

Through a Child's Eyes

Child Inclusive Practice in Family Relationship Services

A Report from the Child Inclusive Practice Forums,
held in Melbourne, Brisbane, Newcastle, Adelaide and Sydney
from August to September, 2000.

Prepared by
Marcus Mackay of
Human Development Consulting Pty Ltd for
the Department of Family and Community Services and
the Attorney-General's Department

Canberra, May 2001.

© Commonwealth of Australia 2001

ISBN 0 642 45717 4

ISBN 0 642 45718 2 (electronic version)

This work is copyright. Apart from any use as permitted under the Copyright Act 1968 no part may be reproduced by any process without written permission from the Commonwealth, available from AusInfo. Requests and inquiries concerning reproduction and rights should be directed to the Manager, Legislative Services, AusInfo, GPO Box 1920, Canberra, Act, 2601.

www.facs.gov.au

For information contact the Department of Family and Community Services.

People with a hearing or speech impairment can contact the Department on its telephone typewriter (TTY) on 1800 260 402.

Acknowledgments

The Child Inclusive Practice Forums around the country could not have been a success without the contributions from practitioners in the field, who gave of their time and expertise in preparing and presenting sessions at the various fora.

Those who presented or participated in the various sessions are: Rhonda Bain, Andrew Bickerdike, Helga Biro, Michelle Blondel, Sue Buckley, Sarah Butler, Alan Campbell, Frank Cheshire, Cheryl Clothier, Sister Mary Comer, Margaret Condonis, Maureen Connors, Kerri Dene, Jenny Douglas, Nicole Dour, Andrew Drummond, Maureen Duffy, Tony Fitzgerald, Tony Gee, Fran Goodwin, Lauren Graham, Karen Gunning, Jenny Hannan, Grant Hawgood, Rosalie Hearne, Mindy Horseman, Eric Hudson, Lyn Hulett, Kim Kieu, Cheryl Kilsby, Pam Lewis, John McDougall, Gwenda McNaught, Paddy McVeigh, Caroline Markey, Mary-Helen Martens, Alan Mitchell, Carmel O'Brien, Mary O'Hanlon, Peter Orchard, Jo Pike, Clive Price, Trish Reck, Karen Reeves, Lily Roberts-Everett, Margaret Roots, Paul Schott, Beth Seddon, Marie Sidey, Gabrielle Tidey-Passlow, Tony Vidot, Karen Walter, Julian Watchorn, Sally Weir, Vicki Yarrow and the Options Team.

The success of the forums is also due to the wide and enthusiastic participation of staff from FRSP-funded organisations, too numerous to mention here by name.

The Family Relationships Branch in FaCS would like to acknowledge the role of the Attorney-General's Department in providing funding for these forums.

The Family Relationships Branch would also like to acknowledge the work done by staff from the FaCS State Offices in helping the forums run smoothly and productively.

Preface

The fact that children can be major casualties in the progress of family conflicts and break-ups was clearly demonstrated in the programs, case-studies and experiences shared by over 200 participants in the five Child Inclusive Practice forums held during August and September, 2000. Participants came from the family relationships services sector and represented a variety of programs – individual and couple counselling, family therapy, family mediation, contact services, parenting, domestic violence, children’s groups and youth programs, funded or part-funded through the Department of Family and Community Services.

The premise underpinning the forums, that ‘listening’ effectively to the needs and wishes of children in conflicting families and taking them explicitly into account in the services provided, was amply confirmed as a beneficial approach. It can benefit both children and parents in the resolution of conflicts, in the decisions parents make and in the long-term consequences for all involved.

However, achieving these benefits is no easy task. Dealing with the ‘voice of children’ in service delivery can add another layer of complexity and challenge for the practitioners and agencies involved.

A key aspect of this challenge is that the ‘voice of the child’ is not always a voice. Sometimes it is silence, as the following case study shows. In some children the ‘voice’ is expressed through drawings, through disruptive or unusual behaviours or through physical symptoms and illness. For some practitioners, these forms of expressions are difficult to understand and dealing with them is a challenging and sometimes threatening task. At the deepest level it requires practitioners to work with and be comfortable with their own child or adolescent natures.

This direct work with children does not suit all practitioners and only those comfortable to engage with children should undertake it. Fortunately, there are several less direct ways of identifying and taking into account the wishes and needs of children. Practitioners need to review their practice and develop it in a way that makes sense for them, their clients and their agency.

For the agencies in the sector incorporating and developing child inclusive practice can be challenging at many levels. It can involve the agency’s premises and resources. Are they child friendly, attractive to all age groups and safe? If not, where is the money to come from to make changes? Will the local toyshop sponsor some toys?

In introducing or developing child inclusive practice, the agency has to work with its practitioners and staff. Do they have the requisite skills and training? Are they motivated to introduce child inclusive practice or are they resisting and need support? What new processes and procedures are needed? Are the service delivery and practice models child inclusive? Does the agency have a child inclusive culture? At another level, the agency needs to be clear about its legal liabilities and obligations if it starts working with children.

Both within and between agencies there is clear benefit in intra- and inter-agency co-operation and collaboration in the delivery of more comprehensive services to families and their members. It makes better use of practitioners' diverse skills and experiences and the variety of access opportunities that the different services and agencies can provide. This, of course, has to occur in a 'competitive tendering' environment.

In every forum the question was raised, "Where are we going to get the resources we need?" Equally, in every forum there were ideas for how to proceed within the limits of available resources, albeit at a modest but manageable pace. Overwhelmingly, forum participants were supportive of moving down the path of child inclusive practice, but not without free expression of their often very real concerns.

In essence, the overall challenge is one of achieving change – both outer and inner change. The role of Government in this process appears to be facilitative and supportive. It is not suggesting time specific objectives to the sector, or timeframes within which milestones need to be achieved. However, it is a significant source of funds for the sector and has identified policy priorities. It is primarily up to each practitioner, his or her agency and the sector to determine the changes needed and the pace at which they should occur.

Fortunately, the forums showed that substantial progress has already been achieved. There are many examples of good practice in different service types throughout the sector. A number of other practitioners and agencies are also in the process of change and were able to report on both their progress and difficulties. So, for those agencies just starting on the change process there are many sources of wisdom and practical experience that they can access.

This was the core aim and benefit of the five forums – the sharing of wisdom, practical experience and good practice examples of child inclusive practice.

Thanks are due to the sponsors, the Attorney-General's Department and the Department of Family and Community Services, as well as the participants and presenters who gave generously of their experience and wisdom.

Marcus Mackay (Facilitator)

Human Development Consulting Pty Ltd

Contents

1. Executive Summary and Recommendations	1
1.1. <i>The Child's Best Interests</i>	1
1.2. <i>Research Findings</i>	1
1.3. <i>Government's Policy Context</i>	2
1.4. <i>Requirements for Effective Child Inclusive Practice</i>	2
1.5. <i>Resourcing and Managing Child Inclusive Practice</i>	3
1.6. <i>Child Inclusive Practice and Experience</i>	3
1.7. <i>Where are we now?</i>	4
1.8. <i>Services in Rural and Regional Areas</i>	4
1.9. <i>Key Change Strategies</i>	5
1.10. <i>Some Cautions</i>	5
2. Background and History	7
2.1. <i>Where we have come from</i>	7
2.2. <i>Background to child's best interests</i>	7
2.3. <i>Research findings</i>	8
2.4. <i>Government Policy Context</i>	9
3. Ideals and Visions for Child Inclusive Practice	11
3.1. <i>Frameworks for an Ideal Agency</i>	11
3.2. <i>Physical Environment</i>	12
3.3. <i>Resources</i>	12
3.4. <i>Intake and Assessment</i>	12
3.5. <i>Non-direct work with children</i>	13
3.6. <i>Family Based Work</i>	14
3.7. <i>Direct Work with Children</i>	14
3.8. <i>Evaluation and Feedback</i>	15
3.9. <i>Approaches to staffing</i>	16
3.10. <i>Management and Policy of the Agency</i>	16
3.11. <i>Some Cautions</i>	17
4. The current state of play	19
4.1. <i>Issues in Working with Children</i>	19
4.2. <i>Working with Children in Groups</i>	20
4.3. <i>Child inclusive practice in a systemic therapeutic and preventative framework</i>	22
4.4. <i>Child Contact Services</i>	22
4.5. <i>Approaching Parental Alienation When Parents Refuse Contact</i>	23
4.6. <i>Working with Children and Reality</i>	25
4.7. <i>Working with Children in Schools</i>	25

4.8.	<i>Post-Separation Parenting Programs</i>	25
4.9.	<i>Co-Parenting Pilot Program</i>	26
4.10.	<i>Women, Children and Family Violence</i>	27
4.11.	<i>Adolescents and Homelessness</i>	30
4.12.	<i>Conducting Mediation with Families and Children</i>	32
4.13.	<i>Child Inclusive Competencies</i>	34
4.14.	<i>The Contribution of Attachment Theory</i>	35
4.15.	<i>Child Support Agency</i>	36
5.	Changing from Within	37
5.1.	<i>The Challenge of Change</i>	37
5.2.	<i>Improving Service Delivery</i>	37
5.3.	<i>Key Issues for Agency Change</i>	38
5.4.	<i>Issues for Rural and Regional Areas</i>	42
5.5.	<i>Personal Change Experiences</i>	43
5.6.	<i>The Views of Industry Representatives</i>	46
5.7.	<i>Key Strategies for Change</i>	47

Caught in the Middle

The couple had already been seen by many services without success. They had been fighting about their daughter for four years, and each had battered the child. Each time a service agency was unable to help the conflict escalated. The daughter, at the age of 10, was depressed and becoming electively mute, failing at school and withdrawing from most social activities...

The practitioner only took the case to help their daughter. Both parents loved and needed the child but the parents were not acting like adults so they could not be treated as such.

The child was interviewed, with the parents observing behind a one-way screen - the child knew of the parents' presence.

She had actually talked on the phone before this interview, despite her developing mutism. Her mutism appeared to be a clear response to the family situation. In the interview the daughter was articulate and insightful and talked about her pain and the effects of the violence.

When asked what her parents should do she said:

- her Dad should stop coming to her Mum's house,
- he should stop hurting her and her Mum,
- he should stop forcing her to see him,
- he should talk to someone about his anger,
- her Mum should stop saying her dad was an evil pig, and
- her Mum should talk to someone about her sadness.

The parents then swapped places with the child. They were given the opportunity of listening to their daughter or eventually wrecking her with their behaviours. Over the next four sessions they acknowledged and started to listen, and their behaviours changed. The conflict reduced, and the parents went to other counsellors about their own issues.

A year later the child wrote a letter saying that her parents were doing well, and thanked the practitioner for listening to her point of view.

1. Executive Summary and Recommendations

The Child's Voice:

Why can't someone come to my level and listen to me - just understand me!

During August and September 2000 the Department of Family and Community Services and the Attorney-General's Department jointly conducted a series of child inclusive practice forums for the family relationship services sector at five locations around Australia.

The forums aimed to facilitate an interchange of ideas, experiences, concerns and 'good practice' examples that can be helpful to other service providers and agencies in the field.

This report summarises the outcomes of these forums and reflects the state of progress in Family Relationships Services with child inclusive approaches.

