court**: An agreement has been made with the Family Court to refer parents to MDF when referring children to SCASP. This provides support to parents whilst their children attend the program and enable Counsellors to focus on the children rather than the parent conflict.

- **Services**: Anglicare WA’s SCASP provides support for children and young people through a variety of options following an intake session. Children and young people can attend up to four individual sessions; a six-week therapeutic group program with children of a similar age, and attend school holiday workshops introducing topics to build healthy relationships amongst children and young people.

- **School program**: A school program has been introduced to build healthy relationships amongst children and young people in the school setting. Six workshops have been developed to be delivered in a class room setting. Topics include: self esteem, anger management, conflict resolution, transition, healthy relationships, and stress and emotion.
7.6 UNIFAM’S SCASP PROGRAM — CLIENT FLOW CHART
Referral Source into SCASP Program

- **FDR**: Family Relationship Centre or FDR Process either for CIP individual therapy or a group
  - Family Relationship Counsellor refers child for consultation and feedback to a parent as part of parents therapy. May refer child to therapy or group
  - Other FRSP agency, school, health, family support, legal aid. courts etc

- **POP program** refers for CIP, therapy or group for children.

**Intervention**

- **CIP**: Children attend child consultation session. Feedback is given to both parents. Time for reflexive process to invite reflective functioning/child focus in FDR
  - NOTE: Where CIP assesses child in need of further support - referred on to therapy or group.
- **Therapy**: Short term (4-6 sessions). Follow up to issues identified in CIP process. OR
  - By direct referral for Therapy by a Parent/School/FDRP/POP or other counsellor/ ICL or the courts
- **Groups**:
  - Jigsaw (separation) (6 weeks)
  - Connect Kids (parental conflict) (8 Weeks)

**Community development**

1. “Talking with Kids”
2. “Somersaulting” for staff in schools.
3. “Growing through Separation” for parents, schools and other services

Contact details of any child identified as needing further support collected at the end of seminar and followed up by SCaSP Worker for therapy/groups.

SCASP sits alongside a POP intervention, an FDR process, a parent’s therapy, or stands alone as an intervention for children and young people referred in by other Non Government and Government agencies, and the courts.
7.7 Relationships Australia (SA) SCASP: iKiDs

7.7.1 What type of services do you offer as part of SCaSP?

7.7.1.1 Outputs
- Individual based therapy but using whole of family approach
  (Play therapy etc)
- School based education — puppet shows etc.
- Group therapy

7.7.1.2 Methodologies
- Narrative, CBT
- Child consultancy
- Play therapy
- Penn Resiliency Program (positive psychology)

Referral to Relationship Counselling and Parenting Programs for Parents

7.7.1.3 Outcomes
Strengthen family functioning by:
- Contributing to children’s adjustment after separation.
- Supporting children’s resilience*
- Supporting school retention and educational engagement

*Evidence indicates that children’s resilience is chiefly supported through relationships.

7.7.1.4 General aims for Post-Separation Services
Reduce period of time most parents stay in conflict (psycho-education community based dispute resolution)
Enhance community based supports for children, including schools, particularly where families affected by complexity.

7.7.1.5 What is important for your specific location and service?
- Integrating SCASP with other services
- Ensuring SCASP practitioners stay connected with other team members
- Managing expectations of referrers.

7.7.1.6 What have been the successes and difficulties in your service delivery?

**Successes:** developing a policy that relies on consent from one parent/caregiver, not both (though input from both is desirable); collaborative practice and seamless referrals with other services (e.g. CCS, FDR, CAMHS) giving a mutually value adding service to each other and therefore to our clients; identifying extent of problems faced by kids by using standardised mental health outcome/screener questionnaire.

**Difficulties:**
• High level of complexity requiring shift in focus on service model. Introducing a complexity tool to assess families. (Allows for future evaluation)
• Referrals where child/ren have experienced ongoing protracted conflict between parents (e.g. for >5 years) and involvement of our service is inappropriate due to service being 1) time-limited, 2) no multi-disciplinary back up, and 3) voluntary.
• Some situations where service involvement may be another attempt at systems abuse by one parent/caregiver against another one — not always easy to pick at outset.

