In this issue

With the recent opening of a further 24 Family Relationship Centres (FRCs),[1] it is timely to consider some of the issues that arise in the operation of the centres and how a focus on these through research may influence the quality of service delivery. In the opening article of this edition of Family Relationships Quarterly, Richard Fletcher reports on how the utilisation of Family Relationship Centres differs between mothers and fathers at two FRCs in NSW. Reflecting on the outcomes, he draws attention to the need to consider the way that data are collected by FRCs in the future to enhance evaluation activities and, ultimately, service delivery.

Circumstances and challenges for sole parents are considered in another of our feature articles in this edition. The interplay between a child's wellbeing and the wellbeing of their parents is emphasised, and a call for understanding and support is made as evidence builds that a focus on quality relationships, regardless of family structure, is important for child outcomes.

Robyn Parker introduces the Well Ways and Well Ways Duo programs in this edition's program spotlight. The Well Ways programs, run by the Mental Illness Fellowship, provide information and other forms of support to families where a member is dealing with mental illness or dual diagnosis issues.

Our Trends and Statistics article focuses on data from the General Parent Population Survey, which examines respondents' feelings towards two statements: "The skills needed to maintain a good relationship with their partner come naturally to most people" and "The skills needed to be a good parent come naturally to most people." A conference report focuses on the 10th Australian Institute of Family Studies Conference—Families Through Life, and literature highlights provide a selection of resources on dual diagnosis (mental illness and substance misuse) among young people.

This edition of Family Relationships Quarterly marks the beginning of a new two year period of publications for the Australian Family Relationships Clearinghouse, one in which we hope to consolidate the outcomes that we've achieved in our first two years of operation.

We hope you enjoy this edition of Family Relationships Quarterly.

Elly Robinson
Manager, AFRC

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1   The final centre is scheduled to open in Broome, Western Australia in October 2008.

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

Contents

AFRC publications

The Clearinghouse publishes quality resources for providers of family relationship and support services, policy makers, and members of the research and broader communities. All Clearinghouse publications are electronic.

Family Relationships Quarterly

Published four times a year, the newsletter includes literature highlights, research updates, forthcoming conference and event listings and information about relevant training opportunities. Articles include reviews of policy developments, program spotlights, summaries of research and practitioner updates.

AFRC Briefing

Concise papers that cover literature reviews and synthesis or translation of key messages. *AFRC Briefing* is published six times annually.

AFRC Issues

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Mothers and fathers accessing Family Relationship Centres

RICHARD FLETCHER

Family Relationship Centres (FRCs) offering dispute resolution sessions, child-focused group parenting programs and family counselling have recently been established as part of an ambitious plan to reduce the adversarial approach to family dissolution in Australia (Moloney, 2006). The first 15 centres were opened in July 2006 and a further 25 in July 2007. Twenty-four new centres opened on 1 July 2008, bringing the total number of centres operating throughout Australia to 64.

The Australian Institute of Family Studies is conducting an overall evaluation of the FRCs and associated legal reforms. However, since the central principles for the new services include every child's right to have a meaningful relationship with both parents and negotiation over parent–child contact as part of each parent's duty or "parental responsibility" (Attorney-General's Department, 2007), the manner in which the new services are utilised by mothers and fathers is of particular interest. An important aspect of the effectiveness of the new system will be the degree to which the two populations, mothers and fathers, are equally well served. The numbers of mothers and fathers making contact with the new services and the numbers progressing to dispute resolution will form two important indicators of the successful implementation of the FRC process. In addition, it will be important to recognise any differences in the help sought by mothers and by fathers or in the time taken to progress through each stage of the process. In a situation where parents are in conflict, the parent who has not initiated proceedings may be reluctant to attend or engage with dispute resolution services.

As a new service, data collection at the FRCs is still evolving and the type of data recorded and collated is yet to be finally decided. In this paper, questions surrounding mothers' and fathers' attendance at the FRCs are addressed through data retrieved from one metropolitan and one regional FRC.

Information on mothers and fathers from two services

The local picture

Data have been retrieved from FRC services at Sutherland and Newcastle, which are both operated by consortia, with Interrelate Family Centres as the lead agency. While these two centres may not be representative of all FRCs, they provide an indication of the way the mothers and fathers access the services available through the FRCs. Newcastle FRC was opened in July 2007 as part of the second wave of service establishment while Sutherland, in the southern suburbs of Sydney, was opened in the first wave in 2006. Data from the Newcastle service illustrates the most common issues identified by parents registering at the Centre while service use data from 100 mothers and 100 fathers contacting the Sutherland service allows time lapsing between each stage of the process to be compared.

Interrelate FRC service outline

As part of a national approach the Sutherland and Newcastle services include a standard intake system where clients may make contact through direct phone contact, as "walk-ins" at the FRC premises or through the Family Relationships Advice Line. For parents dealing with separation issues there are several sequential points of service provision.

Points of service for parents seeking assistance at the FRC

1. A parent contacts the service and is regarded as suitable for assistance. This parent registers and becomes Party A in the centre records. Party A provides contact details for their partner.
2. A letter is sent to the second parent (Party B) informing them of the request for assistance and asking them to contact the Dispute Resolution Practitioner and register.
3. Party A attends an Intake Interview.
4. Party B attends an Intake Interview.
5. Party A attends a "Building Connections" group session (a half-day psycho-educational seminar, aimed to encourage help-seeking behaviour and improved focus on the children).
6. Party B attends a "Building Connections" group session.
7. Party A attends a Pre- Family Dispute Resolution (FDR) session (an interview with a Relationship Specialist to check parenting goals and assess any changes in the level of conflict, for example if an Apprehended Violence Order is in place) to prepare for the session where the two parties negotiate over their child's future contact and activities with them.

8. Party B attends a Pre- FDR session.
9. Both parents attend up to three FDR sessions.

Male and female parents making contact and registering as clients

Figures for male and female contact and registration as clients are available for the first six weeks (46 days) of the Newcastle FRC service. Since 2% of clients are less than 22 years of age and 2% are over 49 years of age the numbers presented as male and female in Table 1 below include a small number of clients who may not be parents in dispute (e.g., grandparents or teenagers). The figures in Table 1 therefore provide approximate numbers of mothers and fathers seeking FRC services from the Newcastle FRC. Fathers are slightly more likely than mothers to walk into the FRC and less likely to telephone for assistance. Approximately 10% more fathers register for FDR assistance than mothers.

Table 1. Contact and registration at Newcastle FRC for males and females July–August 2007

Client	Combined (%)	Males (%)	Females (%)
Phone contact	575 (100)	269 (46.8)	306 (53.2)
Walk-in	380 (100)	194 (51.0)	186 (49.0)
Total potential clients	955 (100)	463 (48.5)	492 (51.5)
Registered	160 (100)	89 (55.6)	71 (44.4)

Presenting issues for males and females

Clients seeking assistance at an FRC indicate their presenting issues as part of the registration process. Clients may indicate as many needs on the registration form as they wish (47 needs are offered) and most indicate more than one. For the 160 clients registered at the Newcastle FRC in six weeks of data collection, 635 needs were identified (approximately four items per client). The five most common presenting needs are given in Table 2. The most common issues for the combined clients are included along with the number of male and female clients indicating each need. As discussed above, these figures are an approximation of the priority issues of mothers and fathers presenting to the centre.

Table 2. Most common presenting issues at Newcastle FRC for male and female registered clients July–August 2007

Need	Combined (% of 635)	Males (% of 352)	Females (% of 283)
Post-separation parenting	87 (13.7)	52 (14.8)	35 (12.4)
Parenting	52 (8.2)	28 (8.0)	24 (8.5)
Family separation	51 (8.0)	27 (7.7)	24 (8.5)
Relationship breakdown	43 (6.8)	31 (8.8)	12 (4.2)
Conflict	41 (6.5)	25 (7.1)	16 (5.7)

Of the most common presenting issues only the proportion of males and females indicating Relationship Breakdown was significantly different (p = .02) with more than twice as many men as women reporting this need. Other needs indicated but not presented in the table included: family violence or emotional abuse, 29 clients (19 female); child support payments, 27 clients (14 female); and breach of parenting agreements 15 (7 female) clients.