1.1. The Child's Best Interests

The idea of a 'child's best interests' has only developed in the last fifty years or so and has culminated in the United Nations Convention on the Rights of the Child (CROC), which Australia signed in 1990. This document contains two broad categories of 'rights' for children – the right to protection and welfare and the right to self-determination or freedom.

Australia's *Family Law Act* was amended in 1996 to give legal force to the best interests of children, their care, welfare and development. Children have a right of contact on a regular basis with both parents and with other people significant to their care, welfare and development. Decisions around parents' relationship difficulties, breakdown and divorce therefore must take children into account.

1.2. Research Findings

International research about children and young people's experience of conflict, separation and divorce has informed this initiative - in particular, the work of Dr Joan Kelly (USA), Benoit Bastard (France) and Prof. Carol Smart (UK).

In Australia, in 1998 Strategic Partners¹ found that there was a significant gap between what parents and children said they needed to help them through transitions involving conflict, and what was being provided for them by family counselling and/or mediation services. They also found that parents reported greater benefits when their children's needs were discussed with them in the process and when children had individual consultations. So, information from children about the impact of separation can assist parents to make better decisions for the children.

¹ Child Inclusive Practice Report, 1998

1.3. Government Policy Context

The Australian Government's changes to the Family Law Act have broadened the scope of counselling and mediation services working under the Act and have allowed the family relationship sector to be more child inclusive in approach. Government policy in this area is directed towards:

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

1.4. Requirements for Effective Child Inclusive Practice

Children's needs can be considered in a number of ways including – where the child is seen directly as part of the process, where the child's needs are considered indirectly through working with the parents or through group programs, and in family based approaches such as family therapy.

In this broad context, forum participants identified a wide range of requirements for child inclusive practice to be effectively delivered by sector agencies. The key requirements included:

- Appropriate, safe and user friendly physical environments that meet the needs of people of all ages and have a wide range of resources and activity opportunities.
- Intake and assessment processes that are welcoming, professional and flexible to deal effectively and appropriately with the client's first contact with the agency.
- Effective indirect work with children that builds on good initial assessments, involves holistic case management and an inter-agency team approach, has strong parent support programs and is able to advocate for children.
- Flexible and professional approaches to work with families with effective engagement between workers and clients, an inclusive model of listening to children, application of family systems and development perspectives, use of culturally appropriate approaches and clear feedback to families on objectives and progress.
- Appropriate and effective direct work with children that provides age-appropriate therapy, uses a team approach and builds networks for service support, has practitioners of both genders who can advocate for children, manages confidentiality issues between parents and children and provides children with their own invitations to attend.
- Open, effective and flexible evaluation and feedback processes that involve all age groups, are designed in consultation with children and adults, use separate workers for children and parents and involve a variety of approaches.

1.5. Resourcing and Managing Child Inclusive Practice

Critical to all aspects of child inclusive practice is adequate recruitment, development and remuneration of agency staff. Staff should be properly trained and supported in child inclusive practice, family systems approaches and related competencies. Child inclusive practice should be a core competency for workers.

Ideally, staff should be friendly, supportive and able to meet children at their own level. Child friendly informality is encouraged and an intuitive sense valued. However, reality dictates that not all staff in an agency can meet the ideal requirements, so an appropriate mix of skills and capabilities should be aimed for. Smaller agencies may be limited in what they can initially achieve.

The management of the agency is also critical for child inclusive practice. The agency should have adopted a child inclusive philosophy and culture, management processes should reflect the importance of child inclusive practice and budgets should take account of the additional costs involved. Other factors will need to be examined, including legal consent and confidentiality provisions, referral knowledge, insurance coverage, fees charged to families and the development of active partnerships with other services and agencies.

1.6. Child Inclusive Practice and Experience

Child inclusive practice is a relatively recent development in family relationship service provision that offers many opportunities for being creative and innovative.

Family Relationship Services Program agencies have implemented a wide range of responses to the increased awareness of child inclusive practice, both organisational responses and on a program-wide basis, and include:

- Parenting programs to increase the awareness of children's needs, enhance parenting competencies, and address post-separation parenting issues.
- Children's contact services, in particular issues of safety, education for parents, parental alienation and establishing the child's space in contact.
- Domestic violence support services, and therapeutic approaches to addressing the effects on women and children who have experienced it.
- Youth programs that target at risk young people and their families.
- Conduct of child interviews and the responses to the specific issues involved.
- Collaboration and networking to address case management issues when a case involves many different agencies or services.
- Identification and development of staff competencies for child inclusive practice.

Family relationship services that target young people also include the non-FRSP funded Reconnect services, which share a common target group with the FRSP funded Adolescent and Family Mediation and Therapy services.

Many services and programs provided by agencies represented at the forums are outlined in this report, together with the progress and difficulties they have experienced in establishing and developing them.

1.7. Where are we now?

Overall, the family relationships sector has embraced the Government policy context by undertaking organisational change processes to provide more child inclusive services. Some agencies have embraced these changes more fully than others, and are at varying stages in implementing the change process. However, there is clear diversity in child inclusive approaches throughout the sector.

Forum participants identified the key change issues for implementing child inclusive practice as:

- The need for a child inclusive culture based on clear aims and goals that can influence the attitudes and approaches of all agency workers and provide a basis for appropriate policies and standards.
- Acquisition, development and retention of workers with the requisite skills and experience, identifying minimum standards, reviewing employment practices, undertaking effective recruitment, providing developmental training, rewarding and motivating staff. The challenges involved in training staff and accessing training programs as well as paying for them were highlighted.
- Re-development of buildings and facilities that meet the essential needs of child inclusive practice.
- Reviewing and understanding the range of legal and safety issues raised by the changes needed for child inclusive practice, including implications related to child protection and occupational health and safety legislation.
- Getting the support of the community and stakeholders by developing greater awareness of child inclusive practice among parents and the public, and overcoming the lack of a child inclusive culture in our society.
- Developing effective collaboration and networking with other agencies and services, in a potentially competitive environment, to meet the needs of families in crisis, and to achieve integration of agency services and cooperation of the wider stakeholders such as police, solicitors and the Family Court.
- The effective management of the change process within each agency, including dealing with the diversity of views, resolving organisational blocks and building wider collaborative relationships.
- Accessing adequate funding and resources to pay for the training, organisational changes and increased workloads of implementing child inclusive practice.

1.8. Services in Rural and Regional Areas

A number of forum participants were from agencies located in rural and regional parts of Australia. The workers in these agencies face particular difficulties related to isolation, limited size and other factors unique to rural Australia. These factors contribute to:

- Higher cost of service provision and support for practitioners.

- Difficulties associated with small communities in management of confidentiality and overcoming traditional attitudes to using relationship services.
- The need to engage in more community consultation to achieve a sense of ‘ownership’ of the service.
- Difficulties in maintaining specialised services in the face of more general community needs.

1.9. Key Change Strategies

During the process of the forums there was substantial discussion on how to go about the change process itself, in particular, how to overcome ‘barriers to change’ – practitioner resistance, funding needs and lack of time or people? Some of the key strategies to emerge were:

- Involve the whole organisation (top to bottom) in the development of child inclusive practice.
- Begin with simple initiatives that can be built on and monitor their impact.
- Clarify the legal position for each organisation and service, and obtain independent legal advice on legal obligations, if needed.
- Use currently available professional development programs for professional development of child inclusive practice.
- Recruit appropriately skilled and experienced staff as opportunity allows, including recruitment of workers with a family systems perspective.
- Run pilots and trials in selected areas to demonstrate child inclusive practice.
- Integrate child inclusive practice into supervision practices within the organisation as a standard component of supervision practice.
- Adopt child inclusive practice performance monitoring processes to monitor the scope and impact of child inclusive practice in an organisation.

1.10. Some Cautions

Child inclusive practice is an addition, not a replacement in any service agency. It increases the complexity and cost of service delivery.

Balancing child rights with the needs and rights of family and other family members is also critical. Exactly where the balance point lies is not always clear. Service agencies have to make their own decisions according to the specific details of the case, and the balance can even shift as the case progresses.

Introducing child inclusive practice has implications for other organisations outside this service sector – for example, the courts, for police and in the schools. These implications need to be explored thoroughly to ensure that the work being undertaken in the sector is not being undermined in other areas.

The overarching question for agency workers is, “How best can we facilitate the child’s voice being heard?”

2. Background and History

The Child's Voice:

"I like myself when I am with you" - spoken by a child to a counsellor

2.1. Where we have come from

In 1999 the Commonwealth Attorney-General, the Hon. Daryl Williams AM QC MP and the then Minister for Family and Community Services, the Hon. Jocelyn Newman jointly released the report *Child inclusive practice in family and child counselling and family and child mediation*.

The report considered a range of issues arising from the 1996 changes to the Family Law Act that focused on the best interests of children and encouraged greater parental responsibility towards children.

Prior to and following this report much good practice had been developing in the field. The Attorney-General's Department and Family and Community Services responded to this work in the sector by facilitating a series of child inclusive practice forums during August and September 2000, at five locations around Australia.

The overriding theme in all forums was the idea that the development of appropriate Child Inclusive Practice in agencies and services is 'work in progress'.

The prime aim for the forums was to facilitate an interchange of ideas, experiences, concerns and examples that can be helpful to other service providers and agencies in the field.

This publication presents the key currents of thought and attributes of child inclusive practice that were discussed in the forums.

2.2. Background to child's best interests

2.2.1. Children's Rights

The United Nations Convention on the Rights of the Child (CROC), which Australia signed in 1990, contains two broad categories of 'rights' in regard to children:

- The right to protection or 'welfare' of children as in the right to protection from abuse and neglect; the right to positive relationships with both parents.
- The right to self-determination or freedom, including the right to have an opinion, the right to be heard, the right to freedom of thought, conscience and religion.

These two sets of rights have not always been comfortable together, due to the issue of competence of the child to make decisions as opposed to the responsibility of another to make a decision on the child's behalf.

2.2.2. *How Are 'Best Interests' To Be Defined?*

When the Family Law Act was amended in 1996, Section 68F listed the matters a court must consider in determining the child's best interest. This task is made very complex by the fact that the appropriateness of such decisions are dependent on a sound understanding of the child's developmental needs, as well as personal and subjective values.

The research by Strategic Partners in 1998 showed, among other things, that information obtained from children concerning the impact of separation upon them personally might assist the parents to make appropriate decisions for the children. This supports the view that the fears, hopes and understandings of children can provide important contributions to the decision-making process in divorce and separation processes.

All of this indicates that children's best interests may be served by a wide range of interventions, from the minimalist through to the highly interventionist.