What is working well, what isn’t and why?
• Success of service means there are long waiting lists for counselling services.
• Complexity and intensity of work means that target numbers are unrealistic.
• Education, engagement with schools has had long development lead in period, but we are about to begin delivery. This will boost numbers, if able to count.
• Difficulty engaging many parents to reflect; engaging some parents to reflect on their kids experiences can be very hard due to their own “stuff” getting in the way such as D&A, mental health, abusive behavior etc. We are addressing this by making access to counselling dependent on parents attending a Co-operative Parenting Workshop (Working it out for the Kids) run through FREST program.
• Integrating iKiDs within are broader post separation services (FDR, FRCs, CCS) is working well but can be further enhanced, including shared case management.

7.7.1.7 Principles and knowledge Underpinning Service

Evidence based approach (Cochrane Model)
• Research evidence
• Practitioner wisdom
• Client Preference/Need.

Risk factors
• Degree of parental conflict
• Parental adjustment and quality of parenting
• Cumulative stress of multiple changes
• Residential arrangements and parental re-marriage
• Child characteristics.

Protective factors
• Low parental conflict (negotiation and compromise)
• Authoritative parenting
• Co-parenting or parallel parenting.

Complexity
• Domestic violence
• Parental mental health problems
• Parental personality disorder
• Parental drug and alcohol dependency
• Poor parenting capacity due to intergenerational factors
• Disability.

Background knowledge
For most couples conflict has reduced two–three years post-separation.
Approx 18% continue after four years: higher levels of complexity in this group.
Issues commonly occurring in families referred to Ikids

<table>
<thead>
<tr>
<th>Common issues</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total families</td>
<td>34</td>
</tr>
<tr>
<td>Parents in high conflict</td>
<td>32</td>
</tr>
<tr>
<td>Disability</td>
<td>4</td>
</tr>
<tr>
<td>Challenging behaviours</td>
<td>27</td>
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<tr>
<td>Parenting difficulties</td>
<td>27</td>
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<tr>
<td>Loss of relationship/grief</td>
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<td>Child mental health</td>
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<tr>
<td>Allegations of child abuse</td>
<td>8</td>
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<tr>
<td>Allegations of DV</td>
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<tr>
<td>Parental health</td>
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<td>Child refusing contact</td>
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<tr>
<td>Self harm to others</td>
<td>10</td>
</tr>
<tr>
<td>Child trauma</td>
<td>6</td>
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<td>Current court involvement</td>
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<td>Difficulty with step family</td>
<td>3</td>
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<tr>
<td>Parent seeking contact</td>
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</tr>
</tbody>
</table>
7.8   Bethany Community Support - Supporting Children after Separation Program

7.8.1   Organisation:

Bethany’s mission is to support and strengthen communities. We work to build better family relationships, support parents caring for children, assist people who are homeless or at risk and those affected by family violence, crime and problem gambling. We have a focus on supporting and strengthening disadvantaged communities.

Services are provided to a population of over 230,000 people in the Geelong and surrounding districts through our main office in North Geelong and out posted service sites in Norlane, Surf Coast Shire, Colac Otway Shire and the Bellarine Peninsula.

7.8.2   Forum Representatives:

Executive Manager Community Support
Manager Relationships and Family Violence Services

7.8.3   Embedded Principles:

- children have the right to be safe and protected and loved
- children have a legitimate voice
- children have the right to a have a positive and healthy relationship with both of their parents
- separation has an impact on children
- children have a right to be supported to develop strategies to deal with the grief and loss of separation
- early intervention strategies are critical to developing resilience in children and adolescents
- understanding the importance of kinship and relationships in diverse cultures is essential to developing quality services for children and adolescents in the context of their families
- engagement, assessment and interventions need to be age appropriate and take account of the individual developmental needs of children and adolescents
- all services and interventions are grounded in evidence-based practice and theoretical frameworks which underpin child development and family relationship practice

No fees are charged for the service.

7.8.4   Bethany’s SCaSP Service Model Description:

**Counselling:**

Counselling for children aged three – 18 years. Our service operates on a five session model. We work with children within the context of family and our model requires joint parental consent prior to any engagement with the child.

**Groups:**

Sessions related to family change as a result of separation and divorce is delivered within a school setting. A whole year level class approach is used to avoid stigmatising children. Age-appropriate content is tailored to meet the requirements and learning style of the year level.
Parents:
Referring and non-referring parents are encouraged to attend a session called “What do the children think?” to provide information and to better equip parents to focus on and support their child/ren throughout the process.

