

# Family Relationships Quarterly

THE NEWSLETTER OF THE AUSTRALIAN FAMILY RELATIONSHIPS CLEARINGHOUSE



## In this issue

Elly Robinson, AFRC Manager | March 2010

Welcome to this edition of *Family Relationships Quarterly*, the newsletter of the Australian Family Relationships Clearinghouse.

In our feature article, Ann Black, from the University of Queensland, provides a detailed guide to shariah (Islamic) law as it relates to marriage. A companion piece, to be published in the next edition of *Family Relationships Quarterly*, will examine shariah law as it relates to divorce and its consequences.

Continuing the theme of natural disasters from *Family Relationships Quarterly*, 14, Catherine Caruana provides an overview of the work of clinical psychologist Rob Gordon, who has worked extensively with individuals and families following traumatic events. In another feature article, Catherine examines the differences between collaborative law practice and dispute resolution services offered by Family Relationship Centres and legal aid agencies.

In other articles examining practice and program initiatives, Karen Field and Reima Pryor, of Drummond Street Relationship Centre, describe the whole-of-agency public health approach they have adopted in their practices and programs. Terri Reilly discusses the creation of the Relationships Australia Indigenous Network, whose members are developing a culturally secure practice environment at Relationships Australia and increasing accessibility to services and programs for Aboriginal and Torres Strait Islander peoples.

Brief articles are offered on Australia's status compared to European Union countries on a range of social inclusion indicators, and a review of the new Less Adversarial Trial Education Package, developed by the Family Court of Australia. Literature highlights examine recent publications on social inclusion as it relates to families.

We hope that you enjoy this edition of *Family Relationships Quarterly*. Feedback is always welcome at [afrc@aifs.gov.au](mailto:afrc@aifs.gov.au).



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# Window into shariah family law

## Part 1—Aspects of marriage

Ann Black

This paper provides a brief overview of key aspects of Islamic family law as it relates to marriage. A companion piece in the next edition of *Family Relationships Quarterly* will focus on aspects of shariah law as it relates to divorce. Both aim to provide contextual background information for practitioners working with Muslim families in the family relationship services sector. Box inserts appearing throughout outline and contrast family law as it applies in Australia, providing some insight into the gulf that Australian Muslims must navigate in regulating relationships within the context of a secular society.

Australia is home to about 340,000 Muslims (Australian Bureau of Statistics [ABS], 2008).<sup>1</sup> Approximately a third were born here, with the remainder having come as immigrants from more than 70 different nations. As the practice of Islamic law varies considerably between these nations, including those with majority Muslim populations, the diversity across the Muslim world is naturally reflected here in Australia.

It is beyond the scope of this paper to detail all the variants across the forty countries currently using the shariah<sup>2</sup> as the foundation for their family law. Most Muslims who have come to Australia will have been inculcated with the form of family law which occurred in their country of origin. Although these religious laws will be subordinate to Australia's statutory requirements, many Muslims will try to comply with both sets of laws in terms of marriage, divorce, financial support and responsibility for children.

### Some background

The internal pluralism evident in Australian Muslim communities is in part brought about by the Sunni/Shia division and by national alignments with one of the sub-groups or schools of law, particularly within the Sunni tradition. In part it is a reflection of the cultural and ethnic diversity across Muslim states so

that law in an Arab region will reflect distinctive cultural features that differ from practices in Southeast Asia, Eastern Europe or North Africa. The diversity is also a consequence of colonisation—which imposed, in varying degrees, western notions of law onto Muslim colonial subjects—and of the adoption of western constructs of family law by Muslim nations themselves as part of modernisation programs. Pulling some nations in the other direction, is Islamisation, the process by which Muslim societies re-assert their Islamic credentials. Under Islamisation, western-derived laws are replaced by traditional Islamic ones. Finally, international instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)<sup>3</sup> have had an impact in bringing about greater conformity with western law, though many Muslim majority nations have entered reservations to the convention.

### The significance of family law

Family law is of special significance to Muslims and is quite comprehensively covered in the Qur'an.<sup>4</sup> As the Qur'an is believed to contain the direct word of God, transmitted to the Prophet through the Archangel Gabriel, Qur'anic laws pertaining to family matters are thus considered sacred and unable to be altered by human intervention.

Unlike shariah criminal law, family law has been in continuous operation, albeit in varying forms, since the 17th century.

**Australian context:** Laws regulating family life in Australia, and in most developed countries, have undergone momentous change in the last 100 years, in attempt to keep pace with dramatic societal change.

1 The precise numbers of Muslims is not known because many people do not declare their religious status in the national census. However, in 2006 the ABS said the numbers exceed 340,000, making Muslims the third largest religious group in Australia after Christians and Buddhists.

2 The law of Islam.

3 "The convention on the Elimination of All Forms of Discrimination against Women was adopted in 1979 by the UN General Assembly, and is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination." From the UN website: <[www.un.org/womenwatch/daw/cedaw/](http://www.un.org/womenwatch/daw/cedaw/)>

4 The Qur'an is written in Arabic and there are numerous translations into English. See Ali's (1989) *The Holy Qur'an: Text, Translation and Commentary*. For readers interested in comparing English translations see the website of the University of Southern California which has three online translations of the "Noble Qur'an" <[www.usc.edu/dept/msa/quran/](http://www.usc.edu/dept/msa/quran/)>

Shariah laws governing family life were generally not abolished by colonial powers but retained and modified. In sociological terms, family law embodies the “quintessential culture of a distinctive group” (Poulter, 1990) and so is important for reasons of identity, both at an individual and societal level. Linked to this is the observation that Muslims believe the best way to defend their families from what they see as “corrupting” western influences—prostitution, alcohol and drug use, pornography, child abuse, marital breakdown, extra-marital affairs, illegitimate children, same-sex relationships, neglect of the elderly—is to operate within the scale of values advocated in Islamic family law.

Aspects of family law are also important as a living historical record of the affirmation of women’s rights that occurred in the reforms Islam brought to Arabia and then spread across the Muslim world. Islam gave women many unprecedented legal entitlements long before women in the West, including the right to own property in her own name (Qur’an 4:32); to retain for her exclusive use money and property given by her husband at the time of marriage (Qur’an 4:4); to retain her name and own identity after marriage; to be maintained by her husband together with her children (Qur’an 4:34); to inherit in her own right (Qur’an 4:7); and to be able to divorce her husband (Qur’an 4:130). The introduction of an Islamic law also restricted the practice of polygyny,<sup>5</sup> limiting the number of wives which a man could marry to four, previously unlimited (Qur’an 4:3).

## Aspects of marriage

In Islam, marriage is seen as very important and highly desirable.

**Australian context:** Marriage has traditionally been valued more highly than informal or de facto relationships, both at a societal level and via the benefits bestowed by legal recognition. However recent changes to laws impacting on de facto and same-sex couples have further closed an ever-decreasing gap in relationship status.

Celibacy is regarded as unnatural and does not equate with devotion to God as it does in some other faiths. Sexual relations outside of marriage are

<sup>5</sup> As polygamy is technically a generic term for more than one marital (and/or sexual) partner, it is more correct to use polygyny when referring to a man who has more than one wife. The rare situation where a wife has more than one husband is polyandry.

a serious crime (*zina*) with some nations imposing severe penalties for *zina*.

**Australian context:** Under Australian family law there are no longer any legal consequences, civil or criminal, flowing from either adultery or from sex outside marriage.

The Qur’an endorses marriage (30:21) and the Prophet Mohammad himself married, on most accounts, 12 times. Marriage is between a man and a woman. Homosexual relationships are seen as sinful. In some countries today, such as Iran, sodomy remains a capital offence.

**Australian context:** Marriage, defined as “the union of a man and a woman”, is currently exclusively a heterosexual institution, though there are increasing calls for the recognition of same-sex marriage. Same-sex relationships in Australia are lawful, and while there are a number of jurisdictions in Australia that allow for the official recognition of same-sex and de facto relationships, the law does not recognise civil marriage between same-sex couples.

Marriage in Islam is a contract and not a sacrament<sup>6</sup> though the wedding ceremony will have cultural and religious features.

**Australian context:** Marriage is a secular institution in Australia, but both civil and religious ceremonies are recognised under Australian law.

The essential requirements are offer and acceptance, and in some schools of law (and thus in some countries) the acceptance can be by the bride’s *wali* (or marriage guardian, usually her father—see “Consent to marriage” below). The contract must specify a payment of value (*mabr*) to the bride which becomes her own property. *Mabr* can be a sum of money, material goods, investments or a positive commitment (e.g., to teach her a skill, or go on a special holiday), and today is usually a combination of many things. *Mabr* can be deferred or paid in full at the time of the contract. As it is deemed to be the property of the wife, any deferred *mabr* is payable if the marriage should end, through divorce or death.

The contract, which should be in writing, can contain certain conditions. These might include that husband cannot take a second wife or cannot do so without the wife’s permission; that the couple live in a particular location; that the wife will receive regular specified amounts of money; or that the

<sup>6</sup> Any of various Christian symbolic ceremonies.

wife will be excluded from performing certain tasks. Some countries, such as Iran, have a proforma contract which enables the bride to tick boxes showing which of the conditions listed will apply in her marriage, or it can be a tailor-made conditional contract. Breach of one of these conditions by the husband is a ground for divorce, known as *ta'liq* (termination by breach). Aggrieved spouses also have the option of applying to the shariah courts for the enforcement of marriage conditions, as under contract law.

**Australian context:** Australian law does not allow for legally enforceable conditions to form part of the marriage contract. Financial agreements entered into before or during marriage in Australia are optional.

## Marriageable age

The shariah allows marriage when puberty has been attained. Puberty is to be determined by physical maturation signs or by the presumption of 9 years for a girl and 12 years for a boy. In the past, marriage at a young age was common but most countries today have legislated an age when marriage is lawful which ranges from 16 years for a girl in the Sudan to 22 years in Tunisia. Despite the legislative protection against child marriage, it does still occur in some rural and less developed regions such as in Bangladesh.

**Australian context:** Under the *Marriage Act 1961* (Cth) the minimum marriageable age is 18 years. At least one member of the couple must be over the age of 18, that is, two people under the age of 18 cannot marry each other. A person under the age of 16 cannot marry at all, no matter what the circumstances. A person aged 16 to 18 years who wishes to marry must, in all cases, apply for a court order permitting them to marry an individual who is 18 or older. The granting of the order is at the discretion of the judge who must be satisfied that the circumstances are so "exceptional and unusual" as to justify the granting of the order. A person under the age of 18 must also obtain the permission of parents or guardians in addition to the court order. If permission is denied, the person may apply to the court for that permission in place of the person whose consent has been refused.

## Consent to marriage

As noted above, consent of both parties is needed, though in several schools of law this may be given by the *wali* (father or paternal grandfather). Usually

this is done to ensure the bride has made a sound choice in her marriage partner. To prevent misuse of this power, some Muslim countries now allow cases alleging unreasonable refusal to consent by a *wali* to be brought to the shariah court for determination.

**Australian context:** Marriage in Australia requires the consent of both parties and must be voluntarily entered into.



## Restrictions on marriage

One significant restriction on marriage found in the Qur'an and still enforced today is that a Muslim woman must marry a Muslim man. (Qur'an 2:221). A Muslim man can lawfully marry a Christian or Jewish woman, as did the Prophet Mohammad, as these are considered "women of the book" (*kitabiyah*).<sup>7</sup> However, it is generally regarded as undesirable and some countries have made any inter-religious marriage unlawful. The social justification is that marriage between Muslims is the best way to keep Islam as the guiding force in family life.

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**Australian context:** There are no legal restrictions on inter-faith marriage.

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Marriage between ascendants, descendants and siblings is also prohibited, including relationships involving fostering (Qur'an 4:23).