2.3. **Research findings**

2.3.1. *International Research Findings*

International research about children and young people's experience of conflict, separation and divorce has informed this initiative. This includes the work of many practitioners and researchers. The broad research outcomes of three researchers/practitioners – Dr Joan Kelly (researcher & mediator from California), Benoit Bastard (children's contact centres, France) and Carol Smart (Professor of Sociology, University of Leeds) were recently discussed during conference presentations in Australia:

- There is a need for mechanisms for children to have a voice in relation to their experience of parental conflict, separation and divorce.
- High levels of marital conflict are linked to a whole range of adjustment problems in children, for example, depression and acting out behaviours (Kelly).
- Marital conflict is a better predictor of adjustment for children than divorce itself.
- The quality of the parenting is diminished in a high conflict relationship.
- Various aspects of a divorce increase adjustment problems – financial insecurity, lack of parenting, decline in standards of living.
- When fathers engage in active parenting there is better adjustment for children during divorce and separation (subject to issues of violence and abuse).
- Intervention at an earlier stage in the separation process is very beneficial – for example, divorce/parent education programs for helping parents to focus on children's needs.
- Children can show remarkable resilience in adapting to changed households and new residential arrangements (Smart).

- Children's groups could be a useful means of children getting peer support.

2.3.2. Australian Report on Child Inclusive Practice

The Child Inclusive Practice Report referred to in the Introduction was prepared by consultants Strategic Partners in 1998, and reported on research that they carried out in the counselling and mediation sector. The broad aim of the research was to identify strategies that promote the best interests of the child in the context of their parents' relationship difficulties, breakdown or divorce. Among other things, they found that information obtained from children concerning the impact of separation upon them personally might assist the parents to make appropriate decisions for the children.

This approach supports the view that the fears, hopes and understandings of children can provide important contributions to the decision-making process in divorce and separation processes.

2.4. Government Policy Context

Australia's *Family Law Act* was amended in 1996 to give legal force to the best interests of children, their care, welfare and development. Children have a right of contact on a regular basis with both parents and with other people significant to their care, welfare and development. Decisions around parents' relationship difficulties, breakdown and divorce therefore must take children into account.

The *Family Law Act* has broadened the scope of counselling and mediation services working under the Act. Family relationship services had historically developed out of a culture that was primarily couples-focused.

The creation of the Department of Family and Community Services has helped provide a more integrated government approach to family issues. Early intervention and prevention of problems has taken a higher profile in policy making, as has holistic service provision. The linkages within the range of policies affecting families have been given greater emphasis.

An important aspect of the Commonwealth's agenda has been to promote a focus on protecting and nurturing children within healthy families. This agenda sits comfortably with moves within the Family Relationships Services Program towards more child inclusive practice. In the administration of the Program the Department of Family and Community Services has been keen to make the links between different policy aspects affecting children. Policy forums are one important avenue where the perspectives of agencies such as the Child Support Agency, Reconnect Services and Family Relationships Services can be shared. A common theme in all these areas is a greater focus on the interests of children themselves.

Child inclusive practice is a comparatively recent development in relationship service provision that offers opportunities for being creative and innovative. Ultimately, the Government's expected outcome is for children to be more effectively assisted to deal with the experience of parental conflict, separation and divorce.

Government funding is being increasingly tied to holistic approaches to the family, and approaches that come from the ground up rather than being imposed from top

down. This means there is increasing scope in Government programs for flexible and collaborative arrangements across different service types.

The Government also supports prevention, early intervention and primary dispute resolution approaches which will see more conflict being addressed in a family relationship services setting before it risks the escalation that usually occurs when it moves into the Family Court setting.

3. Ideals and Visions for Child Inclusive Practice

The Therapist's Voice:

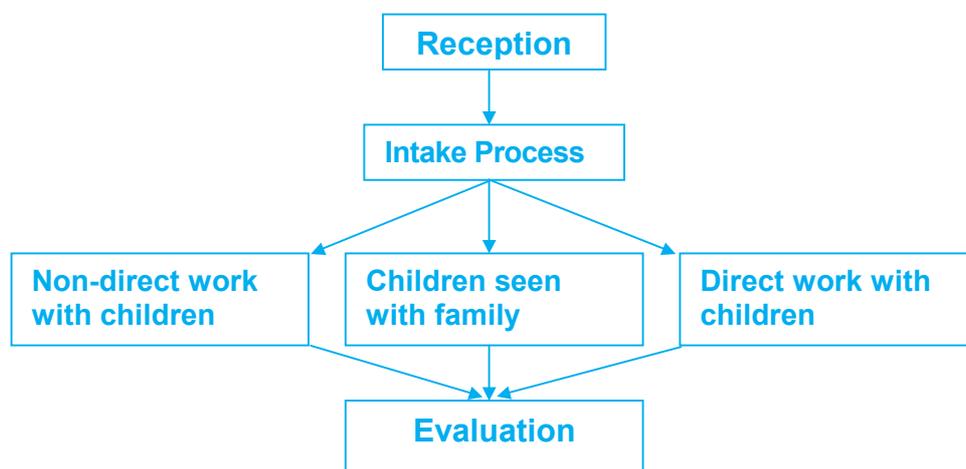
Children have a very little voice. If you're not listening you will miss it.

3.1. Frameworks for an Ideal Agency

During the course of the recent forums the concept of child inclusive practice as a process was developed which viewed it in terms of the following framework²:

- Reception and intake assessment – at the point of first contact.
- Non direct child inclusive practice – in which children's needs are taken into account, but children are not directly involved in the process.
- Child inclusive practice with families and children – in which parents, children and other family members can be involved in many different ways.
- Direct child inclusive practice – in which children are directly involved with the practitioner, on their own, in having their wishes and needs heard and assessed.
- Evaluation and assessment of outcomes for all involved in the process.

A visual representation of this process is provided below.



The framework provides a means for building awareness of the elements needed for the introduction and success of child inclusive practice in an agency.

² Framework outlined by Karen Reeves, Relationships Australia Queensland

3.2. Physical Environment

The physical environment can play an important part in enabling child inclusive practice. The ideal elements of the physical environment include:

- The physical environment is user-friendly and appropriate for all ages. There are spacious flexible areas for waiting or for therapy with child furniture, colourful décor and furnishings, craft materials and toys, books and magazines for all ages, TV and video, access to food and drink and easily accessible toilets.
- The agency is accessible: appropriate location, travel costs are understood and an agency vehicle is available for client transport and external visits.
- The area is child safe and secure – the needs for a child-safe environment in regard to traffic safety, effective supervision, protection from threats of abuse and other health and safety requirements are met.
- For teenagers service includes a coffee shop/Internet cafe with music and musical instruments – a place for ‘hanging’; online chat groups for discussion with each other and practitioners.
- There is an outdoor room or area.
- Therapy rooms are well-equipped with play therapy materials and equipment – food, lollies and chocolates, age-appropriate and robust equipment – a punching bag, weights, a graffiti wall or room, bubbles, jelly, water, grass, trees, sand, dress-ups, music, puppets, secret doors, fantasy play.

3.3. Resources

Resourcing issues relate as much to how resources are used and configured and how resource decisions are made, as to the actual quantum available for resourcing. The ideal approach to resources is:

- Reception functions with flexible and child friendly hours – including some weekend hours, an outreach service (with transport) and a homelink number for clients to use.
- Lots of material about families and parenting available – posters and pamphlets, an information library, videos, handouts (both adult-focused and child-focused), including father-friendly material.
- Courses and supporting material on parenting, parenting during crisis and parenting after separation are available.
- Outreach resources and infrastructure are available – a mobile counselling van visits workplaces, schools and child care centres, and there are video link-ups for isolated families.

3.4. Intake and Assessment

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

- There is a specialised Intake Coordinator for the agency – or one practitioner, at least, who is skilled in listening, screening and taking details.
- There is a two-phase intake – initially phone or other first contact, followed by a more in-depth assessment, including kids when appropriate. There is a separate phone line for intake that is attended by qualified practitioners.
- Intake and assessment involve questions about family details – who, contact arrangements, who lives with whom and invites parents to involve the children.
- The intake process is an observation-based assessment – it is also culturally inclusive and diversity is catered for.
- The actual intake and screening process can be done at the agency, by telephone, at a client's home or some other external location. Flexibility is needed.
- Parents also learn during the assessment process about the principles of working with children – best interests, conflict and children.
- An appropriate process exists to give information about options available – information for the family includes material that is child-friendly.
- There are clear referral pathways and flexibility in referral to the right services – there is no 'pass the parcel' and delays in referral are short.
- The agency is staffed and equipped for 'drop in' and telephone counselling.
- There is co-ordinated assessment of children at risk – the capacity to recognise child abuse is well developed.

3.5. Non-direct work with children

The following ideal aspects of service delivery for non-direct work with children apply in addition to the environmental and resourcing material that has already been described above.

- Good assessment at the early intake stage, especially checklists, questionnaires, asking parent about children's needs and the impact on children.
- A holistic case management and inter-agency team approach is used and early intervention is encouraged. Ongoing assessment, debriefing and liaison occurs within the agency.
- Parent support systems exist – run by parents, as part of agency function or at another agency. Parents are helped to understand the resources needed to work with children.
- Multi-lingual services are provided.
- The agency is able to advocate for children.

3.6. Family Based Work

In child inclusive practice with families, children can be directly involved in the process of having their needs assessed and taken into account in a number of ways. This can range from limited involvement during a family mediation process to full involvement in family therapy from the beginning of the process.

Aspects of ideal service delivery specific to this type of service include:

- Two workers, or one worker with support team behind one-way mirror as standard practice as well as co-counselling – worker adopts a team approach and uses culturally appropriate practices.
- Effective engagement between workers and clients is crucial.
- There is flexibility of service delivery – couple only, child separately, all family, part of family, etc. - however, the larger the family, the more important it is to consider the family as a whole, while still focussing on parent-child interaction.
- Family systems and development perspectives are applied – with use of appropriate group work, as well as individual approaches.
- There is an inclusive model of listening to the children.
- An eclectic grab-bag model of therapies is available that is essentially strength based – emphasising empowerment and free expression.³ The therapeutic approach should also include task-based activities within sessions, between sessions and experiments with new behaviour over time.
- There is a ‘time out facility’ for children and families.
- Objectives, and how it is intended that they will be met, need to be verbalised from the outset, and reported on throughout the therapeutic process as well as at the end, to all family members.

3.7. Direct Work with Children

Direct work with children can involve some very complex and demanding interventions which places a high level of expectation on the organisation’s ability to ensure that staff are sufficiently skilled to handle this level of work. Important factors for an ideal agency include:

- There is access to other services – including General Practitioners, children’s holistic centre (educational, medical, social, etc.).
- Children get special invitations from the agency.
- Therapeutic approaches are age-appropriate and include open-ended story telling and play therapy.
- Practitioners should be friendly people who stand up for the child – but they need to understand that the child does not want to ‘dob’ on mum or dad.

• ³ Michael White’s narrative approaches, St Luke’s strength based models

Children need to know that workers understand confidentiality but notwithstanding this sometimes they can ask the worker to tell mum and dad things. The practitioner needs to know when to be a voice for the children and when not to be.

- Workers use a team approach – with adaptive counselling and specialist skills.
- Develop and use networks for service support and referrals – client strategies may lead to other programs such as group programs for children (eg. ‘Rainbows’ and ‘Seasons for Growth’).
- Skilled workers of both genders are available to meet the diversity of children’s needs.

3.8. Evaluation and Feedback

At the end of the process involving child inclusive practice, there is ideally an evaluation and feedback phase. This is essential for a number of reasons, not least because it can help the agency review and re-design, if necessary, its interventions on a needs basis.