Assessing mothers' and fathers' progress through the FRC

While the numbers of males and females attending the Centre provide an indication of mothers' and fathers' participation, the length of time between registering and receiving FRC services may be an important indicator of the service quality for mothers and fathers. However, in assessing times it will be important to take account of which parent first approaches the service (Party A) and which parent is asked to attend (Party B) and to understand the progress of each group through the service.

Commencing on 4 September 2006, the first 100 mothers and 100 fathers (not children or grandparents) who registered for FDR services through the Sutherland FRC were identified by case number. The case numbers were retrieved from the Centre diaries and matched against those attending Building Connections or Dispute Resolution sessions within 12 months by Interrelate services staff. The de-identified data were provided to the Engaging Fathers Research Program for analysis. Mothers and fathers were designated Party A (the parent first contacting the FRC) or Party B (the parent who was requested to attend through the FRC after Party A had supplied their name and address). Numbers and percentages of those attending each step in the process are shown in Table 3.

Table 3. Progress of 100 mothers and 100 fathers through the Sutherland FRC service

	Registered	Attended Building Connections N (%)	Attended Dispute Resolution (% of registrants)	Average no. days from Initial Interview to Building Connections	Average no. days from Building Connections to Dispute Resolution
Father Party A	63	36 (57)	17 (27)	26 (n=35)	78 (n=16)
Father Party B	37	30 (81)	21 (57)	28 (n=21)	38 (n=20)
Father Total	100	66 (66)	38 (38)	26.8	55.8
Mother Party A	59	41 (69)	29 (49)	29 (n=40)	55 (n=27)
Mother Party B	41	27 (66)	21 (51)	31 (n=25)	66 (n=20)
Mother Total	100	68 (68)	50 (50)	29.8	59.7

Notes: Percentages refer to percentages of initial registered sample. Sample "n" in Average days columns are lower than expected from the numbers attending due to missing values in data collection and transposition.

Independent samples *t*-tests were conducted comparing fathers and mothers in each group (e.g., Father Party A vs Mother Party A) with our two dependent variables: average time from Initial Interview to Building Connections; and average time from Building Connections to Dispute Resolution. There were no significant differences between mothers and fathers on any of the measures ($p > .05$) indicating that whichever parent initiates the dispute resolution process, the time taken for the second parent to attend is approximately the same.

Discussion

The figures presented in the above tables suggest that, in the two locations examined in this report, the FRCs set up to offer dispute resolution and assistance with family relationships are attracting approximately equal numbers of men and women with similar needs. In situations where mothers and fathers are seeking to resolve family conflict through initiating a dispute resolution process—involving attendance at an initial parenting seminar (Building Connections) and family mediation (Dispute Resolution)—the evidence from one metropolitan service, presented above, suggests that neither mothers nor fathers are disadvantaged in terms of time taken to access FRC services.

However, the information contained in the tables also raises questions about how the overall service effectiveness is to be judged. As illustrated in Table 3, only 38 out of 100 fathers and 50 out of 100 mothers had reached a dispute resolution session within 12 months after registering. Forty four fathers and 42 mothers did not attend the first compulsory parenting group session (Building Connections) intended to assist fathers and mothers to focus more clearly on the best interests of the children involved. While these numbers do not necessarily reflect any failure on the part of the service, they do suggest the existence of a large body of parents who have not addressed their conflicts through the FRCs. It will be important to inquire after these individuals to ascertain how and where they did obtain the assistance that they needed.

What is also clearly demonstrated in the information presented above is the need for a more sophisticated data collection system to enable efficient reporting of FRC activities. For example, the identification of presenting issues as shown in Table 2 is limited by the potential overlap between the categories of "presenting issues" offered to mothers and fathers when they register. Without knowing more clearly what clients mean by "Post-separation parenting", "Parenting", "Family separation" and "Conflict" among parents who are in dispute over children, the "presenting issues" information collected at registration provides little guidance in assessing and evaluating the FRC services. Furthermore, the compulsory data collection for FRCs to meet their contractual obligations needs to be tailored so that the data collected assists overall evaluation of the services. The data in each of the tables in this paper required manual transferring of information in Centre diaries and in dispersed data records before answers could be given to what are quite basic questions about the operation of FRCs.

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Acknowledgement

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Sole parents: Changes and challenges

ELLY ROBINSON

Demographic shifts in Australia over recent years have led to an increase in the number of households headed by a sole parent. These families accounted for 22% of all families with children under the age of 15 years in 2004–06, an increase from 14% in 1986–88 (Australian Bureau of Statistics [ABS], 2007). Numbers of sole parent households are likely to continue to increase into the future, with a projected growth from 838,000 households to almost 1.2 million households between 2001–2026, which represents a 42% increase (ABS, 2004).

The pathways to sole parenting are varied. De Vaus (2004) attributed the increase in numbers in recent years to a combination of issues such as divorce, breakdown of cohabiting relationships, women who have a child outside of a relationship, less repartnering and children delaying leaving home. This draws attention to two important points in considering the lived experience of sole parents. The first is that although some sole parents make a choice to parent independently, many do not and are unlikely to have envisaged sole parenting as part of their future life plans. Secondly, not only are sole parents dealing with the day-to-day demands of their parenting role, but quite often with the additional fallout from relationship breakdown. This may include not only mental and physical health impacts, but also the enduring and often difficult challenges that either co-parenting, or a lack of co-parenting, brings.

In addition to these more personal aspects of sole parenting, sole-parent families are often at an increased risk of disadvantage in terms of employment, housing, income and social participation (ABS, 2007). The estimated risk of being in housing stress, for example, is highest for sole parents as compared to singles and couples with or without children (Australian Institute of Health and Welfare, 2007). Sole parents are more likely to be renting their accommodation (ABS, 2007; Butterworth, 2003) and insecure tenure (i.e., a lack of permanent housing) has implications for health and wellbeing. For example, security of tenure related to entry into public housing has been associated with improved health and wellbeing and increased family stability. Parents feel more in control, thus reducing chronic stress, and have more mental "room" to focus on issues such as relationships and children's education (Australian Housing and Urban Research Institute, 2006).

> In addition to these more personal aspects of sole parenting, sole-parent families are often at an increased risk of disadvantage in terms of employment, housing, income and social participation

The presence and/or combination of relationship breakdown, parenting responsibilities and associated disadvantages may all serve to have a considerable impact on a sole parent's psychological wellbeing. Loxton, Mooney, and Young (2006), using data from two cohorts of the Australian Longitudinal Study on Women's Health (ages 22–27 years and 47–52 years), found that the psychological health of sole mothers was poorer than that of other women of the same age, particularly for those aged 47–52 years. Sole mothers aged 22–27 years were more likely to have experienced both suicidal thoughts and actual self-harm than other women of their age, and both groups were more than twice as likely to have experienced depression. Butterworth (2003) also found that sole mothers were more likely to experience mental disorders and severe mental health and physical health problems, as well as having an alcohol or other substance-use disorder and having previously experienced violence. The impact of sole parenting on fathers is also evident. Data from the Household, Income and Labour Dynamics in Australia (HILDA) survey indicates that single fathers with young children are the loneliest, and report the lowest levels of support and friendship of men and women in any household situation (Flood, 2005).

All of these factors would be expected to impact on the quality of parenting that sole parents may be able to offer children. However, whilst the children of separated families have a greater risk of adverse outcomes compared to children from intact families, the relationship is complex and the size of the differences in risks in relevant research is not large (Pryor & Rodgers, 2001). One important factor that arises in Pryor and Rodger's (2001) review of the literature is that children who experience multiple family transitions are at a greater risk of adverse outcomes. This emphasises the importance of family stability, whether a sole parent, step- or intact family. Other literature highlights the importance of caring and connectedness to parents and significant others which surpasses a range of demographic characteristics, such as single versus two parent families, as protective factors against risk behaviours (Rayner & Montague, 2000). The level of material disadvantage in the family also appears to play a role (Spencer, 2005). The overall message from the literature is that sole parenting per se does not necessarily lead to adverse outcomes for children. However, with increasing pressures such as housing and financial stress in the current economic climate, it seems timely to ask how sole parents can be supported to offer the caring and connected relationships that children need in increasingly challenging times.