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**Australian context:** Marriage between ascendants and descendants, and siblings is prohibited, including such relationships established through adoption.

## Polygyny

In Islamic law, a wife can lawfully have only one husband while the Qur'an (4:3) specifies that a man may be married to up to four wives at any one time. The traditional view is polygyny is permitted provided the husband can afford to support all his wives adequately and treat them equally in every respect. However reliance on another verse in the Qur'an has led some Islamic jurists to support the view that polygyny is not allowed in Islam.<sup>8</sup> Tunisia, for example has made polygyny a criminal offence. In some countries that allow polygyny, the practice is discouraged and occurs rarely, as is the case in Indonesia. In others, such as Saudi Arabia and some African countries, it remains commonplace. Many other nations take a middle path allowing polygyny in certain circumstances, for example, when the husband has court permission to do so, has obtained the consent of an existing wife or wives, or has accepta-

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7 Islam, Judaism and Christianity are monotheistic faiths in the tradition of Abraham as they recognise the same God, the role of Prophets and share many scriptural texts (the book). For this reason, Jewish and Christian women are accorded a special status in terms of marriage to Muslim men.

8 The verse reads "you are never able to be fair and just as between women" (Qur'an 4:129).

ble reasons for taking another wife (such as infirmity or infertility of an existing wife).

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**The Australian context:** Marriage under Australian law is to be "to the exclusion of all others". The marriage is deemed void where one party is already married, whether or not that party is a member of a community in which polygamy is seen as a legitimate practice. Bigamy is an offence under section 94 of the Marriage Act. Polygamous marriages entered into *outside* Australia, while not considered valid in Australia, are deemed to be marriages for the purposes of proceedings under the *Family Law Act 1975 (Cwth)*.

## Conclusion

This paper has highlighted features of Islamic family law. Many Muslims in Australia have become skilful in their navigation through two sets of laws—one religious and the other secular—and see no need for there to be change to the Australian system. Others advocate a legally pluralistic approach by which a shariah court or arbitration board could be established to make determinations for Muslim Australians in accordance with Islamic family law (Black, 2008). The decisions of these bodies would be given legal recognition and enforced by our courts. Whether this happens will be the subject of considerable debate for Muslims and non-Muslims in the years ahead.

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# Release of family law reviews

## ***Evaluation of the 2006 family law reforms. (2009). Rae Kaspiew, Matthew Gray, Ruth Weston, Lawrie Moloney, Kelly Hand, Lixia Qu and the Family Law Evaluation Team***

The Evaluation of the 2006 family law reforms, conducted by the Australian Institute of Family Studies and released in January 2010, showed that the recent reforms are working well for the majority of children and their parents. There is an increased use of family relationship services, a decline in court filings and some evidence of a shift away from people going straight to court to resolve post-separation relationship difficulties. Significant concerns were found, however, about the efficacy with which the system handles family violence and child abuse.

The evaluation found that:

- most separated parents resolve their parenting arrangements within one year and without the use of the legal system;
- there is evidence of significant family dysfunction (violence issues, safety concerns, mental health and substance misuse) for a substantial proportion of separated parents;
- ongoing conflict between separated parents continues to have an impact on outcomes for children;
- for children whose parents have concerns about the safety of their child or themselves from ongoing contact with the other parent, shared care-time arrangements exacerbate the negative impacts on children; and
- many parents misunderstand the changes to the family law system, believing that equal shared parental responsibility (shared decision making and financial support) allows for equal shared care—or 50/50 time. This can make it more difficult for parents, relationship services professionals, lawyers and the courts to get parents to focus on the best interests of the child.

The evaluation, and a summary report, can be found at: <[www.aifs.gov.au/institute/pubs/fle/index.html](http://www.aifs.gov.au/institute/pubs/fle/index.html)>.

Two further reviews were published in November and December 2009, with a particular focus on responses to family violence in the family law system:

- *Family Courts Violence Review*, by Richard Chisholm, November 2009. Available at: <[www.ag.gov.au/www/agd/agd.nsf/Page/Families\\_FamilyCourtsViolenceReview](http://www.ag.gov.au/www/agd/agd.nsf/Page/Families_FamilyCourtsViolenceReview)>
- *Improving responses to family violence in the family law system: An advice on the intersection of family violence and family law issues*, by the Family Law Council. Available at: <[www.ag.gov.au/www/agd/agd.nsf/Page/FamilyLawCouncil\\_Publications\\_ReportstotheAttorney-General\\_FamilyViolenceReport](http://www.ag.gov.au/www/agd/agd.nsf/Page/FamilyLawCouncil_Publications_ReportstotheAttorney-General_FamilyViolenceReport)>

Further summaries and reviews will be available on the AFRC website and in upcoming editions of *Family Relationships Quarterly*. Subscribe to the AFRC-Alert (link) for news on future publications.



# Drawing on research-informed clinical wisdom to guide interventions with trauma survivors

## The work of Rob Gordon

Catherine Caruana

Rob Gordon is a clinical psychologist with more than 25 years experience supporting the recovery of individuals and families following events such as the 1983 Ash Wednesday bushfires, the Bali bombings, the 2004 Boxing Day tsunami, Cyclone Larry and most recently, the 2009 Victorian bushfires.<sup>1</sup> Combining research findings and his extensive experience working with survivors of bushfires, cyclones, road accidents, terrorist attacks and other traumatic experiences, Gordon has developed a specialist understanding of how to work effectively with people affected by mass trauma.

The following provides an overview of the key elements of Gordon's work, highlighting methods of constructive intervention for those working with families in the immediate aftermath of an event—via psychological first aid, in the arduous process of long-term recovery, and in meeting the particular support needs of those for whom the experience involved an anticipation of imminent death.

### Initial assistance: Psychological first aid

Psychological first aid<sup>2</sup> is now accepted internationally as an appropriate response to trauma in the immediate aftermath of a disaster (Forbes, 2009). It recognises the physiological and psychological arousal triggered by trauma, which, if it persists, is a risk factor for post-traumatic stress disorder (McFarlane & de Girolamo, 1996, cited in Gordon, 2006). Psychological first aid is the first step in re-establishing social connectedness for the traumatised person by way of simple human interaction. The

primary aim of psychological first aid is to reduce arousal by:

- re-establishing a sense of physical safety;
- assisting survivors to reconnect with, or access information about, loved ones;
- helping survivors re-establish a sense of their needs;
- providing information and advice about reactions to help normalise their emotions; and
- providing information and advice about ways to promote recovery.

It is the fact of the communication rather than the content that is important, as the restoration of communication allows for integration of the experience with the person's everyday life to begin.

The stress of having to deal with unfamiliar systems, such as the police, the media, or relief agencies can maintain heightened arousal. Sensitive support from (preferably) local and trained personnel to assist people to meet basic needs will help them move towards regaining self-management. Psychological first aid does not attempt to work with the trauma, just as first aid in the medical context seeks to stabilise rather than treat injuries. This first interaction also helps to initiate a relationship between the affected person and the support infrastructure, even though some may not seek or need assistance for months or even years after an event (Gordon, 2006).

### Recovery in the long term

While the majority of survivors of mass trauma will regain normal functioning in the months that follow, a certain percentage of survivors will continue to experience difficulty with stress, reactive depression to loss, psychosomatic conditions, substance abuse and anxiety disorders (Smith, North, McCool, & Shea, 1989). For those with persisting symptoms, Gordon (2007) outlines some basic principles underscoring effective treatment, regardless of the therapeutic modality applied.<sup>3</sup> These include:

- 3 However, Gordon suggests that cognitive behavioural therapy has been found to be particularly effective (Gordon, 2007).

1 Rob Gordon currently works as a psychological consultant to the Victorian Emergency Management Plan, the Australian Red Cross, Psychology Beyond Borders and New Zealand's Department of Child, Youth and Family. He also conducts a private practice in Melbourne for children and adults affected by trauma.

2 Psychological first aid is an evidence-informed approach to assist individuals and families deal with the aftermath of disasters. Brief, supportive interventions are provided in the early weeks after the event, including emotional and social support, practical assistance and information gathering and provision. For more information, for example see: <[www.earlytraumagrief.anu.edu.au/resource\\_hubs/disasters\\_children/psychological\\_first\\_aid/](http://www.earlytraumagrief.anu.edu.au/resource_hubs/disasters_children/psychological_first_aid/)>

### Box 1: Trauma as psychological “injury”

Trauma occurs when a person is exposed to frightening and overwhelming circumstances to which they cannot give meaning. As a result, the body’s survival response is triggered—the autonomic nervous system is activated and a freeze/flight/fight response occurs. The body is flooded with a biochemical response, including adrenalin and cortisol, and the victim prepares to fight with, or run away from, the threat (Bloom, 1999). The person’s focus is narrowed to deal with the immediate situation, assisting to evaluate the threat and assess and implement possible solutions, or to prepare for the worst. Normal social connections are temporarily abandoned, or drastically modified, in moments of extreme stress, described by Gordon as debonding or “falling out of the social fabric” (Gordon, 2007).

In order to develop effective responses to the psychological and social manifestations of trauma, Gordon suggests we go back to the source of the word (Greek for “wound”). According to Gordon, like any wound, psychological injury warrants prompt attention, with the site of damage needing to be “opened, cleaned and dressed” by way of empathic, supportive and skilled human interaction.

Gordon draws a distinction between trauma resulting from “sensory trauma”—a direct experience of a threatening situation—or another form of psychic injury described as “informational trauma”, where affected individuals themselves have not been threatened but learn that loved ones are at risk and may not receive news of their fate for some time (Gordon, 2007). Those affected by “informational trauma” may:

- attempt to fill gaps in knowledge about what happened, resulting in a restless search for more information;
- become actively involved in post-disaster processes and the search for justice; and/or
- present with emotions such as anger, blame, and resentment, commonly directed at the people and organisations involved in rescue and recovery.

The experiences of those traumatised by the suffering, and possible death, of their loved ones needs to be validated as a distinct form of trauma (Gordon, 2006, 2007).

- keeping levels of arousal and reactivity to a minimum;
- confronting the traumatic memories, linking the threat memory to the survival memory;
- cognitive restructuring, that is, developing new meanings of the experience; and
- developing understanding of the emotions and learning how to manage them.

In essence, this requires facilitating the “digestion” of the experience to enable it to be accommodated into memory. According to Gordon, language, as the “digestive juice”, provides the key (Gordon, 2007). Within the parameters of a safe therapeutic relationship, raw images need to be converted into language as part of a narrative. By verbalising details associated with a distressing memory, its effect may be reduced.<sup>4</sup> Survivors should be encouraged to speak freely, to communicate their story in the richest way possible, because what is said, and not said, indicates the site of the wound. Gaps in the narrative, especially where the experience involved the anticipation of imminent death (see Box 2), suggest a suspension of memory in the moment of threat.

Based on research into grief support styles, Gordon outlines the fundamentals of helpful forms of intervention, as well as approaches that may hinder recovery (refer Table 1)<sup>5</sup>.

### The social context

The focus on post-traumatic stress disorder (PTSD) as an outcome of traumatic experience, and the failure, until recently, to recognise the centrality of family and social systems as sites for healing has resulted in a “simplistic or fragmentary psychology” of trauma (Gordon, 2007). For Gordon, the wider social context is integral to psychological recovery following mass trauma, both as a resource that supports recovery and as a system implicated in the injury which itself requiring healing. Being embedded in relationships and social systems is seen to be pivotal to the way survivors respond to a traumatic experience. This is supported by research that shows that involvement in a supportive community reduces

4 However Gordon stresses that such an approach may not be appropriate in the first encounter with the client and may need to be gone through more than once (Gordon, 2007).