- There is supervision for all intake staff.
- Focus groups of children of mixed ages would be ongoing for evaluation and to provide a nucleus of support.
- There is an adequate budget for evaluation and research – ongoing research is carried out and longitudinal studies are undertaken.
- There is capacity for working with the child, couples and families in the evaluation process.
- Separate child and parent workers are used – there is sensitivity to power imbalances between the child and parents and adults.
- Agreements with children, as well as adults, to be included in evaluations – care is taken to maintain emotional safety for the children.
- There is acceptance of subjectivity in the evaluation process.
- The evaluation model is like a good take-away – child-friendly, quick service, and makes clients feel special.
- Minimum time is spent reporting back to Government and maximum time is spent with children and families.
- Evaluation approaches are designed in consultation with children.
- Evaluation is conducted at the end of the session and at the end of the process.
- Evaluation is on going – not just at the end of the process or program.
- Evaluations must inform the specific service as well as the wider practice.
- Information and feedback is sought from other services and stakeholders as part of evaluation and assessment.

3.9. Approaches to staffing

The ideal approach to staffing is:

- Staff are appropriately recruited and trained to ensure quality performance, and adequately remunerated and supported.
- Ideal staff are friendly, supporting and accepting, able to dress casually in a child friendly way, can relate to children, can get down on the ground and play, are skilled and love children. Intuitive sense is valued and encouraged regarding the needs of children.
- Appropriate training courses need to be available, which may involve inter-agency cooperation, as well as professional development (training focuses on identified competencies).
- Counselling staff need to be trained in family systems approaches and family-child orientations.
- All agency staff need to have a role in looking after kids, including checking child safety.
- Child inclusive practice is a key element in supervision of all staff – supervisors are mindful of how practitioners are working with children, and how practitioners' own child aspects are manifesting in working with parents.
- In small agencies one person often does everything - an awareness of limits in this situation needs to inform staffing and organisational decisions.
- Adequate resourcing for co-counselling with provision for a co-therapist of each gender.
- There is scope to bring in extra support workers such as grandparents and extended family members.
- A host person welcomes children and shows them around, creche workers supervise and baby-sit when needed.
- Receptionists who are welcoming – preferably two staff are present for safety reasons.

3.10. Management and Policy of the Agency

The way an agency is managed is highly important. Factors affecting ideal agency management across all aspects of child inclusive practice include:

- There is an explicit statement of child inclusive practice available – it is visible and includes a range of material directed to children and adolescents, as well as adults.
- The importance of legal consent and confidentiality provisions is understood – with practical protocols and appropriate languages used.
- Child inclusive practice is part of the agency's philosophy, culture, governance and organisational mindset. This means:

- child-inclusive interventions with parents,
 - time available to connect and consult with children,
 - time available to seek resources in the agency and in the community; and
 - time available to review practice.
- Management has procedures and processes that reflect the importance of child inclusive practice including an ethics committee to deal with related issues.
 - Management models support family work practices.
 - Organisational budgets need to take account of additional child inclusive practice costs – furniture, supervision, evaluations, work practices.
 - There are active partnerships with other relevant organisations (eg. childcare, schools) – these are developed, supported and maintained by management as well as staff.
 - Appropriate referral knowledge, insurance and organisational policies are maintained.
 - Services are affordable for families, including free services where necessary.

3.11. Some Cautions

A vision of an ideal agency needs to make sure that it does not inadvertently present a vision of the ideal client. Diversity of children presents particular problems for an idealised notion of service delivery. For example, challenges that come with meeting the range of needs of a child with a disability, or a child of a refugee family, a child of a non-English speaking family or a street child. These needs can only be anticipated in a flexible service delivery design that provides the space for children who do not present with the usual anticipated ('idealised') sets of relationships. For these children and those in other difficult ('tough') categories, we need to expand the vision even further in meanings of 'child inclusive' with no exclusions!

Child inclusive practice is an addition not a replacement in any service agency. This increases the complexity and cost of service delivery. It is therefore, important to be aware of the resources needed to be child inclusive.

Balancing child rights with the needs and rights of family and other family members is also critical. Exactly where the balance point lies is not always clear and individuals involved may have differing and strong attitudes about this. Discussion at the forums revealed that there is no single correct balance point. Service agencies have to make their own decisions according to the specific details of the case, and the balance can even shift as the case progresses.

Introducing child inclusive practice will have implications for other departments and service agencies outside this service sector. For example, the importance of elements of child inclusive practice to the courts, for police and in the schools needs to be explored thoroughly over time.

The overarching question for agency workers is "How best can we facilitate the child's voice being heard".

4. The Current State of Play

Policy development and program design are always catching up to the cutting edge developments that occur in service delivery.

- Margaret Condonis, Unifam

There are already many agencies undertaking high quality child inclusive practice. Family Relationship Services Program agencies have implemented a wide range of service responses to the increased need for child inclusive practice. These responses range from systemic organisational responses through to program wide approaches. Many of these agencies gave presentations at the forums describing the issues they have faced and the decisions they have made in implementing child inclusive practice. A selection of these presentations is provided in this chapter.

4.1. Issues in Working with Children

Interrelate Hunter & Central Coast

Practice issues related to working well with children are critical. There is a need for practitioners who work with children to have a good knowledge of self and to display personal characteristics that include:

- A willingness to play, flexibility, imagination, creativity,
- An acceptance their own child-likeness.

Practitioners bring with them aspects of themselves from their past, and counsellors are inevitably 'adult-centric', so practitioners working with children need to grow smaller, to see the world through the child's eyes. Not every practitioner is suited to, or needs to, work with children.

Signs of trauma in children were outlined, which counsellors and other practitioners may observe when working with children. These signs may include sudden panic and distress, behavioural signs of sexual abuse, personality changes, pervasive or specific fears, behavioural regression. This behaviour may be a reaction to parent loss and trauma, child witness to events, physical and sexual abuse, re-traumatisation, injury or illness.

When working with children it is important to be aware that:

- The child is not usually 'the customer', with the parent typically presenting the child for help to deal with problem behaviour.
- Children's issues do not fit into a '50 minute hour' or other like structures.
- Help often comes after a long series of seeing other 'helpers'.
- Children's symptoms are often closer to the source of conflict than in adults.

4.2. Working with Children in Groups

Centacare Brisbane

Centacare Brisbane offers the *Children First* Program, a group work program for children who have been through parents' separation and/or divorce.

There are a number of children's grief and loss issues after separation addressed through the *Children First* Program. Key principles include:

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

The *Children First* Program details are:

- Target group, 5-15 years (focus is not on abuse, but some children have experienced abuse).
- 5-6 children per group, sessions are for 2 hours.
- Confidentiality is an important issue to clarify with the group.
- Intake process – program coordinator interviews the family.
- Parents can attend a parallel education group to provide support (20-40% of adult clients return to Centacare for more counselling and education).
- People in the early stages of the separation/divorce cycle do not attend groups.
- Workers are trained in 'Seasons for Growth'⁴ and this particular program aims to place workers with age groups they prefer.
- Aspects of the program that seem to work include peer support, sense of not being alone, groups of parents and children combining to interact.
- Residential and non-residential parents from the same relationship do not attend the same groups, and siblings are separated.
- Notes are made at intake and closure - case notes are not made during the course of the program, reports from the program can be subpoenaed.
- Evaluation – handing out questionnaires doesn't seem to work, before and after pictures are used.

Program topics for *Children First* are described in the box below.

⁴ Centacare's 'Seasons for Growth' Program explores and provides support in understanding and dealing with the effects of change, loss and grief, recognising that change can hurt, be confusing, frustrating or threatening. It can be tailored to children of different ages and adults.

Children First - Program Topics	
<i>Children's groups</i>	<i>Parents' groups</i>
1. Getting to know each other Group rules, drawing of each other	1. Introduction to the program
2. Learning about my feelings and feelings are OK	2. Children's reactions to separation and divorce
3. My story	3. How can parents support their children
4. Strong feelings ('Coloured Petals')	4. Parenting issues
5. Memories and change	5. Volunteer lawyer
6. Moving on, evaluation and celebration	6. Personal feedback sessions and celebration

Relationships Australia NSW

Relationships Australia NSW (Newcastle) runs children's groups which comprise up to 10 children, aged 4-12 years, and are held over 8 weeks. The large age range is much easier to handle than a smaller age range, as the children play big brother/little sister roles, and it is more like a family. The groups are usually a struggle for the adults involved: working with children brings chaos into the organisation in the form of noise, colour and movement, but the children are keen to attend the groups, and to get down to the business of relationships. RA Newcastle are attempting to model their organisation to parallel the relationships available in an ideal family, where children can go from person to person (service to service) as suits their needs.

LifeCare NSW

LifeCare NSW has a practice framework that identifies the needs that clients bring in and then develops programs and resources in response to needs. LifeCare has developed a 'Kids Between' group for families experiencing divorce, in which the initial step was parent education groups which lead into the convening of children's groups running for 6-8 weeks (includes topics such as ways for kids to express emotions). LifeCare has also developed a 'Kids Time' program, as part of an integrated approach to responding to domestic violence, which has separate women's and men's groups. Kids Time currently spearheads the work they do in DV, and is closely associated with their women's group and childcare. The value of the group work approach is that it helps to normalise children's experiences, mitigates against them taking on guilt or blame for family breakdown, reduces the sense of the child being the problem, and provides children with reassurance that they are not alone in what they are experiencing. LifeCare aims to provide counselling sensitive to the needs of the children, including the employment of a child psychologist and specialising in hearing impaired children.

4.3. Child inclusive practice in a systemic therapeutic and preventative framework

Centacare Bathurst

Centacare Bathurst outlined an approach to seeing children in counselling if parents are involved in the process. At the assessment interview, the practitioners find out what the clients want, determine whether it can be provided in-house, or whether the client needs to be referred to another service. The parent may need empowering before bringing the children in – this means the organisation must be flexible.

The organisation has tried to build up the community education model for its preventative stream. It has received relationship education funding, and has trained 18 facilitators. Many children in separated families blame themselves for the situation, want to get their parents back together again, and need a facility to speak.

Centacare Bathurst also conducts the ‘Seasons for Growth’ program for children who have suffered loss. They are now introducing an adult component to this, for resident and non-resident parents.

There is an emerging pattern of grandparents doing the parenting - a source of untapped grandparent power in the community. Many in this older generation report that they feel worthless, and need to build up self esteem, however, there are issues around the rights and responsibilities of grandparents acting *in loco parentis*.

4.4. Child Contact Services

Logan West Children’s Contact Service

Logan West Children’s Contact Service in Brisbane places an emphasis on the safety of children in a service that facilitates changeover between residential and non-residential parents. The focus on children means the children’s contact service takes an active role in building relationships between children and their parents. This is balanced against when contact is not in the best interests of children. While the parents utilise the changeover or supervised visitation offered by the service, Logan West tries to provide a ‘gentle’ educative role to help parents develop insight into what constitutes children’s best interests.

In order to protect the confidentiality and privacy of clients of the children’s contact services (both parents and children), any reports required by the Family Court are limited to describing straightforward observational details of the clients’ interactions with the service. Outside the legal context, such reports can be useful because often the child can give a distorted perception to the residential parent, and such observational reports allows a longitudinal perspective to be more easily appreciated.

