Be The Change:
Leaving no one behind

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Be the Change: Leaving no one behind.

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FRSA is delighted to launch our third e-journal of peer-reviewed papers from our annual National Conference.

This year’s e-Journal contains a record number of papers — nine in total, which is up from six papers in 2017 and five papers in 2016.

Our process in developing this e-Journal is an iterative one. All authors of abstracts accepted into the 2018 conference concurrent session program were invited to submit a longer paper of approximately 6000 words that elaborates on their abstract. The submitted papers then underwent two rounds of blind peer review, resulting in the strengthening and publication of nine papers.

These nine papers expand on the authors’ successful abstracts for the 2018 concurrent session program on the conference theme: Be the Change: Leaving no one behind. As well as following the conference theme, the nine papers are positioned under these conference streams:

1. The first 1000 days
2. Key transition points in the schooling years
3. Relationship breakdown and re-partnering
4. Family violence
5. Ageing.

We congratulate the authors and peer reviewers of these nine papers, and greatly appreciate their dedication and professionalism which has resulted in this final collection of papers that are of great value to our network.

We hope you enjoy and benefit from the read, and we look forward to publishing more e-journals in alignment with future FRSA conferences.

With kind regards,

Jackie Brady
FRSA Executive Director
The first 1000 days

3  The legacy, legality and legitimacy of adopting out: Examining the legitimacy of adoption through birth mother experiences  
Anne Webster (Zoe Support)

13  Sure Steps: Trialling a family coaching model with families in public housing  
Elbina Avdagic (Parenting Research Centre), Christine Grose (YFS Ltd), Judith Hunter (YFS Ltd) & Catherine Wade (Parenting Research Centre)

Key transition points in the schooling years

23  Being the change: young people as peer-to-peer educators to build respect in relationships  
Natalie Parmenter (YFS Ltd), Dr Karen Struthers (YFS Ltd) & Beenush Khokhar (YFS Ltd)

32  Understanding and measuring the role of parents in preparing a child for school  
Amy Graham (Charles Darwin University)

Relationship breakdown and re-partnering

43  Changing cultures and building bridges: Domestic violence practitioners and police collaborate and co-locate in Project Hera  
Dr Karen Struthers (Griffith University), Anita Watson (YFS Ltd) & Snr Sgt. Glen Green (Logan Police)

52  Over the barriers, onto the benefits: How practitioners changed their minds about universal risk screening  
Michael Kelly (Relationships Australia Tasmania), Jamie Lee (Relationships Australia South Australia) & Laurel Cuff (Relationships Australia Tasmania)

Family violence

62  The Alternatives to Violence Project: Reflections on a strengths-based approach to nonviolent relationships and conflict resolution  
Graeme Stuart (Family Action Centre, University of Newcastle) & Gener Lapina (Family Support Newcastle)

Ageing

70  An integrated therapeutic and case management model in elder abuse intervention  
Jeannette Stott (Relationships Australia South Australia)

76  Bridging the gap between responses to elder abuse and responses to family and domestic violence in rural and remote communities  
Amy Warren (Curtin University) & Dr Barbara Blundell (Curtin University)
THE LEGACY, LEGALITY AND LEGITIMACY OF ADOPTING OUT
Examining the legitimacy of adoption through birth mother experiences

Anne Webster
Zoe Support Australia

Ad optare—‘to adopt’ in Latin means: to ‘take by choice, choose for oneself, select, choose’—especially a child.

Introduction

My PhD research views the experience of contemporary Australian birth mothers who make the choice to adopt out and explores the many sources of influence on the birth mothers’ choices and experiences.

Looking through Misztal’s vulnerability lens, this article focuses on the dependency that birth mothers experience at the institutional (meso) level; that is, the impact of legislation, policy and practice. I then recommend some changes that might mitigate the vulnerability experienced by birth mothers who make the choice to adopt out their child.

Overview of adoption in Australia

Adoption has a stained history in Australia, a legacy dominated by negative associations of past coercive institutional practice (Castle, 2014; Higgins, 2010). Racial, moral and socioeconomic factors influenced past policy and resulted in ambivalence toward adoption. Political decisions made in the 1950s in colonised nations such as Canada and Australia, endorsed the separation of Indigenous children from biological parents, and resonate in contemporary attitudes to adoption (Miall & March, 2005). The painful heritage of what is now known as ‘the Stolen Generation’ (Swain & Howe, 1995) continues to ‘haunt the child welfare policy domain generating an entrenched anti-adoption bias and a belief that the best outcomes for children lie in them remaining with their families of origin’ (Cuthbert, Spark & Murphy, 2010, p. 433). In addition, narratives of single mothers who experienced coercive and closed adoption (Ellison, 2003; Higgins, 2010) contribute to the perpetuation of an anti-adoption culture (Senate Standing Committee on Family and Human Services, 2005).

Historically, adoption was designed to solve three problems, according to Higgins (2010), namely ‘illegitimacy, infertility and impoverishment’ (p. 14). The secrecy of past adoption practice was considered in the ‘best interest of the child’; a term used to encapsulate a substitute optimal provision for a socially preferred, morally sanctioned and stable family. In the period of closed adoption practice, establishment of an adoptee into a new family as early as possible was seen to promote early bonding, crucial for attachment (Swain & Howe, 1995). While intending to promote stability for the child, the practice of early separation recommended no contact between birth mother and baby and implicitly ‘… the survival of single mothers and their children depended on their silence’ (Swain & Howe, 1995, p. 5). Through research in the early 1980s, it became apparent that the practice of closed adoption resulted in unending and irreversible torment for many women and their children (Condon, 1986; Kenny, Higgins,
Soloff & Sweid, 2012; Winkler & van Keppel, 1984). In response, Victoria introduced an open adoption policy in 1984, with agreed levels of contact and information sharing between the birth mother and the adoptive family. Other states and territories followed, and most adoptions today are open (88% in 2017) (Australian Institute of Health and Welfare [AIHW], 2017).

Today, a pregnant woman considering adopting out her child is subject to interviews and cross-examination over the perinatal period. She is dependent on social workers and psychologists, who are employed to ensure she is ‘voluntarily’ relinquishing, to support her decision. Imposed time constraints with long waiting periods are in place, along with state-controlled systems of authorisation of her ‘choice’.

The number of adoptions in Australia today is a fraction of the numbers reported in the early 1970s. The registered peak occurred in 1972 with 9,798 adoptions (AIHW, 1998). The most recent data shows just 246 adoptions of Australian children occurred in 2016, with only 27 babies under the age of one adopted out nationally (where the adoptive parents are unknown and unrelated to the child) (AIHW, 2017).

**Australian adoption research**

Australian adoption research has largely focused on historical accounts of the period between the 1950s and 1970s, often referred to as the coercive period of adoption (Kenny, Higgins, Soloff & Sweid, 2012), when single mothers were forced to give up their illegitimate children in what was considered at the time the ‘best interest’ of the child (Castle, 2014; Cuthbert, Spark & Murphy, 2010; Finley, 2004; Inglis, 1984; Swain & Howe, 1995). These studies are derived predominantly from psychological and welfare oriented research and have generally depicted adoption as faulty policy that has generated considerable trauma for survivors (Condon, 1986; Fisher, 2003; Higgins, 2010; Inglis, 1984; Kenny et al., 2012; Marshall & McDonald, 2001; McNiece, 2006; Winkler & van Keppel, 1984).

More recent research identifies a range of aspects that have contributed to a shift away from adoption, including delayed parenting resulting in declining fertility rates; effective birth control; legalisation and access to abortion; the emergence of family planning centres (Australian Bureau of Statistics [ABS] as cited in AIHW, 2015); and the introduction in 1973 of the Supporting Mother’s Benefit (ABS as cited in Kenny et al., 2012) and consequent increased social acceptance of raising children outside of marriage. These factors have contributed to the ‘… changing views in Australian society (which) have altered the circumstances in which adoption might be considered appropriate’ (AIHW, 2015, p. 36).

The contested nature, complex history, and fluctuating prevalence of adoption as a means of forming family provides fertile ground for sociological investigation and yet few sociologists have made adoption the focus of their research (Fisher, 2003; Higgins, 2011). My research addresses the gap in current literature in giving voice to birth mothers who assert they have chosen to adopt out, not as victims, but as self-determined women who have made an autonomous reproductive choice in their own and their child’s best interest.

**Legitimacy of choice**

In adoption there appears to be a ‘disconnect’ between legality and legitimacy. Johnson, Dowd and Ridgeway (2006) define legitimacy as a social process whereby a social object—in this case a birth mother who makes the choice to adopt out her child—is analysed implicitly or explicitly as legitimate. The social object is construed as legitimate when consistent with ‘cultural beliefs, norms and values that are presumed to be shared by others …’ (p. 57).

In 2001 in Australia, Marshall and McDonald (2001) argued that a woman considering to adopt her baby does so ‘… under strong emotional pressure not to surrender her child … No matter how well considered and responsible may be the decision in terms of her own interests and those of her child, she is likely to find that she must bear, in addition to her inevitable grief and doubts, the burden of gratuitous criticism and lack of understanding’ (p. 74). Castle (2014) concludes, “The objective of making a “good” choice—opting for a perceived “better life” for the child—is less likely to be accepted as “good”, given contemporary cultural structures and perceptions that explicate “you don’t have to”. While the consequence of this is untold, it appears the perennial adoption theme of shame may be differently shaped but still present’ (p. 57).

A seismic shift has occurred in the last four decades, where legitimacy and accessibility of adoption and abortion have reversed positions (AIHW, 1998; Castle, 2014; Chan & Sage, 2005; Pratt, Biggs & Buckmaster, 2005). In the 1960s, society accepted adoption as the most suitable outcome for unplanned pregnancy for ‘unfit mothers’ (Higgins, 2011) and abortion was illegal. Today, adoption is widely accepted as the most common choice to manage unwanted pregnancy and adoption has become ‘illegitimised’ (Marshall & McDonald, 2001). Reproductive choice is cast in the paradigm of an individual right (Smyth, 2002); despite this, it continues to be a highly contentious subject with little neutral territory in which to consider the many vulnerabilities of a pregnant woman who does not wish to parent (Castle, 2014; Swain & Howe, 1995).
Research scope

The complex political, cultural and economic contexts in which adoption decisions occur, warrant further exploration in the 21st century. Of particular interest are the private stories of birth mothers who have adopted out recently, and how they intersect with public discourse at local, state and global levels. Legislation demonstrates that the dominant view in society is that adopting out is a legitimate choice in unplanned pregnancy, but history evidences a problematic story of vulnerability and powerlessness, class differentiation, cultural clash and stigma, where choice is limited.

My PhD research analyses the predicament of a pregnant woman who does not wish to parent as a site of vulnerability, which involves personal struggles and the need to negotiate the expectations and pressures exerted by those intimately connected to her, her community, professionals, the regulatory state and broader cultural universals. Whether a woman experiences legitimacy to choose in this situation as a means to mitigate the vulnerability she faces is questioned. The contrast between the narratives presented by birth mothers who have recently adopted out and focus group participants, which illuminates the disparate beliefs about legitimacy of reproductive choices in Australia today, is considered.

In Australia in 2016, only 27 babies under the age of 12 months were adopted out nationally (AIHW, 2017). This is compared to the choice made by approximately 90,000 women to terminate (Chan, Scheil et al., 2011). While access to abortion has been a significant part of the feminist agenda from the mid-20th century, in second wave feminism, surprisingly little advocacy has been made for women to adopt out as an alternative legitimate choice. Though there is strong rhetoric about ‘choice’ in unplanned pregnancy, such as unemployment and poverty, and refers to the effect of vulnerability on an individual as “… feelings of insecurity and powerlessness in the face of the loss of a secure place in the system …” (2011, p. 10). While various forms of feminism challenge stereotypes of gender and power struggles in the workplace, they do not adequately clarify the precarious state of vulnerability in the form of insecurity experienced by birth mothers who choose to adopt out, which can be found in Misztal’s extensive approach.

Misztal’s theory focuses on global and large-scale disasters, such as tsunamis, earthquakes or genocide (p. 2), I consider it provides an appropriate lens through which to analyse crisis pregnancy. Using links with the feminist theory of the Ethics of Care among others (Misztal 2011, p. 54), Misztal’s approach offers the potential to organise an analysis of the private troubles and public issues of choice in unplanned pregnancy for those who do not wish to parent (Mills, 1959). In particular, it can be used to consider the choice to adopt out in the context of three domains: dependency, the unpredictability of life, and the irreversibility of past actions.

Misztal’s work provides a scope to reflect more deeply on the social and economic risks associated with unplanned pregnancy, such as unemployment and poverty, and refers to the effect of vulnerability as ‘… feelings of insecurity and powerlessness in the face of the loss of a secure place in the system …’ (2011, p. 10). While various forms of feminism challenge stereotypes of gender and power struggles in the workplace, they do not adequately clarify the precarious state of vulnerability in the form of insecurity experienced by birth mothers who choose to adopt out, which can be found in Misztal’s extensive approach. Misztal’s work has been chosen as the framework for this research because it provides explanatory power alongside mitigation.

As indicated above, Misztal (2011) defines and analyses three forms of vulnerability: dependency, irreversibility and unpredictability, at macro, meso
and micro levels, and offers mitigation strategies for each of these forms. In brief, ‘dependency’ refers to the fact that all humans are dependent to a greater or lesser degree on others for the whole of their lives; this is mitigated by remedial responsibility, which builds trust, social solidarity and security. ‘Irreversibility’ highlights the unchangeableness of the past and Misztal argues that the vulnerability experienced as a past event can be mitigated by forgiveness and reconciliation. Finally, ‘unpredictability’ refers to the fear of the uncontrollable or the ‘... overwhelming feeling of uncertainty …’ (Bauman as cited in Misztal, 2011a, p. 49). The vulnerability experienced due to the unpredictability of the future is amplified in a present difficulty or crisis, when future risks or insecurities are added. Misztal contends that unpredictability is mitigated by promising, which provides hope and empowers individuals to manage traumatic situations by addressing their overwhelming anxiety.

Following Misztal’s concept of modern vulnerability, this article contends that a pregnant woman who does not wish to parent does not make her choice in a vacuum, but within a cultural milieu in which the acceptance and even preference for adoption has changed over time, increasing her experience of vulnerability.

This article presents the findings that specifically relate to the birth mothers’ experience of dependency, irreversibility and unpredictability at the meso—institutional level. I recommend policy and practice improvements that could help mitigate her vulnerability and improve her experience.

**Study design**

A qualitative and case-centric two-phase study design was chosen for this research, incorporating in-depth interviews with birth mothers and focus groups with specific samples of the public. As Barbour argues, these methods are excellent at ‘capturing the multiple voices of different actors engaged in some aspect of social behaviour’ (2008, p. 47). As this research is interested in the social context in which adopting out might be considered a legitimate choice, a two-phase qualitative method was considered the most useful to compare the private in the context of the public. Public and private voices have been analysed in parallel (Barbour, 2008), which is a unique approach in Australian research on adoption thus far. In-depth interviews provided the topics for the focus group questions; responses from the focus groups helped define questions for birth mother in-depth interviews; the interviews provided depth for analysis of the focus group findings—in this way the private informed the public and vice versa.

The research was approved by the ANU human research ethics committee. The first phase of the research incorporated in-depth interviews with participants who were recruited through purposive sampling, looking for ‘information-rich cases’ (Patton as cited in Curtis, 2011, p. 52). The two key criteria for birth mothers to participate was that their adoption process had been recent (since 2009) and they had not felt coerced to relinquish their baby. The reason for this somewhat narrow sample is to try to distinguish between the coercive experience of relinquishment and birth mothers who felt they freely chose to relinquish. As this was identified by only five per cent of 505 mothers in Kenny and colleagues’ recent research (2012), this proved a challenge. As Australian adoption numbers are small, post adoption support centres were contacted to seek assistance in finding mothers who would fit this criteria. Birth mothers were also recruited using snowball sampling where participants were asked to suggest someone else they knew who might be interested (Curtis, 2011). In each case, a third party gave information to a potential recruit and invited them to participate on my behalf. Ethics prohibits the researcher to make contact until there has been confirmation of the person’s interest, to reduce any coercion or sense of obligation to participate. A total of three mothers opted to participate, in three different states. I attended a Department of Health and Human Services site for one; and adoption agencies assisted in setting up interview times with two of the mothers in their own homes. I recorded the interviews and took notes at the time. I began each interview asking the mother to tell her story in her own words and that I would then ask her additional questions. All participants were over 18 years old, to meet ethics requirements.

The sample for the second phase of the research, the focus groups, was representative. There were four groups identified to fit specific criteria: two groups of adult adoptees; a group of academic, religious women under 35 years of age; and a group of adoptive parents. These people provided expertise from different social, religious, gender, socioeconomic, educational and experiential backgrounds. The focus groups were sought from four locations: one group of adult adoptees responded to advertising in the researcher’s local regional community in Victoria; another group of adult adoptees was recruited from an advocacy and support group in a capital city; the educated religious women under the age of 35 years were recruited from a university setting and a Christian lobby group in another capital city; and the group of adoptive parents were recruited from a different capital city where the researcher has a family contact who is an adoptive parent and who invited parents from
their network to participate, though they themselves did not. Participants were also invited through newspaper articles, radio interviews, group emails, university emails, local clubs and privately by word of mouth. Radio interviews and local television news gave opportunities for non-selective participation. A total of 23 participants engaged in the focus groups.

The focus groups watched selected scenes from the film Juno (Halfon, Malkovich, Novick, Smith & Reitman, 2007). This film conveys a culturally alternate inside look at the choice of adopting out. The justification for the use of a Canadian film was made in consideration of similarities between Australian and Canadian cultural history, as a Commonwealth nation with similar cultural democratic values and a traumatic history of past adoption practice and a parallel journey of the stolen generation. Participants were invited to engage with a data collection tool called ZingTM, which allowed for anonymity and spontaneity in responding to questions. They were asked questions relating to the choice of adopting out.

The case-centric and inductive approach provided by in-depth interviews and focus groups delivered a natural and necessary flexibility in design and an ability to focus on a particular group of participants who gave rich and detailed data on the topic. This was reasoned through questions that defined variables for thematic analyses within the chosen framework of vulnerability.

**Findings**

Over the past 100 years, Australian women confronted with an unintended pregnancy who did not wish to parent have had a range of resolutions, some legal and some illegal, including adoption, infanticide, abandonment, baby farming and abortion (Swain & Howe, 1995). The common thread in historical accounts (Cuthbert & Quartly, 2012; Cuthbert, Spark & Murphy 2010; Kenny et al., 2012; Swain & Howe 1995) is the complexity of private decision-making in a public domain of pressures expressed in social discourse on several levels, including cultural ‘norms’, institutional settings, community views and intimate relationships. There are multiple sites of social discourse with the potential to influence vulnerable women facing the crisis of unintended pregnancy. These include the regulatory apparatus of the state and the gatekeeping of its agents through policy and practice; and cultural values shaped by emerging ideologies that construct social mores, determining the notion of motherhood and defining the concept of adoption as an ethical issue, despite its legality (Castle, 2014; Marshall & MacDonald, 2001).

The findings of this research demonstrate that a woman with an unintended pregnancy, regardless of her choice, is affected by the laws, policies and practices of the state and its agents and services. Dependency is the first pillar of Misztal’s framework of vulnerability (pp. 47–48). Dependency at a meso—institutional level focuses on the influence exerted on the birth mother by professionals, policy and practice, the agents of legislation and information and the perceived gatekeepers of legitimacy.

As Misztal points out, all humans are dependent on others for most of their lives (p. 63). For birth mothers, some of these ‘others’ are defined in meso—institutional sites. Mothers in this research were dependent on services and personnel—the gatekeepers to adoption—as a means of managing unintended pregnancy. They were dependent on systems that arrange adoption, such as medical and welfare institutions, which are legislated and enacted by representatives or agents of the state.

Choice is made in the context of social structures (Cuthbert et al., 2010; Mills, 1959) and there is no structure so defined as legislation and bureaucracy. Though current legislation ‘... sends the message that it is “unnatural” for birth mothers to give their children away’ (Freundlich, 1998, p. 32), the legitimacy of this view is never challenged. Adoption in Australia is the subject of an annual government report that describes legislation, provides guidelines to help adoptive parents navigate the process, and contains information available on post adoption support (AIHW, 2011). Notably absent is information about the process of adopting out, which would be of use to biological parents considering adopting out their baby. This gap in information indicates an expectation by government that there is little interest in adopting out by pregnant women who do not wish to parent and a prioritising of other members of the adoption triad: the adoptive parents and the child. In addition, the information offered in Adoption Australia 2016–2017, makes no reference to the birth mother in an entire section considering ‘motivations and expectations around adoption’, only the adoptive parents (p. 12).

Only one participant in all the focus groups thought that ‘government’ was influential in the decision making of a birth mother and that influence was not specifically defined in terms of legislation or agency. In stark contrast, each birth mother felt restrained by government in terms of legislated waiting periods, restricted information, and policy designed to support parenting as the preferred option.

None of the birth mothers interviewed acknowledged any coercion to adopt out; however, they spoke of legislative processes creating barriers to their choice.
The autonomy of the birth mother was undermined as she was dependent on state policies and processes that impinged on her freedom to choose when and how she could adopt out her child. This occurred through the mechanism of time and control and included enforced waiting periods before discussion with an adoption agency could take place (after the birth); no preparatory discussion; delayed processes for each mother being able to review and choose her child’s new parents; the cooling off period; and the mandatory open adoption agreement. While it is understandable, current legislative processes are designed to mitigate the risk of repeating past coercive adoptive processes, which were often rushed and externally controlled. Today time is used to slow, delay, and postpone; and, consequently, the state continues to control, with the result that a birth mother who wishes to adopt out is positioned as making an illegitimate choice.

Each mother spoke of waiting times of up to two years to complete the adoption process and of having no choice in that process, with matters being taken out of their hands. For example, Rosie could not have any discussion about adopting out until after her child was born. Once she found out she was pregnant, she wanted no part of parenting her second baby, as her first born had recently been released from months in hospital and still had high needs, including nasogastric feeding. Rosie said:

*It was too late for an abortion or a termination so I decided to carry Riley and I contacted the Australian Adoption agency and started to find out about adoption. But I couldn’t go through the adoption agency yet because they had to wait for the child to be born.*

She was told to contact the agency again once the baby was born if she still felt strongly about adopting out. Rosie’s desire to adopt out, though clear in her own mind, continued to be questioned, with a multi-layered process involving several steps designed to provide time for her to reconsider her options. Rosie did not wish to reconsider, but was obliged by legislation and policy imposed on her to keep her child. She was isolated. Politically and socially Rosie embodies the deviant mother. These results indicate that government policy does not perceive adopting out as normative behaviour; rather as aberrant behaviour.

As open adoption has mitigated the fear of unpredictability to some extent for mothers and children in terms of connection to the future and providing hope. Even so, the process can be isolating due to the stigma a birth mother may experience: ‘What kind of mother gives her child away?’ (Freundlich, 1998). Or as Gustafson (as cited in Kawash, 2011, p. 983) states, ‘… unbecoming a mother—to live apart from biological children—is variously regarded as unnatural, improper, even contemptible’.