5 This table was originally published in Gordon, 2007.

## Box 2: Anticipating death

Gordon provides invaluable insight into the particularly acute form of trauma that can result from the anticipation of imminent death, either of oneself or of loved ones. Whether lasting seconds, minutes, or hours, the “death encounter” is the most intense and highly arousing event (both in a neurological and psychic sense) that can be conceived (Gordon, 2005). Such an experience can trigger drastic psychic reorganisation involving an extreme form of detachment and debonding. It is a unique experience for each person, and one that will not necessarily result in negative outcomes, but may be characterised by symptoms such as:

- behavioural lethargy, involving a lack of motivation and interest in things previously important to them;
- cognitive preoccupation with death and death imagery;
- morbid preoccupations that manifest in dark moods and a sense of emptiness or impending doom;
- detachment from bodily and emotional existence evidenced by emotional numbness, dissociation and a loss of sensory pleasure;
- continuing in the threat—death is seen as being only temporarily interrupted, and therefore always imminent; and/or
- suicidal ideation, where death is seen as the logical state rather than as a means of escaping suffering.

The anticipatory “death encounter” may well be obscured from memory and is often overlooked by survivors and clinicians. If survivors remain suspended in the moment of horror, there is a real risk of the memory becoming intrusive. Questions such as “what happened then?” help to bridge the gap in memory, associating it with the fact of survival and assisting to distribute the emotional energies associated with it. The acceptance of death needs to be counteracted with a rejection of death.

**Table 1. Helpful and hindering forms of trauma recovery intervention**

Helpful	Hindering
Active communication	Passive communication
Organising	Saying the same things
Cognitive work increasing understanding and meaning	Reiterating or ruminating on losses
Revealing more, adding new details, making new connections	Going over the same ground. Expressing emotions without adding meaning
Accepting emotions as part of work	Avoiding discussion of emotions
Representing emotions in language	Emotional expression, catharsis, “getting it out” without adding words
Empathy—offering something different	Sympathy—offering more of the same
Generating positive emotions	Exhibiting negative emotions
Selective focus on some aspects, rather than the whole	Reassurance, platitudes
Aiding control	Indiscriminate, unregulated meandering

Source: Adapted from Stroebe & Schut, 2001, cited in Gordon, 2007.

the psychosocial impact of trauma (van den Eynde & Veno, 1999, cited in Gordon, 2004a). Questions relating to the survivor's social experiences and their level of social connectedness allow clinicians to check for the effects of trauma (defined in Box 1), and to implement strategies to reintegrate survivors back into the social fabric.

Understanding the social phenomena that commonly arise in the aftermath of a disaster can provide the context for services operating in affected communities to consider a wider role in promoting community healing (see Gordon 2004a,b). Services can facilitate opportunities for social connection where information about the event, anecdotes about individual disaster experiences and an outline of likely reactions to trauma, can be shared. "Communities of interest", that is groupings of people with similar experiences, interests and needs, can be established to allow for both mutual support and a shared representation of particular concerns. Community-based cultural events and rituals, and symbolic and artistic representations of the experience can help to form a frame of reference for the community. However, Gordon counsels, in working in the social context it is important to maintain an appreciation of difference and complexity, and to aim to preserve privacy, personal and social boundaries and identity.

## Conclusion

While there is much in the literature to inform the practice of those working with affected individuals and families, insights gained from clinical practice have the potential to fill some of the gaps in what is known. Therapeutic work requires clinicians to walk sensitively with survivors through the experience and to assist in the translation of raw experience into a story that can be ascribed meaning that supports healthy assumptions about life. According to Gordon, psychological support for those who have suffered major losses in catastrophic events should help to focus recovery action not on replacing what has been lost, but on preserving what cannot be replaced, such as families, career and a sense of belonging. If this work can be done in a way that respects differences in perception and reaction to the traumatic event, preserves the dignity of the individual, and instils hope, then there is the potential to create a therapeutic encounter based on a

"comprehensive psychology of the person", including their place in family and social systems, rather than as a cluster of symptoms (Gordon, 2007).

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# Dispute resolution choices

## A comparison of collaborative law, family dispute resolution and family law conferencing services

Catherine Caruana

Separating couples who require assistance with disputes over property or arrangements for their children now have a range of different dispute resolution services to choose from. To contrast the work of family dispute resolution services with collaborative law and family law conferencing, we sought the views of family dispute resolution practitioners from Chadstone Family Relationship Centre, Legal Aid Queensland lawyers involved in family law conferencing, and collaborative law practitioner, Caroline Counsel, as to how collaborative law practice differs from what FRCs and legal aid can provide.

Clients wanting to commence litigation related to children in the family courts, subject to some exceptions, must first make a genuine effort to resolve the dispute by family dispute resolution (FDR). Accredited FDR practitioners, including those employed at Family Relationship Centres (FRCs), and those providing lawyer-assisted dispute resolution at legal aid offices, are authorised to issue certificates indicating whether FDR is appropriate in a given case, or whether a genuine effort has been made to resolve the matter. However, there are some fundamental differences between:

- traditional mediation, or FDR as provided by the network of FRCs, community organisations and private mediators;
- dispute resolution services provided by state legal aid commissions following a grant of aid; and
- collaborative law processes provided by private lawyers.

### The role of lawyers

The most obvious difference is the role of lawyers. The more traditional dispute resolution processes involve a neutral third party (the FDR practitioner) who *facilitates discussion* between the parties but does not give legal advice. Where appropriate, FRC staff may encourage parties to seek legal advice before engaging in the process and in between FDR appointments. Following a change in policy, FRCs can also allow lawyers to attend FDR sessions with their clients in appropriate cases, however this does not translate to an automatic right to legal representation.

Collaborative law practice, and family law conferencing provided by a legal aid commission are characterised as lawyer-assisted dispute resolution: lawyers are always involved in the process, either as advisers to

the parties to the dispute, in a discussion facilitated by the neutral Conference Chair (legal aid conferencing), or working together as a team with their clients to help them reach a resolution (collaborative law). At Legal Aid Queensland, each party has an opportunity to meet with their lawyer in private throughout the process, however it is the Conference Chair who directs the discussions. In collaborative law processes, the lawyers, unlike FDR practitioners and legal aid Conference Chairs, play more than a facilitative role. Instead, they actively participate in the negotiations between the disputing parties as “settlement counsel”, assisting them to identify the issues in dispute, consider various options and reach agreement. Separating couples involved in a collaborative process can also obtain legal advice, either privately, or where all agree, in the presence of the parties.

### Cost

Another difference is cost. Fees for mediation can vary, depending on the service provider. At FRCs, the first 3 hours of mediation are free, and then a sliding scale of fees applies, which is dependent on the income of the clients. Exemption from fees for mediation exists at FRCs in a number of situations, for example, if the client is a holder of a health care or pensioner concession card or in cases of financial hardship.<sup>1</sup> Similarly, there is no cost for the lawyer-assisted conferencing provided by legal aid, but clients must first qualify for a grant of aid, satisfying the relevant means and merit test set by the relevant state/territory legal aid body.

When using private lawyers for assistance in negotiating a settlement through collaborative processes, clients are billed at an hourly rate and meetings are limited to 2 hours. It generally takes four to six meetings to reach a resolution, and as such, the process has the potential to be considerably less expensive than litigating. The clients, not the lawyers, control the costs in the collaborative process as they decide how many meetings they want and what will be discussed at those meetings. However, for families with many issues to resolve it can become as expensive as litigation.

<sup>1</sup> For more information on the fees policy at FRCs, see the *Family Relationship Services Guidelines* <<http://tinyurl.com/yjff9yj>>.

## What issues can be discussed?

Another point to consider is the types of issues that may be covered in each process. Mediators are generally able to help parties negotiate any matters arising from the separation, including arrangements for the care of children, property settlement and financial support. FRCs however, provide FDR primarily to help resolve issues relating to the care of the children, but will also mediate property matters in combination with children's issues.

Family law conferencing at Legal Aid Queensland is available for parenting issues, spousal maintenance and property settlement where the dispute relates to the matrimonial home, or to deferred benefit funds, such as superannuation. However the Property Arbitration Program (Qld) can deal with all property matters. To use this service, at least one party must qualify for a grant of aid. The party who is not eligible for aid will be charged a fee for the service.

Collaborative law practices can be used to resolve any issues in dispute.

## Dispute resolution choices in a nutshell<sup>2</sup>...

### Collaborative law<sup>3</sup>

- There is no facilitator or convenor in the collaborative process—rather it is a team approach, where lawyers trained in the collaborative process coach their clients through the process, assisting them to have a better conversation with their former partner to achieve settlement.
- If the process does not resolve the issues in dispute, collaborative lawyers cannot provide the certificates required (under s60I of the Family Law Act) for clients to institute legal proceedings, but should they require such a certificate, clients would be referred to FDR practitioners who can.<sup>4</sup>
- Lawyers avoid giving legal advice at the commencement of the Collaborative process in order to dissuade clients from being positional. Rather, lawyers give legal advice during the process as required, either in the meeting or privately.
- The lawyers and the parties to the dispute enter into a written agreement at the beginning of the process setting out the ground rules for the collaborative process and stipulating that if either party commences court proceedings, neither of the collaborative lawyers will be able to represent their clients in subsequent litigation.
- The collaborative process is a child-focused process in so far as the team may agree to engage a collaboratively trained child psychologist or counsellor to assist

the family. It may become a child inclusive process at the behest of that professional. Other professionals, such as financial planners assist the team as required on a case-by-case basis.

- In cases involving a history of domestic violence, collaborative lawyers carefully consider suitability of the process and other professionals such as counsellors may be asked to attend the meetings or be consulted separately.
- Negotiations are conducted on a confidential and without prejudice basis
- Whilst a collaborative lawyer has a duty to promote the best interests of their client, they each have an overarching obligation to ensure that whatever option is agreed upon meets the needs of the family as a whole and is an option within the range of possible outcomes which could have been decided by the court.
- Each party involved in collaborative practice will be responsible for their lawyer's hourly fee, unless other arrangements are made. They can decide for example, whether the process is to be paid by the party earning the greater income or is to be drawn from the assets.
- Once settled, the parties then decide which lawyer is to draft either the Consent Orders or the Binding Financial Agreement (or the Parenting Plan and/or Child Support Agreement in children's matters). The parties choose how this is to be funded.

<sup>2</sup> The processes described are specific to the agencies featured and approaches may vary in different services and legal aid commissions.

<sup>3</sup> It is important to note that collaborative law has been applied in various Australian and overseas jurisdictions with varying levels of success. In the ACT, for example, it was trialled but considered by ACT practitioners to be unsustainable for a range of reasons. Julie Dobinson, Dobinson Davey Lawyers, discussion with Family Law Council, 12 November 2009.

<sup>4</sup> The Family Law Council in its 2007 report recommended that the *Family Law Act 1975* should be amended to allow for participation in a collaborative process to be taken into account by FDR practitioners when deciding whether to grant a certificate excluding clients from the requirement to attend FDR, prior to initiating litigation. Family Law Council. (2007). *Collaborative practice in Family law: A report to the Attorney-General prepared by the Family Law Council*. Canberra: Commonwealth of Australia.

## FDR (or mediation) provided at FRCs

- FDR at an FRC is conducted by a trained practitioner, who may have a legal or social science background, and who operates as an impartial, neutral third party, but does not provide legal advice. Practitioners also need to meet specific accreditation requirements in order to issue 60I certificates, if the matter needs to progress through the courts.
- Lawyers can be present during FDR sessions where required.
- FDR is child-focused, aiming always to promote the best interests of the children.
- FDR has the potential to involve the children in the process, via child-inclusive processes.
- It involves careful assessment for suitability, screening for issues such as domestic violence and child abuse, and preparation of clients. FDR practitioners may refuse mediation where they believe there is a concern about the safety, of the clients or the mediators, or where there is a power imbalance that cannot be adequately addressed within the process.
- It is a requirement that the client is able to negotiate on his or her own behalf. However there are mechanisms to support clients in their negotiations, including having a support person or a lawyer present, or conducting the mediation on a shuttle basis where the parties are located in separate rooms and the mediators move between the rooms.
- In some cases, the parties are required to sign an agreement with the FRC prior to commencing the mediation which, among other things, ensures the client cannot sue the FRC unless they act fraudulently or negligently.
- FDR may include access to the services of FRC staff known as Family Advisors, who help separating couples prepare for the mediation by providing coaching support and referral to other services, which may be required from time to time.
- Chadstone FRC can offer a unique service combining co-mediation and therapy (“Co-met”), a process where both mediator and counsellor are present, and the joint session between the parties moves between strategies of the two modes, as the need arises. It is particularly useful where mediation has “stalled” due to an emotional obstacle which may have its origins in the parties’ prior relationship, or even from either of the parties’ family of origin, and it cannot move until that obstacle receives some therapeutic attention.