Although a consideration of the child's best interests in separated families is foremost, the health and wellbeing of the sole parent cannot be disregarded. It is also in the child's best interests to have a parent who is coping and functioning well. If the parent is struggling to provide an environment that fosters caring and connectedness,

other adults who are significant in the child's life may need to be encouraged to take on this role. Encouraging sole parents to maintain a sense of relativity may also help them to cope. For example, exposure to excessive amounts of television is considered to impact on children's health.[1] However, if it offers the only opportunity for a sole parent to complete household tasks without constant interruption, then a balance may need to be struck between activities that potentially impact on child health and dealing with parental stressors that may equally impact on child health.

An awareness of the particular and enduring challenges that sole parents face will assist policy makers and practitioners to address the needs of both sole parents and, by association, their children. Inherent in this is the need for professionals to be aware of and step back from their personal opinions on different family structures and approach the subject as dispassionately as possible (Pryor & Rodgers, 2001). As Dr Jan Pryor stated at a recent families symposium,[2] there are few scripts in place for how to behave in these changing times for families; we should celebrate diversity and support the core functions of a family, no matter the structure. A more empathic approach and an effort to focus on stability, connectedness and wellbeing, therefore, is a worthwhile focus for all families and children, irrespective of family circumstances.

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1   See http://www.csiro.au/resources/WellbeingForKids-ScreenTime.html for more information.
2   Dr Jan Pryor is the Chief Commisioner of the Families Commission, New Zealand, and Director of the Roy McKenzie Centre for the Study of Families at the Victoria University of Wellington. The Families Commission Research Symposium was held in Wellington, New Zealand on 18 June 2008.

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Well Ways and Well Ways Duo
Mental Illness Fellowship Victoria's programs for family and friends of a person living with mental illness

ROBYN PARKER

With approximately one in five Australians directly affected by mental illness at some point in their lives, the need for access to appropriate and effective services is clear. In its 30 year history, the Mental Illness Fellowship (MIF) has grown from a small, Victorian, grassroots group of volunteers who formed the original Schizophrenia Fellowship of Victoria, into one of the country's largest providers of psychiatric disability support services, funded primarily through government grants. The Mental Illness Fellowship of Australia provides a national point of contact, information exchange, advocacy and support for MIFs located in most of the states and territories. The Fellowships provide a range of community-based housing, rehabilitation, education and support services to those experiencing mental illness and their carers.

One of the distinctive features of the MIF approach is that it also recognises the impact on the wellbeing of family members and friends of caring for a person with a mental illness or with co-existing conditions (i.e., a mental illness and a substance use problem). Typically, services are focused on the person with the mental illness and family members and friends have been unable to access programs that exclusively address their own needs. In response, MIF conducts two programs that are designed specifically for family members and friends: Well Ways and the more recently developed Well Ways Duo. The copyright for both programs is owned by MIF Victoria, which is contracted by Fellowships in other states and territories to provide the program and train facilitators. Therefore, MIF Victoria drives the ongoing revision and updating of the programs, maintenance of the information and training systems, and program evaluation. Well Ways and Well Ways Duo both aim to help families and friends of a person with a mental illness care for themselves, other family members and the person with the mental illness—Well Ways for family and friends of people with a mental illness and Well Ways Duo for those caring for someone with a dual diagnosis.

> The Mental Illness Fellowship approach ... recognises the impact on the wellbeing of family members and friends of caring for a person with a mental illness or with co-existing conditions

The programs

In the early years of the organisation, there was little evidence underpinning the approach to service provision for people with a mental illness and their families. Services were largely based on providing advocacy and support. At that time, the original Well Ways program was available in the United States, and well regarded as a formal, structured program. The Well Ways model was rewritten and supplemented with resource materials, assisted by previous experience with a regional program and discussions with workers, carers, consumers and family members. Parts of the program are adaptable to incorporate local information, for example, state-specific aspects of the legal and mental health systems. The entire program is evidence-based, and is revised and updated every two years. Feedback from facilitators and participants informs each update of the program.

The intake process for the programs is intensive, ensuring that 80% of those who enquire about the program see it through to completion. Although some participants do seem to expect the program to provide "magic bullets", by the end of the program their mindset has shifted. Having the space to talk about themselves and their experiences and being given permission to think about themselves allows participants, who may start out expecting the program to provide "the answer", to learn how to deal with the issues they face and care for themselves and other family members and friends.
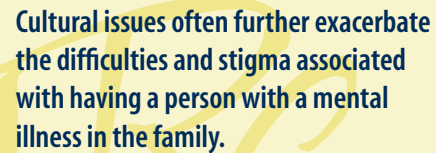
Well Ways

Participants in the Well Ways program learn about specific illnesses such as anxiety, depression, bi-polar disorder, schizophrenia, obsessive-compulsive disorders, schizoaffective disorder and dual diagnosis disorders, and the treatment and support options available through mental health and carer services. Facilitators present practical insights into the behaviours a person with a mental illness might exhibit and discuss the complexities and challenges associated with caring for a person with a mental illness. Over the course of eight 3-hour weekly group sessions and four follow-up sessions, the capacity of carers to cope with the impact of caring for a person with a mental

illness upon themselves and other family members is improved. They learn new ways of communicating and solving problems, share experiences, and develop ongoing support and information networks.

Cultural issues often further exacerbate the difficulties and stigma associated with having a person with a mental illness in the family. MIF is beginning to offer Well Ways for participants from culturally and linguistically diverse (CALD) communities, with the first such program for families in the Vietnamese community being judged as very successful.

Access to information on mental illness (or dual diagnosis) in any form is often very limited for CALD families, particularly if they have only recently re-located to Australia. In the first program, with the assistance of a bilingual worker, participants were able to talk through many of their experiences and very quickly developed a support network that involved regular meetings outside of the program. Even where more than one CALD community is represented in a program, cultural differences in perceptions of the situation are identified and the different approaches to resolving problems discussed.

> **Cultural issues often further exacerbate the difficulties and stigma associated with having a person with a mental illness in the family.**

Well Ways Duo

The Well Ways Duo program also provides information about mental illnesses, but focuses more specifically on how the various mental illnesses interact with drugs and alcohol and the particularly challenging behaviours that may arise. Participants receive information about specific drugs and their effects, and learn to identify the signs and symptoms that may precede a difficult episode or crisis and effective ways of dealing with or managing them. Well Ways Duo is conducted via six 3-hour weekly group sessions followed by four follow-up sessions over a period of 12 months.

Three of the group sessions involve presentations by a psychiatrist and members of the police force and Crisis Assessment and Treatment teams. Each discusses their particular role in the mental health system and the factors that impact on how they perform that role. Greater understanding of the experiences of both parties emerges from these sessions, however the empathy and compassion of the speaker and their ability to engage with participants is crucial. Importantly, Well Ways Duo not only provides participants with a forum for learning to deal with the challenges of having a family member with a dual diagnosis, it also offers space and permission to acknowledge the associated grief and loss.
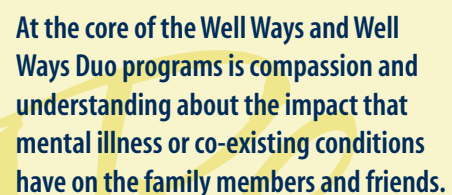
Although the growing demand around the country for the programs, especially Well Ways Duo, is welcome, the coordinators are extremely careful to advertise the program only when there are sufficient trained facilitators to deliver it. This caution reflects the compassion implicit in MIF activities and processes, in that the agency works to avoid negative experiences for carers, such as enrolling in a program that subsequently becomes unavailable due to lack of staff. Similarly, MIF Victoria engages in ongoing development of intake processes to ensure that as far as possible, clients are able to access the services they require with only one phone call.