Jane did not want to stay in her small town to have her baby and her only option was to move to a large city to stay with a friend’s family. She said:

*I decided I wanted to go away to have the baby like you did back in the day, because living in a country town, people talk … so I looked at going to like Sydney and Canberra, like anywhere that I could go … but those places [homes] don’t exist anymore.*

Positive and negative portrayals of adoption affect its cultural and social perception. More broadly, international news and documentaries have few stories on adoption and more recently have focused on negative portrayals of adoption, such as corrupt adoption practice or stories of overseas adoption that have included child trafficking and abuse (Fisher, 2003). Research shows media stigmatises adoption in its portrayals (Fisher, 2003; Stolley & Hall, 1994; Wegar, 2000). Stolley and Hall (1994) argue that marriage and family textbooks have the power to influence impressionable minds. In undergraduate courses they produce evidence that demonstrates that adoption is five times less represented than abortion in textbooks, which risks marginalising and delegitimising adoption as an alternative in contraceptive failure.

Focus group participants repeatedly voiced the same thought: pregnant women should either abort or parent. Adopting out should be the last resort. Rosie describes her personal journey:

*(The staff) … could not help at the time because there was a process you had to go through. And that process was the mothers and babies home … for people that have post-natal depression and the nurses help try, the nurses help with you trying to bond with the child. Um … then there’s another step that you have to go through it is called Families SA and they sit down and talk to you and try and help you with getting somebody to come and help look after the child, if you still want the child at your home, or going through to temporary foster care. Um … or if it is long term they need to find a family that will take the child for a long time. And you also have visits with the child to try and make … basically the best way to sum it up is they force the child on you. Because they really want the child to be with its parents, … need(s) to be with its mum. It wasn’t a nice process. It was very in your face and pushy. And they didn’t listen to what I wanted.*

Each mother interviewed told similar stories of hospital staff and adoption agency staff who played a significant role as agents of legislation and policy,
and on whom she was dependent, impacting her sense of empowerment. Birth mothers felt pressure from some hospital and adoption agency staff to bond with their child, although they had already determined prior to birth that they wished to adopt out.

Rosie in South Australia described the hospital staff response to her expressed desire to place her son for adoption in this way:

*It’s not a nice experience at all and I can understand through my experience why a lot of mums go through abortion or termination ... because they are very pushy to keep the child with you."

Although Rosie requested to adopt out her son prior to birth, it took 18 months to go through the legislated process in South Australia and finalise the paperwork, most of which time the baby spent with foster carers.

When asked if she was aware of any pressure to make any other decision, to parent for example, Anna, in Tasmania, described the hospital nursing staff pressuring her to take her second baby home and look after him, which ‘… made me confused. I didn’t know what to do’.

Jane, in Melbourne, had a different experience. She spoke of the support provided by her social worker and the nurses, who were aware of her desire to adopt out. She felt respected in her wish to not have her child in her room with her, but in practical terms her wishes were not met. Jane said:

*So anyway ... because I met with my worker and social worker at the hospital and some of (the) different nursing—maternal health nurses and stuff like that and people who knew what was going on ... um ... and I said that I probably didn’t want to have the baby in the room with me because I didn’t know if I could handle that, and so she organised (for him) to go into the special care unit. Like the baby special care ... so there’s (baby name), a massive healthy baby nothing wrong with him with all these tiny babies in humidicribs ... with all these tubes and stuff. It was like ‘my god’ ... it was ridiculous, ‘he doesn’t need to be in there, he can come to my room that’s fine’. I don’t want to have to like keep going to this stupid room all the time to see him. So, like ‘he can come out, come and stay in my room that’s not a problem for me’. So, he came out and one of the mums came out and congratulated me on getting him out of special care. It was like ‘eh ... thanks’."

Current adoptive legislation and practice creates unavoidable dependency as the birth mothers experienced it, and therefore assigns legitimacy or illegitimacy to her choice. Although each birth mother interviewed was from a different Australian state, they were dependent on similar state-based legislation that took away their sense of control and agency. Anna said she did not feel she had the control she wanted in choosing the parents of her boys. A 30-day cooling off period was imposed on her, where she was required to sign the adoption papers first, and then after one month she could preview parents from five preselected couples. This was an anxious and disempowering time.

The adoption process for Jane and her son took two years, even though she knew she wanted to adopt out throughout her pregnancy. Jane said:

*… this all probably took the best part of two years. From when he was born to when it finally, when everything was all legally signed."

Jane spoke about the experience of the agency and the adoption process and the time it took to sort through the adoption due to complications with DNA and the biological father becoming involved. This meant being constrained by the agency and protocols for two years of her life and her baby’s life. Jane said:

*… Centacare was a big brother, just kept on watching over us and wouldn’t let us go and play by ourselves."

Legislation is informed by policies and maintained and enforced by agents of the state, who provide or withhold information, determine the processes, and open or close opportunities for the birth mothers and their children. Each mother expressed their sense of being largely powerless, and each talked about the obstructions they experienced to their intention to adopt. While legislation is designed to manage risk and in a utilitarian sense uphold the greatest good for the greatest number, outliers continue to exist, and in the current political climate of respect for minorities, there is potential for birth mothers to experience greater trust. Risk and good are two aspects of the framing of adoption legislation more broadly, which focus on the interests of the child; but macro level ideologies and norms also contribute. Normative assumptions about motherhood undergird much of current legislation and policies that inform adoption practice.

The autonomy expected of each birth mother in this research was contradicted by state adoption policy and practices. An example is Rosie’s experience of being required to attend a mothers and babies home to have her attempt to ‘bond’ with her child, and then to take her child home with her, though she expressed she did not want to. Her choice was confined by legislation, with many unpredictable factors relating to timing, connections and future relationships. In fact, while many current policies aim to arrest the welfare expenditure on particular long-term
dependent cohorts, such as young mothers, young carers and perpetual students (Department of Social Services, 2016), there is a conflicting message by government that fails to endorse adopting out by young mothers as a legitimate choice which may in fact reduce welfare dependency for some.

Implications of findings—A challenge to policy makers

This research shows Misztal’s vulnerability framework comprehensively addresses the plight of birth mothers who wish to adopt out in Australia today, acknowledging our national and irreversible history of past trauma, the current dependency on systems, policies and processes that do little to reduce the vulnerability experienced, and the risks associated with an unpredictable future. Mitigation is incomplete but vital to improve life outcomes for both mothers and their children. According to Misztal, mitigation for dependency at the meso—institutional level involves remedial responsibility, which builds trust, social solidarity and security. Misztal’s strategy for mitigation to address the vulnerability of dependency is interdependency or remedial responsibility. As birth mothers made their decision to adopt out, they did not experience respect, legitimacy or a sense of public acceptance. Delays in the ability to engage in adoption planning with approved agencies further isolated them, removing their ability to be responsible and share responsibility with the agency. Changing the timing of existing processes, such as a freedom to discuss and shortlist parents at an earlier stage in the pregnancy, may increase a birth mother’s autonomy and interdependency, empowering her in her decision making and hopefulness.

Legislation designed to remove exploitation and mitigate the risk of the past repeating itself has arguably been achieved in open adoption policy. However, there are unfortunate repercussions, where some policies ought to be reconsidered, such as the waiting periods for initial discussions and supports offered to legitimise a birth mother’s decision. Earlier timing of the discussion to consider options for the baby’s new parents may alleviate some anxiety for birth mothers during pregnancy and therefore increase her sense of autonomy. Increased professional support could assist the birth mother to address attachment issues in a timely manner and give her the opportunity to live in respite facilities that promote a healthy approach to adoption, rather than perpetuating the ‘last resort’ mentality. Mothers could be offered respite housing during pregnancy, which could help reduce the uncertainty they experience as they wait in a void of communication and non-progression due to legislated time frames. In addition, respite houses could be considered as a means of alleviating the stigma of adopting out, building relationships with other birth mothers, increasing solidarity and decreasing the risk of isolation.

The discrepancy between birth mother experience and focus group views highlight a need to address the lack of normalisation of adopting out as a legal reproductive option in a society that values self-determination and the personal rights of individuals. Although adopting out rarely occurs in Australia today, it is by no means an anachronistic institution, and in fact brings rich solutions for families who desire children and solutions for birth mothers who do not wish to parent or cannot parent at that time. In some cases, it brings a family for a birth mother who has none of her own. For example, Anna had an open adoption agreement that allowed her regular contact with her children’s family and enabled her to develop a relationship with the parents and a connection with her children, thereby reducing her isolation. Adopting out provides options for individuals while offering solutions for one of life’s most perplexing troubles.

The notion of poor vulnerable women being ‘used’ to carry other people’s babies leaves little or no scope for a self-determined woman who might choose to carry a baby for others to raise, whether in adoption or surrogacy. In part this is due to the perception that she is vulnerable and dependent, and not self-empowered. Ultimately, it is a war of ideology and politics. It is widely accepted that if a woman autonomously makes a reproductive choice, then there are no grounds to refuse her choice (particularly in Victoria, with abortion available up to birth); ‘personal’ choice is made in the context of strong cultural influences and political will. And yet, there is no test for ‘self-determination’ or competency for informed consent. Reproductive choice is embedded in political ideologies that frame policy, influence social perspectives and cultural norms, and legitimise or invalidate one choice over another.

This research identifies the need to develop a healthier general view of adoption in the community. A thoughtful and respectful media campaign that presents adoption as a legitimate option in pregnancy would benefit and normalise a birth mother’s experience and choice to adopt out, much like the Love Child series to support those affected by the past trauma of forced adoption.

Conclusion

The disconnect between the legality and the legitimacy of choosing to adopt out results in additional vulnerability for birth mothers. Women confronted with an unintended pregnancy who wish to adopt out are currently not positioned as vulnerable (that is,
dependent, with an irreversible past and facing an unpredictable future. In short, birth mothers are invalidated in their choice to adopt out their baby. There is little to no support before or following the adoption process at an institutional level and, due to their self-imposed secrecy, little support from friends or family. Misztal’s theory conveys the concept of vulnerability, and offers a structured framework to consider the individual experiences of a birth mother who adopts out today in the context of the society in which she lives. The vulnerability framework effectively scopes the depth and breadth of these complex issues, providing insight into the vulnerability of birth mothers as they experience dependency, irreversibility and unpredictability at macro, meso and micro levels.

Acknowledging a birth mother’s vulnerability and mitigating her choice to adopt out through supporting her wish, facilitating interdependence, reconciliation and promising, could result in increased levels of hope, at micro, meso and macro levels. This could, in turn, increase legitimacy, reduce stigma and empower birth mothers.

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SURE STEPS: Trialling a family coaching model with families in public housing

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Sure Steps is a pilot program investigating what family coaching could look like for families living in public housing. Families in public housing are at high risk of being left behind. Their housing may be stable but the complex issues that made them eligible are still ongoing. Logan agency YFS Ltd introduced Sure Steps to test a new way of engaging and working with families who are highly vulnerable and have complex needs. The program assists families by helping them to articulate their aspirations for themselves and their children and then supporting them to achieve these goals.

The Sure Steps program seeks to use a two-generational approach to:

- improve the prospects (opportunities to learn, grow and thrive) of children whose parents participate in the program
- improve wellbeing of families who take part in the program
- identify service system improvements and opportunities that can help vulnerable families achieve their goals.

As a new program, the service seeks to test alternatives to traditional family support programs and to identify service system improvements that may support vulnerable families to achieve their goals. The program aims to test and refine the proposed critical success factors that include:

- stability (maintained tenancy)
- a positive hopeful/future orientation (goal setting and achievement)
- sense of control/agency in decision making (a belief that goal achievement is possible)
- understanding about children’s needs
- overcoming service system barriers.

An evaluation of the first stage of the pilot by the Parenting Research Centre has found that the great majority of participants agreed that its core aspects of being aspirationally focused, flexible and directed at the family as a unit produced positive changes for the participating families and great satisfaction with the program.

The families taking part in the evaluation believed that the program was very helpful for them and expressed a very high satisfaction level with the Family Coaches. The reported improvements included:

- becoming more independent
- being more aware of what services and supports were available in the community
- increased understanding of parenting
- becoming increasingly skilled in dealing with children’s challenging behaviours.
Families also reported starting to think more about and making plans for their future.

The pilot raised questions for further investigation in the next phase about the needs and priorities of highly-vulnerable families, strategies to engage successfully, and the best ways to respond to issues such as safety concerns while retaining participants’ sense of control.

Background

YFS Ltd Logan initiated the Sure Steps program in collaboration with Logan Together and funded by the Queensland Department of Housing and Public Works. YFS Ltd is a not-for-profit organisation that delivers a wide range of services to the people of Logan and surrounding areas.

Sure Steps is a family coaching program that provides support for families living in public housing who have a child under the age of eight years. The program proposes a new way of working with families, which includes facilitated identification of parental aspirations for their families, supportive relationships with Family Coaches and validation of parents as experts for their family needs. The program suggests that the implementation of these elements can lead to greater engagement and participation in the program and subsequently to better outcomes.

This paper presents findings from the evaluation of the early development, delivery and impact of the Sure Steps program.

Description of the Sure Steps program

Sure Steps is a pilot program trialling a family coaching approach with families living in public housing. To be eligible for public housing, families must demonstrate high or very high needs. Their housing has the potential to be stable but the complex issues that made them eligible are still ongoing. The needs of disadvantaged families that YFS as an organisation provides support, which includes; domestic violence, mental health, legal, drug and alcohol, family support, youth support, financial and disability. The Sure Steps pilot strives to resource families to stabilise their housing, parent effectively, improve child development, live independently and participate in the community.

YFS Ltd introduced Sure Steps to test a new way of engaging and working with families who are highly vulnerable and have complex needs. The program assists families by helping them to articulate their aspirations for themselves and their children and then supporting them to achieve these goals. The Sure Steps program seeks to use a two-generational approach to:

- improve the prospects (opportunities to learn, grow and thrive) of children whose parents participate in the program
- improve wellbeing of families who take part in the program
- identify service system improvements and opportunities that can help vulnerable families achieve their goals.

Sure Steps is informed by a strengths-based approach and aims to address family goals to improve child and parent wellbeing. As a new program, Sure Steps seeks to test alternatives to traditional family support programs and to identify service system improvements that may support vulnerable families to achieve their goals. The program aims to test and refine the proposed critical success factors that include:

- stability (maintained tenancy)
- a positive hopeful/future orientation (goal setting and achievement)
- sense of control/agency in decision making (a belief that goal achievement is possible)
- parental understanding of children’s needs
- overcoming service system barriers.

As indicated in the ‘different forms of helping’ diagram (Figure 1), Sure Steps places emphasis on providing supports ‘through’, and at times ‘with’ families, to assist them in achieving their aspirations and thus improve their child’s long-term outcomes.

Research background

Sure Steps is available to families living in Logan public housing who are experiencing difficulty in their tenancy and who have at least one child aged under eight years. To understand the evidence underlying the core elements of the Sure Steps model, we have conducted a brief literature scan on programs and practices aimed at working with vulnerable and complex needs families. Below we describe evidence underlying the core elements of the YFS Sure Steps program.

While many services aim to be family led, the reality is that families’ goals and how they work on them are usually influenced by other pressures, such as outcomes that are funder driven or a case management focus on a particular issue siloed from the whole person and family system.
Sure Steps is underpinned by a family coaching approach in which coaches support families to identify and address goals, with a particular focus on child development. Family self-identified aspirations are central to the support provided. According to Allen and Huff (2014), family coaching is a process in which the family and a practitioner work in partnership to ‘foster the achievement of family-identified goals’ (p. 569). The approach is strengths-based and aims to build family capacity and foster growth (Allen & Huff, 2014).

A family coaching program with families experiencing multiple barriers was evaluated in the Netherlands (Tausendfreund, Knot-Dickscheit & Pos, 2014). This program involved multiple service components delivered to families over time in the home. The evaluation followed families yearly for over four years (n=122 at baseline; n= 6 by time four). Findings suggest that the program was associated with a reduction in family stress, particularly during the first year.

Family coaching has also been used with some success in other fields. For example, family coaching to improve nutrition and physical activity has been found to contribute to family engagement in activities and progress towards goals (Heimendinger et al., 2007).

Sure Steps families receive various forms of support from Family Coaches. The nature and intensity of support offered is driven by the goals identified by the families. Coaches draw on evidence-based approaches (e.g. 123 Magic, Bringing up Great Kids) and the right ‘fit’ for families is determined by the Coach and family combined.

One of the key resources available for Sure Steps coaches is the Northern Territory ‘Tuning into Little Ones Wheel’, based on one developed by the Australian Research Alliance for Children and Youth (ARACY) in 2010. The wheel has been adapted by Sure Steps for use as a positive engagement tool to explore child development needs, and also a basis for measuring families’ perception of change. The literature suggests that the wheel can be used to help coaches understand the needs, strengths and areas of vulnerability of children up to the age of two years by mapping these on the wheel. While it is not known if the use of the wheel itself has been evaluated, the contents of the resource kit are described by the developers as evidence-informed, providing information on typical child development, as well as potential vulnerabilities within families.

YFS Ltd ensured that coaches were trained in the Abecedarian approach early in the program. The Abecedarian approach is a set of evidence-based learning strategies for use by parents and early childhood educators (Ramey, Sparling & Ramey, 2012). A systematic review of early childhood development programs for children aged three to five years who are at risk due to family poverty included three papers (Campbell & Ramey, 1994; Campbell & Ramey, 1995; Ramey & Campbell, 1991) reporting the effects of the Abecedarian approach in Carolina, USA (Anderson et al., 2003). The systematic review identified that the studies used were of good quality. Findings suggested that the program resulted in a significant improvement in child academic achievement and child IQ, and also in a reduction of...
children being held back a year at school and in special education placements. Follow-up, longitudinal studies have found that benefits are observed into adulthood, with significant improvements seen for intellectual performance, and reading and writing at age 21 (Campbell, Pungello, Miller-Johnson, Burchinal & Ramey, 2001). Those who participated in Abecedarian were also less likely to become adolescent parents or to use marijuana by age 21 (Campbell, Ramey, Pungello, Sparling & Miller-Johnson, 2002). Educational attainment and level of consistent employment were also significantly higher compared to control participants at age 30 years (Campbell, et al., 2012). Australian studies into the effects of this approach in local contexts, including with Aboriginal children and communities, are underway. It is anticipated that these studies will further add to the evidence of the effectiveness of the Abecedarian approach for families experiencing disadvantage.

Another approach available for use by YFS Family Coaches is the parenting program Bringing up Great Kids. This is an initiative of the Australian Childhood Foundation and it aims to improve communication and relationships between parents and children. The program has been independently evaluated by Deakin University (Staiger et al., 2006) using a pre-post-follow up design with mixed methods involving a small number of families ($n = 39$). Findings indicate that parents felt the program improved the quality of time they spend with their children and their parenting skills. Parents also indicated that their communication with their children and their parenting confidence improved.

Families participating in Sure Steps with children under five have the opportunity to access Sing and Grow music therapy programs for children with additional needs or those at risk of disadvantage. In a pre-to-post study of Sing and Grow with children with a disability (Williams, Berthelsen, Nicholson, Walker & Abad, 2012), significant improvements were observed for parent-reported mental health symptoms and child communication and social skills. Clinician-observed improvements were also found for various parenting behaviours. In another study involving young parents and socially disadvantaged families, as well as those with a child with a disability, pre-to-post findings suggest that parents experienced improvements in irritability overtime as well as improved mental health. Child communication and social skills also improved in this study (Nicholson, Berthelsen, Abad, Williams & Bradley, 2008).

A further resource for families involved in Sure Steps is First Five Forever. This is a literacy initiative based in libraries that is designed to improve parent–child communication and outcomes in children aged birth to five years. First Five Forever focuses on using everyday parent–child activities and routines. This initiative is underpinned by research that emphasises the importance of the home learning environment and nurturing parenting, and the importance of the first five years of life in terms of brain development (http://first5forever.org.au).

Sure Steps is also influenced by three key papers:

- **Engaging and partnering with vulnerable families and communities: The keys to effective place-based approaches** (Moore, 2015)
- **Thriving children, successful parents: A two-generation approach to policy** (Schmit, Matthews & Golden, 2014)
- **Strengthening prevention and early intervention services for families into the future** (Toumbourou et al., 2017).

*Engaging and partnering with vulnerable families and communities: the keys to effective place-based approaches* (Moore, 2015) describes actions that need to be taken at various levels of care, education and intervention and at the level of community and society, to improve the way we work with vulnerable and marginalised families. Established methods of effective help-giving are summarised, and the author draws on recent literature reviews to identify strategies for engaging vulnerable families. There is an emphasis on partnerships and relationships with communities and families, and a framework for service delivery is described.

*Thriving children, successful parents: A two-generation approach to policy* (Schmit, Matthews & Golden, 2014) emphasises the need for policies to centre on child and parents, rather than on one generation or the other. The paper describes the issues inherent in policies that are exclusively child-focused or adult-focused and the particular risks for lower income families, such as those participating in Sure Steps. The benefits of a two-generation approach are discussed, as are suggestions for how this approach could be implemented in policy.

*Strengthening prevention and early intervention services for families into the future* (Toumbourou et al., 2017) draws on published documents and policy, reviews, and expert opinion to describe how family-based prevention and early intervention can prevent key social and health problems. Risk and protective factors are described, along with theories driving frameworks for prevention and early intervention. The economic benefits of prevention and early intervention are highlighted and suggested existing approaches are described. The paper concludes with recommendations for the use of family-based approaches in prevention and early intervention.
Sure Steps includes many elements drawn from these evidence-based programs and practices as well as some evidence-informed resources to provide support for families living in public housing.

**Evaluation method**

The current evaluation of Sure Steps program was conducted by the Parenting Research Centre and explored how the program was implemented in the early stage of program design and installation, along with early outcomes for participating families. The Parenting Research Centre employed a mixed method design for the evaluation. Quantitative and qualitative data were collected and analysed. Findings from each method were triangulated to strengthen conclusions. The data sources included:

- interviews with Sure Steps staff ($n = 3$)
- interviews with families taking part in the Sure Steps program ($n = 7$)
- interviews with other stakeholders
  - reference group members ($n = 4$)
  - Sure Steps funder ($n = 3$)
  - referrers to the Sure Steps program ($n = 1$)
- routinely collected data from YFS Ltd client and case-management database ($n = 10$).

**Participants and procedures**

**Interviews with families**

A series of semi-structured either face-to-face or telephone interviews were conducted to understand the implementation and impact of Sure Steps from the perspective of families participating in the program. Families were invited to take part in the evaluation by their Family Coach. Family Coaches explained the evaluation to families using a plain language information sheet prepared by the evaluators, and invited families to participate. Of 10 families who consented to take part in the evaluation, seven agreed to be interviewed by evaluators.

**Family case reviews**

Sure Steps family case reviews involved extraction and analysis of information from YFS Ltd client and case-management database for a sample of 10 families who agreed to take part in the evaluation. Data provided demographic information about participating families as well as information about type and frequency of contact with families, types of support accessed by families, their housing status, progress toward their goal achievements and family outcomes.

**Tuning into Little Ones Wellbeing Wheel**

Sure Steps utilises the ‘wellbeing wheel’ to take into account family strengths and needs in order to identify next steps in helping to support and strengthen families. The ‘wheel’ includes six wellbeing domains (ARACY, 2010) that were identified from best practice models used in the context of child wellbeing and child protection:

- Emotional wellbeing and mental health
- Relationship and sense of belonging
- Family resources
- Learning and development
- Safety
- Physical health.