## Legal aid family law conferencing (Qld)<sup>5</sup>

- Conferences are conducted by a Conference Chair who is an accredited FDR practitioner. The chair’s role is to facilitate the discussion. S/he does not provide legal advice to the parties, nor make decisions for anyone. However the chair reports to Legal Aid Queensland about the outcome of the conference, and makes recommendations that may involve further aid for more conferencing, or the drafting of consent orders. Sessions are 4 hours in duration.
- There is a great degree of flexibility as to what form the conference takes. While there is a preference for face-to-face meetings, conferences are commonly conducted over the phone, either between the parties with their lawyers present, just between their lawyers, or by shuttle, particularly where there is a high degree of violence. Where both parties attend, the conference can be conducted by shuttle, perhaps bringing the parties together at some stage, or can involve only the lawyers negotiating on their client’s behalf.
- Conferences are modelled on a child-focused, but not child inclusive model. Children do not attend conferences.<sup>6</sup>
- An intake process, involving the completion of assessment sheets, is conducted with both the client and their lawyer to screen for violence and other issues that may affect the parties’ ability to negotiate.
- Other professionals, such as an independent children’s lawyer may participate in the conference. There is also a follow-up support service available at Legal Aid Queensland, where clients may be referred to a social worker for assistance in implementing the agreement (Conference Resolution Support Intervention).
- While clients are encouraged to speak for themselves if they so wish, there is always the option of lawyers negotiating on their client’s behalf.
- There are no costs involved for parties granted legal aid, however parties using the process to settle property matters may be asked to make a contribution. The grant of aid will often include the filing of consent orders in the family courts.

5 For information about legal aid conferencing in a particular state, contact the relevant legal aid body.

6 However Roundtable Dispute Management, the conferencing service attached to Victoria Legal Aid has introduced a pilot child inclusive service and a similar pilot is proposed for Western Australia.

## Dispute resolution choices at a glance...

	FDR at FRCs	Family law conferencing (at Legal Aid Queensland)	Collaborative law
Issues addressed by the service	All matters arising from the separation but primarily parenting issues and property settlement in conjunction with parenting issues	Parenting issues, spousal maintenance and property settlement relating to the matrimonial home and superannuation	Any issue in dispute
Role of lawyer	Advisor to client prior to and in between FDR sessions. Lawyers may be present during negotiations where required	Attend conference with, (or instead of) their clients as advisors or representatives	Lawyers for each party attend collaborative meetings, working as a team with the clients
Child-focused	Yes	Yes	Yes
Scope for children to participate in the process (child inclusive)	Yes, where assessed as appropriate	No, however some legal aid commissions are considering implementing child-inclusive practice	Children may be involved in the process where recommended by a child psychologist or counsellor assisting the parties
Cost	First 3 hours free. Sliding scale of fees apply thereafter	Free, but must qualify for a grant of aid. Parties may be required to make a financial contribution in matters involving property settlement	Each party is responsible for their lawyer's hourly fee, and share any additional costs as agreed
Where no agreement is reached...	Accredited FDR practitioners can issue the certificate required for the parties to initiate court action (s60I)	The Conference Chair can issue the certificate required for the parties to initiate court action	Collaborative lawyers cannot issue the required certificate. Their clients will need to obtain one from a registered FDR practitioner, <i>and</i> find a new lawyer if the matter is taken to court
Where agreement is reached...	If the parties require the agreement to be made legally binding, there may be additional legal costs	Often the drafting of consent orders is included in the grant of aid	The parties agree which of the lawyers is to draft the agreement and how the cost is to be shared
Other	Other FDR models, such as "Co-met" (as described above) may be used	Follow-up service for assistance in implementing the agreement provided	Lawyers cannot act for the clients in any subsequent court proceedings if they are unable to reach agreement

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# A public health approach to practice and programs promoting family wellbeing

## A whole-of-agency model

Karen Field and Reima Pryor

Four years ago Drummond Street Relationship Centre<sup>1</sup> embarked on a process of embedding a public health framework into the agency to guide the development, delivery and evaluation of its entire suite of family service programs. The public health model conceptualises programs and services across the spectrum of interventions, from promotion, prevention, early intervention, treatment, and recovery. This strategy was based on the following rationales:

- to capitalise on the potential of the “family” as a setting for building physical, mental and emotional, social, economic and cultural wellbeing (for both adults and children);<sup>2</sup>
- to capitalise on the large and growing family relationship service sector which enables access for large numbers of families;<sup>3</sup>
- the willingness of community members to seek family relationship counselling more readily than other specialist services, such as family violence programs and mental health services;<sup>4</sup> and
- the capacity for family relationship services to screen and assess across a range of health issues and for all family members in order to early identify and intervene.

This article discusses the adoption of a framework that we have found to improve service planning and delivery in a number of ways. It notes our key learnings and challenges, both in terms of key programs and processes critical to outcomes for both service delivery and for families engaged with our agency.

The implementation of a program evaluation framework is also outlined.

## Using a public health framework

As service providers and practitioners, we recognise the need for a range of interventions to meet the diverse needs of families across the various stages of the family life course. We also recognise the need for greater emphasis on supporting families earlier in their family life cycle in order to prevent issues such as family breakdown and for provision of support to those transitioning to parenthood. The Drummond Street Relationship Centre uses the Spectrum of Interventions framework (Mrazek & Haggarty, 1994; see Box 1) to conceptualise the interventions we provide and to optimise the effectiveness of our programs. Screening and assessment enables appropriate program-matching and treatment planning and enables early identification and targeting of issues before they become more serious or entrenched. We provide interventions across this spectrum of interventions as follows:

- *promotion and prevention*—to plan, develop and map programs and services to strengthen family wellbeing;
- *early intervention*—to identify and address risks early when present;
- *treatment*—to provide or refer to specialist evidenced-based treatment when required; and
- *recovery*—to support families to recover and maintain health and wellbeing.

## Mapping programs and services across the spectrum of interventions

Program and practice development work has occurred across the public health spectrum, including innovative initiatives targeting health promotion and prevention to actively address health and wellbeing. In addition to mapping programs across this spectrum, we consider the nature and severity of presenting issues to identify the appropriate intensity of response (low, medium, high). The entire range of Drummond Street Relationship Centre services and programs can be placed within the “spectrum of interventions” public health framework. Examples of how our programs and services, and their level of intensity, map onto the spectrum of interventions are given in Table 1.

1 The centre provides a range of services and programs for families including: counselling for individuals, couples and families, adults, young people and children; psycho-educational and therapeutic seminars and groups; a Family Mental Health Support Service; Youth Services; African Family Program; and education and training services for professionals and those working with families from a range of sectors. The Centre is located in Carlton, Melbourne. View their website at: <[www.dsrc.org.au](http://www.dsrc.org.au)>.

2 For more information, see: <[www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-p-prommon](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-p-prommon)>; or <[www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Mental-health-promotion/A-Plan-for-Action-2005-to-2007.aspx](http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Mental-health-promotion/A-Plan-for-Action-2005-to-2007.aspx)>

3 The Australian Government’s increased investment in the Family Relationship Sector, via reforms to the Family Law system, and emphasis on prevention and early intervention programs to strengthen family relationships. See: <[www.fahcsia.gov.au/sa/families/overview/Pages/default.aspx](http://www.fahcsia.gov.au/sa/families/overview/Pages/default.aspx)>

4 The centre’s Client Information System data indicate clients often access relationship services prior to mental health services. Men with violence issues more readily seek relationship counselling than men’s behaviour change groups - for more information, see: <[http://wesnet.org.au/files/pdv\\_phase\\_one\\_community.pdf](http://wesnet.org.au/files/pdv_phase_one_community.pdf)>

## Box 1: The spectrum of interventions for mental health problems and mental disorders (Mrazek & Haggarty, 1994)

### Prevention

Interventions that occur before the initial onset of significant difficulties, in order to prevent their development. Preventive interventions can be “universal” (general public) and “selective” (subgroup at significant risk), and there is *absence* of signs/symptoms of a problem at this stage.

### Early intervention

Interventions targeting people displaying early signs and symptoms of a problem and those experiencing a first occurrence of the problem. This includes “indicated” (minimal but detectable signs present), “case identification” and “early treatment”. Intervention occurs shortly after detection of a problem and aims to increase protective factors, coping strategies and reduce risk factors.

### Tertiary intervention or treatment

Standard treatment where the problem is already present and has been identified. Intervention involves the application of effective, evidence-based treatments, with the aim of providing the most effective treatment to achieve the best possible outcomes.

### Continuing care/recovery

Interventions for those whose difficulties are longer-term, or recurring. Aim is to provide optimal intervention, as well as to provide support and referral across a range of health areas, to prevent repeat of crises, and to promote optimal functioning and recovery.

**Table 1. Drummond Street Relationship Centre programs/services mapped across the spectrum of interventions**

Intervention level	Risk/need	Program/practice service response
<b>Health promotion and prevention</b>		
For the general community or for groups identified to be at risk, including strengthening coping across the spectrum of interventions		
Low intensity	Mental health	<p>Mental health promotion fact sheets:</p> <ul style="list-style-type: none"> <li>▪ <i>General Tips on Maintaining Good Mental Health and Wellbeing</i></li> <li>▪ <i>Improving the Balance Between Work and Family Life—For Better Mental Health and Wellbeing</i></li> <li>▪ <i>Want Better Outcomes for Your Kids?</i></li> <li>▪ <i>Drinking Alcohol and Raising Children</i></li> <li>▪ <i>Being a New Parent</i></li> <li>▪ <i>Communicating with Adolescents</i></li> <li>▪ <i>Tips on Fighting in Front of the Kids</i></li> </ul> <p>Seminars and groups including:</p> <ul style="list-style-type: none"> <li>▪ Antenatal classes (incorporating changes to the couple relationship with birth of new baby) and Enjoying Your New Baby group</li> <li>▪ Raising Mentally Healthy Kids</li> <li>▪ Stress Management</li> <li>▪ Assertiveness for Women</li> <li>▪ Mindfulness Meditation</li> </ul>
Low intensity	Physical health	<p>Seminars and groups including:</p> <ul style="list-style-type: none"> <li>▪ Physical activity and healthy nutrition program for dads and their kids (Backyard Blitz)</li> <li>▪ Oral health promotion for African refugee families</li> </ul>