Children are made to feel and believe that they are being listened to while they are at the service. Orientation visits are arranged for all family members to help them become ‘acclimatised’ to the service. The residential and non-residential parents do not come into contact during changeover (staggered arrival times).

This means unnecessary conflict between the parents is avoided. Parents are ‘engaged’ into the service, in terms of the goals of the service, which are child-focussed. The centre may inform the residential parent if there have been important or noteworthy incidents affecting the child during the supervised visit.

There are several gaps in the services involving child inclusive practice. One is that access to counselling for young people is often not available. The other is a need for more group work with clients around separation issues.

Central West Contact Service

Central West Contact Service, Parramatta run a process which includes not only interview and service agreement with parents but also child orientation and familiarisation, and they conduct child interviews (‘chat sessions’) every six visits. The service operates from premises that are like a ‘normal’ house; there has been a deliberate attempt to create a home-like atmosphere. Posters etc... are at children’s eye level. Cultural diversity is challenging for staff, however, there are staff employed at the centre who have specific language skills.

4.5. Approaching Parental Alienation When Parents Refuse Contact

Relationships Australia Tasmania

Relationships Australia Tasmania is a site for the Contact Orders Pilot. The program aims to assist separated couples having difficulty with contact. The pilot provides counselling for parents and kids, education, mediation and a child contact service (supervised and assisted changeover). Referrals to the pilot come from the Family Court – sometimes at trial stage, but usually at conference.

It is important that an assessment be undertaken that relates to whether the children’s experiences are normal separation anxiety or represent parental alienation.

A presentation at the ANZACC’s Conference⁵ in 1998 described the symptoms of parental alienation. Parental alienation may be either explicit (I hate your father) or implicit (mum gets really upset every time she speaks to dad). Extreme parental alienation can result in one parent trying to eliminate the other from the child’s life. In the process of alienation the child often has to make a decision of rejecting, blaming or choosing one parent over another. Parental alienation encompasses a wide range of problematic behavioural, developmental and psychological issues and results in intense pressure being put on the children at separation. The danger of alienation is that it perpetuates conflict, and it can present as a range of conflicting behaviours.

The Contact Orders Pilot follows the basic philosophy that it is in the child’s best interest to have contact with both parents (but not if there is a risk of emotional trauma). The legal system is the antithesis of what the pilot is about – as the law is about winning using an adversarial system. Relationships Australia

⁵ Presentation by David Bruce to Australian & New Zealand Association of Children’s Contact Services, October 1998

Tasmania has set up a lawyer's panel that meets every two months. The organisation has conducted a large campaign to ensure all parties (judges, lawyers and families) understand the program's aims. The criteria for Relationships Australia Tasmania's Contact Orders Pilot are:

- Both parents must participate.
- All kids to participate too.
- Counselling must occur.
- Support groups are used.
- Self-management is encouraged.

The program commences with a directive or interventionist approach. Parents need containment (containing the conflict through directive counselling) because they are emotionally volatile at this stage and arguments between them will escalate the difficulties for children. Parents must agree to participate in the 6-week group education program (one session per week). A mix of men/women, and residential/non-residential parents attend the education program (no couples attend).

In the early stages, the children are not discussed at these groups. The pilot has learnt that parents do not want to hear it at that stage as they tend to be too caught up in their own problems, are often at an emotional impasse and do not fully realise the implications for children. The process is vital and provides a type of group therapy. Children's issues are introduced in Week 5. Once parents have made the emotional shift they are much easier to work with. Early intervention is critical but very difficult as referrals come from the Court. The service is often dealing with difficult parents who may have personality disorders.

The issues identified that still need to be addressed include providing training in counselling children and adolescents, in groups and in workshops, and developing and maintaining awareness of the legal minefield (training). The following resources were recommended: the video *Consider the Children* produced by FaCS and AGD, and *Impasses of Divorce* by Janet Johnson.

4.6. Working with Children and Reality

Centacare Townsville

Centacare Townsville has been developing child inclusive practice over a number of years. Since 1996, there has been an increase in the number of services available for children. This has included the 'Exploring Together' program, produced by the Victorian Parenting Centre, and 'Protect All Children Today' (PACT). Previously Centacare Townsville would see families together, but now they split them, and see family members separately. Over time there has been an increase in cases involving contact issues and a concurrent increase in the number of cases where the legal profession are involved. Centacare always see parents first to discuss with them their expectations, in relation to the therapeutic encounter, and Centacare is conscious of the need for adults not to be seen as inadequate in the parental role, by virtue of their children seeing a counsellor.

With children it is important to take into account their development level when making the decision about whether to see them. If they enter the program then it is important to develop rapport and let them 'set the pace', and for parents' wishes, in the main, to 'take a back seat'. The message for child inclusive practice is "have a go, and work with what is available and fill gaps rather than replicate existing services".

4.7. Working with Children in Schools

Centacare Wagga Wagga

Centacare Wagga Wagga provides a school liaison and family support program, in which the school team and counselling team works closely together. This partnership has meant better child inclusive practice. Centacare Wagga also conducts the 'Seasons for Growth' grief and loss program in schools, which provides good cross-referral and communication opportunities.

4.8. Post-Separation Parenting Programs

Relationships Australia Victoria

Relationships Australia Victoria (RAV) with La Trobe University have been studying parenting programs for separating parents in the USA and their applicability to the Australian context. There are over 1500 programs, a tripling in the last five years, possibly because about 50% are mandatory and most participants have to pay to attend.

Results from US evaluations indicate that:

- 62% of participants agree the program should definitely be mandatory whilst 26% believe it should be mandatory.
- The US programs also have a focus on avoiding re-litigation.

RAV has conducted research about:

- Effects of separation on children.
- Recognition that parents want to minimise children's trauma and distress around separation.
- Poor quality of information available for families.
- Belief in the effectiveness of educative approaches in a group setting.

Following this, the mediation service designed its 'Effects of Separation on Children' program. The program involves a two-hour session every 6-8 weeks depending on demand, a minimum of 6 participants and a maximum of 16. Participants tend to be single (separated) yet some couples attend (who tend to be further down the track of separation). Anecdotal feedback has been positive.

The principles of the program are to:

- Increase parents' awareness and understanding of children's needs and provide well-researched and balanced information.
- Concentrate on building a competence framework for parents.
- Recognise and acknowledge the fears of parents.

RAV's 'Key Steps to Parenting After Separation' program builds on the 'Effects of Separation' program. It aims to teach separated parents the skills involved in:

- Positive parenting.
- Adjusting to the separation.
- Minimising conflict.
- Learning to end the intimate relationship while developing a new 'business' type of relationship.

RAV worked with Victorian Parenting Centre and Latrobe University to develop the program, which is now operating through Parent Zones and parenting centres around Victoria and costs \$25 per person if a couple or \$30 for individuals. The seminars are essentially for low conflict families with a screening system to be developed (generally high conflict couples cannot be placed together). Research has shown that early intervention is vital, that a skills based program is very important and that the provision of information is very much needed.

4.9. Co-Parenting Pilot Program

Anglicare Western Australia

Anglicare Western Australia piloted a Co-parenting program through Kinway⁶ from August 1999 to May 2000. This program was written and then revised,

⁶ Kinway is a division of Anglicare WA delivering relationship counselling, education and advocacy.

combining material gained from programs piloted successfully in the USA, contemporary literature on divorce and separation, and practice wisdom. Key features of the program include:

- The program was run over six sessions and was based on the principles of workplace relationships, offering ideas and options to parents in decision-making and problem-solving (the program also worked with the children).
- Pre and post-course questionnaires were used. The follow up questionnaires for parents measured any change or the degree of change in the variables assessed in the initial and post course questionnaires.
- These variables included:
 - current parenting practices,
 - the degree to which co-parenting principles have been put into action,
 - current attitudes toward having a co-parenting relationship with their child/children's mother/father,
 - support available,
 - the child's wellbeing.
- The follow-up questionnaires for children and adolescents measured the child or adolescent's perception of the presence and impact of any conflict between their parents. The questionnaire also examined the child or adolescent's perception of their parents' ability to work together in parenting and decision making. It also measured the child or adolescent's perception of the actual practices that were occurring at the current time.
- The evaluation found that the program had given parents the skills, practice and confidence to put co-parenting into action, increased co-operation in parenting and legal processes involving children, reduced conflict and increased communication in relation to children.

4.10. Women, Children and Family Violence

Relationships Australia Victoria

Relationships Australia Victoria was one of three organisations funded by FaCS to conduct a Family Violence Research & Intervention Pilot Project (the other organisations were Relationships Australia WA and Centrecare Perth). The final report is called *A Study in Hope* (available from Family Relationships Branch). The report outlines a good practice model for family violence services that aims to:

- Develop effective cost efficient services.
- Provide support for abused women.
- Encourage men to take responsibility for their action.
- Provide support for children.

- Achieve safety for all family members.

This model has been used to inform current practice at Relationships Australia Victoria and includes an intake assessment which leads to referral to a women's group, men's group or couple and/or family counselling (if safe). Relationships Australia Victoria's practice model is child inclusive, which aims for parents to understand what the child experiences when the parents fight. In a case where a man is violent towards a woman, the model includes an individual assessment of the mother and father and a child protection assessment, with the counsellor's priority being the woman's safety. Often the woman feels guilty and vulnerable as far as the children are concerned (ie. if I can't protect myself how can I protect the children?). After assessing the mother a decision is made about whether to interview the kids. High-risk cases are referred to DV services with the offer to make contact when safety is established.

Some Domestic Violence Statistics

The probability of child abuse in homes where the mother has been battered is 129% higher than homes where no marital violence occurs.

(Strauss 1979)

Three times every fortnight a homicide occurs in Australia in which intimate partners are involved. In almost 4 of the 5 cases the perpetrator is male and the victim female.

(Australian Institute of Criminology, 1998)

cited at the Melbourne forum by Fran Goodwin, RA VIC

When counselling the male the approach is to discuss experiences with their own father. This is an effective way to help men focus on what is happening for their children. Research shows that about two thirds of abusive men experienced abuse themselves. The Men's Behaviour Change Program aims to help men to take responsibility for behaviour, thoughts and feelings and learn new communication skills.

The Women's Support Group aims to share stories, break isolation, provide legal advice, understand family violence, teach self-care and how to manage stress. Each of these programs is both therapeutic and educative. It is important to establish trust, set goals and define confidentiality.

The program involves work with children of 6-12 years. There are gender specific effects at this age. Effects of family violence on children over the age of 13 include drug and alcohol abuse, early pregnancy and even suicide. When working with children the approach concentrates on positives and strengths (child's self-esteem is usually low) and building trust. It is often difficult to get the child to be expressive, which is impossible at home in the violent environment, but this is vital. Therefore the counsellors use play therapy – dolls house, story telling, music, games they already know (snap etc), puppets, sand

play, Pokemon cards are used as a reward. Prerequisite for work with children is safety.

Two key messages are the importance of early intervention and the breaking of inter-generational patterns of family violence.

Adelaide Central Mission

Adelaide Central Mission presented a video covering a session with a mother who had been a victim of domestic violence and her two sons. In particular, the counsellor was exploring the way in which the boys had dealt with the situation and had supported their mother. She used the language of the children and tried to explore the situation from their perspective. This work is based on the Narrative Therapy approach and the work of the Dulwich Centre.