Sure Steps has adopted the domains identified in the wheel, but adapted the implementation of the tool to suit the Sure Steps program design and family profile. The ‘wheel’ is used as an integrated practice and data collection tool. As a result, the ‘wheel’ simultaneously guides a conversation with families and captures information that can be used to measure change.

Each domain is measured on a five-point scale ranging from significant challenge to significant strength. The rating is performed by the Family Coach and the parent/carer and is completed at the start of working with families and at the end of the program.

**Interviews with Sure Steps staff and other stakeholders**

YFS staff and other stakeholders were invited to take part in interviews/focus groups. An invitation was sent via email that included a brief description of the program, a plain language information sheet and consent form. Eight either face-to-face or telephone interviews and one face-to-face focus group with three participants were conducted. These consultations collected information about staff and stakeholders’ perceptions of the Sure Steps program, key learnings and suggestions for future improvements and the early impact impacts of the program.

**Data analysis**

Data were analysed to compare and contrast participants’ perceptions of the implementation and the early impact of the Sure Steps program. Data analysis included descriptive statistics (e.g. means and frequencies) and thematic analysis (Browne, 2003), as relevant.
Evaluation questions

The evaluation focused on the following questions:

- Engagement and implementation—what factors helped to engage families and was Sure Steps implemented as intended?
- The Sure Steps program impact—to what extent did Sure Steps achieve the intended outcomes of the program?

Evaluation findings

This summary of findings is based on data collected in the six-month period, from September 2017 to March 2018, and refers to the early stages of Sure Steps development and implementation. Here we present a summary of the key preliminary findings from the report.

It is important to note that the evaluation included the small number of participants, it greatly relied on self-reported data, had a short timeframe for data collection and did not include a control group. Further, there could be a possible selection bias whereby families who agreed to take part in the evaluation were those who felt more positive about discussing their experiences with Sure Steps or had better outcomes. Also, participating families might have felt obligated to only mention positives about their experiences or provide more socially acceptable answers to their life situations. For these reasons, the findings from this evaluation should be interpreted with caution.

An evaluation of the first stage of the pilot by the Parenting Research Centre found that the great majority of participants agreed that the program’s core aspects of being aspirationally focused, flexible and directed at the family as a unit produced positive changes for the participating families and great satisfaction with the program.

The families taking part in the evaluation believed that the program was very helpful for them and expressed a very high satisfaction level with the Family Coaches. The self-reported improvements included:

- becoming more independent
- being more aware of what services and supports were available in the community
- increased understanding of parenting
- becoming increasingly skilled in dealing with children’s challenging behaviours.

Families also reported starting to think more about and making plans for their future.

Notwithstanding limitations associated with possible selection bias (it could be that families who agreed to take part in the evaluation felt more positive about discussing their experiences or had better outcomes), social desirability bias and potential ceiling effect demonstrated by invariability in responses, data collected suggested high levels of family satisfaction with the program.

Parents who provided ratings on their sessions with Family Coaches indicated that:

- they felt heard, understood and respected
- believed they worked on the goals and talked about topics that were important for them,
- agreed that their Family Coach’s approach was a good fit for them, and
- felt the session was right for their needs.

The pilot raised questions for further investigation in the next phase about the needs and priorities of highly-vulnerable families, strategies to engage successfully, and the best ways to respond to issues such as safety concerns while retaining participants’ sense of control. Whilst Sure Steps worked collaboratively with other services to address risks and safety issues, this did not always result in an offer of more intensive support from elsewhere. This gap in addressing the perceived needs of families should remain an ongoing practice consideration for the Sure Steps approach, to ensure the Coaches operate within their sphere of competency and capability.

Engagement and implementation

Overall, the findings indicated that Sure Steps used a number of innovative strategies that likely facilitated family engagement with the program:

- putting families in a ‘driver’s seat’ and allowing them to choose program goals
- placing the focus on building strong coach–family relationships and rapport
- adopting a strengths-based approach
- adopting aspirational focus and
- seeing families as experts.

There was an agreement among the evaluation participants that the above were important elements of the Sure Steps model during the engagement phase. These findings are consistent with the program’s assumptions suggesting that facilitated identification of parental aspirations for their families, supportive relationships with Family Coaches and the validation of parents as experts for their family needs, can lead to greater engagement and participation in the program.
The Sure Steps program provided a range of supports for families. The three most common types of support included advocacy, school relationships support and providing information to families. This was followed by organising community connections and/or recreational activities, financial/material support, safety planning and domestic and family violence support. The least common noted supports in the client and case-management database were health therapies, referral to interpreters and providing employment program support. These results corresponded with the families’ views about what types of supports were most helpful for them. Participating families frequently endorsed financial support, advocacy, receiving information about and being linked with services and communities and receiving support with court attendance and school relationships as activities and strategies that made the biggest difference for them. This was reflected in the following family statements:

At the beginning it was financial support. She [family coach] got me all furniture ... that was lovely but the real help and support that was really appreciated was helping me to enrol my son into school, to go to school interviews ... I have a couple of disabilities that prevent me from being able to always understand and communicate. I can communicate but I can’t always absorb or attend to what has been said ... I can do the interview, but I need her there in case I don’t understand it all and she was very non-judgmental and very supportive. (Family interview)

They helped me with getting my driving licence, getting my youngster a birth certificate ... It was something different each time, we were able to hit the nail on the head each time. (Family interview)

They [Sure Steps] linked us with paediatrician and helped with a few bills. They’ve linked me in with 123 Magic so I can go and see that course to teach me strategies on parenting. (Family interview)

Program supports were also classified against six wellbeing domains (ARACY, 2010), as identified on the wellbeing wheel, including mental health and emotional wellbeing, sense of belonging, learning and development, safety, family resources, and physical health. Figure 2 presents the frequency of support received by the families taking part in the evaluation in relation to these domains. Supports for mental health and emotional wellbeing and for family resources were the most common. These were followed by the learning and development, and relationship and sense of belonging domains. The least common domains included safety and physical health.

Figure 2. Frequency of support provided in relation to the ‘Wellbeing Wheel’

However, some discrepancies in opinion were noted in relation to supports that were needed regarding safety issues. While interviews with Sure Steps staff members indicated that an unexpectedly high number of families with frequent and severe domestic and family violence issues participated in the program, this area was not flagged in the family interviews. It could be that stigma and fear of disclosing family violence is the reason for the gap in issue identification between service participants and service providers. Alternatively, families experiences of long-term family conflict and violence, mental health issues or substance abuse has impacted on their ability to identify safety as a priority goal. Further consideration in the next phase of the Sure Steps program, on how to support families experiencing past and current family violence effectively when engaging with family coaching is planned.

Due to significant safety issues, domestic and family violence concerns often needed to be addressed immediately and took a priority over the developmental component of the program. In addition, these significant issues in some cases posed a threat to tenancy stability of the families, although no participating families were evicted during the course of the evaluative window. This was further impacted by the running time of the Sure Steps program at the time of the evaluation, as many families needed a longer time to address these significant issues before they were able to focus on the developmental component of the program. It was also perceived that the program’s emphasis on the child’s development might have not been the best fit for individuals who have been parents for a longer time and have older children.
These issues have raised a question about the need to re-examine the program components in light of the early evaluation findings and/or to consider what types of families would be the best match for the program. Consequently, the most commonly reported suggestion in interviews with staff and members of reference groups to improve the program effectiveness referred to choosing the right cohort of people who would benefit the most from the supports provided by Sure Steps. Further suggestions included the possibility of extending the program to other families who could benefit from it, as well as linking it with other programs in the community to further improve the family’s outcomes.

Participants generally agreed that the following factors were critical in the program achieving positive changes for participating families:

- the voluntary nature of the program whereby a decision whether to take part in the program rests entirely on the family
- the non-prescriptive aspect of the program, with families making the ultimate decision about their priorities, goals and aspirations
- flexibility of the program in terms of the worker’s availability
- the program’s strengths-based approach
- the program’s strong emphasis on building relationships and rapport with families.

While the scope of the evaluation did not include a cost-benefit analysis, the views of evaluation participants suggested that the money invested in the program produced reasonable and positive outcomes for the families and also provided an opportunity to strengthen the links between the Department of Housing and family services.

Impact

The Sure Steps program was unanimously evaluated positively and perceived, overall, to be helpful for all participating families. While the program was perceived to produce relatively quick and greater changes for younger or first-time parents and those who were motivated to work on their family’s aspirations, other families with many complex needs still benefited from Sure Steps but achieved the benefits at a slower pace. Families experiencing complex issues who might have been flagged as not meeting milestones in a traditional case management program, in Sure Steps have had the freedom to change priorities and focus holistically on aspects of the family system as needs arise.

However, as noted above, the high prevalence of violence and trauma as a factor that participating families have experienced, has impacted on the program’s engagement with families around child development and access to appropriate services.

- As working with families with complex needs requires a very sensitive approach that matches their learning pace, a longer intervention period might be beneficial to be able to engage with some families, earn their trust and assist them in addressing their deeper concerns. Length of service will be a focus for practice development for the next phase.

The families taking part in the evaluation believed that the program was very helpful for them and expressed a very high satisfaction level with the Family Coaches. The reported improvements included:

- becoming more independent
- being more aware of what services and supports were available in the community
- increased understanding of parenting
- becoming increasingly skilled in dealing with children’s challenging behaviours.

Sure Steps staff also reported some observable changes in relation to parental wellbeing, including improvements in their mental health, daily functioning, social connections and confidence. The evaluation interviews with the representatives of the Department of Housing indicated that the Sure Steps program also made some differences by assisting families to stabilise their tenancy issues, such as addressing their tenancy arrears or moving to more appropriate accommodation.

While attending the Sure Steps programs, families identified a number of goals they wanted to address to improve the future for themselves and their children. Figure 3 summarises the progress of families who took part in the evaluation towards achieving their established goals. Progress towards achieving each goal was rated on a five-point scale (1 = Not achieved; 2 = Slightly achieved; 3 = Partly achieved; 4 = Mostly achieved; 5 = Fully achieved) by Family Coaches.

The findings indicated that almost half of recorded goals were either fully or mostly achieved. Sixteen per cent of goals were partially achieved while 12% were slightly achieved. Twenty-four per cent of goals had not been achieved by the time the evaluation was conducted.

While the potential for parents to respond in what they viewed as socially desirable ways must be taken into account, interviews with families suggested very positive views about their progress towards the goals they established.
As indicated by one parent:

Everything has been achieved that we said we wanted to achieve; we are still working on things which is fine with us, but everything we had attention on to sort of get it done, it was done 100%. (Family interview)

Additional changes were recorded regarding the six wellbeing domains, as measured by the wellbeing wheel. The results indicated that families moved from experiencing challenges in a particular domain at their first assessment to functioning adequately or even experiencing strengths in the same domain at the subsequent assessment. While often these changes were small and a limited number of families (between 10 and 40 per cent) exhibited strengths on the domains in their final assessment, all changes were made in positive directions. Even though the results are preliminary, they are important due to the complexity of families that Sure Steps worked with and limited time applied to address their presenting concerns at the time of the evaluation.

**Conclusion**

The findings suggested that the Sure Steps program was implemented as intended and perceived positively by a range of stakeholders. Overall, there was an agreement among participants that the program’s core aspects of being aspirationally focused, led by families, flexible and directed at the family as a unit, produced positive changes for the participating families and great satisfaction with the program.

Several limitations of the evaluation were noted. These include the small number of families who agreed to participate in the evaluation, which limited conclusions about the generalisability of findings.

Further, there was an overwhelmingly positive appraisal of the Sure Steps program by the participating families. It may be that only families who felt more positive about discussing their experiences or who had better outcomes from the program agreed to participate, compared with those who might have been less satisfied with the program. This report also strongly relied on attributions made by families, staff and other stakeholders who participated in the consultations. Further, this evaluation used a single-group design with no comparison or control group. As such, there is a possibility that any changes identified are due to the impact of time, maturation or other factors, rather than the impact of the program. Nevertheless, data used in the evaluation was collected from multiple informants (e.g., families, staff and other key stakeholders) and different sources (e.g., interviews and database)—a concept referred to as triangulation (Bogdan & Biklen, 2006). As there was strong agreement in the data set collected through interviews and database, this adds support to the outcome identified in the evaluation report.

Notwithstanding the limitations of the evaluation, the promise of the Sure Steps program is clear. In this early stage of program installation, the evidence outlined in this report attests to the value of the program for families at risk of tenancy loss in addition to other risks strongly associated with child vulnerability. The growing body of evidence emerging from the literature on the implementation of programs in child and family support indicates that high-quality implementation is a process, not an event. This process is often cited to be a long one, with most programs of the nature of Sure Steps needing between two and four years to progress through the stages of installation, early implementation, full implementation and sustainability (Mildon & Shlonsky, 2011). Therefore, the promise of Sure Steps that is demonstrated through the current evaluation, should continue to be built upon to further influence intergenerational outcomes for society’s most vulnerable children and families.

**Future development**

The Queensland Department of Housing and Public Works has committed funding for Sure Steps to continue for two years. The findings of the pilot evaluation have informed amendments to the program design and program logic for the next phase. In particular, we have more clearly articulated the family coaching approach to ensure consistency despite staff changes. We have also made changes to data collection to better measure impact, for example collecting information about changes to children’s engagement in education and families’ housing stability.
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BEING THE CHANGE:
Young people as peer-to-peer educators to build respect in relationships

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Introduction

The evidence base surrounding specialist approaches to responding to the complex traumas children and young people face as a result of domestic and family violence is in its early stages but growing. Young people are impacted negatively by DFV, but they can also be positive agents of change in its prevention. There is an unprecedented national commitment to tackle domestic violence through the National Plan to Reduce Violence Against Women and their Children 2010–2022 (The National Plan, Australian Government, 2016). This has also led to innovative research and action to improve service pathways, legal responses, risk management and increasingly attention is focused on prevention. (Humphreys & Healey, 2017).

A major feature of the National Plan, and action arising from it, is the recognition that gender-based violence is preventable—primarily by building gender equality and more respectful attitudes and behaviours among young people through school and community-wide strategies (Our Watch, 2015a). Emerging evidence (Struthers, Tilbury & Williams, 2017; Struthers & Williams, 2017) from a process evaluation conducted in 2017 of R4Respect reveals peer-to-peer education programs have a significant role to play in increasing young people’s opportunities to lead the change towards understanding what influences controlling relationships, which lead to domestic and family violence and fostering confidence in patterns of respect, trust and true gender equality. There is an important role for multi-purpose Non-Government Organisations, family support and youth organisations to play in facilitating respectful relationships education and in encouraging young people as peer educators.

Communicating findings from research on primary prevention strategies is crucial for building effective responses to the consequences of domestic and family violence for children and young people. This paper will examine the effects of domestic and family violence on children and young people. It will locate the peer-to-peer respectful relationships education program, R4Respect, within a primary prevention framework of domestic violence. The paper will also explain how R4Respect is able to be replicated across the public health sector and how the family and community services sector can support its integration, meaningfully.

Children and young people

Children and young people can be significantly harmed by domestic and family violence, yet they can also be the agents of cultural change that is needed to prevent gendered violence. The 2012 Australian Bureau of Statistics’ (2014) Personal Safety Survey found:
Of those women who had experienced violence by a current partner, 54% had children in their care at the time of the violence and 31% of the children had seen or heard the violence.

Of the women who had experienced violence by a former partner, 61% had children in their care at the time of the violence and 48% of the children had seen or heard the violence.

Children are at particular risk of witnessing or experiencing domestic and family violence during and after parental separation. Children and young people are often exposed to multiple interrelated problems including: drugs and alcohol dependency, history of mental illness, financial hardship and employment insecurity (Goldsworthy, Price-Robertson, Bromfield & Richardson, 2018). Similarly, the Australian Institute of Family Studies (AIFS) Survey of Recently Separated Parents (De Maio, Kaspiew, Smart, Dunstan & Moore, 2013) found that the experience of family violence was common among separating families. Of the parents who reported emotional or physical violence prior to separating—53% of fathers and 64% of mothers reported that their children had either seen or heard the violence or abuse. There is a growing movement to refocus the spotlight from intervention and protection orders towards early intervention, education and prevention. R4Respect’s youth-led, peer-to-peer respectful relationship education model is uniquely placed to assist in the distribution of knowledge and understanding about adopting healthy and prosocial behaviours, fostering respect and equality in all types of relationships.

The R4Respect model draws inspiration from the international movement that promotes the resourcing of young people as agents of positive change, not simply the targets on major social issues (United Nations International Children’s Fund [UNICEF], 2012). This movement to engage young people in positive social change programs is consistent with Article 12 of the United Nations Convention on the Rights of the Child which states that “…children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard—within the family, the school or the community’ (UNICEF, 2006, p. 1). The benefits to youth wellbeing and social development arising from active participation in social change are recognised (UNICEF, 2012; Wong, Zimmerman, & Parker, 2010). The focus of these programs has been health-related, such as HIV and sexual health awareness, anti-smoking campaigns—but there is value in drawing on these experiences to apply youth participation models to domestic violence prevention.

Why a peer-to-peer approach?

A 2015 youth attitude survey that showed one in four young people think it’s generally normal for guys to pressure girls into sex, and 16 per cent of young people think that women should know their place (Our Watch, 2015b).

These findings prompted YFS Ltd—a non-government multi-service agency in Logan, Queensland, to research how young people educating their peers through a youth participation model might be useful in domestic violence prevention. Four significant findings influenced YFS to trial a youth participation strategy with young people as peer educators. These include:

2. The impact of domestic violence prevention programs can be enhanced when developed in collaboration with young people, with robust evaluations to determine which interventions work and which specific groups they work for (Stanley et al., 2015).
3. Peer-led interventions can be effective in influencing young people (Denison et al., 2012).
4. Young people are most engaged in a space where they are most comfortable, which is often online. Using digital technologies can help foster young people’s active participation (Anker, Reinhart & Feeley, 2011).

As part of the youth partnership strategy, YFS developed a peer-to-peer model, R4Respect, in which young people promote respectful relationships messages among their peers in physical group settings and online. There are significant benefits to youth wellbeing and social development arising from active participation in social change and action (Denison et al., 2012; Restless Development, 2016; UNICEF, 2012). Peer-led interventions may be more effective than teacher-led interventions in influencing young people (Denison et al., 2012; Valente, Ritt-Olson, Stacy, Unger & Okamoto, 2007). Young people as advocates may also attract media attention and sympathy, which contributes to policy change (Delgado & Staples, 2008).

The program logic for R4Respect is based on two theoretical foundations and bodies of evidence:

- Domestic violence is a gender-based violence, with men the predominant perpetrators, and respectful relationships education with young people can overcome the gendered attitudes
and values that underpin this violence (Flood & Kendrick, 2012; National Plan to Reduce Violence Against Women and Children, 2012; Special Task Force on Domestic Violence, Queensland, 2015).

- Young people are capable of being agents of change, rather than simply targets for change (UNICEF, 2012; Zeldin et al., 2014).

R4Respect and this evaluation are grounded in an asset-based framework that views young people as resources to be developed, not problems to be managed (Roth & Brooks-Gunn, 2003). In contrast, deficit models focus on the problems some young people experience, such as substance abuse or crime, rather than their strengths and capacities (Walker et al., 2014).

Primary prevention

The ‘primary prevention’ of violence against women refers to the actions and strategies that aim to stop violence before it occurs. Tackling the underlying causes of violence against women—unequal power relations between women and men, pervasive gender stereotypes, and social norms and attitudes that condone violence—are the focus of prevention programs. The achievements of the Sexual Assault Prevention Program for Secondary Schools (SAPPSS), by CASA House in Victoria, have provided important guidance for other primary prevention models involving young people to follow (Imbesi & Lees, 2011). The ground-breaking SAPPSS model promoted a whole-school respectful relationships approach and it featured peer educators.

To foster the involvement of young people in the primary prevention of domestic violence in a way that is meaningful, empowering and improves their wellbeing, research suggests it is important to apply principles of effective youth development and participation (Seymour, 2012; Sharpe, 2012; Tiffany et al., 2012). Youth participation models vary in the scale and scope of decision-making and autonomy young people adopt (Tiffany et al., 2012; Wong et al., 2010). Evidence shows that youth participation models based on the Good Practice Principles, which promote the strengths and diversity of young people and foster their decision-making, responsibility and learning in a safe and supportive environment, produce better outcomes and experiences for young people (Seymour, 2012; Sharpe, 2012; Wong et al., 2010).

In order to achieve best practice in youth participation, the United Nations (2005) recommended the following: provide adequate funding, introduce innovative ways to spread information, furnish training to facilitate intergenerational collaboration, and create organisational structures that welcome new voices. Efforts should be undertaken to foster intergenerational relationships and strengthen the capacity of young people to participate meaningfully and equally with other generations in programs and activities that affect them (pp. 72–73).

There are, however, challenges with recruiting, mentoring and sustaining the involvement of young people in a manner that goes beyond tokenism (Denison et al., 2012; UNICEF, 2012). Some claim that many adults do not have the necessary skills or the confidence in young people to share decision-making with them, and societal norms and institutional structures are not commonly designed to support adult–youth partnerships (Zeldin et al., 2014; Walker, et al., 2014). Walker et al. (2014) reported that one of the primary obstacles for many adults is their view that ‘… young people [are] “incomplete”, immature, with no proposals or analytical capacity to contribute based on their life experiences in topics that affect them’ (p. 8).

Youth leadership education programs such as R4Respect are placed along the primary prevention end of the intervention spectrum. Young people facilitating discussions and challenging notions of what is respectful and what is harmful, and controlling is an example of a cultural change model. The overall outcome of such a strategy is to ‘nip’ harmful, destructive misconceptions ‘in the bud’ before they become entrenched. Youth educators are tasked with replacing these misconceived notions of relationships with respectful ways of communicating and interacting in relationships of all types.

Evaluating the youth participation model

The implementation and evaluation of youth participation and peer education models that seek to curtail and redress the causes of domestic and family violence is limited. In 2016, YFS partnered with Griffith University to conduct a process evaluation of the youth participation model (Struther, Tilbury & Williams, 2017; Struthers & Williams, 2017).¹

Phase 1: Process evaluation

The Youth Ambassadors and 10 adult stakeholders interviewed as part of this process reported that the model is:

- building the skills and confidence of the Youth Ambassadors as peer educators

¹ At the time of writing, an outcomes evaluation has not been conducted. The aim is to conduct an outcomes evaluation as research funding becomes available.
reaching a wide range of young people with information about domestic violence, respectful relationships, and where young people can go for help.

A survey developed by the Youth Ambassadors showed that 89.5 per cent of participating high school students believed the program had given them a better understanding of respectful relationships and domestic violence (YFS, 2017).

The Youth Ambassadors and adult stakeholders recognised that the young people in R4Respect need ongoing training, support and a stable funding base. The adult stakeholders were particularly encouraging of more training and adult mentoring for the Youth Ambassadors—stating that the complexity of gender-based violence can be difficult for young people to convey, and for their peers to grasp.

This evaluation process also allowed the Youth Ambassadors and adult stakeholders to identify areas of improvement. Youth Ambassadors reported a need for clearer roles and equal sharing of workloads within their group. Adult stakeholders identified the need for youth participants to be better trained to handle disclosures of harm from their peers, and encouraged YFS to maintain a high level of support and training with the young people (Struthers, Tilbury & Williams, 2017; Struthers & Williams, 2017).