Intervention level	Risk/need	Program/practice service response
Low intensity	Strengthening families and building communities, and family and social capital	<p>Community gatherings:</p> <ul style="list-style-type: none"> <li>“Welcome to the community” picnics for newly arrived African families</li> <li>Rainbow family picnic (for gay and lesbian parents and families)</li> <li>It Takes a Village to Raise a Queer (mentoring program)</li> </ul> <p>Community seminars:</p> <ul style="list-style-type: none"> <li>Raising Happy Healthy Kids</li> <li>Strengthening our Relationship</li> </ul> <p>Fact sheet:</p> <ul style="list-style-type: none"> <li><i>Get Involved in Your Local Community Neighbourhood</i></li> </ul>
<b>Early intervention</b>		
Low to medium level risk and intensity of program response	Early identification of risk issues present—includes targeting key family life course transitions points	<p>Seminars and groups:</p> <ul style="list-style-type: none"> <li>Relationships Under Stress</li> <li>Parenting Primary Schoolers</li> <li>Parenting Adolescents</li> </ul> <p>Just Families Program—targeting parents with their first child under 12 months, to strengthen couple relationships and prevent family violence</p> <p>Family Intake Program screening and pathways to early intervention services, including:</p> <ul style="list-style-type: none"> <li>counselling</li> <li>parenting support services</li> <li>groups</li> </ul>
<b>Treatment—specialist /tertiary services</b>		
Medium to High level of risk and intensity of program response	Significant relationship and/or parenting issues present—includes health risk issues such as mental illness impacting on other family members, and presence of adverse life events	<ul style="list-style-type: none"> <li>Pathways to specialist treatment services via Family Intake Program and other programs, including to mental health, alcohol and other drug, health, crisis services etc.</li> <li>Individual/couple relationship counselling and family therapy</li> <li>Family dispute resolution and decision-making,</li> <li>Family case work</li> <li>Specialist parenting support</li> </ul> <p>Seminars and groups:</p> <ul style="list-style-type: none"> <li>Parenting adolescents with complex issues present</li> <li>Parenting with depression</li> <li>Supporting your partner with depression</li> </ul> <p>Fact sheet:</p> <ul style="list-style-type: none"> <li><i>Do You Care About Someone With a Physical or Mental Illness? (Some Useful Tips for Carers and Couples)</i></li> </ul>
<b>Continuing care/recovery—maintenance</b>		
Medium level of risk and intensity of program response	Recovery from health risk issues including mental illness, family violence, alcohol and other drug use, relationship/family breakdown, re-partnering/step-families	<p>Referral to other recovery services, including family/carer services, as well as to address other impacts including employment</p> <p>Individual/couple/family counselling</p> <p>Community seminars and groups:</p> <ul style="list-style-type: none"> <li>Caring Grandparents carers support group</li> <li>Taking a Break recreation program for young carers</li> </ul>

## The critical importance of assessment: The Family Intake Program

The spectrum of interventions model provides a solid foundation for service planning and delivery. The core mechanism by which the model is implemented is via our Family Intake Program (see Box 3 for detailed activities of the program). To ensure that the client's needs were matched to the appropriate services at the earliest possible stage of their contact with the centre, we resourced and enhanced our front end Family Intake Program, which is the first point of contact for clients contacting the agency. Specifically, reception takes the call or talks with a "drop-in" client and directs them to the Family Intake Worker, who ensures a timely screening of the holistic needs of the individual as well as asking about other family members across a range of complex and risk issues. The client is given information and resources suited to the identified needs, and is program-matched to programs and services provided by Drummond Street Relationship Centre or by other services providers, including crisis services where required. For complex cases, the Family Intake team also provides family case work and support, especially where the family requires and participates in a number of different programs including services external to the agency.

The Family Intake program has resulted in effective and efficient program matching where identified family risks and needs are matched to intervention type. Program development and review is thus directly informed by client data and identified service needs and gaps.

### Evaluating client and service outcomes

Measuring outcomes for clients has been critical to evaluating the effectiveness of specific programs, providing an evidence-base for progress across various domains of functioning. With our broader focus on the overall health and wellbeing of families, our evaluation design needed to measure health and wellbeing of clients, as well as family relationship variables. We partnered with Deakin University to develop and implement an evaluation strategy, which has culminated in the collection of comprehensive baseline family data at the point of intake, as well as pre- and post-intervention data. Surveys are completed in the Centre waiting room prior to

the first counselling session, and again before their seventh counselling session, or at the completion of counselling, whichever comes first.

The specific measures chosen are reliable and valid measures of the following four domains of individual and family functioning:

1. Intimate couple relationship functioning:<sup>5</sup>
  - levels of agreement, cooperation and satisfaction;
2. Family functioning:<sup>6</sup>
  - cohesion and conflict;
  - parenting and family relationships satisfaction;
3. Parent-child relationships:<sup>7</sup>
  - emotional dependence on children;
  - assertive parenting;
  - satisfaction with cooperation with other carers/parents; and
4. Health and wellbeing:<sup>8</sup>
  - mental health including depression, anxiety, stress, and social functioning;
  - somatic symptoms and physical health; and
  - self reports of health and health behaviours.

Analysis of pre- and post-test results for clients undertaking family relationship counselling or our Family Mental Health Support Service indicate that, in the majority of cases, there were improvements in all four domains. Findings for specific target groups, such as men and single-parent families were also positive. Two findings indicated no significant improvements or even negative changes for clients and indicate a need for further clarification of what

5 Abbreviated Dyadic Adjustment Scale (ADAS; Sharpley & Rogers, 1984) The 7-item abbreviation of the Dyadic Adjustment Scale (Spanier, 1976) was used to assess client's relationship with their spouse or partner.

6 Family Environment Scale – 3rd Edition (FES-III; Moos et al., 2004) (Cohesion and Conflict Scales) and Kansas Family Satisfaction Scales (KFSS; Schumm, McCollum, Bugaighis, Jurich, & Bollman, 1986).

7 Toumbourou et al. (2001) devised a scale to identify parents who perceived their emotional reactions to be determined by their child's behaviour.

8 General Health Questionnaire (GHQ-28; Goldberg & Hillier, 1979) Assesses four specific sub-scales of psychopathology: depression, anxiety, social dysfunction and somatic symptoms also provides global psychiatric health index. Four additional items were included with the GHQ-28 items to measure client levels of physical distress. Three items were included in the survey to measure client self-reports of perception of their general health, and frequency of alcohol and tobacco consumption.

is being measured. This will be the focus of the next phase of evaluation.

We have noted a number of benefits of collecting client data, both for the programs and agency as a whole (see Box 2 for more detailed evaluation results):

- collecting data on a range of measures immediately prior to commencing counselling further informs assessment for therapeutic intervention;
- in collecting this data, the level and nature of distress is identified earlier in the course of counselling than may otherwise occur, enabling appropriate and timely prioritisation of counselling goals and interventions;
- collecting data from clients after counselling is useful to gain feedback that may otherwise not be received, including opportunities for referral to our other services or external programs and services;
- the implementation of data collection within our counselling programs required commitment by managers, counsellors and administrative staff, which facilitated a cultural shift within the staff team, with increased value placed on evaluation and increased interest and engagement with research more broadly; and
- finding that objective, validated psychological measures are useful adjuncts to other methods of gaining client feedback about the effectiveness of counselling and assist with continual improvement of services provided.

## Conclusion

Evaluation findings indicate programs strengthen family relationships, including the capacity to positively parent as well as improve aspects of general

### Box 2: Evaluation results

Quantitative analyses of 386 surveys from pre-counselling to post-counselling after six sessions (for both the Family Relationship Counselling Program and the Family Mental Health Support Service) revealed the following outcomes:

- *Family cohesion*—significant increases for men and women and across family types (i.e., with or without children), with some indications that single parent families experienced particularly large improvements.
- *Family conflict*—significant reductions for both males and females, with males reporting slightly larger, and two-parent families slightly smaller, reductions.
- *Dyadic adjustment (couple relationship functioning)*—significant improvements for both men and women, and for clients with and without children.
- *Health and wellbeing*—significant reductions in global health index scores, indicating improved wellbeing, and reduction in symptoms from levels indicative of psychiatric diagnosis to levels indicative of absence of diagnosis.
- *Other physical health indicators*—significant reduction in physical ill-health symptoms (although internal consistency for this scale was low), with single parent families reporting greater reductions and men and women showing similar levels of reduction.
- *Satisfaction with parenting and family relationships*—no significant changes, however there was a trend towards improvements post-counselling.
- *Parental emotional dependence on children*—showed no significant changes. A trend was observed for emotional dependence on children to *increase* for female clients in relationships following counselling, perhaps indicative of a greater awareness of the needs of the children, although this requires further investigation.
- *Satisfaction with cooperation with other caregivers for children*—unexpectedly showed significant *reductions* in levels of satisfaction with communication and cooperation with other carers, except for single parent families, perhaps indicative of greater awareness of the inequities in levels of care, and the need for self-care, although this requires further investigation.
- *Assertive parenting item*—showed no significant differences across time.

While the majority of results indicate expected improvements following intervention, there were several unexpected non-significant and negative findings. These will be explored further in the next phase of evaluation.

health and wellbeing also known to either impact on or be impacted by relationships. We would argue that this provides some evidence of the potential of the family services sector to:

- engage and impact families regarding a range of issues and not just their presenting issues;
- screen for and address early the range of risk issues and situations that impact on families; and
- improve the health and wellbeing of families as an entity, and their individual members, and strengthen family relationships throughout the family life cycle.

Drummond Street Relationship Centre's application of the Spectrum of Interventions Framework to map

programs and services, combined with the enhanced Family Intake Program and program matching, provided a framework and range of practices that has enabled us to more effectively identify and address needs as early as possible along the spectrum. This has resulted in significant public health benefits to the centre's large community of clients. Developing and implementing an evaluation strategy has deepened our understanding of the effects of particular program elements on specific issues and specific families, and informed our strategic direction for the next 4 years. We will continue to refine our choice of measures and implementation processes in the next stage of Drummond Street Relationship Centre Counselling Programs Evaluation.

### Box 3: Activities of the Family Intake Program

The Family Intake Program undertakes a number of key roles and functions. The program:

- provides a sensitive, engaging and responsive first point of contact for prospective clients;
- undertakes comprehensive holistic (bio-psycho-social) and whole-of-family screening and where indicated, more in-depth assessment;
- matches clients to appropriate public health level of intervention/programs and prioritises cases on the basis of health and wellbeing risks;
- provides information about the service system and resources available for the clients identified need/s, including information about program processes and policies;
- facilitates referral and undertakes case work and case management, if required, with professionals within and external to the agency (this includes supporting the family to navigate different programs and services);
- manages and prioritises program waiting lists and allocation to programs and services, and encourages clients to utilise other programs and services where relevant;
- facilitates service planning and identifying of themes and emerging needs; and
- provides critical baseline data for evaluation and program planning, development and review.

The Family Intake tool has been developed using evidence-based assessment and screening instruments and incorporates comprehensive bio-psycho-social information.

#### Data collection

Clients provide information on a range of areas of their life, including:

- demographic data such as family type, ethnicity, socio-economic status, relationship status, family life cycle transition (including FRSP-required data);
- health and wellbeing alerts:
- primary health issues, including carer status;
- mental health, including illness, mental health risk (including the high prevalence disorders) and suicide risk;
- addictive behaviours such as alcohol and other drugs and gambling;
- abuse history and family and intimate partner violence;
- concerns regarding children, including young people, or parenting issues;
- available supports and resources—social network and engagement with other services (this includes other professionals and treatment/medications);
- presenting issues and expectations/goals; and
- indicators of family relationship and other health and wellbeing variables.

## Key components and learnings of the Family Intake Program

The Family Intake Program has been in place for 4 years. Our ongoing assessment has found it to be of great benefit to clients and the agency more generally. The keys to its success are:

- adequate resourcing through the employment of highly skilled, qualified and experienced professional staff to run the program. It has been vital for these staff to have working knowledge across the range of health and wellbeing issues including mental health, family violence, suicide risk and the like, including providing crisis responses and referrals where required;
  - staff who are skilled at engaging clients and undertaking screening and assessment over multiple domains of health and wellbeing risks and for the whole family including adults, children and young people, and other family members such as grandparents;
  - staff who are capable of dealing with complex cases and providing casework and case management support to families, and secondary consults to counsellors regarding assessment and casework issues;
  - the development by staff members of strong links to local service providers across a range of sectors, including a working knowledge of referral pathways which has resulted in interagency protocols for efficient referrals. In some cases, particularly in the area of mental health, staff have been able to provide secondary consults and outreach to support other counsellors and provide specialist assessment and referral for individual families;
- the completion at intake of a whole-of-family assessment for all people making contact with the agency. The vast majority of clients are both willing and happy to discuss and raise concerns about the health and wellbeing of themselves and other family members. It is also possible for Family Intake staff to provide information and educational materials (fact sheets) to clients prior to attending the agency, or to refer them to useful educational resources or other local services that may either be more appropriate, or that may work in conjunction with a Drummond Street Relationship Centre program; and
  - the development of comprehensive, evidence-based family assessment and screening tools and application of the spectrum of interventions, and the mapping of the family life cycle in terms of the key transition points and adverse life situations that result in family vulnerability and risk.