7.8.5 Strengths

Referral pathways:
Strong links exist between Bethany internal programs including Men and Family Relationships, Family Relationships Counselling, Specialised Family Violence Counselling and the state funded Men’s Behaviour Change Program.

Parent engagement with the service is strengthened through the range of services available within Bethany particularly our FaHCSIA funded counselling programs and externally to the Family Relationship Centre.

Additional referral options include but are not limited to: CAMHS, CASA, Headspace, GPs for Mental Health Plans, Child First and Child Protection. We have strong links with the legal fraternity at a local level which also generates a strong referral pathway.

Successful engagement of parents has been enhanced by a clearly stated position that neither the SCaSP service or the agency does engage in the parental conflict, we do not take sides and we provide feedback and support to both the referring and non-referring parents as and when appropriate.

7.8.6 Difficulties

Initial difficulty generating appropriate referrals to the service due to the newness of the program and the limited understanding amongst our colleagues internally and externally.

Initial difficulty educating referral sources (parents and colleagues internally and externally) about the service requirement of joint parental consent.

Ongoing review is necessary in relation to the time required to engage with parents to educate and encourage their support as the child moves through the program as this time spent is not recognised for statistical purposes and unregistered clients are not recognised toward target achievement.
• We offer individual counselling and support group services to our clients. Both of these are equally important for our location and service.

• The following have been helpful for our clients:
  ➢ Self-understanding: helping them explore their feelings, thoughts and normal practices, and learning better ways of communicating
  ➢ Insight about family situations
  ➢ Learning new information about parents’ situation, life changes, effects of changes on people’s lives; importance of a role model, thinking of goals and how to achieve those goals.

• Difficulties we have experienced:
  ➢ Advertising — not able to attract wider population, although widely advertised
  ➢ Attracting older age group to the program.

• Effective interventions:
  ➢ Group:
    1. Balloon playing activity: for sharing personal ideas about likes and dislikes
    2. Ball playing activity: used for introducing self and for rapport building
    3. Rope exercise: for sharing personal feelings and behaviour and for gaining an insight into one’s personality
    4. Hula hoop activity: for sharing what a participant likes or dislikes about mum’s and/or dad’s house
    5. Providing information: understanding mum and dad as individuals, relationship adjustments, personal strengths and growth areas, goal setting and appropriate related activities, building and maintaining suitable relationships.
  ➢ Play therapy.

• Strategies for working with other FRSP post separation services include:
  ➢ Individual counselling for parents if desired by our other Counselling/FREST team
  ➢ Referrals from our Children’s Contact Service
  ➢ Initial meetings with mum and/or dad: rapport building and family background information.
7.8.7 KEY FEATURES OF THE MODEL

- **ACCESSIBILITY.** Centacare CFCS offers service sites at southern, central, and far northern Gold Coast (Clear Island Waters, Ashmore, Upper Coomera and Beenleigh).

  At the Ashmore site, Centacare provides a Family Relationship Centre, as well as (on another floor of the building) Men and Family Relationships, Specialised Family Violence Service, EIS Counselling, Family Relationship Education and Skills Training, and Adolescent Mediation and Family Therapy. This range of programs enabled the service model to include case-management with seamless service delivery addressing the needs of children and most members of their families.

- **WHAT’S WORKING?** All working well geographically, especially Clear Island Waters. Beenleigh steadily increasing. We're about to work on increasing awareness at the FRC at Ashmore. Most clients come stating “self-referred”. We were already providing steady and known intervention programs for children since 2000, developing creative therapeutic responses to behavioural issues and emotional issues for primary school children, and information and personal development courses for young children. Within those programs were children experiencing parental separation. Also with case-management a feature of our clinical work, we had other programs for parents as (registered) clients. We reached targets at end of third quarter this year.

- **AGE APPROPRIATE RESPONSES:** We envisaged that we would offer responses to three age groups of children and young persons:
  - Littlies (to age five years) – supported play group, observational play with parent/caregiver
  - Children (six years to 12 years) – individual counselling sessions for play therapy and art/music therapy as well as groups “Children First”
  - Adolescents (13 years to 17 years – info sessions at high schools focused on “support when someone you know is experiencing parental separation”, counselling sessions, art/cartoon competitions.