The facilitators

The experience of living with or caring for a family member or friend with a mental illness or a dual diagnosis is a prerequisite for training as a facilitator of a Well Ways or Well Ways Duo program. The training program is based on adult education principles and entails an in-depth three-day program covering the theory and concepts underlying the Well Ways programs. The drive to instil high levels of participant trust and confidence in the program and to ensure the programs are delivered as intended by highly skilled facilitators has led to the development of a thorough system of training, mentoring, debriefing and supervision. People being trained as Well Ways facilitators are required to meet competency standards and take refresher courses every 12 months, and they sign agreements to preserve the integrity of the program content and delivery. Registration as a facilitator can be revoked if these conditions and standards are not met. A mentoring and supervision scheme is also in place for those who provide the facilitator training. Whilst the program is offered generally via area mental health services, with the introduction of Well Ways Duo more drug and alcohol services are becoming aware of MIF services.

The evidence

At the core of the Well Ways and Well Ways Duo programs is compassion and understanding about the impact that mental illness or co-existing conditions have on the family members and friends. An evaluation of the psychological distress and wellbeing of over 600 clients of the Well Ways program was conducted over the period 2003–07. It showed that the high levels of psychological distress and poor health participants reported prior to the program declined over the evaluation period to a degree that was not only statistically significant, but also of practical benefit. A second period of evaluation is

> **At the core of the Well Ways and Well Ways Duo programs is compassion and understanding about the impact that mental illness or co-existing conditions have on the family members and friends.**

about to commence. As well as specific evaluation activities, MIF systematically collects data from and about clients to feed back into other services and day-to-day operations.

Final comments

Having a family member or friend with a mental illness or dual diagnosis can be an overwhelming experience with significant implications for the health and wellbeing of all concerned. Where services typically focus on the person with a mental illness, the Well Ways and Well Ways Duo programs give voice to the experiences and concerns of his or her family members and friends, gives them space and permission to focus on the impact of the illness on themselves and their lives, and offers opportunities for them to learn new ways of coping with and understanding their situation in a supportive and compassionate setting. The programs are transportable and adaptable, and supported by a team of experts who regularly review their content and delivery. In places where few services are available and resources to develop services are scarce, the MIF programs offer a welcome response to the needs of families and friends of person with a mental illness and those with dual diagnosis.

> **Where services typically focus on the person with a mental illness, the Well Ways and Well Ways Duo programs give voice to the experiences and concerns of his or her family members and friends.**

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Contributing to *Family Relationships Quarterly*

Guidelines for contributors

The *Family Relationships Quarterly* newsletter aims to provide a lively forum for ideas, argument and comment on family relationships. The newsletter includes literature highlights, research updates, upcoming conference and event listings and information about training opportunities. Articles include reviews of policy developments, program spotlights, summaries of research, and practitioner updates. These range from short reviews of books, conferences, workshops and projects to more substantial articles on significant issues relevant to family relationships.

Service providers, researchers and those interested in family relationships in Australia are encouraged to contribute to the newsletter. We welcome readers' letters, comments and feedback on issues discussed in AFRC publications.

The average length of contributions is 1,000–1,500 words, but may be as short as 300–500 words. If you would like to submit a longer article, or if you are unsure about the appropriateness of a piece, contact the Manager of the Australian Family Relationships Clearinghouse prior to submission.

Acceptance of all material is subject to a review process. Consideration will be given to whether articles are relevant, clearly written, and accessible. Consideration will also be given to the following criteria: timeliness of article; significance of the topic; factual accuracy; clear presentation and logical organisation of material; conclusions substantiated by convincing analytical argument; argument supported by references; quality and balance of the argument or information presented; and balance and relevance of any policy implications drawn.

Please email contributions in a Microsoft Word document to afrc@aifs.gov.au, or post to the Australian Family Relationships Clearinghouse, Level 20, 485 La Trobe Street, Melbourne, Victoria, 3000 (Electronic provision of material is preferred where possible). For further information contact Elly Robinson, Manager of the Australian Family Relationships Clearinghouse, phone (03) 9214 7888, fax (03) 9214 7839, email: elly.robinson@aifs.gov.au

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Opinions of parents on the acquisition of parenting and relationship skills

RUTH WESTON AND LIXIA QU

When couples first commit to "starting life together", it may be very difficult for some of them to appreciate that their relationship will not always be blissful—and indeed may end in much bitterness. Likewise, it may be difficult for some couples expecting their first child to understand that parenting this child over the next 20 years might require the development of exceptional energy, vigilance, patience, tolerance, and finely tuned negotiating skills.

Parents' views about whether relationship and parenting skills come naturally to most people were explored in the General Population of Parents Survey (GPPS), undertaken in mid-2006. The survey was managed by the Australian Institute of Family Studies (AIFS) and co-funded by the Australian Government Attorney-General's Department (AGD) and the then Department of Families, Community Services and Indigenous Affairs (FaCSIA).[1]

The GPPS was a telephone survey of a national random sample of around 5000 parents who had at least one child under the age of 18 years (including parents who were not living with any of their children). In addition to a focus on the above-mentioned issues, the survey derived information about actual and expected help-seeking behaviour for parenting difficulties and separation from a partner, separated parents' perceptions of their relationship with their former partner, and children's relationships with their grandparents (see Qu & Weston, 2008).

The present article focuses on respondents' views regarding to two statements:
    a. The skills needed to maintain a good relationship with their partner come naturally to most people.
    b. The skills needed to be a good parent come naturally to most people.

Respondents were asked to indicate whether they agreed or disagreed with, or held mixed feelings about, each statement. Some respondents volunteered that they were unsure about their views on the issue in question. Such expressions of uncertainty were also combined with responses of "mixed feelings".[2]

Opinions regarding relationship and parenting skills

Opinions of fathers and mothers

Figure 1 shows the proportions of all fathers and mothers who agreed, disagreed or expressed uncertainty or mixed feelings about the various issues assessed. The results are summarised in a series of dot-points.

- Most parents had an opinion on the issues. The statements (taken separately) generated mixed feelings or uncertainty in only 9–10% of fathers and 11–13% of mothers.
- Parents were more likely to disagree than agree with both statements (51–56% vs 33–38%).
- Patterns of responses of fathers and mothers were generally similar, although fathers were more likely than mothers to endorse each of the two statements (38% vs 32–33%).

Opinions according to age

The samples of fathers and mothers were subdivided into five age groups, from less than 25 years to 55 or more years. However, given that there were only 29 fathers in the sample who were under 25 years, and only 38 mothers who were 55 or more years, patterns of responses for these two groups were not assessed. All other groups consisted of well over 100 people. Figures 2 and 3 summarise the responses of fathers and mothers (respectively) in each of these other age groups.

- For both fathers and mothers, the tendency to reject both statements increased with age, while the tendency to endorse them declined with age.
  - This pattern appeared to be stronger for mothers than for fathers.

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1 Fieldwork for this survey was conducted by Wallis Consulting Group.
2 Through additional probing, parents indicated whether they "strongly agreed", "agreed", held "mixed feelings", "disagreed" or "strongly disagreed" with each statement (i.e., five categories of responses). For simplicity, attention in this article is directed towards overall agreement or disagreement, or mixed feelings/uncertainty (i.e., three response categories).
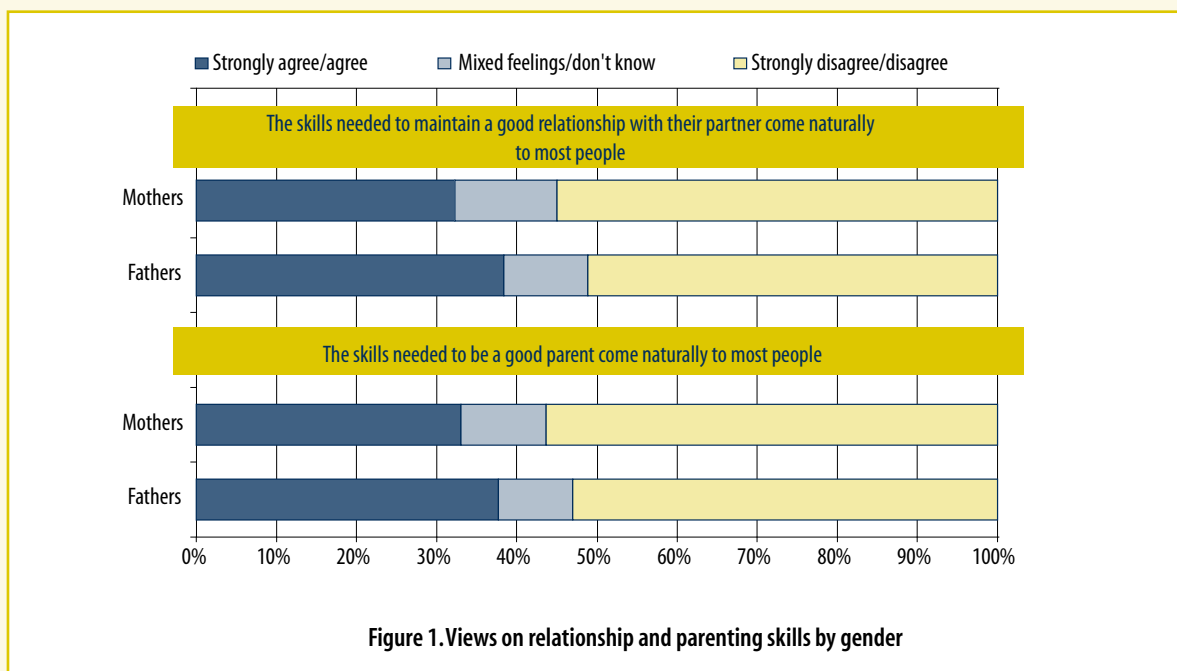
Figure 1. Views on relationship and parenting skills by gender