Additional benefits to clients and the agency include:

- enhanced prioritisation of cases based on level of risk (low, medium and high) and harm to ensure appropriate levels of service and intervention, including referrals to crisis services where risk is imminent;
- that the service and its individual programs are being driven by client needs rather than trying to fit clients to programs; and
- that service planning and responsiveness are enhanced by being based on client data and emerging needs and service gaps across the public health spectrum of interventions, rather than driven solely by funding specifications.

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# Relationship Australia's Indigenous Network

Terri Reilly

Improving access to services for Aboriginal and Torres Strait Islander (ATSI) individuals, families and communities is a key aim for service providers, as is ensuring services and programs are sensitive to their needs. Relationships Australia has created a national network of employees that actively engages in the development of culturally relevant and innovative service provision and practices. This article outlines Relationship Australia's Indigenous Network (RAIN), which offers a model for other agencies seeking to enhance the understanding and inclusion of ATSI indigenous cultures in their services and programs.

## Background

Relationships Australia nationally has a reputation for providing and delivering high quality programs and services. Early in 2005 the Relationships Australia Federation<sup>1</sup> began a discussion about working together to ensure that these services were accessible to a greater number of ATSI communities across Australia. At that time some Relationships Australia branches were operating extensively in regional areas and in other states Indigenous-specific services were virtually non-existent. In fact, client statistics suggested that ATSI peoples were under-represented within many programs, in direct contrast to their over-representation in the justice, health, welfare and child protection systems. Discussions with the Relationships Australia's National Chief Executive Officers (CEOs) Committee centred around factors that act as restraints to the delivery of mainstream services, such as lack of flexibility and engagement on the part of service deliverers and lack of trust within the client group. These may partly stem from the perceived unwillingness of service providers to engage with or legitimise Aboriginal and Torres Strait Islander people's ways of working, and are a significant factor in understanding how mainstream services can often fail in engaging the community other than in crisis service delivery.

<sup>1</sup> Relationships Australia is a federation, comprising several large, autonomous member organisations located in each state and territory. Go to <[www.relationships.com.au/who-we-are](http://www.relationships.com.au/who-we-are)> for further information.

These discussions informed the rationale for the creation of a network of Relationships Australia practitioners—under the auspices of the CEOs Committee and endorsed by the Relationship Australia Board—to develop a culturally secure practice environment and increase accessibility to services and programs for ATSI Australians. The network was initiated in April 2005 and the title, Relationships Australia Indigenous Network (RAIN), came into being at the first face-to-face meeting in Brisbane in 2006. At this early stage, matters pertaining to ATSI Australians were described within Relationships Australia by the term Indigenous. Relationships Australia acknowledges the differences of opinions and positions of ATSI Australians to the term Indigenous. Given these contentious understandings, ATSI Australians is the preferred term other than when used in relation to the network title.

The key objectives of RAIN are to explore and develop Relationships Australia's capacity to work with ATSI Australians, and to connect employees involved in delivering programs to and with community. Prior to the establishment of the network there was no specific national ATSI Australian focus within Relationships Australia.

## How was the network formed?

RAIN was initiated by the CEOs Committee as a formal network reporting to the committee through the CEO of Relationships Australia Western Australia. Monthly teleconferences were aimed at providing a supportive forum where network representatives could share ideas for best practice and experiences of working in Relationships Australia: what worked well and what could work better. Network representation consisted of managers and staff (both ATSI and non-ATSI) from each state and territory with nominated representative/s from each Relationships Australia taking responsibility for representing their state's input. Through these discussions commonalities of experiences emerged despite the disparate locations in which staff worked and the varying demographics of service delivery areas.

From the beginning, the teleconferences were well attended and rapport established. The network was acknowledged as a valuable means of transmitting the knowledge and experience of the ATSI staff to

the broader Relationships Australia workforce and affecting change within Relationships Australia with respect to supporting ATSI staff members, improving Relationships Australia's capacity to work with ATSI Australians, and improving access to programs by members of ATSI families and communities. To achieve these goals, the first task undertaken by network members was to develop a proposal which was put to the CEOs Committee for the provision of a set of principles and guidelines of service to Aboriginal and Torres Strait Islander peoples. The proposal was supported by the national organisation, which also provided concrete support in the form of funding to allow network members to meet physically in one place. The first of these meetings took place in Brisbane in September 2006.

## What does RAIN do?

The outcome of the Brisbane meeting was the beginnings of a Framework for Action. The framework outlines how Relationships Australia could:

- progress the development of culturally relevant and appropriate service provision to and with Aboriginal and Torres Strait Islander people;



- develop and document innovative models of practice; and
- increase cultural competency skills across Relationships Australia programs by the development of appropriate training packages.

The Framework for Action was completed in 2007. Its endorsement by the Relationships Australia CEOs Committee and incorporation by the Relationships Australia Board into the national Strategic Plan were essential to its implementation. It also further prioritised service provision to and with ATSI Australians as core business. The framework focuses attention on the need for greater awareness of Aboriginal and Torres Strait Islander people's ways of working, and states that Relationships Australia has a responsibility across all levels and positions to put in place a "learning" culture.

## What makes RAIN work?

Active championing on the part of the CEOs Committee and willingness to invest in and facilitate the work of the network was critical in the network's development. This willingness added impetus for members to work together to develop a framework that would or could impact on future service delivery.

The implementation of the framework became the responsibility of the respective state and territory branches. RAIN identified a three-tier approach to achieving successful implementation in regards to service delivery and increasing culturally appropriate and effective service provision for ATSI Australians. These goals will be achieved through:

- *recruitment*—by demonstrating a strong and active commitment to facilitating and expanding Relationships Australia employment opportunities for ATSI Australians;
- *cultural competency*—by providing, delivering and endorsing culturally appropriate practices, professional development, exposure to ATSI cultural ways in order to promote authentic organisational cultural change; and
- *innovation and accountability*—by implementing innovative programs and making program delivery accountable to community identified needs.

In February 2008 the network met face-to-face for the second time, this time in Adelaide. While the original members participated, new faces confirmed

the continuing strength, importance and expansion of RAIN. At this meeting, network members identified the need to move from a conceptual awareness to *action*. A project committee was appointed to produce a “cultural fitness” package. This “how to” guide is designed to promote cultural fitness as part of Relationships Australia’s core business, core values and core programs and is designed to assist staff within any branch or location to engage with practices and understandings that would enhance ATSI and non-ATSI relationships; it is a model of “doing the work differently”.

The idea of cultural fitness challenges a “tick box” or “culturally lazy” approach to learning and is in keeping with Relationships Australia’s commitment to providing high quality services. To become fit and stay fit is a lifelong commitment to health. A one-off exercise session may provide the benefit of an immediate endorphin hit and an insight into wellbeing. Regular exercise is more likely to deliver sustainable and desired health outcomes. Similarly cultural training requires ongoing and regular input and engagement to gain sustainable benefits. (Cultural fitness package)

The scope and objectives of this project has resulted in a draft package informed by direct and relevant experiences where contradictions and tensions have emerged in relation to roles, identity and positioning within personal and professional spaces. The project sub-committee, comprising RAIN members, has a direct connection with, and investment in, the

cultural fitness package content at a personal level as well as a professional understanding of its educative and broader significance.

The network is informed by the world view of ATSI Australians, their knowledge and ways of working. Its strength comes from the dedication of its members and adherence to working in ways that reflect the views and perceptions of ATSI Australians, their communities and/or their representatives.

## Conclusion

Developing any process to facilitate Aboriginal and Torres Strait Islander focus requires non-ATSI stakeholders to take a step backwards, to forgo the role of “expert” and learn to listen *and* hear how the first Australians interpret a preferred framework of service delivery.

Relationships Australia has made some progress in implementing the framework and is committed to supporting the principles and guidelines documented within the Framework for Action. Change, *authentic* change, can be a slow process, sometimes heartbreakingly slow. There is abundant literature that attests to the ineffectiveness of a “quick fix” approach when addressing concerns relating to ATSI/non-ATSI service provision. Given the context of Australia’s political positioning with respect to the ATSI Australians, for example the National Apology delivered in May 2008, the change process within an organisational setting perhaps reflects the broader goodwill or

### Box 1: Relationships Australia’s Statement of Service

The Aboriginal Nations within Australia and the Torres Straits have cared for and maintained the Land for thousands of generations. Contemporary Australians live and benefit from this.

The contribution of Aboriginal Australians has shaped our knowledge of the country and our identity. All Australians benefit from the generosity of Aboriginal people sharing the Country and their culture.

Relationships Australia acknowledges Aboriginal and Torres Strait Islander Australians; their spiritual, physical, emotional, mental and economic connection to the Land and Seas, and apologises for the atrocities that have been perpetrated on them and their ancestors, and recognises the continued impact on Aboriginal and Torres Strait Islander Australians today.

Relationships Australia is committed to an ongoing process of reconciliation.

Relationships Australia will actively engage in redressing inequitable distributions of the physical, spiritual and political economy, in regards to Australian Indigenous issues.

Relationships Australia recognises and acknowledges that dispossession of Country, and the disruption to family connections has resulted in a breakdown of social networks created through Aboriginal and Torres Strait Islander Australian’s Knowledge, Law and Culture.

Relationships Australia recognises the continuous intergenerational impact of the history of invasion, policy and legislation.

otherwise of the wider community. The endorsement of Relationship Australia's CEOs has, however, facilitated or fast tracked the opportunities for implementing change within the organisation, and for sustaining motivation within RAIN. A Statement of Service (2007) developed by RAIN members encapsulates the commitment and acknowledgement of Relationships Australia to ATSI Australians (see Box 1).

Since the network's inception there has been a significant increase in ATSI Australians employed by Relationships Australia. Additionally, innovative programs have been developed and implemented, resulting in an increase in ATSI clients engaging with services. Within Relationships Australia, in an organisational context, practices have been implemented that reflect a respect and willingness to acknowledge the importance of the Aboriginal and Torres Straits Islander people as original and unique nations within our nation Australia (see Box 2).

RAIN continues to meet monthly. Teleconferences are well attended by representatives from the states and territories and any staff member who is interested is invited to attend. This has resulted in a dynamic and flexible network. RAIN has evolved as a significant and influential network that has achieved strategic outcomes in relation to ATSI/non-ATSI ways of working, service development and delivery, and provides ongoing support in contributing to broader organisational cultural change.

Relationships Australia and RAIN both acknowledge that the organisation and the network are in the early stages of addressing equity in all aspects of ATSI and non-ATSI concerns. The network continues to develop practices that will inform Relationships Australia's core values, programs and business.

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**Terri Reilly** is Chief Executive Officer of Relationships Australia, Western Australia and Chair of Relationships Australia's national RAIN network.

## **Box 2: Practices that have been implemented within Relationships Australia (RA) that acknowledge the importance of ATSI people**

### **Incorporating Welcome and Acknowledgement to Country prior to any significant RA gathering or meeting**

RA has not prescribed a set of acknowledgment statements for staff to use, rather, staff are encouraged to think about and develop personal responses as genuine reflection. RA offices have connections to appropriate Elders to provide a Welcome to Country at official functions and this protocol is increasingly observed.