The Effects of Violence on Children

Not all children are affected in the same way

Effects vary according to the age, sex and role in the family

Disrupts bonding attachment with parents

The risk is greater for children than adults

Children develop post traumatic stress syndrome to violence (Dr Bruce Perry)

Children Respond To Violence By:

Adapt (whereas adults have a fight/flight response)

Experience a trauma bond – identify with the abuser

Siding – often with the abusive parent and is afraid of the weak/needly parent.

Displays of aggressive or naughty behaviour

Freeze emotional reaction (dissociation)

Hyper-vigilant – always walking on egg shells (time-bomb)

Feel responsible for parent's behaviour

Stop taking risks, asking questions

Inability to stay focussed - impacts on schooling

Avoid intimacy

Develop trauma symptoms – ie. bed wetting, compulsive disorders

Develop affected thinking process – 'the world is a bad place',

Aggression is an effective problem solving strategy

Fran Goodwin, RA VIC

4.11. Adolescents and Homelessness

Centacare Cairns

Centacare Cairns run a number of youth-focussed programs. They conduct a schools program and are about to start a youth mentoring and mental health program. They also provide non-mandatory counselling services for children and youth, plus Adolescent Mediation and Family Therapy and the Seasons for Growth group program.

Centacare Cairns is flexible in terms of where and when they see young clients and when they do so, they utilise age appropriate accommodation and resources, and are always clear on the confidentiality limits with these clients. They follow up people who have missed appointments to find out why and then reschedule. The fee structure takes account of financial circumstances and age. Services are marketed to youth. The message from this for child inclusive practice is to support the inclusion of young people on advisory groups.

Centacare Gold Coast

Centacare Gold Coast operates its FANTAM service with a focus on the conflict between the parent and the young person. The main contact is through the parents, with the main approach being family therapy. The service is located as part of Centacare's family relationship counselling service, with the adolescent mediation and family therapy service operating for the past five years. A new program for mid-primary school children was launched in August 2000, called *Kid's Business*. As part of working in a more integrated way with other services, the organisation has a representative on the management committee for the local Reconnect service and works collaboratively with the service.

Reconnect Program

Several organisations funded as part of the Reconnect Program presented at different forums.

Reconnect Gold Coast outlined the work of Reconnect services, who base their work on good practice principles, developed from good practice forums during the piloting of the Reconnect program.

The Reconnect program is based in the northern Gold Coast and works with young people and families. It entails collaboration between 22 agencies and there is a memorandum of understanding that sets out the terms of the collaboration. They provide accessible service delivery (normalise the issue; provide broad range of choices). This accessibility is brought about partly by facilitating an immediate response.

Promotion of the service is conducted through non-traditional venues (eg beer coasters in surf clubs). With the 'learn as you go' approach (action research), Reconnect has the flexibility to change how it is implemented mid stream. Outreach entails taking the delivery of services out to where young people are comfortable. Reconnect workers use a toolbox of interventions. Clients like solution focussed interventions that result in the clients becoming 'skilled-up'.

Advocacy and referral knowledge is important. Flexibility is also important when trying to engage a young person.

Reconnect services are premised on working collaboratively with other organisations. Reconnect's collaborative approaches include a commitment from each partner agency, clearly outlined tasks for each 'partner', mutual benefits and collaboration undertaken in response to identified gaps. A key person is identified within each agency, action research processes are in place, organisations get involved in each other's management groups/staff meetings and good relationships are encouraged between individuals within agencies.

Reconnect's good practice principles are listed in the box below.

Reconnect Program – Good Practice Principles	
Provision of accessible services	Promoting the services Immediacy of response Outreach
Client driven service delivery	Flexible service delivery Spend time in engagement
Holistic approaches to service delivery	Make assumption from the start that you will be working with the family, not individuals
Work collaboratively	Creating an early intervention network Involve specialist services First to know agencies Include four key features
Culturally and contextually appropriate services	Geography, transport, language, culture
Ongoing review and evaluation	Using action research and client involvement in evaluation
Building sustainability	Funding the infrastructure Training and coordination of services

Reconnect Port Adelaide/Enfield Council SA outlined Reconnect's work with the young people and importance of networks with SAAP⁷, JPET⁸, Centrelink and non-government organisations such as Adelaide Central Mission. This network of services now has interagency meetings every 2-3 months to discuss how things are progressing. Mediation is brokered out to other organisations. The service is offered 6 days per week - it is important that the service operates on Saturdays, to make the service as accessible as possible.

Newcastle Reconnect is run by Creative Times (the Samaritans), and is a youth homelessness early intervention program, using family therapy and family mediation. Creative Times deliberately attempt to maintain a low-key image, so

⁷ Supported Accommodation Assistance Program

⁸ Job Placement, Employment and Training program.

they fit better into the community they serve. The Creative Times group work for young people is described to participants as a place where people come to have fun and meet other people. The program stresses the importance of factors such as the type of language used and practitioners' awareness of their own physical presence in dealing with these clients. They also provide group programs for children aged 7-13 years who have emotional difficulties.

Youth & Family Service Logan City

Youth & Family Service Logan City outlined the range of services provided through the Options team, including adolescent mediation and family therapy, family skills training, partnerships against domestic violence, and men and family relationships.

Their key focus, however, were the issues associated with young people's and parents' rights in counselling and therapy. Three scenarios were role played by the team to highlight the ethical issues inherent in providing counselling services to young people when they wish to access services without the knowledge of their parent(s). Participants found that the 'correct decisions' were not always easy to identify in the complex situations presented, with apparently competing requirements on counsellors.

4.12. Conducting Mediation with Families and Children

Child Interviewer at the Family Mediation Centre

The role of the child interviewer at Family Mediation Centre Melbourne includes:

- Initially meets with mediator to get a picture of family dynamics.
- Calls the parents to introduce herself and arrange a time to meet with the kids.
- The interview tends to be goal-focussed and purposeful.
- Often the child will have issues and feelings he or she wants passed on to the family. Children are told the interview is not confidential, as the idea is to pass on information to the parents and mediator.
- Many techniques are used to get children to open up – three wishes, bear cards, dolls house play, a good or bad dream and so on.
- After the interview, she meets with mediator to share what was heard, learnt and seen. A key question is, 'can parents handle hearing some things?'
- It can be difficult to decide whether to tell parents something if there may be repercussions for the child.

Resolve, Anglicare Top End

Resolve, Anglicare Top End works in child and family mediation. This work originates from the findings of the Strategic Partners research. In summary:

- The agency provides co-mediator mediation sessions for adults, with another mediator working with children.
- The agency view is that one session with a child and mediator is not enough to enable all relevant issues to be identified, or that the mediator could draw sound conclusions from that one interaction.
- An issue that created discussion was the fact that, to-date, there has been a lot of emphasis in society that separation and divorce is an adult issue and not a child issue.

Relationships Australia NSW

Relationships Australia NSW conducts a mediation service where 80% of the cases they mediate involve children's matters. However, the service only involves children at the parents' request. RA NSW uses a three stage process: a phone intake conducted by the administrative officer (the administrative officer takes statistics etc and does a preliminary domestic violence check); a solo interview with each participant; then the mediation itself, using a co-mediation model.

During assessment, the practitioner endeavours to find out how the children are being affected by the family issues, and whether the children have anyone to talk to (this is asked of each parent separately). During the mediation, both parties help draw a genogram⁹, then they are asked to look at the children's needs. Questions such as 'imagine the child was in the room now – what do you think he/she'd say?' are used as prompts. The mediators interview the child after the parents' first mediation session, if the parents agree. Information is only fed back to the parents with the child's consent. The mediation can be put on hold where there is a high level of conflict and it may be referred on to RAPS (RANSW's adolescent mediation and family therapy service).

Community Mediation Tasmania

Community Mediation Tasmania (CMT) has incorporated child inclusive practice over the last 18 months. CMT have policies in place, have a child-friendly environment and provide educational material to parents about effects of separation on children. Key points include:

- Both parents and the children need to agree to participate.
- The parents sign an agreement stating they are aware their children will meet with an independent mediator who will consider the child's view.
- The child mediator is always a third party (it's important to be totally independent) and will brief the mediator on the interview. The mediator then meets directly with the parents.
- Parents are made aware that what the child says, if requested, is confidential.

⁹ A diagrammatic representation of the family and its relationships, commonly used in the sector.

CMS believes it is important to lift the profile of child inclusive practices. It needs reinforcement through parental education and the general public.

Interrelate Lismore & Coffs Harbour

Interrelate in Lismore & Coffs Harbour reported their mediation service as being at a fledgling stage in introducing child inclusive practice. They were taking the process slowly – observing and assessing how parents and children are managing.

They have found that including children is very labour intensive and de-briefing after working with children is very important. When working with children, the practitioner then has to work out how the information can be taken back to the parents. Practitioners need to strengthen children's own resources to normalise their experiences.

4.13. Child Inclusive Competencies

Relationships Australia NSW

Relationships Australia NSW (RANSW) has developed a child-inclusive competency framework for staff appraisal, training, planning and service delivery. There are four levels of expected specialisation for the programs, and RANSW has asked all its counsellors to assess themselves against all competencies. The competencies can be developed through supervision. Seminars and training days have been held in all regions. The four levels of competencies are described in the box below, in terms of the type of work associated with each level and in broad terms the type of training that provides the competency.

The RA NSW adolescent mediation and family therapy services Touchstone at Wollongong and RAPS at Parramatta. Both have staff with level 4 competencies dealing with children at risk.

Relationships Australia's Competencies for Child Inclusive Practice

Level 1 – indirect work with children: via couple therapy or parenting programs, identifying the needs of children, providing education and support to parents/carers, exploring and intervening in wider systems such as school and the extended family, assessing and responding to family safety issues and making referrals.

Level 2 – direct contact with children: in the course of counselling parents interviewing the children to assess their needs. All practitioners have child safety testing. This level requires the ability to engage children with or without their parents being present.

Level 3 – family therapy where the child is presented as the main concern or the couple present and the child is triangulated into the parents' issues (loyalty split). This level requires specialist training in family therapy.

Level 4 – family therapy for children at risk where the case includes the children, and their range of support networks as well. This level also requires specialist training in family therapy.

RA NSW runs a family skills program that takes whole families on weekend camps - up to 6 families are able to participate in the one weekend session and by its very nature it is a very resource intensive program.

A number of practice issues were discussed, including, at what point in therapy should the focus move to the well-being of the children, in what ways does the counsellor's role change in this process. Another key practice issue is how to help the couple balance their own personal needs with that of their children.

4.14. The Contribution of Attachment Theory

Relationships Australian NSW

Attachment theory has underpinned many of the competencies. Attachment is an emotional bond. Practitioners should ask themselves how they can optimise parents helping their children. The quality of the attachments in the family is significant and can be a buffer for children where there are other issues present, eg drugs.

Attachment is formed by proximity maintenance – children stay close and resist separation from their safe haven and secure base. Attachment is maintained by parents being accessible, attuned and responsive to the children. Parents respond to their calls for help. If parents are operating from a secure base, the best interests of the child are much clearer. There are different needs for each child in the family, and the relationship of each child in the family to his or her parents is different. It is important for parents to spend individual time with children – this is difficult in resource-poor families.