- Regarding the statement that good relationship skills come naturally to most people:
  - mothers under 25 years were more likely to agree than disagree with this statement (53% vs 37%), while a higher proportion of all other groups of mothers disagreed than agreed—especially the oldest group represented (64% rejected the statement; 27% agreed);
  - fathers aged 25–34 years (the youngest group represented) were evenly divided about this issue (44% agreed with the statement; 45% disagreed), while all other groups of fathers were more likely to disagree than agree.
    - This was especially the case for those aged 55 or more years (56% disagreed, 33% agreed).
- These age-related trends could not be explained by the fact that older parents were more likely than young parents to have experienced separation.[3]
- Regarding the notion that good parenting skills come naturally to most people:
  - mothers aged under 25 years represented the only group that was more likely to endorse than reject this statement (58% endorsed the statement; 29% rejected it);
    - nearly three quarters of mothers in the oldest group represented (45–54 years) rejected the statement, while just over one quarter accepted it (63% vs 27%);
  - fathers in the youngest group represented (25–34 years) were evenly divided about this issue (44% agreed with the statement; 45% disagreed), while all other groups of fathers were more likely to disagree than agree
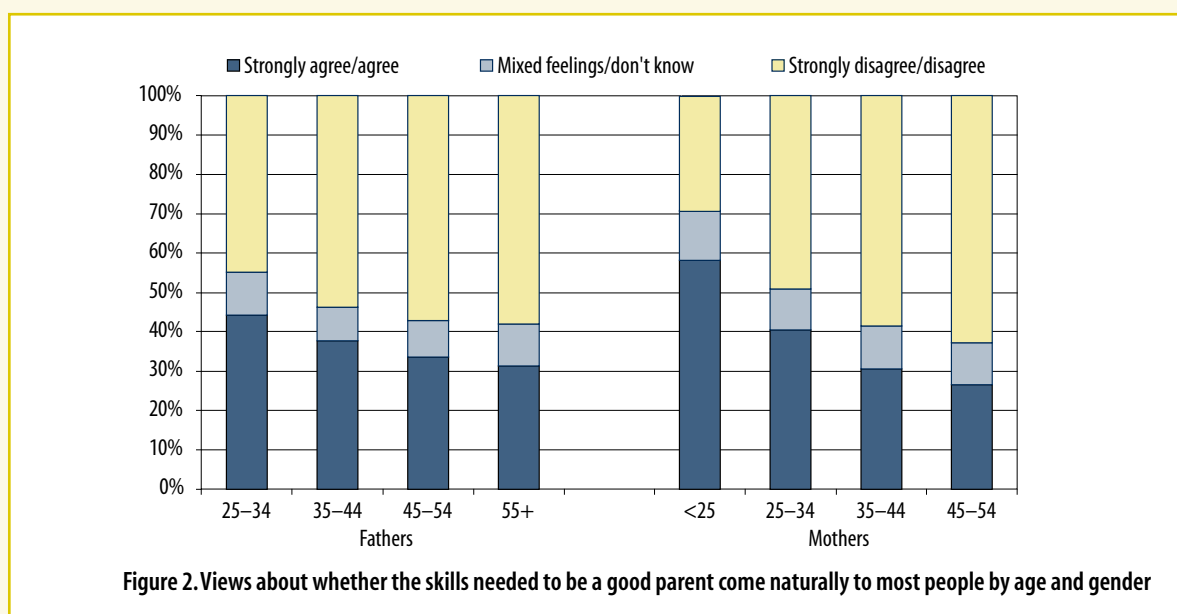   - this was especially the case for those aged 55 or more years (58% disagreed, 31% agreed).

Figure 2. Views about whether the skills needed to be a good parent come naturally to most people by age and gender

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3   That is, when the effects of having or not having experienced separation were controlled, the greater tendency for older than younger parents to reject the notion that relationship skills come naturally to most people remained apparent.
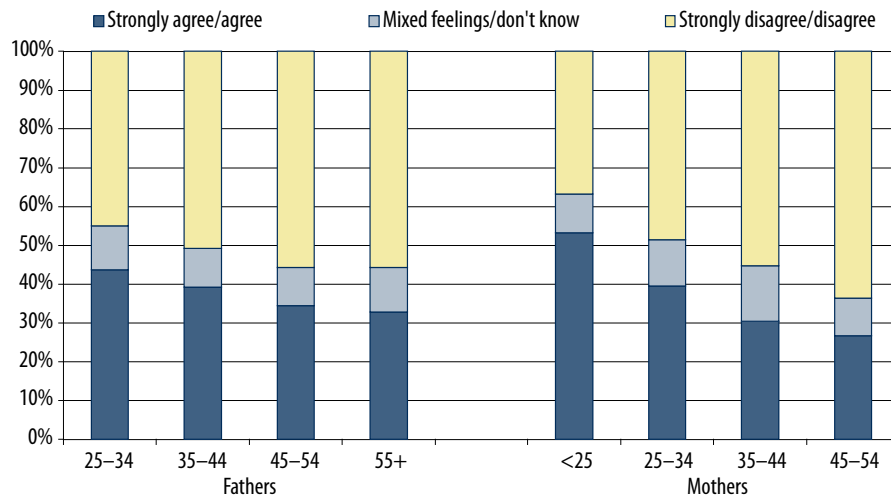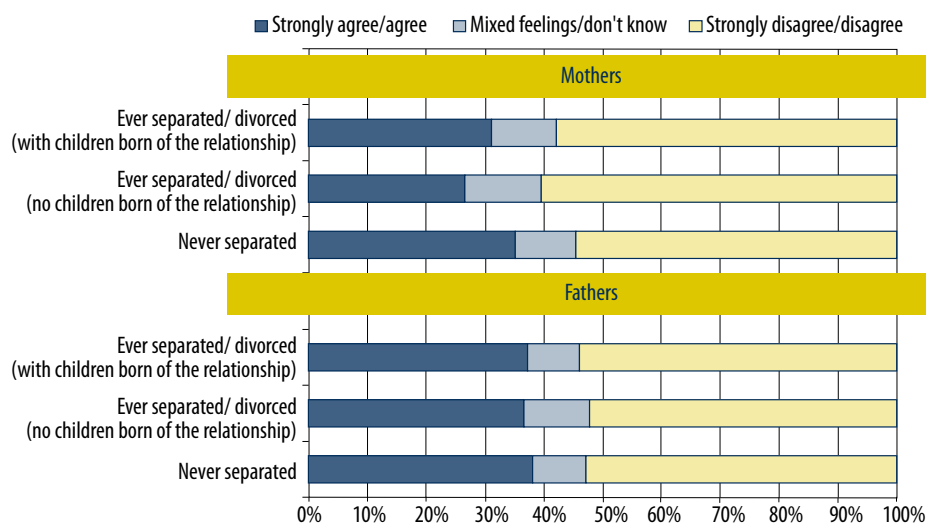
Figure 3. Views about whether the skills needed to maintain a good relationship with a partner come naturally to most people by age and gender

## Opinions according to experience of separation/divorce

This section examines the extent to which views on these two issues varied for three groups of parents. One group of parents differed from the others in that they had never experienced separation from a marriage or a cohabiting relationship that had lasted three months or more. The other two groups varied according to whether or not a child had been born from any relationship that had ended in separation (see Figures 4 and 5).