### **Delivering Aboriginal and Torres Strait Islander specific awareness and competency training.**

For example, the South Australian, Western Australian, Tasmanian and Queensland offices of RA provide Cultural Awareness Training to external services and organisations across the states. RAIN has developed a "Cultural Fitness Package" for all RA staff to access. This package facilitates the uptake of ongoing cultural awareness to enhance the delivery of services to Aboriginal communities as well as cultural competency development within RA teams and programs.

### **Incorporating art work or other symbols that relate to Aboriginal and Torres Strait Islander peoples.**

Permissions are sought from Aboriginal artists for their work to be included in RA publications, for example Yangupala

Kungkawara (South Australia office), the Victorian office's Audit of Services, and RA Queensland's Newsletters. Aboriginal art work is purchased by RA for its corporate offices. This artwork provides a cultural reference for clients and staff.

### **Developing programs and or services that meet objectives of community by ongoing consulting with relevant community members.**

The Alice Springs office of RA is undertaking action research to design an Aboriginal mediation model specifically for Aboriginal families in Central Australia.

### **Developing partnerships with Aboriginal incorporated bodies as a way to facilitate mutual learning experiences.**

The Western Australia office has an established partnership with Langford Aboriginal Association Incorporated. All programs designed and developed within this partnership promote cultural sharing and mutual development of skills and abilities. RA Canberra has developed a nationally recognised training program specifically for Aboriginal students. The Diploma of Counselling and Group Work currently has 19 Aboriginal graduates.

# Social inclusion indicators

## Australian Social Inclusion Board. (2009). *A compendium of social inclusion indicators: How's Australia faring?*

Elly Robinson and Clare Witnish

This article summarises a selection of the information included in the Australian Social Inclusion Board's 2009 compendium of social inclusion indicators, particularly those relevant to families and social inclusion. An international comparison is included where available.

The Australian Social Inclusion Board was established in May 2008 as an advisory body to the Australian Government.<sup>1</sup> As a means of consulting and providing input into methods of measuring disadvantage and social exclusion, the Board prepared a compendium of indicators of social inclusion, which was published in May 2009.

The European Union (EU)<sup>2</sup> originally established the indicators, as referred to in the compendium, in 2001. Although the EU indicators have been adjusted since then, the priority within the board's document is the original set of indicators. Supplementary measures that are relevant to the board's work are also examined in the compendium.

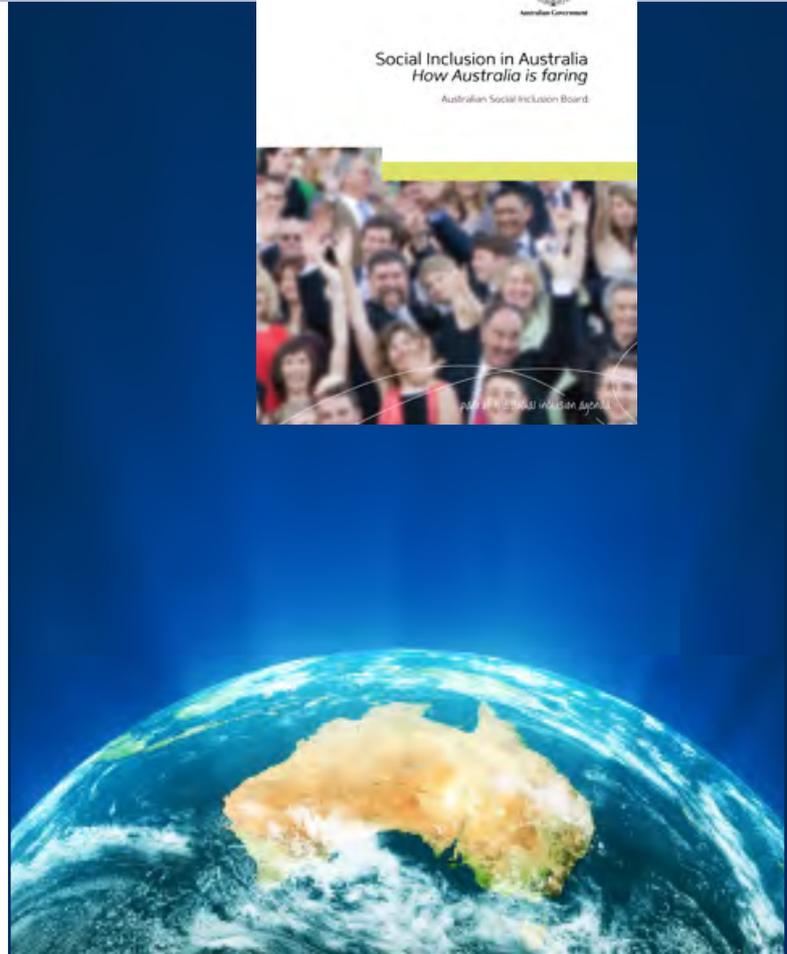
The compendium is not only a collection of Australian data on these indicators, but a reference point for comparing these data to countries in the EU. It also provides the board with advice on how to improve social inclusion and identify the areas needing further attention.

Table 1 summarises a selection of Australian data as outlined in the compendium on a range of indicators relevant to families, and compares this to EU countries where applicable.

1 Members of the Board's indicators working group were Professor Tony Vinson, Dr Ngaire Brown, Ms Kerry Graham and Professor Fiona Stanley, along with members of the Social Inclusion Unit, Australian Government Department of Prime Minister and Cabinet.

2 There are currently 27 member states of the European Union: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

For information on which member states joined the EU at which times, and hence the member states referred to by the use of EU 15, EU 25, EU 27 in this article, go to: <[http://en.wikipedia.org/wiki/Statistics\\_relating\\_to\\_enlargement\\_of\\_the\\_European\\_Union](http://en.wikipedia.org/wiki/Statistics_relating_to_enlargement_of_the_European_Union)>



### People most at risk of social exclusion

Five categories of people appeared at least twice among the results in the compendium, indicating that they are particularly at risk of social exclusion. They were:

- aged persons;
- public housing renters;
- Aboriginal and Torres Strait Islander peoples;
- one-parent families; and
- people of non-English speaking backgrounds

**Table 1: Comparison of social inclusion indicators**

Indicator	Australian data	Comparison to EU countries
At-risk-of-poverty rates after social transfers*	<ul style="list-style-type: none"> <li>In 2005–06, one-in-five Australians lived in households with incomes below 60% of the national median income</li> <li>Single persons, sole parents in one-parent families, couples without children, public renters, persons aged over 65 were all over-represented</li> </ul>	<ul style="list-style-type: none"> <li>Greater than the EU25 average, with only five countries matching or slightly worse than the Australian vulnerability rate</li> <li>Australia showed “international prominence” within the 65 years and over comparisons in 2006, indicating the vulnerability of older Australians to living in poverty</li> </ul>
Persistent risk of poverty rate (income below the 60% threshold in a current year and in at least two of the three preceding years)	<ul style="list-style-type: none"> <li>Between 2001–05, more than a third of the population (38%) were poor in at least one of the 5 years studied, with almost 8% poor in two of the 5 years and 7.4% poor in all 5 years</li> <li>Highest 3-year poverty rates for elderly, people with disabilities, single mothers, non-aged singles, people of a non-English speaking background</li> </ul>	<ul style="list-style-type: none"> <li>Although not directly comparable, on average over the EU15 countries, 9% of the population had household incomes below the 60% income threshold in 2001 and at least two of the preceding three years</li> </ul>
Housing affordability	<ul style="list-style-type: none"> <li>In 2005–06, approximately one in five lower income households spent more than 30% of their income on housing</li> <li>Almost 5% spent more than 50% of their income</li> <li>The most vulnerable groups are private tenants and owners with a mortgage</li> </ul>	<ul style="list-style-type: none"> <li>No information available</li> </ul>
Participation in the labour market	<ul style="list-style-type: none"> <li>Between 1998–2008, the labour force participation rate of Australians aged 15–64 years ranged from 74% to 77%, with an increased number of females entering the workforce</li> </ul>	<ul style="list-style-type: none"> <li>In 2007 the overall labour force participation rate for 15–64 year olds in Australia (76%) was higher than the EU25 average of 71%</li> </ul>
Persons living in jobless households	<ul style="list-style-type: none"> <li>In 2005–06, 13% of children aged 0 to 18 years lived in a jobless household, with 66% living in one-parent households</li> <li>The proportion of people living in jobless families with children under 15 years declined from 19% in 1998 to 12% in 2008</li> <li>Joblessness is much more likely to be long-term in one-parent families; 73% of children living in jobless households for 3 years (2001–03) were in lone parent households</li> </ul>	<ul style="list-style-type: none"> <li>In 2006, 13% of Australian children lived in jobless households compared to the EU27 average of 9.7%.</li> <li>Only four EU member states had a higher percentage of children living in jobless households than Australia: United Kingdom (16.2%), Bulgaria (14.5%), Belgium (13.5%) and Hungary (13.3%)</li> </ul>
Assistance given and received	<ul style="list-style-type: none"> <li>A significant proportion of Australian women (29%) and Australian men (27%) provide support to a relative living outside their household</li> <li>A greater proportion of people in the highest income quintile (33%) provided support to relatives living outside the household than those with lowest incomes (21%)</li> </ul>	<ul style="list-style-type: none"> <li>No information available</li> </ul>

\* Social transfers consist of goods and services provided as transfers in kind to individual households by government units (including social security funds) and non-profit institutions serving households. For more details, see: <<http://stats.oecd.org/glossary/detail.asp?ID=2498>>.

Indicator	Australian data	Comparison to EU countries
Homelessness	<ul style="list-style-type: none"> <li>In 2006, the rate of homelessness was 53 per 10,000 people; one in 10 homeless persons were members of families with children</li> <li>From 2001 to 2006 the percentage of homelessness in children under 12 years of age increased by 22%; however the overall rate remained stable</li> <li>In 2006, the rate of homelessness for Indigenous persons was 3.5 times higher than for non-Indigenous Australians</li> </ul>	<ul style="list-style-type: none"> <li>No information available</li> </ul>
Access to services	<ul style="list-style-type: none"> <li>In 2006, 22% of Australians reported difficulty accessing service providers; 34% of one-parent families reported this difficulty.</li> <li>18% of residents of major cities experience difficulty, compared to 39% in outer regional and remote areas</li> </ul>	<ul style="list-style-type: none"> <li>No information available</li> </ul>
Teenage mothers	<ul style="list-style-type: none"> <li>The rate of teenage births per 1,000 females has been falling steadily for the past three decades, with a rate of 16 per 1,000 in Australia in 2007</li> <li>In the Northern Territory, the rate for Indigenous teenage births is 6.9 times the national rate (110.8 per 1,000 births)</li> <li>Teenage mothers are considerably worse off in terms of health (mental and physical) than older mothers</li> </ul>	<ul style="list-style-type: none"> <li>The rate of teenage (15 to 19 years) births per 1,000 females varies considerably across countries—from 5 in Switzerland, 6 in Denmark and Japan, 14 in Austria and Canada, to 27 in New Zealand and 43 in the United States (in 2002–2004)</li> </ul>
Life expectancy at birth	<ul style="list-style-type: none"> <li>Life expectancy at birth of Australian women and men is among the longest in the world—in 2005, 83.5 years for women and 78.7 years for men</li> <li>Life expectancy for Indigenous Australians is much lower—estimated to be 65 years for women and 59 years for men</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy for Australian women in 2005 was only exceeded by three EU25 countries—Italy, Spain and France; for Australian men, life expectancy was greater than for any of the EU25 countries</li> <li>Evidence suggests Indigenous Australian women live between 10.9 and 12.6 years less than Indigenous women in Canada, New Zealand and the United States, and Indigenous Australian men live between 8.8 and 13.5 years less than Indigenous men in those three countries</li> </ul>
Total social expenditure per capita	<ul style="list-style-type: none"> <li>Allowing for difficulties in harmonising different accounting systems, Australia stands near the bottom of the list of social expenditures</li> <li>Social expenditure as a share of Gross Domestic Product (GDP) was 13.1% in 2004–06</li> </ul>	<ul style="list-style-type: none"> <li>All 27 EU countries except one (Greece) invested a higher proportion of GDP in social expenditure in 2004–06 than Australia (the EU average was 23.4%—almost twice that of Australia).</li> <li>Six countries had a rate of expenditure double or near double that of Australia: Sweden, Finland, Denmark, Austria, Italy and France</li> </ul>

## How does Australia compare to EU countries overall?

### Where Australia is doing well

- Life expectancy and health expectancy at birth are among the world's best.
- Work participation rates surpass EU27—only four countries equalled or exceeded Australia's performance.
- Employment rates were higher than the EU27 average with just three EU states having higher rates.
- Employment rates for 55 to 64 year olds are higher than the EU27 average—only three EU states had higher rates.
- Low rates of long-term unemployment.
- Low rates of 20 to 24 year olds not engaged in education or training or employment.
- Gender wage parity has not been attained but Australia is within the group of countries, including Sweden, Norway and several Middle-Eastern, African and Asian countries, nearest to achieving such parity.