Phase 2: Impact evaluation

In December, 2017 Griffith University, in conjunction with YFS Ltd and Ruby Gaea Sexual Assault Service, Darwin received an ANROWS grant to evaluate the impact of R4Respect’s peer-to-peer education model. The impact evaluation aims to further substantiate evidence which supports the premise that the relationship built between young people is strong enough to establish clear messages about developing respect and equality amongst genders in young people.

The impact evaluation seeks to measure two aspects of R4Respect:

1. the impact the program content has on teens and young people’s understanding of respect and gender equality, and

2. the impact young peer educators have on other young people as positive influencers helping to build strong, healthy and stable relationships, working towards a united culture of respect and greater gender equality.

The evaluation is being conducted in two geographical sites: Darwin, Northern Territory and Brisbane, Queensland. The Darwin fieldwork has been conducted in partnership with a local women’s violence intervention service.
service, Ruby Gaea Darwin Centre Against Domestic Violence. The purpose of conducting fieldwork in Darwin was to establish preliminary requirements and cultural expectations for program replication for use with young Aboriginal and Torres Strait Islander young women and men.

The impact evaluation will use a mixture of quantitative and qualitative data to inform a precise and replicable program model by which to provide a foundation for replicability and program fidelity across multiple social contexts including: age, gender identity, sexual orientation and identity, cultural identity and cognitive ability. A set of before and after surveys were prepared which contained the following questions:

- Did the R4Respect session improve your understanding of domestic violence and dating violence?
- Do you have a better understanding of what respect is and what crosses the line into harm?
- If you saw a friend being harmed in a relationship would you be better able to help them?

The second ‘post’ survey contains an additional set of questions where they will be invited to reflect on the youth educators, their role and impact. These questions will help build a broader understanding of the way in which peer-to-peer education is received by young people.

Youth ambassadors have since reflected on their impact with their audience. They have expressed enjoyment in empowering students in starting their learning journey and making things clearer for young people who have further questions. One youth ambassador reflected on their experience of facilitating ‘The Line’ activity. In this activity, young people are asked to stand on either side of a line in accordance with their agreement or disagreement on questions relating to behaviour. The youth ambassador explained:

‘[Facilitating The Line activity] is empowering, it gives young people the opportunity to put out their own opinion and helps challenge their own views and the views of their peers.’

**Recommendations for successful program replication**

Family, youth and community support agencies are commonly undertaking activities in the primary prevention and community education sphere of action. If the R4Respect model is found to be replicable and is found to provide a useful model of peer-to-peer education with young people; youth groups, schools, universities and their local communities can expect to benefit from activities and messages which seek to:

- foster respectful relationships
- understand the harmful effects of violence and understand that violence is preventable
- understand the line between healthy and harmful relationship behaviours and,
- build on skills and knowledge toolbox so young people are better equipped to challenge unhealthy behaviours.

Currently, R4Respect is being delivered primarily across Logan government and non-government secondary schools, and university open days within the Local Government Area of Logan, south of Brisbane, Queensland. Peer educators engage with male and female students from ages 13 to 25. R4Respect peer educators have become skilled in reaching large student groups from a diverse range of socio-cultural backgrounds.

R4Respect’s existing program contains interactive decision-based activities, videos and educational resources which have been adapted from nationally recognised educational programs including: Building Respectful Relationships, Our Watch, The Line and Love Bites (National Association for Prevention of Child Abuse and Neglect). Peer educators lead young people through a series of decision-based exercises relating to ‘the line’, challenging young people’s understanding of behaviour they perceive to be ‘okay’ and ‘not okay’. These exercises are supported by informative content and videos developed by Our Watch, The Line and Don’t Be a Bad Apple which reinforces the notions of power and control and their association with abuse and violence. The Don’t Be a Bad Apple animation videos were developed by R4Respect in partnership with Griffith University. They help young people develop their skills in decision-making, communicating, understanding ethical practice, signs of abuse, power and control and how to be an effective bystander.

Clear, comprehensive program descriptions are one way of maintaining program fidelity and program replicability (Meivissen et al., 2017). A core component of the current impact evaluation research being conducted in partnership with Griffith University and ANROWS is a knowledge translation strategy in the form of a program facilitation manual. The manual will detail R4Respect’s key messages and components as well as a comprehensive program structure which will be informed by the core findings of the evaluation on what works in ensuring the peer-to-peer relationship is maintained and the messaging remains clear and consistent.
The program manual will be a useful resource for future impact analyses and measurement of student outcomes around respect, communication, trust and equality.

R4Respect’s four key messages and core components have been developed by the team based on what respect in relationships means for them, shown in Table 1 and Figure 2.

### Table 1. R4Respect’s key messages and components

| Four key messages |  
|-------------------|---
| 1. We all have the right to be free of abuse and violence. |  
| 2. Respect means being fair and valuing others as equals. |  

Other factors to consider when ensuring program replicability include:

- gender balance maintained across peer educator team so as to effectively reach and establish rapport with both male and female young people
- cultural diversity amongst team bringing a wealth of cultural experience and understanding.

### Next steps for young people as leaders of change

The lasting impact of youth leadership initiatives such as R4Respect, which tackle the causes and influences of domestic and family violence, relies on a rigorous commitment to youth development and leadership. Change begins with young people and services being encouraged to empower young people to be agents of change on domestic and family violence. Recommendations from Good Practice Principles, The UN’s Youth Participation principles and Kania and Kramer’s (2011) collective impact theory, can inform the way youth leadership models should be implemented in the future. R4Respect employs a peer supervision approach which works to ensure the experiences and training needs of each peer educator are identified and addressed. Performance reflections are conducted by the R4Respect coordinator, which influences the format of future professional development training. All peer educators preface sessions by referring young people to teachers, counsellors, support workers, school-based police officers for additional expertise and support in dealing with personal or vicarious experiences of violence or trauma. Additionally, R4Respect peer educators are encouraged to seek support from Assure’s Employee Assistance Program should they require additional, independent support resulting from any issues arising from their involvement in the program.

Seymour’s (2012) Good Practice Principles for youth leadership include: learning and development, leadership and decision making, ethos of inclusion, community service, partnerships and social networks and ethical promotion. R4Respect’s program model encompasses all of these principles. Leadership should inspire greater participation and a path towards leadership. Charting a way forward with youth leadership, programs such as R4Respect require consistent funding, develop innovative ways to spread information, furnish training to facilitate intergenerational collaboration, and create organisational structures that welcome new voices (UN, 2005).
Efforts should also be undertaken to foster intergenerational relationships and strengthen the capacity of young people to ‘participate meaningfully and equally with other generations in programmes and activities that affect them’ (UN, 2005, pp. 72–73).

**Implications for research**

Future research examining the strength of R4Respect to deliver better educational outcomes on respectful interpersonal relationships should include:

- **Longitudinal study on student outcomes following engagement with R4Respect program**

A longitudinal study examining student outcomes would ensure that students are benefitting consistently over time with ongoing engagement with peer educators about respectful relationships.

- **Process evaluation of implementing R4Respect as a whole-of-school violence prevention program from preparatory/Kindergarten to year 12**

Piloting R4Respect in a primary and a secondary school will be a useful examination of the ideal engagement age for children learning about respectful relationships and key considerations for holistic whole-of-school and community inclusion. In order to ensure all children and young people are given opportunities to both learn and lead the way towards better prevention against violence, further study into how this can be achieved within different communities is required. There are significant differences in needs and experience of children and young people living in regional and remote areas of Australia, which should be investigated and applied to the existing model of R4Respect. A study focusing on the learning needs and the experience of leadership of children and young people with intellectual and developmental disability should also be investigated further. Young people who identify as Aboriginal or Torres Strait Islander have unique experiences and expertise of how they receive and apply preventative approaches to violence, which also deserves further examination.

**Implications for policy development**

- **Maintain alignment with the gender-based framework of the National Plan to Reduce Violence Against Women and their Children 2010–2022 (The National Plan, Australian Government, 2016).**

- **Governments to support the mandatory implementation of respectful relationships education, not a voluntary ‘roll out.’**

**Implications for practice**

- **Funding**

  Consistency in building youth leadership via peer-to-peer education relies on ongoing funding from institutions where the wellbeing of children and young people is paramount to their core operational philosophy.

- **Collective impact**

  Collective impact, in comparison to isolated impact, is about employing a whole of community approach to solving entrenched and complex social problems (Kania & Kramer, 2011 in Smart, 2017). Adopting a collective impact approach to the evaluation of peer-to-peer, youth-led respectful relationships education program is both a research and practice implication that requires further consideration. Establishing community action indicators to which schools, youth groups, sporting teams and groups and family support services are responsible for upholding, ensures respectful relationships education is sustained in all aspects of daily youth experience. The five components of collective impact include: a common agenda, continuous communication, mutually reinforcing activities, backbone support from management and shared methods of measuring impact. These can be used by practitioners and community representatives to jointly conceptualise and frame their collaborative work towards effective community change and responding to complex social issues (Salignac et al., in Smart, 2017).

- **Clear referral pathways**

  Family and youth support services are closely inter-linked and it is important to consider referral pathways for young people engaging in the R4Respect program who may benefit from more family or youth specific support services, including those being delivered by YFS Ltd; Youth Link, Parents Next, Personal Helpers and Mentors (PHaMs) in order to fill any unmet need.

- **Professional development, ongoing therapeutic training and issues of personal disclosure**

  Ongoing education and professional development opportunities and therapeutic training are crucial for the ongoing success of program delivery. Peer educators receive foundational training in respectful relationship education, but should be given opportunities to expand their knowledge and experience of different lived realities, improving the quality of connection between peer educators and students/young people.
Gender-based frameworks

Violence prevention and early intervention education strategies such as R4Respect use a youth-led leadership model which challenges preconceived notions of power and control found in most domestic or family violence relationships. Primary prevention education models such as NAPCAN’s (National Association for Prevention of Child Abuse and Neglect) LoveBites (evaluated by Flood and Kendrick in 2012) and R4Respect are examples of research-informed practice which has the potential of reshaping the way young people view relationships, and upskilling them with the tools required to navigate relationships with respect, trust and equality.

Summary

R4Respect as a peer-to-peer education program exhibits promising evidence in fostering strong youth leadership working towards a preventative approach to harmful habitual behaviours that result in domestic and family violence. The program is built on the knowledge that domestic and family violence has lasting detrimental effects on children and young people, and that state interventions and child removals are an insufficient response and contribute to further trauma, reducing their capacity to thrive and develop alongside their peers. R4Respect’s foundation is based on the principles of building young people’s capacity to learn and develop leadership skills in sharing and promoting inclusion, respect and equality in relationships. Through the development of a comprehensive process and impact research and evaluation agenda, there is scope to strengthen the growing evidence that the power to change attitudes around respectful relationships begins with young people.

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Introduction

It sounds facile to say, but all parents want the best for their children. Families aim to make the best decisions possible for their children and starting school is no exception. Parents know their children extremely well and are crucial partners in the education process (Perry & Dockett, 2006). Parents play the ultimate role in determining school readiness by promoting their children’s development (Belfield & Garcia, 2011). The learning that takes place in the home sets a child’s education trajectory and tapping into this knowledge is a key step in ensuring children have a positive transition to school. Parental engagement in education has a solid research base, attesting to the broad range of benefits it can offer for children’s education.

Parental engagement and school readiness are emerging as important research areas. It is now being realised in political arenas that parental engagement in learning is the missing piece of the puzzle and significant resources are being invested into progressing the parental engagement agenda. Whilst it is not the silver bullet, parental involvement matters and efforts to make the transition to schooling more seamless will never be wasted.

Purpose of the study

After reviewing the literature and identifying the gaps, a specific focus for the present research emerged. The chief goal of this sequential mixed methods study was to understand in what ways parents are contributing to their child’s preparation and readiness for school.

This research explored the relationships between parental contributions and a child’s preparedness for school with a particular focus on the cognitive and behavioural contributions made by parents. So how, and to what degree, can parents influence how prepared their child is for schooling?
through their activities, attitudes and aspirations? Furthermore, what relationships exist between parent beliefs and actions? It is anticipated that the findings of this research project will add to the growing evidence base to inform investment and policy interest in the area of parental engagement, specifically at the critical time of transition to school.

The study as a whole was broader in its scope, and included the collection of data with teachers and follow-up, qualitative interviews with parents. However, the specific focus of this paper is to present information and findings related to parents, in relation to the beliefs they hold and the preparation activities they undertook with their child before starting school.

**Literature Review**

An extensive literature search was conducted early, in the design stage of the project, to determine how other researchers had approached the area. It was clear from the outset that there is an immense literature based on the two major constructs of the role of parents in learning and school readiness, but it varies considerably in quality (Fox & Olsen, 2014).

One of the key transition points in a child’s life is starting primary school. Research indicates that a positive start to school is linked to future academic success and achievement, school attendance and completion and lifelong success, and this finding is stable across various cultural and sociodemographic contexts (Centre for Community Child Health [CCCH], 2008; Davies, 2011; Hirst, Jervis, Visagie, Sojo & Cavanagh, 2011; Sanagavarapu & Perry, 2005). Additional research has also found that school-ready children experience better peer relationships and improved behavioural and emotional outcomes (Giallo, Treysvaud, Matthews & Kienhaus, 2010; Smart, Sanson, Baxter, Edwards & Hayes, 2008). Hence, ensuring children are school ready is critical to starting their school journey positively. Parents are a child’s first teachers, and so what they invest, and the environment they create during the early years affects the scope and extent to which the school can make a difference.

Current thinking about the importance of early learning, well before children reach the age to start formal schooling, suggests that the capacity of children to learn from an early age has been underestimated for too long. Many researchers have argued that parents are more likely to invest time and interest in their children’s learning and educative process, to collaborate with professionals and make efforts to understand the development of their children while they are young (Fox, Dunlap & Cushing, 2002). The early home learning environment has been identified as a potentially significant and rich period that can influence children’s educational attainment (Goodman & Gregg, 2010). While early engagement appears to be of greatest benefit, Emerson, Fear, Fox and Sanders (2012) make the point that there is no definitive age at which family involvement should start or end. Rather, it is a dynamic process that should evolve as the child progresses through their learning journey. In saying this, the transition to school period presents an ideal opportunity to establish a pattern of parental engagement throughout children’s schooling (Hirst et al., 2011).

The most effective learning occurs in nurturing, responsive relationships and the strength and quality of these relationships is seen as fundamental to the effective development of a child’s brain (Winter, 2010). Parents are particularly well placed to interact with their children frequently, due to the sustained nature of family life for most families in this period. The reciprocal conversations and play experiences that many parents facilitate helps to build a healthy and responsive brain (Early Learning: Everyone Benefits, 2016).

Educators have a clear expectation and, debatably, an assumption that “children will begin school clean, fed and ready to learn” (Woodrow, Somerville, Naidoo & Power, 2016, p. 25). Children who experience caring and responsive relationships and have received a range of stimulating experiences reach school with a history of learning established and are ready to continue learning (CCCH, 2008). Educators recognise the home as an important context for children’s learning. A survey of 1013 educators, who were asked about parental engagement in schools and what kinds of involvement they valued most, found that teachers assigned the top three rankings to ‘teaching good work habits, responsibility and respect for others’, ‘stressing the value of education’ and ‘ensuring their child is well fed and ready for school’ when asked to consider the kinds of involvement that make the greatest difference. These three were rated well above parent presence at school and academic progress items (Horace Mann Educator Advisory Panel, 2007). These three aspects are important to educators and key functions of parenting, as attachment, parenting and child development literature suggests. This focus on the importance of school readiness suggests that parents’ roles at home are vital. Yet, there are additional expectations that parents will be engaged in the schooling process and evidence that this role can make a significant impact on a child’s educational trajectory.
What is parent engagement?

Whilst there is not a consistent and widely accepted definition of parent engagement across the literature, there are certain salient features that unite some of the key terms. ‘Parental engagement’, in essence, means being positively involved and active in a child’s learning process and represents more active behaviours on the participation continuum than parent involvement (Jennings & Bosch, 2011). Broadly conceived, parental engagement promotes shared responsibility for education and relationships between families and schools to promote children’s learning and wellbeing (Emerson et al., 2012; Fox & Olsen, 2014).

Parental engagement is certainly not a single behaviour or practice (such as reading to children or having high aspirations). Rather, it involves a broad range of beliefs, behaviours and processes that have the greatest impact when they are put together (Fox & Olsen, 2014). The literature identifies a wide range of parental engagement activities that parents undertake, but only a few are significantly and consistently correlated with positive outcomes for students and add value to a child’s learning experience (Desforges & Abouchaar, 2003; Nye, Turner & Schwartz, 2006). Research in the area has consistently found that parent engagement in children’s learning at home predicted higher levels of achievement than any other form of parental involvement (Harris & Goodall, 2008; Izzo, Weissberg, Kasprov & Fendrich, 1999).

There is a considerable body of work exploring what families do for children as they prepare to start school, emphasising in particular what practices and strategies they use to promote children’s readiness (Melhuish, Phan, Sylva, Sammons, Siraj-Blatchford & Taggart, 2008; Walker & MacPhee, 2011). According to Pelletier and Brent (2002), families “provide the social, cultural, and emotional supports that children need to function successfully at school” (p. 46). Furthermore, Desforges and Abouchaar (2003) found that parental engagement in learning activities with children in the home is associated with increased cognitive abilities in the early years. There are several studies supporting these associations, including Duckworth, Akerman, Morrison Gutman and Vorhaus (2009) who demonstrate that parents’ educational behaviours are important for the cognitive development of their children, as they have a significant and independent influence on attainment at age three as well as at entry to primary school. It seems noteworthy to recognise that for parents, the goal of this range of activities may not necessarily be school readiness. Instead, they may be simply focused on the wellbeing and development of their children.

There is great diversity amongst parents and parenting styles and, while some of these may be more aligned with the values of the school than others, they may all increase the cognitive and emotional capacities of children.

Home environment

Bradley and Caldwell (1995) defined a stimulating home learning environment as one that provides educational interactions and activities such as playing games, singing songs, shared reading, and visiting museums, libraries and playgrounds, as well as making learning materials available at home. This definition has been widely accepted across the field. Thus, four broad dimensions of the home learning environment can be identified:

- home activities
- reading to the child
- number of books at home
- out-of-home activities.

The advantage of using this definition is that the home learning environment is defined not only by inside-home activities. Cooper, Crosnoe, Suizzo and Pituch (2010) selected a large cohort of 20,356 kindergarten children and, using the Home Observation for the Measurement of the Environment (HOME) scale, measured parental involvement with families. The HOME scale is modelled on the aforementioned dimensions. This scale measures the availability of resources for learning in the home and the frequency of the child’s participation in learning activities within and beyond the home. These measures were found to explain the relationship between family poverty and children’s literacy and numeracy achievement in kindergarten. These dimensions and modified scales have been included in the measurement of the home learning environment that forms part of the parent survey developed for this study.

Other authors, including Fox and Olsen (2014), share the idea that a cognitively stimulating home environment includes books and other learning resources, as well as participating in cultural and community events, limiting screen time, visiting libraries, museums and art galleries, and facilitating learning experiences around children’s areas of interest. Furthermore, Landry and Smith (2008) report that some of the most significant indicators in the home that are thought to affect school readiness positively include adequate resources for intellectual stimulation and opportunities to learn within the community, such as taking trips to the park or zoo.
Measuring school readiness

In Australia, the Australian Early Development Census (AEDC) is conducted to understand how children have developed throughout early childhood and how ready for school they are. Using this national population measure, which can be disaggregated at the community level, the Australian Government has collected nationwide data on children in their first year of formal schooling every three years since 2009. According to data collected by the AEDC, SA and the NT present some of the highest levels of developmental vulnerability in key domains. In the NT particularly, more children are vulnerable across every domain of child development than in other jurisdictions (Australian Government, 2016). However, on a positive note, the governments in both jurisdictions are making the greatest level of investment into the early years compared with other states and territories (Early Learning: Everyone Benefits, 2016).

Parental expectations

It is not only deliberate parental behaviours and actions that make a difference to supporting a child’s learning. A wide range of evidence confirms that children learn best when they are expected to succeed and when parents’ attitudes foster and support learning (Desforges & Abouchaar, 2003; Hinnant, O’Brien & Ghazarian, 2009; Hoover-Dempsey & Sandler, 1997). Some researchers conclude that the strongest influence on a child’s future is parent expectations and aspirations—the value they place on education and what parents believe a child can achieve. For instance, Fan and Chen (2001) reviewed a wide range of literature and concluded that parental expectations have a stronger relationship with achievement than the involvement of parents.

Duckworth et al. (2009) found that parental expectations alone make a difference to children’s educational outcomes. Likewise, Fan and Chen’s 2001 meta-analysis of the available quantitative literature revealed a small to moderate, but meaningful relationship between parental engagement and student achievement. However, through moderator analysis, the authors concluded that parental expectations and aspirations for their child’s educational achievement have the strongest relationship with students’ academic achievement. Jeynes (2007), in another review of studies, found a difference between parenting behaviour and parental expectations in their effect on children’s school performance (0.4 effect size versus 0.9, respectively). Caution must be exercised in interpreting these meta-analyses of studies, however, as many did not include parental socio-economic status (SES) or students’ prior achievement in the analyses. Where such contextual factors are included, the association with expectations weakens, or is no longer evident. It is also the case when comparing studies that effect sizes are not consistently reported and hence, comparison is difficult (Gorard, 2012).

Factors influencing engagement

It is not the prerogative of this article to identify all the factors that impede engagement, although it is important to recognise the barriers that might exist. We tend to assume that most parents have ready access to people, places and resources. There is also an implicit expectation with respect to family-led learning that parents will know how to support their child’s learning and value it highly. This is not the case in many instances. Many views of parent engagement evolve around privileged middle-class values, which are not necessarily inclusive of all families. Families are not a homogenous group of people. There are a number of external variables influencing levels of parental engagement, which previous research has made clear. Factors such as a child’s gender, relationships with the child, SES, time availability, social isolation, parents’ earlier experiences of schooling and educational attainment, cultural differences and being a member of a minority group can all influence the extent to which parents feel able to support their child’s learning (e.g. Belfield & Garcia, 2011; Dearden, Sibieta, & Sylva, 2011; Doward, 2016).

The impact of family SES is noteworthy. Most of the available literature concludes that being born into a low-SES family has a negative impact on child development. It must be acknowledged that this is often true, and that in most cases, families that are well-resourced are in a better position to help their children be ready for school (Belfield & Garcia, 2011).

A recent qualitative study exploring the nature of parental engagement in low-SES families concluded that it is sometimes the case that the challenges of daily survival offer little opportunity for parents to focus on their children’s learning. However, many parents in these circumstances value learning and formal education as a way out of the disadvantaged position they are in (Woodrow et al., 2016). A lack of physical and financial resources can impact upon the opportunities parents are able to provide and the extent to which they feel able to engage with their child’s learning. It should be acknowledged that parental engagement is bi-directional, and to be successful, it also requires effort on behalf of schools. Some schools take a strengths-based
approach to embracing cultural, socio-economic and other differences and use these to build into the learning experiences they offer.

Parental role construction, or parent perceptions of who holds primary responsibility for the education of their children and their later outcomes, needs to be considered (Hirst et al., 2011). Parents may not consider engagement in their children’s education or providing learning opportunities to be part of their parenting role. Goodall and Montgomery (2014) present a continuum of parental involvement to engagement and suggest that some parents may perceive the responsibility for children’s learning to rest with the school, largely or even entirely.