  Staff would include a highly skilled and experienced practitioner with solid experience in creative therapies and would draw on expertise of members of the current child therapy team at Gold Coast.

  **WHAT’S WORKING?** Play groups just didn’t engender interest. However, our SCaSP practitioner says that littlies who can come in with older siblings absorb, join in, feel secure and benefit from sessions; otherwise, play therapy with a parent involved works well. More work needed here. Our practitioner is a music therapist/family therapist with children’s hospital background and she is a real asset. We have presented to several high school groups but we are unsure how that really impacted on the students. Need to move to alternative ideas.

7.8.8 THE CORE ACTIVITIES OF THE MODEL PROPOSED:

Intake > Assessment > Information and referral if appropriate >
Engaging family members if safe/appropriate > F.R. education and skills training> counselling >
Community engagement and education > Evaluation.

Included is attention to specific needs of children in the context of families in various parts of the catchment area.

*Our coordinator of service delivery has built a team of practitioners in all programs who live out the principles of systems thinking and case management.*

Works well.

Engagement with other organisations in the community. Centacare is strongly engaged in the Gold Coast community with a working philosophy that our programs are embedded in the community for the benefit of the community.

*Working? Yes.*

*And overall: We live by action research, we have staff who love what we do, and we really seek and welcome community involvement. We had recruitment hiccups to get the program started but we have skilled trainers on our team to assist new staff.*
7.9 Who are you? Where are you from?

7.9.1 Lifeline Community Care Queensland

Supporting Children after Separation Program (SCaSP) – Brisbane, Moreton Bay, Ipswich and West Moreton Bundaberg and Coral Coast –

7.9.2 What type of services do you offer as part of SCaSP?

- Intake and assessment
- Information and referral
- Individual and sibling counselling
- Groups (various types, children four –18 years)
- Inclusive partnership with parents/carers
- Feedback to parents/carers
- Workshops and information seminars
- Information packs and other self help resources.

7.9.3 What is important for your specific location and service?

- Safety considerations
- Service accessibility
- Working with all children impacted by separation
- Community engagement to support high numbers of Indigenous and CALD clients
- Flexibility and ability to work with different cultures
- Maximising use of local community resources.

7.9.4 What have been the successes and difficulties in your service delivery?

Successes:
- The building of alliances with parents and community agencies
- Group work with children to normalise their experiences
- Utilising the Scott D Miller, Client Directed Outcome Informed, (CDOI) scale as an evaluation tool
- Assessment and allocation meetings
- Child directed practice using different modalities with consideration for ages and stages of development and special attention to grief and loss issues.

Difficulties:
- Parents not being counted in the statistics
- Employing suitably qualified and experienced staff
- FaHCSIA targets
- Processing the numbers of children referred
- Shortage of staff to allow full coverage of larger regions.

7.9.5 What type of interventions have been the most effective?

- Co-location with other FRSA services, particularly FRC and PSCP proves to be effective
- Inclusion of parents by forming a working alliance.
- Counselling response in accordance to the child’s individual needs (i.e. group work and/or Individual sessions)
- Child inclusive practice through FRD
- Building positive relationships with other FRSP post separation services.
- Inclusion of parents in the first group and individual sessions.
7.10 “Just for Kids” Supporting Children After Separation Program

Relationships Australia Tasmania (RA Tasmania)

“Working to develop and enhance personal, family and community relationships”

7.10.1 Services offered by RA Tas include:

Counselling, Family Dispute Resolution, Education, Children’s Contact Service, Parenting Orders Program, and the “Just for Kids” Supporting Children after Separation Program.

7.10.2 “Just for Kids” services include:

Individual and group work, early intervention/prevention, skill building, self-esteem work, resilience promotion, advocacy, promoting self-advocacy, relaxation strategies and encouraging healthy expression of feelings. The program also works with parents.

7.10.3 “Just for Kids” therapy approaches:

Counsellors select from a range of play-based therapies including sand tray, creative expression, role play with props, use of established therapeutic resources, as well as traditional counselling/talking therapies. Therapy selections are based on an individual child’s needs and interests.

7.10.4 Program benefits and successes:

- The program is dedicated to working with children
- Inclusive, flexible and broad – the program can be relevant for children of a large age range, time since separation etc.
- The capacity to provide free sessions makes the program more accessible
- Parents reorient themselves to their children’s needs as a result of their children engaging in the program.