- All groups were more inclined to disagree than agree with the statements that good relationship skills and good parenting skills come naturally to most people.
- However, the argument that relationships skills come naturally to most people was most likely to be rejected by those who had experienced separation or divorce involving children, and least likely to be rejected by those who had never experienced separation or divorce (fathers: 60% vs 48%; mothers: 63% vs 51%).
  - This difference continued to hold when the effects of age were controlled.[4]
- Patterns of responses regarding parenting skills were similar across the groups: 52–54% of fathers and 55–61% of mothers rejected the notion that such skills come naturally to most people.

Figure 4. Views about whether the skills needed to be a good parent come naturally to most people, by experience of separation and gender

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4   That is, although those who had experienced separation from a relationship in which a child was born tended to be older than those who had not experienced separation, multivariate analysis indicated that age differences did not explain the trends for these three "separation experience" groups.

Figure 5. Views about whether the skills needed to maintain a good relationship with a partner come naturally to most people, by experience of separation and gender
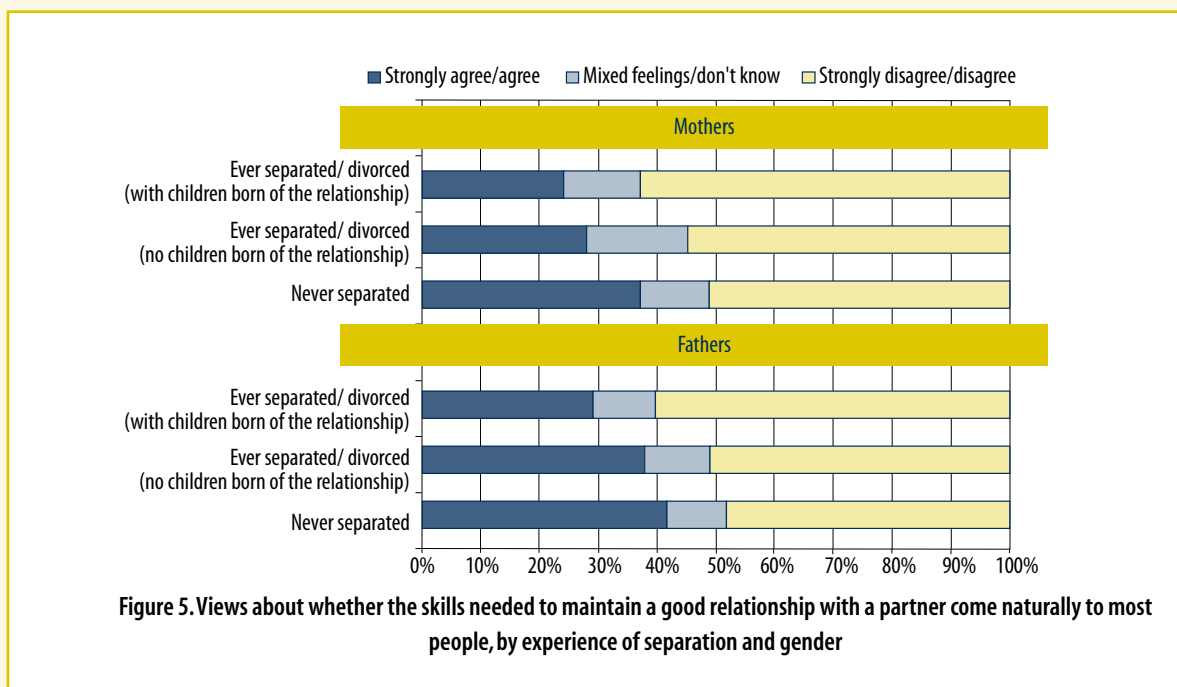
Summary

This analysis, which is based on the 2006 General Population of Parents Survey, focused on parents' opinions regarding relationship and parenting skills. Opinions were compared according to gender, age and the experience or otherwise of separation (where three groups were compared).

Parents were more likely to reject than accept the statements that the skills required to maintain a good relationship and to be good parents come naturally to most people. The patterns of responses of fathers and mothers were generally similar. However, views varied according to experience.

> Parents were more likely to reject than accept the statements that the skills required to maintain a good relationship and to be good parents come naturally to most people. The patterns of responses of fathers and mothers were generally similar.

Firstly, the tendency to reject such statements increased with age and secondly, fathers and mothers who had experienced separation from a relationship in which a child was born were the most likely of the three relevant groups examined to reject the argument that relationship skills come naturally. Conversely, those who had not experienced separation were the least likely to reject this statement.

These results suggest that people are likely to modify their views about relationship and parenting skills through experience. However, it should be borne in mind that this analysis is based on cross-sectional data. The young parents may not hold the opinions of older parents when they reach the age of the older parents.

Whatever the level of change that we might expect from today's young parents, a substantial proportion of these parents (and no doubt young adults in general) appear to be unaware of the importance of experience, and most probably of relationship and parenting education programs, for the development of relationship and parenting skills.

Reference

Qu, L., & Weston, R. (2008). *Snapshots of family relationships*. Melbourne: Australian Institute of Family Studies. Available at www.aifs.gov.au/institute/pubs/snapshots/ssreport08/ssreport08.html

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10th Australian Institute of Family Studies Conference
Families through life

Melbourne, 9–11 July 2008

A jam-packed program greeted delegates at the 10th Australian Institute of Family Studies Conference, held in Melbourne from 9–11 July at the Melbourne Exhibition Centre. The conference focused on five major themes that reflect the current work of the Institute—family relationships; children, youth and patterns of care; families and work; families and community life; and violence and protection issues. Within these themes were a range of sub-themes that allowed a comprehensive coverage of topics related to family functioning and wellbeing.

Three keynote speakers presented at the conference:

- Professor Andrew Cherlin, Professor of Sociology and Public Policy at John Hopkins University (USA)—Multiple partnerships: Their causes and consequences for adults and children. Professor Cherlin focused on the need for separated parents to "slow down" around decisions to repartner, as the risks for children increase with multiple partnerships.
- Ruth Weston, General Manager (Research), Australian Institute of Family Studies—Families through life: Complications, risks and opportunities. Ms Weston highlighted the need for a longitudinal study of relationships to plug some of the gaps existing in our current knowledge.
- Professor Peter Whiteford, Social Policy Research Centre, University of New South Wales—Assistance for families: An assessment of Australian family policies from an international perspective. Professor Whiteford drew comparisons between indicators of work and family life and government policy in Australia and other OECD nations.

The two panel discussions focused on social inclusion[1] and work and family[2], with eminent guests such as Muriel Bamblett, Willem Adema and Sharan Burrow taking part. Seven concurrent sessions were also held over the three days of the conference, with six streams in each concurrent session.

The diversity of the program was indicative of the many issues that contemporary families face, from couple formation and parenting through to issues for families post-separation. Papers are available at http://www.aifs.gov.au/institute/afrc10/index.html and we hope to feature articles from presenters in upcoming editions of Family Relationships Quarterly.

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1   *Social inclusion panel:* Rhonda Parker, Office of Aged Care Quality and Compliance, Department of Health and Ageing. John Pascoe, AO, Federal Magistrates Court of Australia. Muriel Bamblett, AM, Chair, Secretariat of National Aboriginal and Islander Child Care (SNAICC). Tony Nicholson, Brotherhood of St Laurence. Serena Wilson, Social Policy Division, Department of Prime Minister and Cabinet.
2   *Work and family panel:* Willem Adema, Senior Economist, Social Policy Division, Organisation for Economic Co-operation and Development (OECD), Paris. Elizabeth Broderick, Sex Discrimination Commissioner and Commissioner Responsible for Age Discrimination. Grant Fitzner, Department for Communities and Local Government, UK. Susie Babani, ANZ Bank. Sharan Burrow, President, Australian Council of Trade Unions.