Some researchers believe that how parents conceive their roles is the single most crucial factor in whether they decide to become engaged, as their sense of efficacy or belief in their ability to help their children is central to their level and type of engagement (Emerson et al., 2012). Parents who believe they have primary responsibility for their child’s educational outcome will be more engaged in their child’s schooling than those who believe that educational outcomes are the responsibility of schools (Keyes, 2002).

**School readiness and the role of parents**

Through exploring contemporary research, it is clear school readiness is now understood to be a complex, holistic and multi-dimensional construct, which encompasses the experiences that children have encountered from a very early age (Baldwin, 2011; Pianta, 2002). Recent studies of school readiness suggest that children do not develop in silos and their development is heavily shaped by a range of contextual factors. It is now understood that one must consider the processes that lead children to acquire these competencies and recognise children’s need for opportunities that support and foster their development, such as parents facilitating opportunities for learning and socialisation (Hirst et al., 2011; Mashburn & Pianta, 2006).

Readiness to learn at school is embedded within social contexts and strengthened through social relationships, exposure to diverse experiences and positive parental attitudes and expectations. Children’s experiences at home influence their preparation for, transition to and engagement in school. The capacity of families to provide necessary conditions, opportunities and supports to facilitate a smooth transition to school is crucial to this being a successful process (Dockett, Perry & Kearney, 2012). While extensive research indicates that there are important links between parental characteristics and children’s academic and behavioural competence at school, there is less research on those parental beliefs, expectations and behaviours that influence children’s school-related development (Berthelsen & Walker, 2008). The available evidence supports the idea that specific parental behaviours, activities and attitudes support children’s learning and achievement. Yet, what these behaviours and attitudes are, whether these are consistent across diverse groups of parents and reasons for these differences are not yet clear. This is especially true in the time of transition to schooling. The research described below was designed to address this gap in evidence.

**Sampling and method**

A purposeful selection of metropolitan and urban South Australia and Northern Territory primary schools were approached to explain the research and request their participation. The choice of schools was based on established criteria, such as location and accessibility, size and Index of Community Socio-Economic Advantage (ICSEA) value to ensure a broad range of SES categories were represented. A deliberate sample was sought as parents and teachers were invited to participate in this research. The eligibility requirement was that any parent participant needed to be a parent of a child in the first year of formal schooling. The parents who participated were drawn from 35 schools. Due to the paired design, teachers of participating students were invited to complete a self-administered questionnaire on each child’s school readiness. Teachers from 10 schools completed a linked teacher questionnaire.

For the larger study, quantitative survey data was collected from 120 parents and 52 teacher–parent dyads drawn from schools across SA and the NT. The goal was to understand the role parents played in preparing their children for school and the relationship of their values and preparation behaviours to children’s school entry outcomes. Furthermore, qualitative interviews were held with 16 parents to investigate the factors affecting parents’ capacity to engage.

The Early Childhood Activities Measure (ECAM) for parents was designed for this discrete project, although a number of existing measures were considered in the development phase. The researcher developed a questionnaire for parents using theory generated from the literature and items from previously tested instruments. There were a number of sections within this instrument. The first section sought to measure parental demographics and background.
This was followed by a checklist of play-based resources available in the home. The next section included questions relating to the behaviours and activities parents undertook before their child started school, measured by a four-point frequency scale that ranged from ‘rarely’ to ‘every day or almost every day’. Finally, there were a series of statements to gauge parental attitudes, expectations and aspirations. These were measured on a four-point Likert scale, unbalanced with three degrees of agreement, ranging from ‘disagree’ to ‘agree strongly’.

The development of the questionnaires was informed by focus group discussions with parents and educators and the piloting process showed the tools were effective and would work well in the field. The self-report surveys were conducted predominantly online, using the Qualtrics platform.

**Understanding parent capacity: Quantitative results**

Initial statistical analysis of parent responses was predicated on the assumption that parent preparation domains indeed existed. Initially, the goal was to derive a set of variables and explore the factor structure. Exploratory factor analysis (Principal Components) revealed the presence of domains and showed the relationships that existed between groups of items. Multiple items were combined using factor analysis to make indices and develop new constructs. This was recommended because the scales had not been used previously and some of the items were new (Anglim, 2009).

These variables, as they are presented here, imply that parents are the primary agents within the parent/child dynamic. The assumption that must be noted is that parental differences impact upon the child’s learning outcomes. This is consistent with the literature considered to date.

It was possible to develop five initial parental preparation behaviour constructs, compiled from the various self-reported indicators of what parents did to help ready their child for school. These are:

**a) Encouraging Social Development (ESD),** a 14-item scale with a Cronbach Alpha, based on standardised items, of .90 (Cronbach a = .90). All items on this scale contributed strongly, and included “Did you provide your child opportunities to play with their friends?” and “Did you talk to your child about the need to get along with others?”

**b) Self Development Preparation (SDP),** an 11-item scale with a Cronbach Alpha, based on standardised items, of .87. Items on this scale included “How often did you let your child direct their own play experiences?” and “Did you try and help your child learn from his or her experiences?”

**c) Literacy** was a 5-item scale, with a Cronbach Alpha based on standardised items of .70. Items on this scale included “Did you read or sing to your child?” and “Did you point to pictures in books and name or describe them?”

**d) Cognitive Stimulation** was 5-item scale with a Cronbach Alpha based on standardised items of .75. Items on this scale included “Did you spend time teaching your child skills such as writing letters, numbers, their name, shapes and colours before going to school?” and “How often did you talk to your child about the day of the week or time of the day, such as when lunchtime is or other routines?”

**e) Passive Play** was defined by three items. The resultant scale had a Cronbach Alpha of .49. Items on this scale included “Did your child watch TV?” and “Did your child play with toys indoors?”

The descriptive statistics for each parental preparation behaviour construct are presented in Table 1.

**Table 1. Descriptive statistics for each parental preparation behaviour construct**

<table>
<thead>
<tr>
<th>Construct</th>
<th>No. of items</th>
<th>Cronbach Alpha (a=)</th>
<th>Mean</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESD</td>
<td>14</td>
<td>a=.90</td>
<td>45.88</td>
<td>7.77</td>
<td>-.97</td>
<td>.69</td>
</tr>
<tr>
<td>SDP</td>
<td>11</td>
<td>a=.87</td>
<td>36.59</td>
<td>5.82</td>
<td>-.67</td>
<td>-.44</td>
</tr>
<tr>
<td>Literacy</td>
<td>5</td>
<td>a=.70</td>
<td>17.81</td>
<td>2.48</td>
<td>-.18</td>
<td>4.03</td>
</tr>
<tr>
<td>Cognitive Stimulation</td>
<td>5</td>
<td>a=.75</td>
<td>14.55</td>
<td>3.10</td>
<td>-.42</td>
<td>.02</td>
</tr>
<tr>
<td>Passive Play</td>
<td>3</td>
<td>a=.49</td>
<td>9.38</td>
<td>1.75</td>
<td>-.32</td>
<td>-.44</td>
</tr>
</tbody>
</table>
All these constructs measured within acceptable parameters, with the exception of Passive Play. As it only scored a Cronbach Alpha of .49, it was decided to exclude this construct.

Relevant parent belief items were initially measured using six distinct dimensions:

a) **Parental Role and Confidence (PRC)** was defined by six items, and the resultant scale had an internal alpha of .76 with all items contributing strongly. Items on this scale included “I was confident in my ability to teach my child skills to assist them to read and write” and “I was responsible for making sure that my child was ready for school”.

b) **Parental Abdication (PA)** was a 4-item scale, with a Cronbach Alpha of .67. Items on this scale included “Teaching my child to read is not my responsibility” and “Teaching my child to get along with others is not my responsibility”.

c) **Value of Literacy (VoL)** was a 4-item scale with a Cronbach Alpha based on standardised items of .56. Items on this scale included “I feel it is important to have lots of conversations with my child” and “A successful child is one who can read, write and speak well”.

d) **Value of Physical Health (VoPH)** was defined by seven items. The resultant scale had a Cronbach Alpha of .67. Items on this scale include “My child’s physical fitness is important to me” and “I really admire a child that does well at sport”.

e) **High Expectations (Expectations)** was a 16-item scale with a Cronbach Alpha based on standardised items of .88. Items on this scale included “I expect my child to be polite when he or she meets people” and “I told my child school would be exciting”.

f) **Value of Social and Self Development (VoSS)** was a 10-item scale with a Cronbach Alpha of .83. Items on this scale included “Children need to be taught how to share” and “I hope my child will be resilient when things don’t go to plan”.

The descriptive statistics for each parent belief construct are presented in Table 2.

It can be noted that all the variables shown within Table 2 had acceptable statistical properties, except ‘Parental Abdication’, which showed extreme skewness and kurtosis. ‘Parent capacity’ has been operationally defined as two composite dimensions—one that is an aggregate of all parent preparation behavioural constructs and another that is an aggregate of all parent belief constructs. To create overall scores, the researcher calculated standardised z scores from the items within the constructs and summed these to create two composite ‘parent capacity’ measures: one that aggregated parent preparation behaviours and another that aggregated parental belief dimensions. Two other independent variables were computed: (1) a tally of how many toys and play items a child had access to (up to a maximum of 29), and (2) an Adaptive Readiness variable that reflected the number of pragmatic activities parents arranged to prepare their children for school (up to a maximum of seven items tallied together).

These results indicate the importance of: parent beliefs around education and learning and their preparation behaviours in the year before children start school. It is apparent that knowledge is limited in relation to ‘parent capacity’ in this context, and that parent contributions may not be well understood within the field.

**Implications for service delivery: Discussion**

The literature presented in this paper represents a congruence of views from education and parenting literature, which establishes the case for parents as child’s first teachers, but does not speak to parent engagement with services or schools. It has been consistently reported that parental engagement involves a broad range of beliefs, behaviours and processes that have the greatest impact when they are put together.

<table>
<thead>
<tr>
<th>Construct</th>
<th>No. of items</th>
<th>Cronbach Alpha (a=)</th>
<th>Mean</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRC</td>
<td>6</td>
<td>a=.76</td>
<td>22.3</td>
<td>3.47</td>
<td>-.43</td>
<td>-.02</td>
</tr>
<tr>
<td>PA</td>
<td>4</td>
<td>a=.67</td>
<td>4.93</td>
<td>1.6</td>
<td>2.86</td>
<td>12.66</td>
</tr>
<tr>
<td>VoL</td>
<td>4</td>
<td>a=.56</td>
<td>13.07</td>
<td>1.92</td>
<td>-.43</td>
<td>-.61</td>
</tr>
<tr>
<td>VoPH</td>
<td>7</td>
<td>a=.67</td>
<td>22.3</td>
<td>3.06</td>
<td>-.05</td>
<td>-.77</td>
</tr>
<tr>
<td>Expectations</td>
<td>16</td>
<td>a=.88</td>
<td>53.22</td>
<td>6.2</td>
<td>-.47</td>
<td>-.22</td>
</tr>
<tr>
<td>VoSS</td>
<td>10</td>
<td>a=.83</td>
<td>32.63</td>
<td>4.12</td>
<td>-.23</td>
<td>-.82</td>
</tr>
</tbody>
</table>
(Fox & Olsen, 2014). Services can be actively involved in promoting these types of activities in parent–child interactions before and during the transition to school.

The data presented in this article have implications for services that engage with children and families. The key take-home message is that parental beliefs and behaviours influence school readiness and that parenting services are well placed to influence positive change in these behaviours. The value added from the present research is identifying exactly which beliefs and behaviours are likely to make the greatest difference. The challenge for services is how can they support these in their practice. If the sector widely promotes a family-centred approach when working with families preparing their children for school, which many support services may already do, significant gains in improving parent capacity are likely. This approach operates from the premise that parents are a child’s first teacher and know their child best. It acknowledges the diversity of families and works in partnership with parents to help them make decisions that suit their child and individual needs (Raising Children Network, 2018).

It is possible that parent expectations also shape the extent to which they become involved in more active ways to support children’s schooling. In light of this association, it may be pertinent for schools and services to find ways to share more good news about children with their families, particularly related to diverse approaches to activities that are known to have a high impact on children’s ability to learn. If they feel their children are succeeding, parents may find the impetus to offer greater support and engagement. Where their contributions are validated by schools, parental efforts can be transformed by feelings of being valued and the perception of being a ‘good parent’, which then leads to motivating even greater engagement.

Many parents in present times are time poor and this is a genuine barrier to greater engagement. The availability of time is a crucial factor in whether parents feel they have the capacity to engage with their children. In research summarised by Hirst et al. (2011), parents who work part-time hours were shown to be more likely to engage with their children’s schooling than those who work full-time. A clear outcome of the research by Woodrow and colleagues (2016) was that a number of parents were quite successfully engaged in their children’s learning at home, and consequently enhancing their child’s educational success, without a conscious effort or awareness. A key point that the Government, policymakers and the family sector could take from this research is that parents need systemic support, perhaps through flexible work hours or additional family leave, when raising young children to overcome the barriers that influence their parenting capacity.

Efforts should be made to provide parents with the knowledge to support their children’s preparation for school. Several authors (e.g. Fox, Dunlap & Cushing, 2002; Izzo, Weissberg, Kasprow & Fendrich, 1999) have concluded that parental engagement is likely to be greater in the early years of schooling and hence, presents an opportunity for schools to work with parents of children starting school and provide information about effective ways they can engage with and support their child’s learning at home. Prior to school settings, including childcare centres, preschools and children’s health centres, also have a role to play in facilitating parent’s access to knowledge. Therefore, the delivery of services to children and families should aim to build parents’ capacity to support their children at home using a family-centred approach, and seek to share knowledge about simple and low-cost activities parents can undertake to support their children’s learning.

The importance of being ready for school is not disputed. However, it is important not to pigeonhole those children who are less ready early on in their educational journey, as teachers could underestimate the progress these students can make. Expectations of service providers should not be based on how children present, as there is a range of reasons that can impact on the school readiness of children. From the results of this research, service providers may recognise that perhaps some students come to school unable to do many school-related activities simply because they were not encouraged to practise these skills in the family home environment.

Caution is needed when conveying such messages to parents who may already be under-resourced as well as feeling socially and financially challenged. It is important that all kinds and levels of parent engagement are recognised and valued. This is particularly true for parents who are alienated from schools and marginalised by poverty, culture, language and other barriers. Any starting point identified by such parents must be acknowledged, and appreciated as just as valuable, as the highest level of engagement from another parent (Woodrow et al., 2016).

There is no such thing as a ‘perfect parent’ and such an idealisation was never intended as the take-home message from this project. Levels of engagement between parents vary for a range of reasons, and while some of these were explored in interviews, it was not possible in the current design to take into account all the complexities of families.
Summary and conclusions

These findings contribute to the field of early childhood education and will help family and parenting practitioners further their understandings about the relationship between what parents do and believe and children’s school readiness.

Parental behaviours and beliefs are significant, modifiable aspects of a child’s home environment that can promote children’s development and early learning. This paper has sought to clearly explicate the importance of the role of parents in preparing their children to start school and identify dimensions of the two chosen aspects of parent capacity; their preparation behaviours and activities, and their values and attitudes. This has been done through presenting salient literature and emergent dimensions from a larger study, currently being undertaken, which is exploring parent factors and what relationship these have with children's school entry outcomes.

References


CHANGING CULTURES AND BUILDING BRIDGES: Domestic violence practitioners and police collaborate and co-locate in Project Hera

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The more that police and non-government agency staff expand their collaborative responses to domestic and family violence (DFV), the more police understand the coercive control dynamics and risks associated with DFV. Bridges are being built through innovative colocation models, such as Project Hera in Logan, Queensland, where non-government domestic violence staff work alongside the police. This article reports on the initial evaluation of Project Hera, and a second phase evaluation that is underway, to provide impetus for other multi-service agencies to collaborate with police in the quest to enhance the safety of DFV victims/survivors.

Introduction

Family and relationship support services around Australia have become active participants, along with specialist domestic and family violence (DFV) agencies and police, in responding to DFV. Many are active in innovative, co-ordinated interventions to alleviate and prevent the harm endured by victims/survivors of DFV, including children. It is recognised that responses to DFV will not improve significantly unless there is cultural change among police—more positive and empathetic attitudes towards to victims and understanding of the dynamics of coercive control (Her Majesty’s Inspectorate Constabulary and Fire and Rescue Services, [HMICFRS], 2017, p. 7). This paper focuses on the progress and evaluation of Project Hera—an innovative colocation model with the Queensland Police Service (OPS) and YFS Ltd (YFS) in Logan Queensland. Through the co-location of a domestic violence worker (DVW) and police, Project Hera is building bridges between DFV victims/survivors, police and non-government service providers. Promising improvements in the safety of victims/survivors of DFV are emerging.

The national gender-based framework for action on violence against women set out in the second action plan 2013–2016 of the National Plan to Reduce Violence Against Women and their Children 2010–2022 (Department of Social Services [DSS], 2014) and state/territory based domestic violence strategies, provide unprecedented direction and support for all sectors—community, health, housing, law enforcement and more—to identify, respond and eradicate DFV. Like many other multi-service agencies, such as Child & Family Services Inc (CAFS), Ballarat featured in the FRSA 2017 e-journal (Vincent-Wade & Mackay, 2017), YFS has elevated its response to DFV using the gender-based analysis of the National Plan to guide the YFS domestic violence program logic. As a new initiative at YFS, Project Hera is subject to ongoing evaluation to determine how it is impacting on the safety and wellbeing of DFV survivors/victims.
The Phase One evaluation in 2017 revealed that the co-location and collaboration between police and the Domestic Violence Worker (DVW) was enhancing the safety of victims/survivors. Phase Two, which features a more detailed case study analysis, is now underway. This article reports on Phase One findings and preliminary findings from Phase Two.

What is Project Hera?

Project Hera is a domestic violence intervention model that features a DFV worker co-located with Queensland Police Service (QPS) officers. In a determined effort to better respond to high-risk DFV offenders, in August 2016, QPS Logan and YFS entered into a new and unique partnership agreement. With funding from the Department of Social Services (DSS), YFS (a multi-service, community-based agency in Logan) was able to allocate a DVW to operate from the Beenleigh Police Station’s specialist Domestic Violence Unit. DSS’ Specialised Family Violence Services funding has been instrumental in establishing Project Hera. The funding covers a sole worker with grant agreements extended for limited periods (approximately two-year intervals)—this poses a challenge to the sustainability of the program.

The Project Hera roles and referral process is set out in Figure 1.

The QPS officers attend a DFV matter, conduct risk assessments and refer those aggrieved by domestic violence to their specialist Domestic Violence Unit at Beenleigh Police station. In contrast to the usual first response by police in Queensland, the attending officers in the Logan district are trained to work with their colleagues in the specialist Domestic Violence Unit at Beenleigh Police station with the aim being to use their PAFF risk assessment tool in order for the DV Unit and Project Hera DVW to manage high-risk DFV matters. The DVW has initial contact with the aggrieved who has been referred by police and who provides consent to assistance. The DVW will provide initial, prompt support while they await consideration by the High Risk Team (HRT). Respondents in some DFV matters can also be referred where it is safe and useful for the DVW to intervene.

The aim is to apply the full force of the law to hold offenders accountable, reduce recidivism and provide immediate support to DFV victims/survivors (including children and young people) who are at risk of further violence. A senior police officer stated that: ‘We can’t arrest our way out of domestic violence—we need more’. YFS and QPS leadership were keen to establish a small-scale model in which risk assessments, intervention strategies and information could be shared among police and support services, to enable more effective and timely action.

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**Figure 1. The Project Hera colocation model**
The project concept was informed by evidence that demonstrates the effectiveness of coordinated, multi-agency and integrated responses that target both victims and/or perpetrators in responding to violence against women (Special Task Force on Domestic Violence, 2015; Valentine & Breckenridge, 2016). Project Hera preceded the implementation, in 2017 in Logan/Beenleigh, of the first urban trial of an integrated response to domestic and family violence in Queensland using a common risk and safety framework and the HRT. This integrated response and the HRT has provided a complementary and helpful referral system for Project Hera to function together through the Beenleigh Police Station. A specialist DFV agency leads the new integrated response. There are useful synergies with Project Hera as four QPS staff, appointed to the integrated response team, are based at Beenleigh Police Station with Project Hera. The integrated response features multi-agency agreement to coordination protocols; shared risk assessment frameworks; information sharing protocols, and in some regions HRTs operate to ‘case-manage’ offenders who are likely to cause further serious harm. The National Risk Assessment Principles (Toivonen & Backhouse, 2018) for domestic and family violence provide an overarching national understanding of risk and managing risk in the area of domestic and family violence (DFV). Risk assessments, consistent with the national principles, are conducted by the QPS officers and the DVW to inform the type of interventions that are needed in Project Hera.

The high risks involved in domestic and family violence

Increasingly, community service practitioners and police are aware of the alarming rates of, and extremely high risks posed by, DFV. The QPS (Annual Statistical Review, QPS, 2017) reports that in the year 2016–17 there were 62,264 DFV-related incidents, and 1,049 DFV-related strangulation offences in Queensland (infographic p. 6). The violence does not end when couples separate, nor when an offender is apprehended. The period of greatest risk to women and children is post-separation (Kaye et al., 2003 cited in Douglas, 2018). It is important that generalist family support practitioners (not only specialist DFV staff) are trained in screening for DFV in order to undertake risk assessments; to identify the severity of threats when men demonstrate extreme jealousy and possessiveness, and to assess the likelihood of future harm to victims/survivors and children. This can protect the safety of practitioners and that of vulnerable clients and their children.

In recognition of this risk—and given that the majority of YFS clients have multiple complex needs—all front line staff at YFS are trained to identify and respond to DFV. Programs and staff at YFS have been categorised into three tiers based on their degree of responsibility in DFV intervention. Staff in specialist domestic violence programs are tier 1. They are required to undergo advanced domestic violence training; tier 2 intermediate level training, with generalist staff in tier 3 receiving basic level DFV training to recognise DFV, respond with immediate safety planning and refer to a specialist DFV service, including Project Hera, where appropriate.

Understanding the dynamics of DFV—especially the gender patterns of coercion and control that underpin DFV—are essential to strategies to address it effectively.

The Queensland Death Review and Advisory Board noted that some perpetrators who killed their female partners ‘… use coercive controlling tactics, borne out of a sense of entitlement, to terrorise a victim and keep them under their control—perhaps best described as an attitude of “if I can’t have her, no one can”’ (2018, p. 52). The pattern of coercive control, intimidation and fear generally persists (and can escalate) after the aggrieved commences legal action and receives support (Douglas, 2018). The Australian Bureau of Statistics’ Personal Safety Survey (ABS, 2017) found that almost one in four women in Australia had experienced violence perpetrated by an intimate male partner, compared to approximately one in 22 men. Almost 80 per cent of intimate partner homicides investigated by Domestic Violence Death Review teams across Australia for the four-year period 1 July 2010–30 June 2014, involved a male killing his current or former female partner (Australian Domestic and Family Violence Death Review Network, 2018). Half of these men killed their former partner within three months of the relationship ending (Australian Domestic and Family Violence Death Review Network, 2018).