7.10.5 Our Successes:

- The willingness of parents to engage their child or children has been a success of the program
- Perception of “counselling” verses the reality (for children and parents who are initially hesitant)
- Involving parents in the program improves outcomes for children
- 2 Houses 2 Homes group work with children has been very successful
- Clients have developed a strong sense of ownership in newly learned strategies
- The program has provided a quarantined therapeutic space for children within a broader suite of post-separation services
- Our dedicated child-friendly venues/therapeutic spaces are important contributors to children’s engagement and therapeutic outcomes.

7.10.6 Potential opportunities for development:

- More SCaSP funded services, in order to extend client accessibility of the program to Northern Tasmania
- Increased recognition of the work the program does with parents. Our experience has shown that working with parents enhances the outcomes for children in “Just for Kids”
- Finding a balance between promoting the program and not creating an unrealistic waiting list.
7.10.7 Strategies for engaging parents:
- Parents feel listened to and have a rapport with the counsellor following their intake
- Providing a number of sessions free of charge
- Positive changes in the child’s behaviour and outlook after commencing counselling
- A parent’s own progress in FRSP services can make them more receptive to engaging their children in the program.

7.10.8 Referral pathways and links to other services:
- The program’s location encourages a collaborative working relationship and referral pathways with other FRSP services onsite and externally
- Being a part of the Family Law Pathways Network created referral pathways and linkages with the Family Law System
- The program has a standing item on the FRC Reference Group agenda. The program provides updates to the Reference Group and receives input from stakeholders.

Final word: The majority of children and young people who access the “Just for Kids” program have reported greater confidence in addressing the issues that they have identified.
7.11 “Just for Kids”

7.11.1 Supporting Children after Separation Program

Flow Chart
7.12  Relationships Australia QLD presentation

- Rebound
  - Supporting Children after Separation Program

- Who are you? Where are you from?
  - Relationships Australia, Queensland
  - Based in Cairns
  - Innsfail all the way to Thursday Island

- Service provision
  - Group work
  - Individual counselling
  - Educational sessions
  - Rebound Pack
  - Indigenous Youth Worker
  - Information sessions
  - Consultation

- What have been the successes and difficulties in your service delivery?
  - Successes
    - Engaging children in group work
    - Getting into local schools
    - Court referrals
    - Work with other FRSP post-separation services
    - Networking
  - Difficulties
    - Recruitment of Indigenous Youth Worker
    - Consulting young people
    - Geography
    - Work with other FRSP post-separation services
    - Child work is newer to RAG compared to work with adults

- Strategies that have worked...
  - Strategies for working with other FRSP post-separation services
  - Joint sessions
  - Providing info packs
  - Automatic referrals
  - Strategies for engaging parents
  - Information sessions
  - Offering information at parent friendly places
  - Collaboratively working with other agencies
Supporting Children after Separation Program (SCASP)

Supporting Children after Separation Program is a FREE program funded by the Attorney General's Department specifically offering support FOR CHILDREN (3–18+) whose parents have separated or divorced.

Where?

Four sites: one based in Parramatta, Fairfield, Penrith and Campbelltown with outreach across Sydney. Three regional sites: Wollongong, Central Coast and Newcastle.

A Centre of Excellence in Parramatta in Child consultation, therapy for children, Family Therapy and Group work. A focus on Supervision, Training, Resources and Education.

Aims of SCASP:

1. To decrease levels of distress for children/young people following separation/divorce.
2. To improve communication between children/young people and their parents.
3. To build resilience in children via specific skills to manage their emotional reactions to the separation and changes in their family.
4. To provide opportunities for children to participate in decision making/parenting arrangements that impact on them and the provision of their developmental needs.

Program Elements

Community outreach and early intervention: Professional Development of gatekeepers for early identification and to address kids slipping between systems.

Child consultations for child inclusive parenting planning in FDR and the FRC.

Therapeutic support services: individual and family therapy; Groups for children and young people.

Theoretical and philosophical underpinnings:

- Position in the family law sector: relationship to FRCs/courts
- International research re: effective and demonstrated interventions for children
- Resilience and attachment literature
- Relationship focused interventions
Outcomes: Resilience Literature

“Some research suggests that including children's voices enhances their sense of control over their fate, and thus their resilience.”


“Prospective longitudinal research has demonstrated that children with a history of secure attachment are independently rated as more resilient, self-reliant, socially oriented, empathetic to distress, with deeper relationships.”