Upcoming conferences

Information on conferences of interest to family and relationship services providers and practitioners can be found at **http://www.aifs.gov.au/afrc/conferences.html**

This page also lists training providers throughout Australia who offer training and professional development opportunities relevant to working with families and relationships.

Readers can subscribe to AFRC-alert to obtain up-to-date information on upcoming conference and training opportunities at **http://www.aifs.gov.au/afrc/elists.html**

News in brief

AFRC publications: Coming soon

AFRC Issues No. 4—Mental Health and Family Relationships: Minimising the Impact, by Elly Robinson (Australian Family Relationships Clearinghouse), Bryan Rodgers & Peter Butterworth (The Australian National University).

There has been a growing public awareness of the nature and scale of mental health problems as they impact on the general population. In the most recent National Survey of Mental Health and Wellbeing (1997), around one in five adults in the population had experienced a depressive, anxiety or substance use disorder in the past 12 months, and around 2–3% of adults experience more serious disorders, such as schizophrenia and bipolar disorder. The presence of mental health problems can have a serious impact on family relationships, dynamics and outcomes. This paper explores mental health problems in families and considers the presence of and responses to such issues in clients of family and relationship service provision.

AFRC Resource Sheet No. 4—Mental Health and Family Relationships: Minimising the Impact, by Elly Robinson (Australian Family Relationships Clearinghouse), Bryan Rodgers & Peter Butterworth (The Australian National University).

This Resource Sheet provides a concise and informative summary of AFRC Issues No. 4.

Other clearinghouse publications and resources

Australian Clearinghouse for Youth Studies (ACYS) www.acys.info

Youth Studies Australia, 27(2)

The June 2008 issue of the ACYS publication, Youth Studies Australia, contains articles about social inclusion and youth participation, young people's views and action on the environment, reducing alcohol-related harm among rural teenagers, youth workers and stress, juvenile justice, and a new project examining the use of e-mental health resources among young people. Summaries of the articles are available online at: www.acys.info/journal/issues/v27-n2–2008. (Full text access requires subscription: www.acys.info/journal/access_request)

The September issue, due out in late-September 2008, will include articles on online network use in schools, linking homeless young people to employment, education and training, marginalised young men and the rave/dance party scene.

Youth Field Xpress (n.144), August 2008.

A wide range of information and resources for those working with youth can be found in Youth Field Xpress, the e-newsletter of the ACYS. This issue includes items on care and protection, crime and justice, careers, drugs, education, families, health, mental health, refugee youth, and more. Subscribe at http://www.acys.info/publications/newsletter

Other AIFS publications

Families through life—conference proceedings

10th Australian Institute of Family Studies Conference, 9–11 July 2008, Melbourne.

Presentations from the 10th Australian Institute of Family Studies conference are available for download at: www.aifs.gov.au/institute/afrc10/index.html

Family Matters No. 79

This issue of Family Matters spotlights issues relating to "parenting with care." Articles cover whether child care quality matters, associations between socio-emotional development and non-parental child care, stability of shared parenting arrangements among separated Australian families of young children, parents' involvement in their children's education, parent-only care as a child care choice for working couple families, and whether Australian children have more problems today than twenty years ago.

Family Matters is available at: www.aifs.gov.au/institute/pubs/fammats.html

Timing of mothers' return to work after childbearing: Variations by job characteristics and leave use. Dr Jennifer Baxter

Maternal employment rates are lowest in the first year of a child's life, however, there is considerable variation of maternal employment rates as some women make their way back to the workforce. This paper explores the timing of mothers' return to work using data from the 2005 Parental Leave in Australia Survey (PLAS), which was nested in the Wave 1.5 collection of the Longitudinal Study of Australian Children (LSAC).

The paper is available at: www.aifs.gov.au/institute/pubs/rp42/rp42.html

Other publications and resources

Which way home? A new approach to homelessness. (2008). Australian Government

This report summarises the Government's Green Paper on homelessness. The paper acknowledges the unacceptably high rate of homelessness in Australia and the ineffectiveness of the current response. It outlines a set of principles to guide the development of a new approach to homelessness, and three options for reforming the homelessness service model. The full Green Paper and other related publications are available at www.fahcsia.gov.au/internet/facsinternet.nsf/housing/nav.htm

Australia's strengths and challenges in responding to homelessness: An international comparison. (2008). David Wright-Howie. Melbourne: Council to Homeless Persons.

This discussion paper attempts to determine how the incidence of homelessness in Australia and the policy and service responses compare to other developed nations. Focusing on the United States, Canada and the United Kingdom, the author aims to identify what can be learned from these countries, and stimulate discussion and debate about homelessness and the strengths of and challenges facing the policy response to homelessness in Australia.

The paper is available at: http://www.chp.org.au/public_library/items/2008/05/00202-upload-00001.pdf

The entangled relationship between Indigenous spatiality and government service delivery. (2008). Sarah Prout, Centre for Aboriginal Economic Policy Research, Australian National University

This working paper highlights the lack of fit between Indigenous mobility and the delivery of government services in remote areas. Drawing on the lived experience of Aboriginal people and the service providers with whom they interact this paper examines Indigenous meanings of mobility and the impact of these on engagement with government services. Importantly, the paper also draws attention to the itinerancy of the non-Aboriginal service population and the impact of high turnover rates among service providers. The paper is available at: www.anu.edu.au/caepr/Publications/WP/CAEPRWP41.pdf

Healthy marriage and the legacy of child maltreatment: A child welfare perspective. (May 2008). Tiffany Conway & Rutledge Q. Hutson. (CLASP Policy Briefing, No. 12). Washington, DC: Centre for Law and Social Policy

This is the twelfth in a series of papers by CLASP on Couples and Marriage Research Policy. It is written from a child protection point of view, examining the impact of child maltreatment and contact with the child welfare system on later intimate relationships. The paper draws together the research on barriers to a healthy marriage and current knowledge about the long term effects of child maltreatment and foster care, and address the needs of couples in which one or both partners has experienced child maltreatment. The paper is available at: www.clasp.org/publications/marriage_brief_12.pdf

Where have all the children gone? Trends in the childlessness of professional women in Australia. (July 2008). Riyana Miranti, Mandy Yap, Justine McNamara, & Robert Tanton. Paper presented at the *Australian Population Association 14th Biennial Conference*. Canberra: National Centre for Social and Economic Modelling, University of Canberra.

This paper examines changes in the gap in fertility rates of women across certain occupational and education categories. The authors report that, although women with tertiary education have the highest rates of childlessness overall, the growth of childlessness in that category is slower than for women overall. Similarly, rates of childlessness for women in high prestige occupations (doctor, lawyer, vet, dentist), although higher than that for women in other occupational groups, have also grown at a slower rate. Interestingly, these changes have occurred in the context of increasing numbers of women attaining qualifications in high prestige professions. The paper is available at: www.apo.org.au/crosspost_linkboard/items/220359-upload-00001.pdf

Families and the law in Australia. The Family Court working together with new and emerging communities. (2008). Family Court of Australia. Canberra: Author

The Living in Harmony Partnership is an initiative of the Family Court, bringing it together with the Department of Immigration and Citizenship to engage with agencies and communities representing a range of cultures with the aim of improving the provision of culturally responsive and appropriate Family Court services. Community consultations led to the development and implementation of pilot education strategies. This report is intended as a resource for agencies and organisations that wish to develop engagement strategies of their own. It outlines the models of engagement implemented in four locations, their evaluation and the key learnings from each, culminating in a framework for engaging with new and emerging communities. The report is available at: www.familycourt.gov.au/wps/wcm/connect/FCOA/home/publications/papers_and_reports/new_papers/FCOA_pr_Living_in_Harmony

Australian Social Trends, 2008. (2008). Australian Bureau of Statistics. Canberra: Author.

The 15th edition of Australian Social Trends presents statistics from a range of sources to describe trends and changes in aspects of Australian society—population, family and community, health, education and training, work, economic resources, and housing. Statistics on topical public policy issues and international comparisons are also presented. The report is available at: www.abs.gov.au/ausstats/abs@.nsf/mf/4102.0?OpenDocument

Empowering refugees: A good practice guide to humanitarian settlement. (2008). Australian Government Department of Immigration and Citizenship. Canberra: Author.