Police and community domestic violence co-location and co-response models

It is recognised that the initial police response has a very significant influence on women. This experience will shape whether women call the police again, whether they pursue legal action and whether they are willing to accept a referral for support (Baird, 2015).
For many women, including Indigenous women, their initial contact with police will influence whether they are deterred from pursuing help and legal action “…by concerns that they will be subject to criminal sanction themselves; risk retaliation from the perpetrator afterwards; or risk their children being removed” (Koori Family Violence Police Protocols cited in Centre for Innovative Justice RMIT, 2016, p. 6).

Despite significant improvements, the evidence continues to show major weaknesses in law enforcement responses to domestic violence. The Royal Commission into Family Violence in Victoria reported variable police responses where some police members continue to hold negative or dismissive attitudes towards victims of family violence. The Victorian Police Service and Victorian Government have responded with ground-breaking reforms, together with funding of new law enforcement initiatives. The Special Task Force on Domestic Violence, Queensland (2015) recommended significant law enforcement reforms in Queensland, which has led to the emergence of new integrated responses and HRT.

In a major review of all 43 police districts in England and Wales, Her Majesty’s Inspectorate of Constabulary (HMIC, 2014) reported that while significant progress is being made in DFV responses, not all police leaders are ensuring that domestic abuse is a priority in their regions. HMIC (2014) and the progress report (HMICFRS, 2017) found unacceptable weaknesses in the initial investigations undertaken by responding officers and poor attitudes to victims/survivors in some cases.

To strengthen policing of domestic violence, co-response or multi-agency models are some of the more recent developments to emerge in Australia and internationally.

Alexis Family Violence Response Model (A-FVRM3), Victoria (Harris, Powell & Hamilton, 2017) provided impetus for the design and implementation of Project Hera. It is a collaboration between Victoria Police and the Salvation Army Crisis Services Network, Family Violence Services (CSN FVS) and partner support agencies in the Bayside area of Melbourne. A-FVRM was designed to provide a coordinated response to families that met the criteria of having three or more police attendances within a 12-month period or where the incident of violence was such that a police member referred the family to A-FVRM (Harris, Powell & Hamilton, 2017; Centre for Innovative Justice, 2016). Data provided through the pilot shows an 85 per cent reduction in recidivism for these clients (average number of call outs per client prior to A-FVRM involvement is 5.5 versus 0.8 12 months after the client file was closed) (Harris et al., 2017, p. 8). The integration of the domestic and family violence worker into the physical police locality, as well as the day-to-day practice of the FV police unit, provides the opportunity for learning to occur across both social work and policing practice cultures. The A-FVRM Coordination Team meetings with community services provides a level of case management oversight and coordination of community resources that facilitates, supports and holds all parties accountable (Harris et al., 2017, p. 9).

Multi-agency models featuring the police are widespread throughout the UK. Police are active in the multi-agency safeguarding hubs (MASHs) and Central Referral Units (CRUs) which bring together staff from police and partner agencies to work from the same location in some regions, exchange information and ensure a joined-up response to DFV. There are 143 MASHs in England and Wales, with 42 out of 43 ‘forces’ having some form of MASH model (HMICFRS, 2017, p. 67). The HMICFRS (2017, pp. 66–67) review found many positive outcomes from the collaborative work, including positive cultural change. Through DFV training and inclusion in multi-agency models, the empathy and support police provide to victims of DFV, is improving (HMICFRS, 2017, p. 6). Ongoing concerns in police and agency practices were identified, including:

- the ability of police and wider agencies to cope with the increasing number of cases being referred to the Multi-Agency Risk Assessment Conference (MARAC)
- screening can be focused on managing demand more than safety, resulting in inaccurate risk assessments, and
- almost half of the survey participants reported that they lacked proper training in the conduct of risk assessments.

The reported benefits of co-response and multi-agency models include increased take-up of support and legal action by aggrieved women and improved information-sharing and collaboration among police and service providers (Centre for Innovative Justice RMIT, 2016; Reuland et al., 2003). It is also recognised that the safety of those they harm can be enhanced if the perpetrators receive information and support to deal with their violence. The opportunity to engage with respondents within one to three days of their contact with police—the period where a respondent man is likely to feel the impact of the situation and may well be more open to change than at other stages—is generally viewed as an important element of these police partnership models (Centre for Innovative Justice RMIT, 2016, p. 11).
Domestic violence co-location models commonly have as their core objectives:

- to strengthen integration between police and services
- to prevent the escalation of risk to women and children by early intervention and increase uptake of specialist domestic violence services
- to promote successful and ongoing engagement in the mainstream service system including a smoother interface for clients working with multiple agencies
- to focus on reducing the incidents of police attendance where there is a history of recidivism (Centre for Innovative Justice RMIT, 2016, p. 7).

These objectives, in general, are incorporated in the Memorandum of Understanding (MOU) for Project Hera.

**Measuring what works—the impact of Project Hera**

There is debate and frustration in the quest to find what measures are robust and reliable in determining the impact of domestic violence interventions. The focus of public attention is on reducing the violence. For police, the measures of success are generally a reduction in recidivism by perpetrators of violence and reduced repeat police call-outs. Domestic violence support services tend to focus on survivor-defined practice outcomes (Goodman et al., 2016)—that is, achieving enhanced safety and wellbeing for those who are being harmed—predominantly women and children. The Project Hera evaluations aim to assess the safety and wellbeing of those harmed by DFV as their primary indicator of impact.

YFS self-funded a small-scale evaluation of Project Hera in 2017—the Phase One study. YFS received ethics clearance from Griffith University (reference 2018/759) in September 2018 to commence a Phase Two evaluation which will feature a detailed case study analysis in 2019. This article reports on the findings from the Phase One evaluation and the scoping exercise conducted in preparation for the Phase Two evaluation due for completion in mid-2019.

**Evaluation methods**

The initial evaluation of Project Hera was a qualitative study with some collection and analysis of secondary quantitative data. The study featured four data sources:

1. interviews with victims/survivors to obtain their views on their safety and the support they received from Project Hera \((n = 10, \text{ including one male from an eight-month caseload of 118})\)
2. interviews with police and community service personnel involved in Project Hera to assess their views on the benefits and limitations of the co-location model \((n = 10)\)
3. analysis of secondary quantitative data provided by QPS and YFS on DFV occurrences, referrals to Project Hera and referrals to external services from Project Hera

The interviews with victims/survivors involved the use of a safety and wellbeing survey (Table 1)

<table>
<thead>
<tr>
<th>Table 1. Evaluation of Project HERA questions for victim/survivors</th>
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<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>I can cope with whatever challenges come at me as I work to keep safe.</td>
</tr>
<tr>
<td>I know what to do in response to threats to my safety (and children if applicable)</td>
</tr>
<tr>
<td>I feel safer</td>
</tr>
<tr>
<td>I have a good idea about what kinds of supports I/we can get from people.</td>
</tr>
<tr>
<td>The community programs and services I/we use are helpful.</td>
</tr>
<tr>
<td>The Police support I/we received was helpful.</td>
</tr>
<tr>
<td>The support from the courts I/we received was helpful.</td>
</tr>
</tbody>
</table>

Please describe what was most helpful about your contact with Project Hera.

Please describe what things could improve the service provided by Project Hera.

Source: Adapted from Goodman (2014); Goodman et al., (2016)
informed by the domestic violence safety and wellbeing measure (MOVERS) developed by Goodman, Thomas & Heimel (2015) and the Survivor Defined Practice Scale (Goodman et al., 2016). The interview schedule for stakeholders is at Table 2.

In scoping the Phase Two evaluation, three QPS officers, the Project Hera DVW and four women who received assistance from Project Hera were interviewed. From this consultation, it was suggested that a case study analysis be added to the methods for Phase Two in order to assess in more detail the factors that contribute to a reduction in offending and enhancing safety for victims/survivors and children. In Phase Two, QPS have agreed to provide non-identifiable DFV occurrence data for a 12-month period to July 2018; YFS Ltd will provide non-identifiable client data for the same period, with both agencies identifying and assisting in the analysis of 10 in-depth case studies of victim/survivor experiences.

Quantitative findings—high demand, yet limited capacity

QPS statistics for the period 1 July 2017 to 30 June 2018
- Total DV matters reviewed by Domestic and Family Violence (DFVC) = 7,149
- Total number of High Risk Referrals (HRRs) identified = 366
- Number of referrals to Project Hera = 91

This number of referrals is lower than those recorded by the DVW as new QPS officers were not consistently applying the Project Hera code in their data system.

Project Hera statistics for the period 1 July 2017 to 30 June 2018.
YFS uses the DSS outcomes measurement tool SCORE. It is based on a five-point scale and collected on entry and exit. A full description of the tool, domain and scale definitions are available in the Data Exchange protocols (https://dex.dss.gov.au/data-exchange-protocols/).

In 2017–2018, Project Hera conducted 140 SCORE assessments with 96 clients (83 pre service assessments and 57 post service assessments). The results showed that Project Hera clients moved from an average circumstance score of 2.21/5 on entry to 3.34/5 on exit (a +1.13 change). Four domains were completed regularly: physical health, family functioning, mental health and safety. Of these, family functioning saw the largest degree of change. Project Hera clients moved from an average goal score of 2.17/5 on entry to 3.44/5 on exit (a +1.27 change). There was positive change in all client goals: knowledge and access to information, impact of immediate crisis, skills, behaviours, engagement with services, confidence to make own decisions. The highest positive change on exit was recorded for ‘knowledge and access to information’ and ‘engagement with relevant support services’—from 2.00 to 3.8 and 4.2 respectively. On average, clients rated their satisfaction as 4.65/5. This is on par with other YFS services. The SCORE data is consistent with the positive comments about safety and wellbeing raised in the qualitative data.

Qualitative data —Project Hera as a ‘bridge’

The views of the aggrieved

The women interviewed in the Phase One study and scoping for Phase Two spoke very favourably of the joint service response from the police and the DVW.

Table 2. Interview questions for Queensland police and stakeholder feedback

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. Have you worked with the YFS Domestic Violence Worker at Beenleigh Police Station?</td>
<td>Yes / No. If so how did you make use of this DVSW and Project Hera?</td>
</tr>
<tr>
<td>2. What is your understanding of the role of the DVSW and Project Hera?</td>
<td></td>
</tr>
<tr>
<td>3. Did you feel confident in referring aggrieved persons to the DVSW? Please explain.</td>
<td></td>
</tr>
<tr>
<td>4. What impact does joint work with the QPS and domestic violence support worker have in:</td>
<td></td>
</tr>
<tr>
<td>(a) supporting people experiencing domestic violence to feel safer?</td>
<td></td>
</tr>
<tr>
<td>(b) supporting QPS officers in responding to domestic violence?</td>
<td></td>
</tr>
<tr>
<td>(c) reducing the risk posed by respondents?</td>
<td></td>
</tr>
<tr>
<td>5. How do you think joint work between QPS and the DVSW in Project Hera can be improved?</td>
<td></td>
</tr>
</tbody>
</table>
A common reference made was the DVW being ‘the bridge’ linking those aggrieved to the police, courts and support services. One woman said, ‘[DVW name] helped me get services, while the police talked with my ex and took him away … that was better than I had before … it can be hard dealing with the police’. Another praised the consistent follow-up and joint work of QPS and the DVW, saying, ‘This is the first time in 10 years I’ve held him accountable … I owe a lot of that to [Hera], I’ve tried to leave him 10 times’.

All of the participants want the program to expand and continue, with several commenting that, ‘… we need more [DVW name]’. It is noteworthy that all of the women strongly agreed that they are feeling safer as a result of the actions by police and the DVW in Project Hera. They attributed this mostly to knowing that legal action was taken against the respondents; they were no longer living with the respondents, and/or they knew by completing a safety plan with the DVW what action they could take to remain safe. Comments included:

- ‘When I first took the dv out my ex breached and I didn’t report it. I sought to withdraw it. Knowing things now, I would report. [DVW] made me see that it’s important to have the DVO.’
- ‘If I didn’t have access to people like [DVW name] I wouldn’t feel safe. I sometimes feel uneasy. It’s taken me a long time to get through this.’
- ‘Definitely feel safer. Over many years I didn’t know there was so much help … I felt I had to stay … she’s made me feel I can be safe away from him.’

Several women said they felt intimidated or judged by police and that the DVW was more approachable or helped them to link better with police. Comments included:

- ‘I used to freeze, now I’ve learnt to get into flight mode. In the past I didn’t want police to talk to me … [DVW] sorted it.’
- ‘I’m scared of police. [DVW] made me feel safe. They have all been amazing.’
- ‘There is a profound difference this time. Police response varies … it can be a strong arrogant culture … police were fantastic this time … Absolutely good to have co-location of police and support worker. Police are hopeless in speaking to women … some are good … they’re not best placed.’

In all cases, a risk assessment was conducted routinely and in more than half of the cases, the DVW had the opportunity to work with the victim/survivor to develop a safety plan. The majority received referral to follow up services with the most common services being housing, financial and counselling support.

The views of QPS and other stakeholders

The significant themes that were identified in the interviews with police, external service providers and the DVW include:

- information sharing and planning occurs more than before
- women and men engage with us more
- there is mutual respect and good relationships
- police save time
- the different roles and skills of each discipline are used well
- encouraging signs of success with room for improvement.

The police, the DVW and the external stakeholders were also very positive about the collaborative way in which the DVW and police are able to assess risk, share information, engage men and women and follow through to reduce the risk of further harm. All stated that the worker is very effective, the program is meeting an essential need in supporting and assessing the needs of the aggrieved (and to a lesser extent respondents) in domestic violence cases, and that they want the program to grow and continue. Comments included:

- ‘Victims don’t always ask for help or accept help. It is a timely offer of support through [DVW name] and QPS working together. Police have identified it’s difficult to get buy in’ (external stakeholder).
- ‘In the cases we continually work with, women are staying strong and they are reporting breaches. The aggrieved have a direct line of communication now’ (QPS).

The understanding of agency roles, responsibilities and culture is improving in Project Hera. It was evident from senior QPS officers that the DVW role is respected by the QPS and that in turn the DVW respects the role of police. One officer stated that the DVW: ‘… has been able to gain the respect of the wider police district staff and the DV sector’. Other comments included:

- ‘QPS don’t have the NGO knowledge base. The DV support worker can assist with referrals. She will assess their needs. With her skills set she can identify things QPS don’t. This leads to a more positive outcome for the aggrieved.’
- ‘QPS often play the “tough guy” but [DVW name] doesn’t have to play a tough guy, she can break down barriers quickly to provide support. This is a perfect balance.’
- ‘We didn’t join up to be social workers but we can’t charge our way out of this. The police mind shift is changing. Having [DVW name] helps with services and who to reach out to. The police feel like they are helping.’
All stakeholders expressed concern about the heavy workload on one DVW and all suggested that the program needed to have greater staffing capacity. Suggestions from stakeholders and the DVW included having a DVW to specifically focus on stabilising the housing and other needs of respondents to reduce their risk of violence. An aggrieved woman raised the need for an Indigenous worker who would understand the community and support needs for Indigenous people.

Discussion—Project Hera worthy of replication and expansion

Project Hera continues to demonstrate that it is innovative and effective, and that this model could make a positive impact in other locations. The interviews and the SCORE data show that Project Hera is improving the safety and wellbeing of those at high risk of further violence in that post-separation period—the period recognised as a time of elevated risk (Douglas, 2018). The comments by aggrieved women—who stated that the support in Project Hera is better than they had experienced previously and that they were more willing to follow up support, and pursue legal action—is positive. They indicated that this willingness is largely due to the presence of a DVW working together with police. This is a strong indicator that the co-location and co-response model in Project Hera is beneficial. Similarly, women who had no previous police contact for instances of domestic violence in the past reported a willingness to be supported in court and/or receive follow up support services. Participants in the study acknowledged that Project Hera has limited staff capacity and very high demands. Only a small proportion of the DFV cases reported to police can be allocated to the DVW. Police are keen to expand the functioning of Project Hera if staff capacity was increased.

The police in the Domestic Violence Unit at Logan proactively seek out opportunities to engage respondents with follow-up assistance to reduce their offending. Through the co-location and feedback loops that exist between the agencies in Project Hera, information on the risk posed by respondents is communicated in a timely manner among stakeholders in Project Hera and the HRT. It is also communicated to aggrieved women, where possible, to influence actions they take to manage their safety. It was reported by the DVW and police that in cases in which respondents are receptive to information and referral, and where risk information is shared, the safety of women and children can be managed more effectively.

The benefits arising from Project Hera through co-location and collaboration are consistent with those reported in the co-response models discussed in the introduction to this report (Baird, 2015; Centre for Innovative Justice RMIT, 2016; Reuland et al., 2003; Valentine & Breckenridge, 2016).

The stand-out features that contribute to the reported positive functioning of Project Hera include:

- good relationships, clear roles and responsibilities and mutual respect among the QPS and other stakeholders
- a high level of commitment among the QPS and other stakeholders to collaborative work and reducing the harm associated with domestic violence
- routine information sharing and a feedback loop that co-location fosters
- shared understanding that those aggrieved by domestic violence will be safer when respondents are held accountable and when the aggrieved engage well with the support system and build their personal strength and resources.

This level of shared understanding and commitment, information sharing and good working relationships are not necessarily present in all police/community domestic violence response models (HMIC, 2014; HMICFRS, 2017). It is a credit to the stakeholders involved that Project Hera functions with a high degree of respect for the distinct roles of each professional discipline, and a willingness to co-operate and share information.

Future challenges

The major issues for Project Hera in moving forward identified by QPS and other project participants are:

- There are high rates of domestic violence and there is an inability for the one worker in Project Hera to meet the demands for support that arise for those aggrieved by domestic violence and respondents.
- Given the cultural diversity within the Logan region, the employment of staff from Indigenous and other cultural backgrounds would improve Project Hera’s engagement.
- QPS Logan are seeking to enhance their intelligence gathering function and increase their capacity to identify patterns of high-risk behaviour.
- It would be beneficial to have greater research capacity so as to better identify factors that directly contribute to reduced recidivism for high-risk offenders.

The short-term funding from the Federal Government through DSS has been instrumental in enabling Project Hera to become established. Project Hera is innovative and setting a good example for other regions to follow. It is enhancing the engagement and safety of women aggrieved by domestic violence. To sustain and expand the model, it will be essential for YFS and other stakeholders involved in Project Hera to attract a recurrent funding source.
Conclusion and future action

The following implications for practice, policy and research are identified.

- Co-location models are worthy of being replicated in other locations as they can improve relationships among DFV staff and police, thereby improving the confidence and safety of those harmed by DFV.
- It is important to clarify roles and responsibilities of the agencies and staff involved through agreements, information-sharing protocols and to maintain routine DFV training—especially on risk assessment tools.
- QPS officers suggest that expanded intelligence gathering by police would assist in monitoring and managing high-risk offenders in Project Hera.

Implications for policy

The policy reforms across Australia that promote integrated DFV models, High-Risk Teams (HRT) and improved information sharing among agencies, provide a context that supports colocation models. Additional funding is needed in jurisdictions for non-government agencies to have the capacity to engage actively in more integrated, including co-location DFV models.

Implications for research

Future research that identifies patterns of recidivism and reoffending for offenders linked to Project Hera (or related models) will be helpful in: (a) better informing how the co-location model impacts on offender actions and (b) how they could be improved to respond most effectively to curtail recidivism among high-risk offenders.

References


OVER THE BARRIERS, ONTO THE BENEFITS:
How practitioners changed their minds about universal risk screening

Michael Kelly  
Relationships Australia Tas

Jamie Lee  
Relationships Australia SA

Laurel Cuff  
Relationships Australia Tas

Many practitioners are reluctant to use universal risk screening tools in the family and relationships services sector. This is despite evidence showing that the tools work and surveys showing clients may not disclose even significant safety risks. Relationships Australia Tasmania (RA Tas) planned to launch universal risk screening in 2017 knowing many of its staff might be equally unconvinced. Therefore the RA Tas implementation included significant support for staff to get over the barriers and onto the benefits, along with independent evaluation of the multi-faceted implementation by Relationships Australia South Australia (RASA). We report here on practitioner attitude shift after launching universal risk screening. RASA asked RA Tas staff to complete an anonymous ‘Attitudes to screening’ survey nine months before and after launch of universal screening, with RA Tas staff also giving anonymous qualitative feedback three months after launch. Sample sizes were 53 (pre survey), 40 (qualitative feedback) and 31 (post survey) and were all statistically equivalent on key demographics. As expected, before launch we found that RA Tas staff were already broadly confident in their practice and that they indicated many possible barriers to adopting screening tools. After launch, staff expressed much greater confidence and knowledge in practice as a result of using the screening tools, and, crucially, far fewer worries about clients’ reactions to screening and poor engagement. Qualitative feedback confirmed some staff were invigorated by the implementation and delighted in using ‘screening to engage’ rather than ‘screening to exclude’ clients. We conclude that purposeful and supportive implementation has left no RA Tas staff member behind; instead, they became more convinced, enthused and accepting of screening. We recommend that other organisations implement universal risk screening with practitioner attitude change in mind.

When people use family and relationships services, they are often at risk and in need of a response. For example, 70.9 per cent of parents affected by physical violence used a family relationships service before or during separation, such as counselling or Family Dispute Resolution service (Table 4.3; Kaspiew, Carson, Dunstan, De Maio, et al., 2015). Of those experiencing family violence or safety concerns, 45.7 per cent did not disclose the risk to their mediator.
(Table 5.10; Kaspiew, Carson, Dunstan, De Maio, et al., 2015). Those who chose not to disclose gave many reasons for withholding this potentially crucial information, including: ‘It wasn’t really happening at the time’, ‘It wasn’t serious enough at the time’, ‘It was happening but I wasn’t worried about it’, or ‘It wasn’t affecting the kids’ (Kaspiew, Carson, Dunstan, De Maio, et al., 2015). Parents weren’t actively hiding the risks but instead ‘discounting’ by dismissing their needs and lowering expectations from practitioners (Flandreau-West, 1989). Other studies confirm that parents may under-report harmful and even potentially lethal dangers unless practitioners proactively ask about risk (Ballard, Holtzworth-Munroe, Applegate & Beck, 2011; Rossi et al., 2015). In the view of Cleak and Bickerdike (2016), ‘simply being asked would have led to disclosure [of risks]’ (p. 18).

Some professional bodies have advised practitioners to ask formally about risks or called for a review of practices (Association of Family and Conciliation Courts, 2016; Toumbourou et al., 2017). The 2012 Family Law Act amendments also emphasised practitioners asking about risks and encouraging clients to disclose them and not dismiss them (Kaspiew, Carson, Dunstan, Qu, et al., 2015). Indeed, surveys of Australian non-legal practitioners and lawyers found that they overwhelmingly and consistently asked about key risks like family violence or child abuse—or at least they said they did (Kaspiew, Carson, Coulson, Dunstan & Moore, 2015). When probed, though, practitioners were inconsistent about tools used or how they asked about risk, with most relying on their senses to spot when to ask about risk—despite poor evidence for this method—and few were using a validated tool like the Detection of Overall Risk Screen (DOORS; McIntosh & Ralfs, 2012; Wells, Lee, Li, Tan, & McIntosh, 2018). Similarly, less than a half of US relationships practitioners routinely used structured screening tools and even fewer followed best practice like individual screening of couples (Schacht, Dimidjian, George & Berns, 2009; Todahl & Walters, 2011; Tower, 2006). Finally, a recent Family & Relationships Services Australia (FRSA) survey found some practitioners were clearly confused by screening or assessment practices, with some saying they used ‘DSS SCORE’ and ‘Penelope’ as tools for assessing risk when these are an outcomes assessment platform and a client information system respectively (A. Heaton, personal communication, August 15, 2018).