### Where Australia has ground to make up

- A higher proportion of Australian households than the EU25 average are at "risk of poverty".
- The depth of deficient income is marginally greater than EU25 states.
- The percentage of Australian children in jobless households exceeded the rate of all but four EU27 states in 2006.
- High rates of 15 to 19 year old Australians are not engaged in education, training or employment.
- High rates of Australian adults have had only a very basic education.
- The ratio of the income of Australians aged 65 years and over to those below that age is well below the EU average.
- While 15 year old students generally compare well in international education assessments, Indigenous students and students from the lowest socio-economic backgrounds and from remote areas, have much ground to make up.

## Overall picture

Where international comparisons were possible, the report acknowledges that Australia appears to be travelling satisfactorily in some fields, has a middling standard of achievement in others and has ground to make up in still others. Information from a range of sources has been provided to help in understanding how Australia is faring in relation to social inclusion and who is missing out. The Australian Social Inclusion Board hopes that this information will promote discussion

about social inclusion and what it means to be excluded in a relatively prosperous country such as Australia.

*A Compendium of Social Inclusion Indicators: How's Australia Faring?* is available at <[www.socialinclusion.gov.au/AusGov/Board/Documents/Compendium.pdf](http://www.socialinclusion.gov.au/AusGov/Board/Documents/Compendium.pdf)>

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## Upcoming conferences

Information on conferences of interest to family and relationship services providers and practitioners can be found at:

**<[www.aifs.gov.au/afrc/conferences.html](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.

## The Family Court of Australia's Less Adversarial Trial education package

Less adversarial trial (LAT) processes for the conduct of litigation relating to children have been available in some registries of the Family Court of Australia since March 2004 (with the launching of the children's cases program pilot at Sydney and Parramatta registries). However, there is still some confusion among those working in the field, including those working within the courtroom context, about what LAT processes entail and how they differ from more traditional litigation. The LAT model, where the judge actively manages the trial process and the evidence produced by the parties, rather than merely acting as umpire, became mandatory for all parents filing a child-related application after 1 July 2006.

The educational package, consisting of a handbook, a companion DVD and a copy of the report *Finding a Better Way* (which provides the historical context for the development of the model), is aimed primarily at judges and lawyers. However the package is likely to be useful to anyone working in the wider family law system who would like to find out more about the new trial system, or who may be assisting clients through the process. For the clients themselves, who under the LAT model now play a more active role in proceedings, the footage of actual cases could assist clients to prepare for court by providing a unique insight into how proceedings are likely to unfold.

The package can be obtained from the court by emailing <communications.office@familycourt.gov.au>.

*Celebrating 30 years of advancing understanding of Australian families 1980–2010*



Australian Government  
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## 11th Australian Institute of Family Studies Conference

7–9 July 2010 Melbourne Convention Centre

[www.aifs.gov.au](http://www.aifs.gov.au)



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# Literature highlights – Social inclusion

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.

Compiled by Carole Jean, Librarian

**Neighborhood influences on young children's conduct problems and pro-social behavior: Evidence from an Australian national sample.** (2009). Edwards, B., & Bromfield, L. M. *Children and Youth Services Review*, 31(3), 317–324.

Research into neighbourhood influences on children's outcomes shows that greater levels of neighbourhood socioeconomic disadvantage are associated with increased social, emotional and behavioural problems in children and adolescents. However, most of this research has focused on late childhood and adolescence. Using data from *Growing Up in Australia: the Longitudinal Study of Australian Children*, a nationally representative study of 4,983 four-to-five-year old children growing up in 257 neighbourhoods in Australia, this article investigates the mechanisms through which neighbourhood socioeconomic status influences children's conduct problems and pro-social behaviour. After accounting for family demographic variables, children's conduct problems are found to be associated with neighbourhood socioeconomic status, neighbourhood safety and neighbourhood belonging. Perceptions of neighbourhood safety and neighbourhood belonging are found to mediate the relationships between neighbourhood socioeconomic status and children's conduct problems, and the associations of neighbourhood safety with conduct problems were mediated by neighbourhood belonging. A different pattern of results emerges for pro-social behaviour, which has direct association with neighbourhood cleanliness and neighbourhood belonging and no mediated associations.

**Generation X-pendable: The social exclusion of rural and remote young people.** (2009). Alston, M., & Kent, J. *Journal of Sociology*, 45(1), 89–107.

Many small communities across the vast interior of Australia are under pressure from ongoing rural restructuring and a long-running drought. Socioeconomic indicators suggest that rural people are significantly disadvantaged by comparison with their urban counterparts. While these factors are evident, less

well understood are the circumstances of rural and remote young people. In this article, the authors draw on research conducted in 2001 and 2004 on the employment and educational experiences of young people in these communities. Using Reimer's typology of relations associated with social exclusion—market, bureaucratic, associative and communal—the authors indicate that rural and remote young people are experiencing rising levels of social exclusion. Their access to education and employment is restricted through no fault of their own, and is in fact, obstructed by government policy. The need for sensitive policy to increase the social inclusion of young people in rural and remote areas is evident.

**The changing context of Australian youth and its implications for social inclusion.** (2009). Wyn, J. *Youth Studies Australia*, 28(1), 46–50.

Efforts to monitor and improve young people's school-to-work transitions have not generated a discernable change in patterns of social inclusion among young people. Educational approaches that promote social inclusion need to take account of the changing social and economic realities with which all young Australians engage, and address important aspects of young people's lives such as identity and wellbeing. Despite attempts to respond to the changes in young people's learning needs, there is a disjuncture between educational policies that continue to frame education within an industrial model and the requirements that young people themselves have for the capacity to be good navigators through new economies, to live well, and to engage with complexity and diversity.

**Indigenous social exclusion: Insights and challenges for the concept of social inclusion.** (2009). Hunter, B. *Family Matters*, 82, 52–61.

The terms "social exclusion" and "social inclusion" arose because the debate about the causes and consequences of poverty has moved away from the rather narrow historical focus on the lack of income. The new focus

on the dynamic social processes that perpetuate the lack of social participation in society is welcome; however, it is timely to ask what people are being socially excluded from or socially included in. Furthermore, do such distinctions matter? If social exclusion and/or social inclusion are important, how should policy be constructed to take it into account? Indigenous disadvantage is complex and multi-dimensional and the notions of social exclusion and social inclusion seem particularly relevant. However, a definition of social inclusion that includes local decision-making has not been implemented. It is theoretically difficult to achieve this when there is a wide cultural gap between Indigenous and non-Indigenous perspectives on the issues involved. There is little effective difference between social exclusion and inclusion as an organising principle for Indigenous policy. Notwithstanding, this article argues that it is important to attempt to reconcile these disparate perspectives to engage the Indigenous community so that problematic behaviours can be addressed in a constructive manner.

**Governance and diversity: Encouraging and enabling participation from marginalised and minority community groups.** (2008). Panousieris, G. *Just Policy*, 49, 90–93.

Discussing the importance of involving diverse community groups in organisational governance, this article considers corporate governance in the context of potential barriers to the participation of marginalised and vulnerable groups, and ways of overcoming them. It also provides an insight into embracing and valuing diversity and empowering people from marginalised groups as part of good governance. The article emphasises the importance of utilising successful models of involvement and participation established by other organisations.

**Knowledge and education are universally empowering.** (2008). Ahmed, B. *Australian Mosaic*, 18, 24–26.

Progress towards genuine social inclusion and empowerment for disadvantaged people

can pay profound social, financial and health dividends to comprehensively enrich Australian society. The achievement of this goal relies on vision, commitment and gifted leadership to promote change on the levels of individual, community and society. A survey of refugee young people showed that the young men believed that the only way to empowerment was through money, not education. They lacked the confidence or sense of self worth to believe that success could come through their own capabilities. Refugee adults in Australia often live underachieving lives, without optimism or encouragement for improvement. Inclusion in the mainstream is imperative to successful settlement and achievement. Refugee settlement and education services need to be structured to maximise contact with the mainstream and foster social inclusion.

**Social inclusion: A policy platform for those who live particularly challenged lives.** (2008). Hayes, A., & Gray, M. *Family Matters*, 78, 4–7.

In many developed economies there is currently a focus on how the lives of the most disadvantaged in society can be improved and the role that governments can play in this. A number of European countries have embraced a social policy approach that places a priority on those who are excluded from the opportunities that promote wellbeing. This article provides a brief overview of social inclusion and related literatures and some of the issues surrounding the

concept. It concludes that while social inclusion has been adopted as an organising principle for social policy in a number of countries, the experience of these countries is mixed and the extent to which the social inclusion agenda has been successful is contested. It concludes that it is important that Australia learns from the international experiences to take what worked and avoid some of the pitfalls. An overview of the other articles in the edition is also provided.

**Back to schools: Human services workers increasing opportunities for early intervention and social inclusion from the school base.** (2008). Winkworth, G., & McArthur, M. *Children Australia*, 33(4), 5–12.

This paper argues that Australia is lagging behind in recognising the important role social workers and other human services workers can play in schools to improve social and educational outcomes for students. It reports on a small, school-based, human services program, the Schools as Communities program, located in the Australian Capital Territory, and outlines key themes that emerged in interviews with principals and other school staff about the program's effectiveness. The program's outreach workers, who were mostly social workers, had a dual role working with individual families and facilitating community development initiatives of benefit to the school community. Case studies demonstrate how their presence contributed to earlier involvement and support of vulnerable families. They also illustrate that the

school setting enabled social workers to work more effectively to build social inclusion in local communities. The paper argues the case for using a wider range of human services professionals from the school base and calls upon education and human services systems to create more effective governance arrangements to make this possible. An expansion of the traditional disciplinary base of education to incorporate social workers and other human services professionals who are skilled at working across multiple domains is essential if schools are to maximise the impact of early intervention and prevention in working towards a more socially inclusive society.

**Australian Government Social Inclusion website** <[www.socialinclusion.gov.au](http://www.socialinclusion.gov.au)>

The Australian Government's Social Inclusion website contains links to several commissioned reports, including an overview of the key principles and debates prepared by the Australian Institute of Family Studies and a series of papers written by Professor Tony Vinson, University of Sydney. Publications are also available that discuss social inclusion in particular contexts such as children, disability and mental illness, jobless families, homelessness, indigenous disadvantage. The publications can be found at <[www.socialinclusion.gov.au/Pages/Resources.aspx](http://www.socialinclusion.gov.au/Pages/Resources.aspx)>