Primarily intended for use by community workers, and other professionals and volunteers working in the field of humanitarian settlement, the guide provides grass roots examples of ideas and practical solutions for assisting refugees to settle in Australia. The initiatives are aimed at refugee health, education, employment, law and community harmony, particularly for youth, families and women. The guide will also be of great benefit to policy makers. The guide is available at: www.immi.gov.au/media/publications/settle/empowering_refugees/index.htm

A Guide to Assessing What Kids Think About Themselves. (2008). Hadley, A. M., Hair, E. C., & Moore, K. A. Washington, D.C.: Child Trends.

Children in the United States tend to experience a decline in positive self-concept during their adolescent years. A new Child Trends Research Brief, *Assessing What Kids Think About Themselves: A Guide to Adolescent Self-Concept for Out-Of-School Time Program Practitioners*, provides information on how to assess self-concept among out-of-school program participants. It also suggests specific strategies that program providers can employ to improve an adolescent's self-concept. The brief includes tools for measuring adolescent self-concept and a list of additional resources. The brief is available at: www.childtrends.org

Literature highlights

COMPILED BY JOAN KELLEHER, LIBRARIAN

The following are a selection of resources available from the Australian Institute of Family Studies library collection. Print resources are available via the inter-library loan system. Contact your local library for details of this system. Web addresses are included for electronic resources.

Further material on these and a range of other topics can be found on the AFRC website at www.aifs.gov.au/afrc/bibs/bib.html

Dual diagnosis among young people

Balancing act: Treating young people with a "dual diagnosis" (2005). Martyn, T. *Parity*, *18*(8), 8–9.

There is a lack of services to assist young people suffering from a dual diagnosis of mental illness and substance misuse. The article discusses the scale of the problem, accessing appropriate care, reconfiguring the delivery of services, the need for services to be sensitive to the needs and preferences of young people, and addressing basic needs such as food and stable housing.

Barriers to service provision for young people with presenting substance misuse and mental health problems. (2004). Szirom, T., King, D., & Desmond, K. Canberra: Department of Family and Community Services on behalf of National Youth Affairs Research Scheme.

Online only. www.facs.gov.au/internet/facsinternet.nsf/vIA/youthpubs/$file/Barriers_Ser_Pro_HR.pdf

The services and resources available to young people with co-occurring disorders vary widely across Australia. This report investigates the reasons for barriers to service provision for young people, including Indigenous youth, with a dual diagnosis of mental illness and substance abuse. The report presents: the study context and methodology; conceptual overview; mapping of current practice; barriers to service provision; strategies to overcome barriers; best practice; recommendations.

Bridging the gap: Enhancing co-morbidity services for young people: A collaboration between youth AOD and mental health services. (2005). Rogers, N. *Parity*, *18*(8), 10–11.

Mental health and drug treatment services have historically worked poorly together. Over the last two years the Youth Substance Abuse Service, Orygen Youth Health and Western Drug and Alcohol Services (Youth Services DASWest) have collaborated to improve the coordinated detection, management and treatment of young dual diagnosis clients. The article discusses what has been achieved so far, including a prevalence study, training and service development needs analysis, development of a brief mental health screening tool, development of a brief intervention, employment of co-morbidity workers, and evaluation of new services and supports.

Dual diagnosis and homelessness: A matter of human rights. (2005). Van Dooren, K. *Parity*, *18*(8), 12–13.

This article discusses results of consultations that focus on mental health and accommodation issues facing young people in the Australian Capital Territory, and the experiences of young people with regard to homelessness and access to services. The article explores homelessness and dual diagnosis, access and equity, human rights, access to secure housing, and youth participation in decisions that affect them.

Falling through the cracks: Supporting young people with dual diagnosis in rural and regional Victoria. (2006). Kenny, A., Kidd, S., Tuena, J., et al. *Australian Journal of Primary Health*, *12*(3), 12–19.

There are significant barriers to the provision of optimal care for young people with a dual diagnosis of mental illness and substance abuse, particularly in rural and regional areas. Dual diagnosis programs that focus on both substance abuse and mental health issues demonstrate greatly improved client outcomes. Developing a peer education program provides one constructive way of involving dual diagnosis consumers in developing more responsive health services. It provides a highly structured and supported way of involving consumers who ordinarily find mental health services bewildering and inaccessible. By drawing on the knowledge and skills of young people with dual diagnosis, and involving them as peer educators, the notion of expertise in lived experience is captured and harnessed to provide the establishment of a consumer focused service that better meets the needs of this complex, often neglected, client group. (Journal abstract, edited)

Pilot project: A collaboration between Northern NEXUS and YSAS: Transfer of information between AOD and mental health services. (2005). Hynan, C. *Parity*, *18*(8), 19–20.

This project aims to improve communication between alcohol and drug services and the mental health sectors, with a focus on young clients with dual diagnosis presentations. This article describes the project background, goals, project development, project tools and evaluation.

South Sydney dual diagnosis project. (2005). Geddes, J. A., & Barton, J. *Parity*, *18*(8), 22–23.

The South Sydney Youth Service dual diagnosis project aims to assist young people who have co-existing mental health issues and substance use issues. This article describes how and why the project was developed, how it operates, some project outcomes, and identifies some common service problems for young people presenting with dual diagnosis. It includes two case studies of young homeless people with dual diagnosis.

Becoming parents

Becoming a mum: Just the whole world changes! (2007). Keys, D., & Mayes, C. Carlton, Vic: Key Centre for Women's Health in Society.

Online only. http://www.kcwhs.unimelb.edu.au/__data/assets/pdf_file/0017/65231/BAM.pdf

This booklet describes the life changing experience of becoming a new mother—using the words and stories of 25 young homeless women in Melbourne. They describe their experiences with contraception, finding out about the pregnancy, being pregnant, childbirth, parenting, homelessness, domestic violence, postnatal depression,

new relationships with family and friends, getting help, and future plans. The booklet also lists key contacts for Victorian metropolitan services for health, social services, and advice.

Bringing baby home. (2006). Lacey, D. *Threshold*, *86*, 30–31.

The birth of a child has an enormous effect on a relationship. This article explores ways that the transition to parenting can be made successfully. It summarises the key points in the Bringing Baby Home program and gives examples of activities from the program that marriage educators can explore with clients.

Raising children: A guide to parenting from birth to 5. (2007). Canberra, ACT: Raising Children Network. DVD (300 min.).

This interactive DVD resource for parents includes 5 hours of expert information, practical demonstrations, and tips and strategies from Australian parents and celebrities. The DVD provides basic introductory assistance for raising newborns, babies, and preschool children, including topics such as breast feeding, safe bathing, preventing accidents, toilet training, first aid, eating strategies, and child development. It also discusses issues for parents, such as intimacy, father roles, finances, and single parenthood.

Starting early, starting late: Socio-demographic characteristics and parenting of new mothers of different ages. (2006). Weston, R., Soriano, G., & Qu, L. *Family Matters*, *73*, 52–59.

Available online at http://www.aifs.gov.au/institute/pubs/fm2006/fm73/rw2.pdf

Over the last few decades, the age at which women give birth to their first child has not only increased on average, but has also become more diverse. Based on Growing Up In Australia: the Longitudinal Study of Australian Children (LSAC), this article first outlines trends in the age at which mothers have their first child and some of the forces behind these trends, then compares socio-demographic characteristics, a general approach to parenting and confidence in parenting of new mothers of different ages.

Then we were three: Building a stronger, healthier relationship. (2007). Canberra, ACT: Department of Families, Community Services and Indigenous Affairs. Booklet and DVD (8 min.).

Booklet available online at http://www.facsia.gov.au/internet/facsinternet.nsf/vIA/families-keys_to_living_together/$file/keys_newparents.pdf

This DVD and booklet offer advice for new parents. It discusses strategies to prevent potential difficulties during transition, and includes suggestions on change planning, setting expectations and priorities, responsibility and house work, dealing with conflict, agreement on parenting style, budgeting, infidelity, and unexpected crises.