In summary, clients using our services face significant risks and should be screened for them. Peak bodies recommend this happen and practitioners say they are doing this. Despite a clear imperative, good practice in screening is variable and can be poor.

Enablers and barriers for screening

Practitioners give many reasons for why they don’t ask or use structured screening tools. They often prefer less structured or unstructured inquiry or relied on a ‘sense’ something was a risk to trigger inquiry about risk (Kaspiew, Carson, Coulson, et al., 2015). Todahl, Linville, Chou and Maher-Cosenza (2008) suggested this practice of ‘screening to screen’ relies on the dubious belief that the signs of domestic violence will be obvious to the practitioner. This confidence in existing practice and knowledge can be a barrier to change. A systematic review into screening practice by Todahl and Walters (2011) saw ambivalence about screening across setting and studies, with significant barriers due to practitioners worrying how screening will affect their clients. Practitioners expressed many worries about screening including: the risk of perpetrators realising they are under scrutiny and then using violence; or damaging the client-practitioner bond if clients are offended by inquiry about violence when it’s not an issue. Practitioners also worried screening might undermine the task of the session by confusing therapeutic engagement versus forensic assessment; and screening would be impractical in their setting because of time limits on sessions.

Kaspiew, Carson, Coulson, et al. (2015) asked sector and family law practitioners about screening and assessments tools, focusing specifically on DOORS (McIntosh & Ralfs, 2012). While some practitioners were enthused by such tools, many also expressed concerns about practicality, flexibility or fears of client objections to ‘being screened’ (Kaspiew, Carson, Coulson, et al., 2015). Practitioners also believed in their ability to ‘sense’ violence based on years of experience and training; in other words, confidence in current practice was a barrier to formal screening. These practitioner beliefs are significant barriers to use of screening regardless of what clients actually say about being screened—which Todahl and Walters (2011) summarised as clients being ‘mostly not bothered’. Consequently, these kinds of attitudes should be evaluated before—and monitored after—any implementation of evidence-based screening.

What is clear is that organisational culture and managerial support are key enablers to doing screening. For example, Allen, Lehrner, Mattison, Miles, and Russell (2007) conducted a review of screening implementation in healthcare and confirmed that practitioners will adopt screening when they: ‘perceive their organization to be in support of universal screening’ (p. 115), indicated by formal policies, standardised procedures and ongoing and visible support after implementation.
The RA Tas reasons for change

RA Tas strives to be client-centred across all operations; the implementation of universal screening has been identified as a key step to ensuring that client safety and wellbeing is assessed in a consistent and effective way. Universal screening is a thorough and robust assessment tool that allows the practitioner to determine the possible range of risks to which a client may be exposed, and therefore assess safety concerns. It can open the conversation around serious and complex situations involving suicide, safety, parenting and child wellbeing. That then allows for a sophisticated, holistic support response to be activated around that client.

It is widely established that one of the most important elements for the successful implementation of organisational change is a compelling reason to move from the current, established practice to the one which is desired. In the provision of family and relationship services there is not a reason that is more compelling than to ensure the safety of clients accessing our services. There is a range of reasons that prompted the implementation of universal screening at RA Tas that are set out in the following paragraphs.

The results of RASA’s use of universal screening since 2013, have confirmed international research demonstrating that clients disclose more information about safety concerns when asked directly (Ballard et al., 2011; Rossi et al., 2015). The demonstrated effectiveness of this tool at RASA made the incorporation of the tool into RA Tas’ process a priority. We were able to look at years’ worth of evidence showing not only that a structured screening tool was the most effective way to identify and assess family safety risks, but also that RASA clients saw the forms as ‘beneficial’ and, in many cases, preferable to disclosing directly to the practitioner in the first instance (Lee & Ralfs, 2015, 2016).

Screening for risk is a shared responsibility; we wanted staff to be able to go home at the end of the day knowing they had done what was needed in terms of identifying and responding to risk. Universal screening provides a way to move risk identification, assessment and response from the individual to the organisation through elevation and sign off. This enables the organisation to better support the work of practitioners in the area of risk.

Getting over the barriers at RA Tas

Whilst practitioners are highly qualified and skilled at identifying, assessing and responding to risk, there is the potential, when one risk is identified, for this to become the predominate focus. In many instances, there may be a number of risks that could go unidentified until subsequent sessions. The use of universal screening presents an opportunity to capture the overall range of risks to which a client may be exposed, and then allows for elaboration and prioritisation of risks and response. Eliciting the full range of possible safety concerns on paper at the initiation of service delivery also provides the RA Tas with empirical evidence of the increasing complexity of cases being presented; an issue often limited to practitioners’ anecdotal reports. Further, universal screening forms a baseline from which to establish whether risks are diminishing or escalating, and this can be used in future service delivery responses and safety planning; with individual clients and at a program level.

Some of the barriers that emerged to implementation of universal screening were specific to the RA Tas context. For example, due to limitations in privacy and physical space in the reception area of our main service delivery site at Clare St, New Town, a full refurbishment of that space had to be undertaken. It was vital to ensure clients had sufficient space in the waiting room to be able to engage comfortably with the screening tool.

The timing of screening also presented a challenge; clients are required to arrive at the service site 30 minutes prior to their first appointment, with some needing all of this time and others only requiring a few minutes to complete the screening survey. A possible solution to this issue being trialled is for clients to receive the screening tool via email a number of days before their appointment and return it before attending. In this situation however, responding to serious risks disclosed in screening would become problematic, as the client may be several days away from actually engaging with the service, and in some cases may even cancel or miss their first appointment. This raises significant issues regarding duty of care and the ability of the service to respond to safety concerns in a timely manner.

Another issue faced at RA Tas was possible resistance from practitioners to the use of screening. This largely centred around the perception that their professional autonomy and judgement were being undermined; the risks covered in universal screening were already being addressed by practitioners as a matter of course. However, significant attitude change became apparent after implementation of the changes.
Leading through change

The senior management team at RA Tas were highly supportive of the implementation of universal screening. It was identified that a clear and consistent communication and implementation plan would be instrumental in gaining staff support and effective use of the tool. To assist in this, a project leadership team was established consisting of staff from across the organisation including senior practitioners, coordinators, senior workers and managers. This team acted as critical decision-makers and champions for change, but also greatly assisted managers in ensuring staff readiness for the introduction of universal screening. They consulted widely with staff and provided recommendations to senior management on all aspects of implementation.

Three working groups were created from within the project leadership team; training and communications, policy and procedures, and implementation. Terms of reference were agreed for each group, including the leadership team itself, to ensure focus and a clear purpose. A project support role was also funded to progress actions from the working groups and provide regular communication to staff.

In terms of practitioner support and supervision, a range of measures were put in place to assist their preparation for, and operation of, universal screening. Following the initial training provided by RASA, simulations were held at Clare St, in which other staff members acted as clients; being given appointment times, completing the survey and then elaborating on their responses with a practitioner. Subsequently, the whole process was piloted to allow for refinements. The implementation team consulted with practitioners regularly during the pilot and early implementation phase to anticipate, identify and work through issues, and as will be outlined later, practitioners were also surveyed on their attitudes to the screening process.

The optimisation of universal screening at RA Tas is an ongoing process. While screening surveys were initially administered on paper, a later iteration involved the introduction of an app; and the screening tool is now fully digital allowing clients to easily enter their responses on dedicated tablets. This streamlines the process of data entry and creates a much easier client experience.

Formative evaluation to support change

In July 2016, RA Tas formally invited RASA to support its evaluation of the implementation of universal screening. Because the implementation was agency-wide and covered significant changes in practice, the evaluation had three wide-reaching components. These were: staff change in client safety practices; staff attitudes to universal screening and risk assessment; and client attitudes to screening (see Table 1).

Additionally, there was a ‘failsafe’ option for evaluating the implementation, namely to audit existing information sources (such as paper file reviews or analysis of client information systems) to explore change. However, this option was not needed because the other components were successfully evaluated, as shown in Table 2.

This report focuses on the practitioner attitude change after the launch of universal screening at RA Tas. However, there are several important findings about the setting and the immediate impact on practice which are summarised here. Briefly, RA Tas staff already see complexity and risk in everyday practice, shown by the Practitioner Safety Log confirming significant risks in at least 2.2 of every 10 sessions due to FDV, child harms, serious mental health and/or suicide (Kelly, French & Lee, 2017). The Log also showed that risks typically were identified in RA Tas first when clients named them unprompted, then when practitioners spotted them, finally when a tool identified it. The relative ratio of these formats was roughly 3:2:1 (for clients:practitioners:tools respectively). This confirmed the opportunity to rethink when and how risks are detected in RA Tas.

Table 1. Implementation evaluation components

<table>
<thead>
<tr>
<th>Evaluation component</th>
<th>Intention of evaluation</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary outcome: change in identification and response to family safety risks (staff practices)</td>
<td>Show effect of screening on detection of risks</td>
<td>Log of practitioner safety responses before and after launch</td>
</tr>
<tr>
<td>Secondary outcome: change in practitioner attitudes to screening (staff attitudes)</td>
<td>Identify possible barriers to use of screening and what overcomes them</td>
<td>Practitioner attitude survey before and after review with post-launch qualitative review</td>
</tr>
<tr>
<td>Secondary outcome: change in client experience of service quality (client attitudes)</td>
<td>Explore acceptability of screening as a practice for clients</td>
<td>Client attitudes survey after ‘being screened’</td>
</tr>
</tbody>
</table>
In the initial (pre) attitudes survey, 53 RA Tas staff responded to the anonymous Survey Monkey link hosted by RASA but promoted by RA Tas management. Seventy-seven per cent were female and the modal age (43%) was 36–47 years. The main professional background (52%) was social work with 55% having post-graduate qualifications. There was a bimodal response on experience in role, with 31% having both less than two years and 5–10 years of experience. RA Tas staff were asked a series of questions about factors that could potentially act as barriers to the use of screening, from both informal feedback and in published literature (Kaspiew, Carson, Coulson, et al., 2015; Todahl et al., 2008; Todahl & Walters, 2011). The survey is shown in Appendix 1.

The key results were that many practitioners (around half) were very comfortable in their risk practices after years of experience; and some further worried about client reactions to universal screening tools and extra administrative hassles. This group was clearly unsure about the ‘why’ of the launch. Finally, a small group—about a quarter of staff—couldn’t see screening adding any value or simply would not work for clients, based on their attitudes to universal screening. This group would need strong evidence that it did not harm client engagement or interfere with their practice. These beliefs were similar to those described in the literature above and may have presented significant barriers if practitioners were able to refuse to adopt universal screening in their practice at RA Tas. However, RA Tas’ management and executive had formed the view that universal screening was critical to family safety and therefore must be rolled out throughout the agency. Consequently, these pre-survey findings gave insights for supporting staff through the change.

Part of the post-launch evaluation strategy was to monitor any difficulties staff were experiencing with using screening—again with an intention of formative evaluation rather than leaving staff to work it through themselves.

Therefore, staff were given opportunity to provide anonymous qualitative comments on both positives and negatives about ‘doing DOORS’. This opportunity was taken by 38 staff who wrote 4,270 words in response to five short questions. This is reported more fully elsewhere (Kelly et al., 2017) therefore a brief summary of key themes is provided here.

‘It’s just procedure’: for better or for worse, most staff were surprised by how clients ‘just get on with it’ when given a universal screening form—despite the deeply personal and sensitive questions that are asked. A few staff were surprised at how quickly universal screening had been integrated into practice and showed surprise at how useful it was.

‘Provides efficiency and a quick heads up’: Many staff thought screening was helping them focus in on key client issues more quickly, though a few maintained they’d have identified the risks eventually anyway. A few staff said it also gave permission to follow up about difficult areas that might otherwise be hard to inquire (such as firearms ownership).

‘Creates engagement, mostly’: A couple of staff thought the questions helped orient their clients towards key issues and signalled to clients that it’s ok to raise issues with practitioners with confidence. However, the issue of clients’ engagement (or lack of it) with universal screening remained problematic for a few staff.

‘It ain’t relevant for all clients’: When asked about times universal screening made things harder, ‘relevance’ was one significant issue for many staff who still worried (understandably) about their client’s experience of ‘being screened’, especially for clients who are low or negligible risk.

‘Practicalities annoy me and/or my clients’: A few staff described issues with the ‘nuts and bolts’ of doing universal screening at a practical level such as scheduling of times and handling of paperwork.

<table>
<thead>
<tr>
<th>Table 2. Evaluation studies, timings and samples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-launch</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Staff practices</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Staff attitudes</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Client attitudes</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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**Table 2. Evaluation studies, timings and samples**

<table>
<thead>
<tr>
<th>Pre-launch</th>
<th>Post-launch</th>
<th>Post-launch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Evaluation 1)</td>
<td>(Evaluation 2)</td>
</tr>
<tr>
<td><strong>Staff practices</strong></td>
<td>Post-launch time 1</td>
<td>Nov 17: Interim qualitative staff feedback on launch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n = 40 staff)</td>
</tr>
<tr>
<td><strong>Staff attitudes</strong></td>
<td>Post-launch time 2</td>
<td>Jan–Feb 18: Safety log</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n = 266 sessions)</td>
</tr>
<tr>
<td><strong>Client attitudes</strong></td>
<td>May 17: Client attitudes survey</td>
<td>Nov 17: Client attitudes survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n = c. 375)</td>
</tr>
</tbody>
</table>

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‘It ain’t relevant for all clients’: When asked about times universal screening made things harder, ‘relevance’ was one significant issue for many staff who still worried (understandably) about their client’s experience of ‘being screened’, especially for clients who are low or negligible risk.

‘Practicalities annoy me and/or my clients’: A few staff described issues with the ‘nuts and bolts’ of doing universal screening at a practical level such as scheduling of times and handling of paperwork.
Again, as intended by the formative nature of this evaluation, many of the ‘niggles’ were explored and worked through by providing further support for RA Tas staff before the summative evaluation component of post-practitioner attitudes.

**Summative evaluation of implementation**

For the summative evaluation of attitude change, RA Tas practitioners were invited again to anonymously complete the ‘Attitudes to screening’ survey prepared and collected by RASA and shared via RA Tas management and executive. Post surveys were completed by 58.5 per cent of participants those who completed the pre survey. Because the majority of participants were anonymous, it was not possible to check formally who was in the repeat sample and who had dropped out, or which surveys to link. Nevertheless, it was possible to compare demographics between the two samples, as in Table 3.

Any differences in demographics were not statistically significant (p > 0.05) meaning that comparison is robust without paired observations. Attitude change was evaluated using independent t-tests for each question with effect sizes identified by Cohen’s d. The full findings are shown in Appendix 2 and summarised in Table 4.

Table 4 shows that on average, the RA Tas implementation of DOORS lead to meaningful change on 13 of the 18 attitude items. The largest effects of launching screening were found in increased practitioner knowledge of screening and risk assessment (60.4% agree before vs 96.8% agree after launch); routine practice of screening (56.6% vs 93.5%); and self-belief in doing best practice (50.0% vs 73.3%). The launch also had a large effect on decreasing practitioner worries about clients’ reactions to ‘being screened’ (32.2% vs 6.4%) and that clients would prefer disclosing risks to a practitioner and not on a screening form (71.1% vs 20.0%). Practitioners did not become any more (or less) worried about the practicalities of screening after launch such as length of intake (40.4% vs 50.0%), hassle for clients (39.7% vs 42.0%) or files being subpoena’d (9.4% vs 12.9%).

### Table 3. Comparison of pre and post attitude samples

<table>
<thead>
<tr>
<th>Modal response for:</th>
<th>Before launch: pre-attitudes survey (n=53)</th>
<th>After launch: post-attitudes survey (n=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>77% female</td>
<td>77% female</td>
</tr>
<tr>
<td>Age</td>
<td>43% 36–47 yrs</td>
<td>54% 36–47 yrs</td>
</tr>
<tr>
<td>Main background</td>
<td>52% social work</td>
<td>46% social work</td>
</tr>
<tr>
<td>Experience in role</td>
<td>31% &lt; 2 years</td>
<td>28% &lt; 2 years</td>
</tr>
<tr>
<td></td>
<td>31% 5–10 years</td>
<td>24% 2–4 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24% 5–10 years</td>
</tr>
<tr>
<td>Highest qualification</td>
<td>55% post-graduate</td>
<td>65% post-graduate</td>
</tr>
</tbody>
</table>

### Table 4. The effects of doing screening on practitioner attitude (summary table)

<table>
<thead>
<tr>
<th>Effect on ‘Attitudes to Screening’</th>
<th>Item (effect size)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners agree less after launch</td>
<td>Client prefer face-to-face not forms’ (large), ‘Clients object to universal screening’ (large), ‘Agency unable respond to cope with new risks from universal screening’ (medium), ‘Clients won’t reveal DV on forms’ (medium), ‘Clients won’t reveal parenting risks’ (small), ‘Screening interferes with rapport’ (small), ‘More files will be subpoena’d’ (small), ‘Prefer practice wisdom only, not do screening’ (small)</td>
</tr>
<tr>
<td>No effect of launch on attitudes</td>
<td>Partners/couples will contradict’, ‘Intake much longer’, ‘Clients will tell us anyway if risk is significant’, ‘Extra hassle for clients’, ‘Reassured did my bit for client safety’</td>
</tr>
<tr>
<td>Practitioners agree more after launch</td>
<td>Confident know difference between screening and risk assmt’ (large), ‘Current screen all clients’ (large), ‘Currently doing best screening practice for DV and child risks’ (medium), ‘Launching screening will/has helped me identify risks’ (small), ‘On balance, screening will probably help me (or probably has helped me)’ (small)</td>
</tr>
</tbody>
</table>

Note: Effect sizes are Cohen’s d with cut offs at 0.2 (small), 0.5 (medium) and 0.8 (large)
Discussion of attitude change

Practitioners at RA Tas changed their minds about screening in similar ways to those reported in the literature where a purposeful management team led change to overcome the barriers. Despite staff already feeling confident in their practice, implementation has further increased this confidence as has been seen in other settings (Lee & Ralfs, 2017). Also, the experience for staff of seeing clients ‘be screened’ proved to staff how clients engage wholeheartedly with screening and again fits with client surveys elsewhere (Lee & Ralfs, 2015; 2016). Nevertheless, a small number of staff remained worried about the ‘hassle’ and **subpoenas** being issued, yet became less worried by ‘floodgates’ of risks that cannot be managed. Many RA Tas staff anticipated intake would be longer for clients after launch as the new procedure required clients to attend 30 minutes earlier for appointments (with no change in practitioner time). Clearly the balance between effectively checking client safety and ‘moving through the case load’ remains on practitioners’ minds, though the question of ‘How much time do we allow for safety?’ would be a tricky question to answer definitely. Furthermore, the launch appeared to have no clear negative effect on practitioners’ approach to clients or micro-skills and no change in their views on the effectiveness of screening. Maybe practitioners overall are slowly building faith in the practice.

The limitations of the evaluations include the independent samples design of the pre and post launch analyses. RASA invited RA Tas staff to provide sufficient identifying details to link post responses but not enough for the external RASA staff to be able to re-identify anyone (similar to the Statistical Linkage Key or ‘SLK’ that links clients using DSS services without easy re-identification). However, the method used of getting driver’s licence details was ineffective and not enough RA Tas staff provided details, hence the design had less power as independent samples. Though sample demographics were broadly the same (see Table 3), nearly 4 in 10 of the pre group did not reply to the survey, which may be a source of random error or bias. Again a paired samples design would have helped identify any possible bias from selective attrition. Finally, another limitation on having a ‘clean’ pre-post design may have come from using anonymous formative qualitative feedback from RA Tas soon after the launch to fine-tune practice (Kelly et al., 2017) and then later on doing the quantitative post-survey. This was seen as acceptable given the primary focus of evaluation was always intended as supporting RA Tas staff to achieve change rather than how good was the implementation or training.

Conclusion: Making a difference to staff and clients

The implementation of universal screening at RA Tas has resulted in a significant attitude shift for many staff. Overall, staff have become more confident in their own knowledge and practice and in the ability of its services to respond to risks identified in screening. Staff have become less worried about client reactions and began to see the effectiveness of universal screening. Staff have recognised that universal screening has resulted in more administration and this remains unchanged, suggesting staff may need more support and reassurance that the extra client time for screening is worth it, and firm guidance around discoverability of client self-report work.

The implementation of **universal screening**—namely routinely asking all clients about risks—is important given widespread practitioner confidence in their own risk screening practice, ‘close to 30% of parents... reported having never been asked about [family violence and safety concerns]’ (Kaspiew, Carson, Coulson, et al., 2015, p. xviii). It’s also important from a client acceptability angle when done respectfully and purposefully (Todahl & Walters, 2011). One forceful conclusion, repeated several times by Kaspiew, Carson, Dunstan, De Maio, et al. (2015), is that ‘implementation of consistent screening approaches has some way to go’ (pp. xix, 133, 189). This study shows that purposeful leadership and supportive practice management go a long way in implementing a consistent screening approach.

So what? Recommendations for other agencies to consider

It is clearly the case that universal screening places additional requirements on clients. However, RA Tas intends to provide the safest possible service for its clients, and as such, the screening can be seen as a relatively small imposition with a short, one-off time requirement, which results in highly valuable outcomes. It is therefore vital that this process is communicated effectively to clients to manage expectations and ensure that they have the best possible experience when accessing our services.

The implementation of universal screening has allowed us to compile quite a comprehensive list of recommendations for consideration of other agencies looking to adopt the process:

- Establish an authentic case for change and clearly communicate the ‘why’, ensuring buy-in from practitioners and setting the context for universal screening right from the beginning.
Involve key people early in the project, for example senior practitioners, coordinators and managers.

Have a project leader to drive implementation and be accountable for the outcome.

Invest in a project support role with a clear purpose.

Establish working parties, also with a clear purpose and defined terms of reference.

Ensure working parties have genuine input and engagement, not just consultation.

Develop a project timeline with agreed and shared milestones, including a ‘go-live’ date, and adhere to this timeline, where practicable.

Ensure managers form the project management group to progress decisions.

Identification of the level at which decisions are made is important; matters requiring decision can be elevated where required.

Provide a clear pathway for questions and ensure answers are provided in a timely manner, and communicated.

Share decisions widely, with no ‘secret’ agenda.

Communicate to staff regularly and provide opportunity for feedback (within team meetings), but a project email address can also be set up.

Identify communication for different audiences, for example the project leadership team, management and general staff.

Invest in training; whole of staff, team, and individual.

Produce program documentation such as policies, procedures, a program manual and a code of conduct.

Plan for compliance of staff, for example file audits for DOORS elaboration.

Celebrate successes and milestones with teams.

Finally, the overarching message is to communicate authentically and often, during all stages of implementation.

Acknowledgement

The authors are grateful for the comments and suggestions from two anonymous peer reviewers coordinated through FRSA.