Disruptions to attachment can include:

- Fear of losing or actual loss of an attachment figure (including domestic violence cases).
- Attachment figure being captured by another (eg alcohol, depression, a lover).
- Turning to an inappropriate attachment figure.
- Conflict within relationships.
- Expectation of repetition of losses.

It is also important for the practitioner to have the competency to provide education to parents or carers about the effects of separation issues on family members, and the competency to outline specific knowledge of the effects on children of couple issues. This includes the ability to identify children's age-related reactions to parental issues, and the ability to identify normal and problematic or symptomatic reactions to separation, conflict or violence. Communicating an understanding of the effect of conflict and/or separation on attachment bonds within a family is vital in this.

4.15. Child Support Agency

The Child Support Agency (CSA) provided an outline of its role and functions for many separating families. CSA aims to ensure that children are financially supported when parents separate. CSA's vision is that all Australian parents meet their child support responsibilities. Normally it is the resident parent who initiates contact with the CSA after going to either Centrelink or a community organisation – they are asked if they have taken reasonable maintenance action. The CSA's safety net is there for people who are unable to make their own arrangements.

The CSA's challenges include a whole-of-government approach, building a community focus, encouraging and supporting parental responsibility and streamlining agency service delivery. There are a number of other CSA initiatives, which can be found on the CSA web site (www.csa.gov.au):

- Introduction of 22 Regional Service Centres across Australia (small CSA teams have been placed in Centrelink Offices to provide face-to-face services in targeted areas).
- CSA community services directory, which is used by CSA staff to provide information to clients about local community services (on the Internet later this year).
- As part of the approach to building a community focus, CSA has sponsored two publications which support parents in meeting their child support responsibilities:
 - “Back on Track - finding way through separation and repartnering” -a resource for community educators and available via the CSA website,
 - “The Guide to Managing your Money” - this booklet gives clients practical, easy to understand tips and strategies for managing their finances (available in November via a 1800 number, reply paid mail and the CSA website);
- CSA website has a range of information relating to child support including CSA calculators that help calculate the amount of child support payable.

5. Organisations Changing from Within

The 3-year-old daughter was acting angrily while a couple had been having long-term counselling and had separated. During this process the daughter went into a children's group program. The mother's evaluation of the program afterwards revealed that her daughter no longer acted angrily. Instead she was able to tell her mother that she was angry.

5.1. The Challenge of Change

The productive change that has occurred over recent years in the Family Relationships Services sector has occurred organically – organisations have recognised needs and adopted practices that better suit the needs identified. This organic process of productive change also applies to child inclusive practice.

A number of agencies have undergone change already, in the adoption of child inclusive principles and the development of related practices. Some organisations currently are experiencing change at this time and many others are anticipating change.

The issues surrounding this change, and the learning to date, are discussed in this chapter. The challenge for agencies is to successfully change from within.

5.2. Improving Service Delivery

Improving service delivery is at the core of the change process. The relationship between the child and the practitioner is seen as the most important aspect of child inclusive practice. Developing the competencies to be able to form appropriate relationships can be professionally and personally challenging for some practitioners.

What constitutes acceptable levels of service for the different forms of child inclusive practice has already been discussed in Chapter 3. In broad summary, acceptable levels of service delivery require:

- Supportive, welcoming and timely reception experience, where the process starts, with trained staff and family friendly physical layouts and resources.
- Accessible, flexible and family friendly service delivery, including services that undertake home visiting, different ways of working with children and strategies for dealing with reluctant or fearful parents.
- Provision of more than one contact within an agency for the child, and involvement of the child in getting appropriate agreements and approvals.
- Holistic and systemic approaches to service delivery that use a whole of family perspective rather than working only with individuals or couples, but are also sensitive to the different needs of individuals within the family.

- Use of collaborative approaches, cross program sharing and case management to effectively deal with complex cases and inter-agency networking.
- Sensitivity to the needs of different age groups, cultural groups, different language needs and other factors of social diversity.
- Support and resources for parents during counselling and/or mediation processes based on a clear understanding and of their attitudes and needs.
- On-going evaluation and review processes, including review of child inclusive practice models across different service types and agency philosophies.

Good levels of service delivery will be more easily achieved when child inclusive philosophies are intrinsic to an organisation's governance, vision and planning processes.

5.3. Key Issues for Agency Change

The forums examined the challenge of change in some detail. The following issues were identified as significant in achieving productive change.

5.3.1. A Child Inclusive Culture

There was widespread acceptance of the need for clear aims and goals for child inclusive practice within an agency, and that these aims and goals are part of the agency's overall guiding philosophy and culture. Developing a child inclusive culture involves:

- Managing conflicts over defining the "bests interests of child".
- Defining what child inclusive practice means for each agency and how it can be applied at a practical level.
- Managing internal changes to philosophy, attitudes and culture change.
- Developing clear policies and standards reflecting the philosophy of child inclusive practice.
- Reviewing and updating current practice models.

5.3.2. Recruitment and Training for Child inclusive Practice

Necessary aspects of staff recruitment include:

- Recruiting, training and rewarding the 'right' people.
- Revising and clearly defining all staff job roles and descriptions, especially for recruitment purposes.
- Identification of minimum standards and qualifications including 'who does work with children?' and the conduct of police checks.
- Investing in activities that help motivate and enthuse staff in the agency.

The lack of trained staff and the lack of training for existing staff limit the development of child inclusive practice in many agencies. Training continues to be a key to productive change in professional practice, including:

- Training of all first contact staff in an agency, whether clinical or not. For example, the receptionist is a first contact point and may have a referral role.
- Staff training needs assessments by revisiting current and required skill levels for all agency staff.
- Running a staff development day on child inclusive practice forum outcomes.
- Development of an integrated approach to case management and case flow.
- Ensuring a child inclusive practice focus is developed or maintained in supervision processes, including a review of competencies for supervisors.
- Professional development training on specific approaches to child inclusive practice.

5.3.3. Development of Appropriate Buildings and Facilities

Having the appropriate facilities and resources for child inclusive practice is essential for an agency.

The reality for many agencies is that the physical layout of buildings is often inappropriate and necessary services such as child-care services are also often lacking.

Solving these problems can require some additional resources and some simple changes to current practices and procedures.

5.3.4. Dealing with Legal and Safety Considerations

A number of legal and safety issues relate to the development of child inclusive practice and include:

- Understanding the legal implications and complexities arising from the Family Law Act and the enlarged scope of work resulting from child inclusive practice.
- Understanding the legal implications and complexities of child protection legislation, including differences from state to state.
- Understanding and taking responsibility for occupational health and safety requirements arising from having larger numbers of children on an agency's premises, including having 'at risk' children in public areas near the agency.
- Resolving ethical dilemmas arising from questions about admissibility of evidence in legal proceedings related to clients.

Disclosure can threaten the professional client relationship and admissibility needs to be made clear up front in the process. In Western Australia there are issues about the jurisdiction of the *Commonwealth Family Law Act* and the Western Australian *Family Court Act*. Organisations in WA need to obtain legal advice on these issues.

5.3.5. *Getting Stakeholder and Community Support*

Forum participants identified the need for a collaborative voice in support of children amongst the wider network of stakeholders and groups involved. For example, the activities of the Family Court, solicitors, police and schools can affect the development of child inclusive practice.

Suggestions were made about communicating the understanding and needs of child inclusive practice to this wider network, such as convening a forum for wider stakeholders, for example, the Family Court, to discuss issues and solutions with Family Court staff.

The major change issue here was how do small branches with few staff develop and support these types of collaborative support mechanisms.

There is also a need to market and promote an understanding and awareness of child inclusive practice to parents and the community generally. As one participant noted, "Our society does not have a child inclusive culture. There is a clear need for community education about children's rights and for acceptance of attitudinal change."

Suggested approaches included:

- Finding ways to empower parents in being more child inclusive.
- Marketing of agency services of education, counselling and training to help normalise the idea of therapy.
- Use of the media such as soaps, lifestyle programs and radio to further child inclusiveness.
- Better use of effective and appropriate referral.

5.3.6. *Collaboration and Networking.*

One approach to a number of the dilemmas identified in introducing child inclusive practice in the field was the development of networking and collaborative arrangements with other agencies. Effective collaboration between agencies requires:

- Clarity of respective responsibilities, including who has the lead agency role.
- Agreed goals and service plans and agreed assessments of service outcomes.
- Coordination and collaboration between services within an agency and effective case management.
- Development of balanced partnerships with Government and community in adoption of child inclusive practice.
- Management of the differing client perspectives between agencies, more sharing of information between agencies about what is effective, facilitation referrals where appropriate and less competition between agencies.

The last issue of 'less competition between agencies' is perceived as a significant problem for many agencies. Many Government processes are based on competitive tendering, but at the same time there is a need for collaboration to

achieve efficient use of available resources. Some agencies found the resolution of these conflicting pressures extremely difficult.

5.3.7. Organisational and Management Change

The effective management of the process of change in an agency was identified as a critical function for agency managers. Change management tasks include:

- Achieving improved information flows within the agency including the use of ‘away days’, and other mechanisms, to facilitate staff discussions of issues was suggested. Implementing efficient, effective and simple information systems.
- Establishing a child inclusive practice culture that ensures recognition at all levels in organisation and a whole of organisation culture shift.
- Developing closer working relationships within the agency and within and between agency teams.
- Integrating the differing staff attitudes, approaches and skills related to child inclusive practice.
- Identifying and agreeing performance parameters for child inclusive practice (ie what is counted as part of child inclusive practice with the agency’s management and information processes and developing assessment tools).
- Dealing with the blockages and obstacles to organisational change, including responding appropriately to resistance to the enlarged scope of work, meeting the need for training across a range of disciplines, and managing the differing preferences and approaches.

One group suggested that mindset was by far the most important factor in moving to child inclusive practice – a shift is needed from the rigid, defensive, emotional, reactive, traditional ‘should’ based mindset to the flexible, open, fun, responsive, creative, conscious ‘could’ mindset.

5.3.8. Funding

Funding needs were identified as:

- Achievement of the right balance between crisis and prevention in funding.
- Sufficient funding to ensure child friendly and safe environments, adequate reception processes and the ‘tools’ needed for child inclusive practice.
- A funding base that takes support for child inclusive practice as an additional element.
- Agreements that reflect clarity on funding arrangements for access and equity, including support for the burden of low income families on the agency.
- The need for active lobbying for funding support and in anticipation of threats to funding.
- The need to adopt a more creative and proactive approach where possible (eg getting local toyshop sponsorship for children’s resources).

One issue raised in relation to funding was the problem of whether or not to provide a service if funding only allowed for an incomplete service to be given, due to lack of funds. This was an ethical dilemma for many practitioners.

5.3.9. Recognition of Increased Workloads

Developing and extending child inclusive practice in agencies results in extra workloads for staff and managers and requires extra time to be spent on each session. This extra work includes assessment, inter-agency liaison and actual interventions, as well as the likely increased complexity of productivity reporting with the increased size of tasks involved.