(Parady, 2009)

Anxiety

“Because anxiety and fear can take root in a child’s psyche, it is important to give children the support they need to put the trauma in perspective and move beyond it to develop normally.”

(Brook and Siepel, 1996)

Work with kids individually

- Building resilience
- Protecting from conflict
- Deconstructing myths
- Challenging self-blame
- Addressing anger and loss
- Validating fears
- Exploring hope for change

Opportunities and Challenges

- Addressing the lack of therapeutic services for children in the family law system and gaps in amount of child inclusive practice
- Identifying the children/young people in need of support some of whom may never enter the family law system
- Privileging that children need a safe space to process their circumstances for themselves and relationships with their parents
- Striving for Excellence: Some “child inclusive practice” is still more adult oriented than child focused. Expertise of staff is paramount
- Enhancing services in the sector: support services for other organizations and Family Relationship Centres

Relationship with Family Law Courts

- Assisting vulnerable children/young people in family law matters with complex risk factors
- Providing child consultations for Family Law Practitioners
- Court Orders and referral to SCASP for individual/family therapy
- SCASP: One point of contact
  (1800 288 760)

3 Stages of Intervention

Stage 1: Prevention: expanding adult knowledge base, exposure to the literature and clinical implications for children. Educating gatekeepers, providing a clear link for support

Stage 2: Providing Best Interventions: rigorous family assessment, CIP in all FDR, flexible practice, short term innovations...

Stage 3: Providing Intensive Support: where indicated individual work with children, or parent/child, or siblings together, or children’s groups.
CIP as Therapy
Model for FDR
- Expanding the model
  - the interview
  - the frame
  - the feedback/intervention
  - setting therapeutic goals
  - relationship building

Short-term therapy
“Research also suggests that children in difficult post-separation circumstances may be able to offset the effects of some of the stressors by increasing their coping skills and their resilience to adversity.”
(O’Connor, 2004)

Caught in the middle
“I told Mum I wanted to live with her. I told Dad the same thing.”
Girl, aged 10

The need for secure family base

ZAC: “apparent resilience”

Why do these SCA SP interventions build resilience?
- Relationship/secure base
- The child’s “hidden family”
- System is made overt
- Emotional containment of parents
- A Systems view is non-blaming
- Re-establishment: connecting together a “fragmented” sense of family
**SCASP PRODUCTS**

Therapeutic Groups:
- **Connect Kids** (kids in high conflict)
- **Jigsaw** (kids during/after separation)

Seminars
- Somersaulting Through Separation (Education for professionals)
- Growing through Separation (Education for parents)
- Talking with your Kids (Skills based seminar)

**“Connect Kids”**

- An eight-week therapeutic group for infants (0-5) and Primary (6-12) year olds. Offered in all venues. All staff are trained.
- Based on V. Rosebery’s “A Safe Place to Grow” group.
- **Connect Kids** is a fun, supportive group which aims to help kids adjust to some of the difficulties of separation and divorce.
- The group runs for eight weeks and includes the following:

**JIGSAW:**

Jigsaw is a fun group for kids whose parents are separated. It aims to help children feel less isolated and address issues such as change and loss during and after separation. Children can be struggling with strong feelings even if the separation was a long ago and this can impact on their relationships.

It runs for 6 weeks during the school term, and is based on six tasks of adjustment that children need to negotiate after their parents separate:
1. Acknowledge the reality of the separation
2. Engage in parental conflict and克斯 (and respond)
3. Resolve their loss
4. Resolve anger and self-blame
5. Accept the permanence of the divorce/separation and
6. Achieve realistic, hope inspiring relationships

**TALKING WITH YOUR KIDS**

How to communicate in separated families

**Somersaulting through separation**

“Unresolved, enduring parental conflict can violate children’s core developmental needs and threaten their psychological growth.”

(Doroth and Fincham, 2001; Kelly 2000)

**Growing through separation**

How to help children thrive in separated families
Further resources:
- A toolkit for schools.
- Fact sheets re: HOW (e.g., how to build a secure base for your children).
- Feelings Sheets: to help parents help kids name complex feelings... e.g., rejection, insignificance, despair, invisibility, shame.
- Other seminars as needed... e.g., for Indigenous fathers, for ICLs.

Questions and comments?

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