5.4. Issues for Rural and Regional Areas

Some participants in the forums came from smaller agencies located in rural and regional Australia. They discussed issues associated with the introduction of child inclusive practice that are specific to their rural and regional circumstances and apply to all new family relationship service programs.

Particular barriers to service delivery in rural and regional areas include:

- High travel costs, travel time and accommodation entailed even for only a one day per week service.
- High cost of training, supervision and support of practitioners.
- Limited choice of venues in small communities with more difficulty in finding appropriate or purpose-built facilities that meet child inclusive practice standards.
- Isolation of practitioners and need for greater level of support for them.

In smaller communities, the close-knit character of the social relationships may mean:

- Some clients may prefer an outreach service (from another town) as it may be too close-knit for clients to feel comfortable seeing a resident practitioner.
- It can also be difficult to maintain professional boundaries for practitioners living in communities.
- Rural communities, especially smaller ones, may be reticent to use services.
- Parents in small communities may be more likely to fear what counselling of children might ‘uncover’.
- Relationships between practitioner and client may be more pastoral.
- Other clients may prefer to see a practitioner they know and can trust.

Community consultation is especially important for rural and regional communities – the community needs to ‘own’ the service. This will be important in establishing and marketing the service. In addition, community and school-based groups working through schools may be more accessible, but then client numbers and access (eg. transport) could be an issue.

Traditional attitudes in rural communities may mean potential clients are not accustomed to having services or asking for help. There may also be cultural barriers for men and boys in accessing these services.

In isolated communities, organisations cannot afford to be too specialised – a push for professionals to specialise is detrimental to services in rural and regional areas. Furthermore, in a small community it takes a long time to establish a service and for referrals to flow in. In this context it was particularly noted that pilot programs are vulnerable.

There is a high level of diversity between and within rural communities – farming, indigenous communities, mining communities, regional urban and rural, etc..., which needs to be taken into account in service provision. For example, indigenous communities have specific needs with indigenous workers, in that with this client group workers need time to become trusted.

Regionally based services need to take heed of:

- Seasonal work patterns and complexities of access.
- Physical location of service, including head office.
- Limited childcare and other support facilities.

On the positive side there are also opportunities presented by rural and regional locations for family services with child inclusive practice. Those identified were:

- The possibility that family services can piggyback onto services closer to communities' perceived needs (eg general counselling could flow from financial counselling). It is important to address most pressing needs first in these areas.
- A strong sense of community is a valuable resource for services that can work with the community (eg. the local school can be a focal point).
- Rural clients are often willing to make an effort to attend one-off courses, but are cautious in making a longer-term commitment, at least up-front. They may come for another one-off course in six weeks or in two months.
- Clients are more likely to respond to action-oriented, family and community oriented models of working.

5.5. Personal Change Experiences

Several presenters told of their own experiences of change within their agencies. Three perspectives are briefly reported.

5.5.1 Evolution from Couple Counselling

Margaret Condonis, from Unifam Sydney, presented a keynote address about the experience of developing child inclusive practices that evolved out of formal couple counselling responsibilities. Her key points were:

- The child inclusive continuum means that the full range of practice does not necessarily need to be provided by every agency – complementary services

are able to recognise each other's differing expertise and form partnerships for referral.

- There have been historical dilemmas in seeing children as clients, as funding was provided for couple therapy, but working with couples without considering the children's needs did not make sense.
- During the 1980s and early 1990s the field struggled to conceptualise its place in the 'public and private divide' where issues such as domestic violence and child inclusiveness were being recognised as important issues that needed to become part of the mainstream.
- Policy development and program design of necessity are always catching up to the cutting edge developments that occur in service delivery.

Margaret Condonis identified that barriers to establishing child inclusive practice in an agency include:

- Some practitioners can be uncomfortable working with young people.
- The lack of a child's voice in historical models of theory and practice.
- The lack of organisational commitment to the value of child's voice and to being child inclusive.
- Limited resources for changing practice, retraining and recruiting.
- Lack of supervision practices that allow scope for therapists to explore different ways of doing things.

Nevertheless, changes can be made in agencies. These may include:

- Developing networks with child-focussed agencies for which there is substantial scope.
- Identification of additional sources of funding to augment the organisation's income (eg partnerships with possible sponsors such as the NRMA).
- Working across programs in an agency, not in 'silos'.
- Adoption of whole-of-family thinking and working systemically automatically leads to the inclusion of children that benefits children's long-term emotional health.
- Including children in mediation processes can change the focus from the couple relationship to the parenting relationship.

Moving towards a child inclusive agency requires a range of procedures to be established. They can be about when, where and how to be child-inclusive across all services, how to open service boundaries and link services, how to include 'children's voices', and how to get more supervision about child inclusion.

5.5.2 An Organisational Change Process

Rosalie Hearne, Centacare Catholic Family Services, Melbourne outlined the organisational change process undertaken in relation to child inclusive practice.

Centacare first conducted an audit to look at the work including child inclusive practice in the agency. As a consequence the organisation prepared a mission statement, management restructured and draft policy statements were prepared. Centacare also provided staff training, identified staff with expertise and looked at employing staff who used systemic approaches. The organisation also looked at environmental factors, which led to setting-up play therapy rooms, ensuring kids chairs were in the waiting rooms and the premises were 'kid' friendly.

This change process resulted in an increased awareness within the organisation particularly in identifying areas of overlap, finding more resourceful ways of operating, and the cross-fertilisation of ideas. This led to a range of different program responses, such as, through schools, addressing bullying, social skills, parenting, family support, and working with teachers.

5.5.3 Role of an Agency Child Consultant

Jennie Hannan, of Relationship Australia Western Australia (RAWA), talked about her role as Child Consultant within her organisation. This part-time position has been funded from a range of funding sources.

Children are considered within a number of programs being run within RAWA. Children are seen as victims of domestic violence or sexual abuse, there is a group program run for children of separated parents called Kid's Place, children are seen as a part of the development of family agreements and children appear in mediation and couple and family counselling.

The Child Consultant role covers a number of tasks and responsibilities advising agency staff on aspects of child inclusive practice, promoting training and development in CIP and in monitoring and reporting on CIP (see inset below).

The initial challenges to staff in implementing child inclusive practice have been:

- The physical constraints in both buildings and equipment.
- A culture shift in the agency in moving from an adult to a child focus.
- Identification of needs and training of staff.
- Review of policies and procedures.
- More networking required with external agencies (eg schools).

The many changes were required within the agency included:

- Amendments to policies and procedures in relation to children, including changes to recruitment policies.
- Appropriate clinical resourcing and regular training of practitioners in child issues, therapy and assessment.
- Creation of child friendly areas.
- Development of a focus of intervention that includes children.
- Increased co-ordination of services and ongoing development of case management models and services.

- More interaction with external agencies and the development of inter-agency protocols.

Role of a Child Consultant

- Provide clinical consultation to all staff on children's therapy;
- Give advice to staff on child protection issues;
- Facilitate serious matters meetings involving children;
- Review reports involving children;
- Consult on tenders involving children's services;
- Identify children's needs re children's work;
- Review agency brochures re children's services;
- Recommend on child-friendly spaces and equipment requirements;
- Help develop inter-agency protocols re children; and
- Provide in-house training to staff.

After Jennie Hannan, RAWA

5.6. The Views of Industry Representatives

Three national industry representative bodies serve the Family Relationships Services sector: Family Services Australia, Centacare Australia, and Relationships Australia. The industry bodies are highly supportive of the future development of child inclusive practice approaches and spoke at the Sydney forum.

5.6.1 Relationships Australia

Relationships Australia outlined the values driving child inclusive practice as:

- Listening to and respecting what children tell us.
- Protecting children from violence and abuse.
- Working to support parents and carers to support children.
- Working with families so that they have ongoing contact with their extended families and their communities.

5.6.2 Centacare Australia

Centacare Australia believes there are three key aspects to child inclusive practice that will be important in shaping its future:

- The theory of practice – there is no good quality practice without defined and systemic theory at government, agency and family levels.
- The art of practice – identifying how all the knowledge and skills are put into play, the questions practitioners ask, how they are asked, the spaces between the questions and the difference between wishes and needs.

- The values of practice – these arise when dealing with levels of differential power, and practitioners cannot help having a value position.

5.6.3 Family Services Australia

Family Services Australia will continue to support child inclusive practice through:

- Providing feedback to government via the various committees with which the organisation is currently involved.
- Providing responses to submission requests such as the Family Law Pathways Advisory Group and using this as an opportunity to raise the issue about child inclusive practice and the importance of developing this practice.
- Regular contact with both FaCS and the Attorney General's Department, and ensuring the issue of child inclusive practice remains a priority.
- Supporting and developing networks with other member organisations to enable them to identify and access people with expertise and skills in child inclusive practice.
- Utilising the FSA website (www.fsa.org.au) and FSA newsletter as ways to share information with other organisations.

The industry bodies are working together on a Quality Management Project to improve the quality of services, and together they view child inclusive practice as a quality issue and recognise the need to think about how to build quality in working with children. Additionally, the Family Relationships Forum convened by the industry bodies will be holding a conference in 2001 which is an opportunity for child inclusive practice to be further developed in the sector.

5.7. Key Strategies for Change

The forums highlighted the following key points about approaching and managing the change process of introducing or developing child inclusive practice in an organisation:

- Involve the whole organisation (top to bottom) in the development of child inclusive practice. The development of child inclusive philosophy and culture needs to be explored with staff at all levels in an organisation. Mechanisms to monitor on-going issues need to be developed.
- Begin with simple practices and ideas that can be built on. Rather than introducing major change quickly, introduce simple ideas to see how they work and monitor the impact.
- Clarify the legal position for each organisation and service. Individual organisations need to obtain independent legal advice on their legal obligations under relevant State and Commonwealth legislation.
- Use professional development programs on how child inclusive practice works. There is a range of expertise in child inclusive practice in the community that can be utilised as part of organisations' professional development programs.

- Recruit appropriately skilled and experienced staff as opportunity allows, including recruitment of workers with a family systems perspective. Child inclusive practice does not mean that all staff have to operate in this way. However, the recruitment of staff with broader family systems approaches will enable organisations to more flexibly introduce child inclusive practice.
- Run trials and pilots in select areas to demonstrate and overcome resistance. One strategy is to set up a pilot project in a service or area to deal with fears about change in the organisation.
- Integrate child inclusive practice into supervision practices within the organisation. A focus on the needs and interests of children should be a standard component of supervision practice.
- Adopt child inclusive practice performance monitoring processes to monitor the scope and impact of child inclusive practice in an organisation.

The change process is also about how each practitioner is able to develop and extend his or her practice models, professional competencies and personal attributes to respond to the new challenges and opportunities presented by child inclusive practice. The outcomes appear rewarding for those who have moved down this path.

SAFETY WARNING FOR SEPARATING PARENTS

On commercial airline flights passenger safety instructions state that parents should always put on their own oxygen mask first, before helping their children put their masks on.

The principle is that you cannot help your child if you pass out in the process!

It is the same when you are Separating.

You need to be OK yourself, before you can help anyone else.

Protect your children from harm in separation by first protecting yourself.

Work to develop and maintain your own sense of well-being

Adapted from Lifeworks, 1999