References


Appendix 1. Attitudes to Universal Screening Survey

<table>
<thead>
<tr>
<th>Item</th>
<th>Response range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. When I do universal screening, I (will) feel reassured that 'I did my bit' for family safety.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q2. If I'm honest, I'd prefer to rely on my practitioner wisdom about risks and not do universal screening.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q3. Universal screening means (will mean) extra hassle for clients.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q4. I'm worried clients (will) object to 'doing' universal screening.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q5. Clients don't (won't) reveal things like using violence in relationships (or DV perpetration risk) on universal screening forms.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q6. I think files are more likely to be subpoena'd since we launched (after we launch) universal screening.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q7. I'm confident I know the difference between screening and risk assessment.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q8. Overall, I think that if a risk is significant enough then clients will generally tell us anyway without the need for a universal screening form.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q9. Couples or parents probably (will) contradict each other's answers on their universal screening forms.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q10. I currently screen all clients for risks.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q11. Universal screening probably interferes (will probably interfere) with me building a relationship with my clients.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q12. I believe launching universal screening helps (will help) me identify risks in clients and their families.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q13. I believe I'm now (currently) doing best practice in screening for DV and child safety risk.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q14. Intake is much longer for me now (will be much longer for me after) universal screening has been launched.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q15. I don't really expect clients are revealing (will reveal) things like parenting stress or other risks they present to children via universal screening forms.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q16. I believe clients generally prefer to disclose sensitive information to a practitioner face-to-face, not via a paper-based universal screening form.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q17. On balance, I think universal screening has probably helped (will probably help) me in my work.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Q18. It concerns me that when (if) clients do reveal any new risks with universal screening then we can't respond as an agency.</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

Note: wording for pre-attitude is in parentheses where it is different
## Appendix 2. Detailed results of practitioner attitude change

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean before launch (sd)</th>
<th>Mean after launch (sd)</th>
<th>Cohen’s d</th>
<th>Effect size label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confidence in practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Confident know difference between screening and risk assessment’</td>
<td>3.64 (.83)</td>
<td>4.45 (.57)</td>
<td>1.13</td>
<td>Large</td>
</tr>
<tr>
<td>‘Currently screen all clients’</td>
<td>3.36 (1.15)</td>
<td>4.35 (1.61)</td>
<td>1.09</td>
<td>Large</td>
</tr>
<tr>
<td>‘Currently doing best screening practice for DV and child risks’</td>
<td>3.33 (.92)</td>
<td>3.83 (.91)</td>
<td>.55</td>
<td>Medium</td>
</tr>
<tr>
<td>‘Prefer practice wisdom only, not do screening’</td>
<td>2.49 (1.03)</td>
<td>2.23 (1.15)</td>
<td>.24</td>
<td>Small</td>
</tr>
<tr>
<td>‘Reassured did my bit for client safety’</td>
<td>3.40 (.95)</td>
<td>3.58 (.96)</td>
<td>.19</td>
<td>-</td>
</tr>
<tr>
<td><strong>Worries about clients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Client prefer face-to-face not forms’</td>
<td>3.73 (1.01)</td>
<td>2.70 (.95)</td>
<td>1.05</td>
<td>Large</td>
</tr>
<tr>
<td>‘Clients object to universal screening’</td>
<td>2.85 (.97)</td>
<td>2.10 (.87)</td>
<td>.82</td>
<td>Large</td>
</tr>
<tr>
<td>‘Extra hassle for clients’</td>
<td>3.02 (1.03)</td>
<td>2.84 (1.24)</td>
<td>.16</td>
<td>-</td>
</tr>
<tr>
<td><strong>Worries about service management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Agency unable respond to cope with new risks from universal screening’</td>
<td>2.87 (.86)</td>
<td>2.27 (.83)</td>
<td>.71</td>
<td>Medium</td>
</tr>
<tr>
<td>‘More files will be subpoena’d’</td>
<td>2.62 (.84)</td>
<td>2.32 (1.01)</td>
<td>.32</td>
<td>Small</td>
</tr>
<tr>
<td>‘Intake much longer’</td>
<td>3.27 (.91)</td>
<td>3.33 (1.06)</td>
<td>.06</td>
<td>-</td>
</tr>
<tr>
<td><strong>Loss of engagement and micro skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Screening interferes with rapport’</td>
<td>2.49 (.87)</td>
<td>2.16 (.93)</td>
<td>.36</td>
<td>Small</td>
</tr>
<tr>
<td>‘Clients will tell us anyway if risk is significant’</td>
<td>2.75 (1.12)</td>
<td>2.61 (.95)</td>
<td>.14</td>
<td>-</td>
</tr>
<tr>
<td>‘Partners/couples will contradict’</td>
<td>3.57 (.77)</td>
<td>3.52 (.96)</td>
<td>.06</td>
<td>-</td>
</tr>
<tr>
<td><strong>The effectiveness of screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Clients won’t reveal DV on forms’</td>
<td>3.19 (1.06)</td>
<td>2.55 (.99)</td>
<td>.62</td>
<td>Medium</td>
</tr>
<tr>
<td>‘Clients won’t reveal parenting risks’</td>
<td>3.04 (.84)</td>
<td>2.67 (.80)</td>
<td>.45</td>
<td>Small</td>
</tr>
<tr>
<td>‘Launching screening will/has helped me identify risks’</td>
<td>3.75 (.76)</td>
<td>4.03 (.95)</td>
<td>.32</td>
<td>Small</td>
</tr>
<tr>
<td>‘On balance, screening will probably help me (or probably has helped me)’</td>
<td>3.6 (.82)</td>
<td>3.77 (.86)</td>
<td>.20</td>
<td>Small</td>
</tr>
</tbody>
</table>

Note: Means are a scale from 1 to 5 (‘Strongly disagree’ to ‘Strongly agree’)
Strengths-based practice is widely accepted as an important foundation for social work, family work and community work in a range of settings (Hunter, Lanza, Lawlor, Dyson & Gordon, 2016; Oliver & Charles, 2016; Saleebey, 2013). There are, however, a number of challenges or dilemmas involved when adopting a strengths-based approach in certain contexts where there are significant risks associated with people’s safety, such as working with perpetrators of domestic or family violence and in child protection. In this paper we explore some of the dilemmas involved in offering Alternatives to Violence Project (AVP) workshops to parents and partners. We provide a brief overview of AVP, discuss some characteristics of strengths-based group work and then consider five dilemmas we’ve faced in offering the program.

**AVP Background**

AVP is a community-led initiative that began in the 1970s in New York’s Greenhaven Prison. The program was developed following concern expressed by senior inmates about the cycle of reoffending amongst younger inmates, and a desire to help their fellow inmates develop skills in navigating conflict, without resorting to violence. After much success in Greenhaven, AVP was soon introduced to other prisons and then expanded to other countries and to a range of other contexts (Addy, 2009; Kayser, Roberts, Shuford & Michaelis, 2014; Kreitzer & Jou, 2010; Lambourne & Manirakiza, 2017; Walsh & Potter-Daniau, 2017).

There are three levels of AVP workshops: the basic workshop (focusing on affirmation, community building, cooperation, basic conflict management skills and transforming power), the advanced workshop (exploring one or two issues such as power or anger in greater depth), and the training for facilitators workshop (AVP International, 2018). AVP workshops around the world have a common structure, although the content can vary greatly. Each level usually involves 18–22 hours, completed over two or three days. The workshops are divided into eight or more 90–120 minute sessions each of which includes a gathering (where there is a question that everybody answers going around the circle); an overview of the session’s agenda; at least one or two experiential exercises that explore the session’s focus; some games that help build community, release tensions and energise the group; feedback about the session; and a closing activity. The AVP manuals provide a wide range of activities that can be included and facilitators are free to add other material if they believe it is appropriate.
The AVP organising guide (AVP International, 2018) identifies 14 principles that underpin the workshops and the way in which AVP is run.

1. AVP-trained teams: Workshops are facilitated by teams of AVP-trained facilitators who practise and model the attitudes, skills, processes and knowledge of AVP.

2. Shared power and leadership: We share leadership roles and we commit to drawing on the strengths and wisdom of everyone in the group.

3. Alternatives: The workshops are built on a belief that people always have options and choices, and choose how they respond.

4. Inclusiveness: We make a conscious effort to be inclusive and to seek common ground while identifying and embracing differences.

5. Good within everyone: We recognise that there is something of value in everyone and, when we affirm and connect with the capacity for good, the potential for nonviolent, caring relationships are increased.

6. Journey of personal exploration: We value many different paths and respect people’s right to choose their own path.

7. Experiential learning: The workshops are built on experiential exercises and the belief that ‘everyone has knowledge and experience to share and can learn from the experiences of others’ (Addy, 2009, p. 259).

8. Community: We help build a sense of community within the workshop and within the AVP community.

9. Personal nonviolence: We encourage people to take personal responsibility for not harming oneself or others.

10. Consensus: We work towards consensus in making decisions within workshops and within the organisation.

11. Safety: We work hard to create a safe environment that is conducive to collaboration, personal growth and taking risks.

12. Accessibility and consistency: While there is a great deal of variation around the world, AVP workshops are recognisable anywhere in the world due to established practices and processes.

13. Mutual respect: Respect for self and others is at the heart of the workshops.

14. Transforming power: We believe we all have the power to transform ourselves and situations.

AVP workshops are currently offered in over 50 countries, including in most major cities in Australia.

In Australia, AVP workshops are held in various settings including youth services, schools, community groups, and prisons. In Newcastle, AVP was first introduced in 1994 with local community workshops held regularly until 2001. After being reintroduced in 2016, a partnership between AVP in Newcastle, Family Support Newcastle (FSN), and the Family Action Centre (FAC) at the University of Newcastle was established to explore AVP workshops that focused on families and explored alternative ways of navigating conflict within family relationships. The team then adopted an action research process of adapting an AVP workshop for parents and partners. We are also increasingly having participants who have recently been released from prison.

The workshops for parents continue to evolve with each group. Some ways that it is developing as a family-focused group workshop include:
- through the use of real-life family scenarios
- introducing material that explores parenting styles and linking this with responses to conflict
- an increased emphasis on child focused conversations
- adapting exercises to bring attention to children’s experiences, feelings, needs, etc.

**Outcome Measurement**

AVP is increasingly recognising the importance of measuring outcomes and research evidence, and one of the authors, Graeme, is a co-convenor of an international working group aiming to improve the AVP evidence base. In Newcastle, AVP is part of an evaluation being led by the NSW Service for the Treatment and Rehabilitation or Torture and Trauma Survivors (STARTTS) with the support of the University of Sydney and University of Newcastle. The evaluation is using two pre and post scales—the General Self-Efficacy scale (Schwarzer & Jerusalem, 1995) and a self-developed social capital scale—and focus groups. The unpublished preliminary results indicate a statistically significant improvement for both scales and positive feedback from the focus groups.

In addition, after each workshop, participants are invited to complete the FSN service feedback questionnaire involving 10-point rating scales exploring process and outcomes, and two questions about what was most and least significant about attending the workshop. We need to consider the number of forms we are asking participants to complete, especially for participants with low literacy skills, because between 2017 and 2018 only 76% completed the feedback (there is a higher response rate for the two scales).
Of the responses received:

- 70% strongly agreed and 24% agreed they felt listened to and their concerns had been understood
- 77% agreed or strongly agreed they learnt new skills that helped them and their children
- 97% agreed or strongly agreed they would recommend the service to others
- 80% agreed or strongly agreed there had been positive improvements in their circumstances
- 60% agreed or strongly agreed things were getting better for them and their children
- Only 37% agreed or strongly agreed their children had noticed a difference in how they parent.

These statistics need to be treated with caution as participants are likely to want to say nice things about the workshop, and some of the measures (e.g. the last three responses above) are designed for longer-term programs.

**Strengths-based practice**

Strengths-based practice underpins the work of both the FSN and FAC and, as suggested by the principles above, AVP is consistent with strengths-based practice. There is surprisingly little literature exploring the nature of strengths-based group work (see for example Jenkinson, 2015; Lietz, 2007; Pollio, McDonald & North, 1997). Here we briefly propose six characteristics of strengths-based group work and suggest how they apply in the context of AVP workshops.

1. **We focus on strengths, abilities and potential rather than problems, deficits and pathologies.** Clearly this is at the heart of strengths-based practice (Oliver, 2014; Saleebey, 2013). In the workshops we do this in a number of ways, including a focus on affirmation of self and others as one of our foundations, framing gatherings and topics for discussion in pairs in terms of strengths and aspirations, and exploring times when they were able to respond to conflict or challenges nonviolently. We struggle with the focus on violence in the title *Alternatives to Violence Project*, and have considered changing it, but the broad use of the name in Australia and abroad makes it difficult to change.

2. **We recognise the strengths and expertise of participants:** Everyone is a teacher and a learner. Facilitators do not position themselves as the experts with all the answers and we value lived experience. Through the experiential nature of the workshops we draw on the insights of the participants. The AVP structure also encourages participants to become facilitators if they are interested.

3. **We actively involve participants in decisions about the purpose, content and processes of the group.** Rather than waiting for feedback from participants at the end of the workshop (by which time it is too late to adapt the workshop to the group), we ask for feedback from participants at the end of each session (there are four sessions a day in our standard workshops) so that we can adjust the workshop as we go. We often make decisions about how to modify the workshop (e.g., whether to omit an exercise or to break early) in front of the group and invite their input. Lietz (2007) suggests that strengths-based groups are unlikely to run to a set curriculum with pre-determined outcomes. AVP involves a broad approach rather than a set curriculum and, as discussed above, AVP manuals include a wide range of activities, and facilitators are free to add other material as needed. In the Advanced workshop, the topic of the workshop is determined by the group rather than being determined by the facilitation team.

4. **We use language based on strengths, ownership, collaboration and solutions.** AVP is built on a constructionist pedagogy. In other words, AVP encourages people to explore how they attach meaning to important aspects of their lives and—through experiential, cooperative, and relational processes—to transform how they see the possibility of living in the world nonviolently (McEady, 2017). How we talk about ourselves and the world around us plays a crucial role in shaping our perceptions, and strengths-based language uses the language of collaboration, ownership, possibilities and solutions (Greene, Lee & Hoffpaur, 2005). Through activities, questions and conversations in the workshop we encourage people to discover their strengths; take ownership of their feelings, experiences and hopes; work collaboratively with others; and find nonviolent solutions to conflict and challenges.

5. **We provide experiences where group members can be successful.** By creating safe, supportive environments, participants can try new skills, activities or behaviours without being ridiculed. The experiential nature of AVP means that participants have a range of opportunities to be successful and to identify their existing strengths. Each session starts with a gathering where we go around the group and each person responds to a question. For people who may say little else during the workshops, these can be quite powerful in giving them a voice and showing they do have something to contribute to the group. Other exercises demonstrate how working with others can frequently lead to better outcomes.
6. We recognise complexity and have a commitment to social justice. Many families face a range of complex problems (Moore, 2011) that cannot be simply addressed by focusing on people’s strengths. A major criticism of strengths-based practice is that it is closely aligned with neoliberal notions of individual responsibility and self-help, and that it ignores structural inequalities (Gray, 2011). AVP has a commitment to working with marginalised groups (e.g. people in prison, refugees), we encourage participants to recognise the role of structural violence (e.g. sexism, racism, homophobia), and we challenge traditional notions of power. In AVP, and in nonviolence more broadly, power is seen as arising out of relationships rather than being a characteristic owned by individuals, and so there is a focus on power-with and power-within rather than power-over. Such an approach to power has far reaching implications and can help promote social justice (Mathie, Cameron & Gibson, 2017; Stuart, 2004).

Dilemmas of AVP’s strengths-based approach

The strengths-based approach adopted by AVP, however, leads to a number of dilemmas: practices that are strengths in its approach can also be limitations. In this section we discuss five of these dilemmas.

1. AVP is built on volunteers—participants and facilitators

An important foundation of AVP is that it is based on voluntary participation (AVP international, 2018; John, 2015). We expect that workshop participants have made a choice to come to the workshop and generally do not accept mandatory referrals (e.g. court orders). According to AVP international (2018, p. 3) ‘Our workshops are about personal growth, and people can only grow when they choose to do so themselves’. Such a position is consistent with a philosophy of nonviolence that recognises people’s right, and ability, to make decisions for themselves (Stuart, 2004, 2006).

At times, however, the voluntary nature of participation is debatable. If a court recommends that someone does a workshop or if a child protection agency suggests that it would help a parent regain custody of their child if they complete a workshop, clearly they may feel they have little or no choice. People being mandated or ‘strongly encouraged’ to attend means that we do often have participants who feel they have been coerced into coming. While this leads to some people being in the workshop—and even benefiting from it—when, if they had free choice, they would not have attended, it also means that they may be angry and test limits within the workshop (Levin, 2006). When faced with such participants, we encourage them to make a decision about what they will do, and are careful that we do not react negatively if they are angry or testing us. By acknowledging their anger or frustration, emphasising that it is up to them whether or not they stay, and making it clear they have the right to pass at any time, we encourage them to take responsibility for how they will react to the workshop. At the end of the first day, we have a brief exercise where people make a conscious decision about whether or not they will return for the second day. We can, if needed, also include this exercise earlier in the day so that participants make a conscious decision about whether they will stay for the afternoon of the workshop. In this way they can at least decide to what extent they will be involved in the workshop. We generally find that as the workshop progresses, they discover that they really do have a choice about how involved they will be, and most people will actively participate in at least some activities.

Having strong registration processes, where we talk to people before the workshop, can help in preparing participants, but it is far from a guarantee that everyone in a workshop will be an enthusiastic participant. At times there are people who do not actively engage, and we respect their right to make that decision.

AVP also relies on volunteer facilitators. Most facilitators in Australia and other parts of the world volunteer their time as facilitators. At times, like in NSW, AVP works in partnership with other organisations that allow staff to facilitate workshops as part of their work. Both authors, Gener and Graeme, work for organisations that support AVP and pay for some of our time spent on AVP, although we also both volunteer extra time to the work.

One of the advantages of having a team of volunteer facilitators is that it makes it an affordable program that can be implemented in a range of settings. It means that facilitation teams usually include three to six facilitators, which allows us to model teamwork, respectful communication and cooperative relationships — important skills in nonviolent relationships.

Relying on volunteers, however, does also create challenges, especially in terms of supporting volunteers, ensuring that facilitators have the necessary skills, and maintaining long-term volunteers.

2. Valuing lived experience

Having teams of facilitators makes it easier for people with lived experience (but not formal training) to become facilitators. One of the strengths of AVP is that anyone can become a facilitator, but it also creates challenges in maintaining high-quality workshops. Based on the belief that there is good in everyone (AVP international, 2018; Shuford, 2009),
interested workshop participants are invited to become facilitators. Facilitation training involves completing all three levels of workshops and then becoming an apprentice facilitator.

The absence of minimum requirements in terms of qualifications or training (apart from participating in AVP workshops) means that there can be real diversity in facilitation teams. There is a particular emphasis on having facilitators with lived experience similar to workshop participants. Prison workshops usually have inmate facilitators, school workshops often have youth facilitators, and workshops with refugees have facilitators with refugee backgrounds.

In Newcastle, with our focus on parents/partners and people recently out of prison, we are trying to build a pool of facilitators who have experienced having children removed from their care (by child protection or separation), being in a violent relationship, or being in prison. At the moment, however, most of the facilitators are working in family or community services, although some still have relevant lived experience.

Having people with recent lived experience can create some challenges, especially if they have little experience with facilitation. There is the risk of generalising from their own experience and assuming that other people’s experience is the same as their own. The main way we address this is by encouraging facilitators (and participants) to speak for themselves and to use ‘I’ rather than ‘you’: in other words, as facilitators, we speak about what we have experienced, how we feel, or what we have noticed. We also encourage facilitators to be curious in their approach. Instead of making assumptions about other people and their experience, we encourage them to ask questions and to wonder about what it was like for other people.

We want facilitators who are still exploring nonviolent relationships for themselves, rather than people who are doing it purely to help other people. One of the foundations of AVP is that ‘none of us have all the answers’ (AVP International & AVP USA Joint Education Best Practices Team, 2018, p. 43) and, as we say in our introduction to the workshop, ‘We are all teachers and all learners’. By working in a team of facilitators, there can be facilitators with varying levels of facilitation experience and it is an opportunity for facilitators to participate in numerous workshops. Because facilitators participate in the group when they are not leading an activity, facilitators continue to explore nonviolence and conflict resolution, and grow from the experience.

At times, facilitators make statements that other facilitators don’t agree with, or that are not consistent with the approach of AVP. When this happens the other facilitators have to make a choice about how they will respond.

Sometimes, we don’t respond at all (e.g. if it is in relation to a minor issue or if it would be too disruptive to present an alternative view). Sometimes, we use it as an opportunity to model how we can disagree or have differences while maintaining respectful relationships. Sometimes we will treat it as a response from any other participant and see what other people in the group think.

## 3. Inclusive nature of the group

We generally try to avoid being selective about who attends the group, and allow people to make their own decisions about whether it is something they want to do. While this approach is consistent with our philosophy of nonviolence and respects participants’ choice, it can create dilemmas, particularly around safety.

With the focus on violence in the title of the group, the workshops usually include people who have a history of violence, including domestic and family violence. But we also usually have people in the group who are survivors of domestic or family violence. We therefore need to be conscious and very careful that we don’t create an unsafe space, particularly for survivors.

We try to create a safe space in a number of ways including:

1. An experienced member of the facilitation team administers the registration process, which includes at least one interview with every participant. The facilitator speaks to each participant before the workshop to start building a relationship, provide information about the workshop, and assess participants’ goals, as a way of helping participants prepare. This initial conversation involves asking participants about their situation, what they are working towards, and clarifying what they can expect from the workshop and what the workshop expects from participants.

2. We discourage couples from doing the workshop together, but generally allow them to make the final decision. If people in a relationship decide to attend together, we interview both partners individually to assess the nature of their conflicts and assess domestic violence concerns. This conversation also explores how both partners could manage the possibility of conflict arising during and after the workshop and how facilitators can support their individual needs, as well as the group’s needs.

3. We facilitate an inclusive conversation about group safety and responsibility. Early on in the workshop we go around the circle twice: a first round asking what they need to feel safe in the workshop, and a second round asking what they can do to help make the group safe, and use these as our group agreements.
4. We are conscious of power dynamics, make space for quieter people to speak and encourage people to speak from their own experience rather than speak on behalf of others.

5. We invite people to take care of themselves and to take time out, or pass from any activity, if needed.

6. We use circle work, pairs and small groups to make it harder for strong personalities to dominate the group and are careful about who is in a group together if necessary.

7. The agenda is flexible so we can address issues that arise if needed. For example we could include, or bring forward, an exercise to highlight the importance of speaking from our own experience, rather than speaking about other people’s experience.

There are still risks, however, and we need to observe the group carefully. There have been workshops where some women have felt uncomfortable or unsafe around a particular male, and this creates a range of dilemmas. We have discussed whether we should be more selective or limit who can attend, but at the same time, we want to engage people who struggle with a history of violence, so it makes little sense to prevent perpetrators of domestic or family violence from attending. Likewise we don’t want to prevent survivors of domestic or family violence from participating as they often benefit from the workshops as well. We continue to monitor and manage the workshops closely, and are constantly reflecting on how we can minimise risks and respond effectively when issues arise.

Workshops also often include family or community workers who are interested in the workshops as professional development, and people who are users of family and community services. The workshops are experiential, and there is a risk that practitioners who come with a focus on assisting other people rather than focusing on their own attitudes and behaviours, can change the dynamics of the workshop. We find having a mixture of practitioners and people who are doing workshops for their own reasons, can help practitioners see the relevance of the workshop to their personal lives and can encourage them to reflect on their own experience.

Having practitioners in the workshop also means that they can share their insights with the group, and hear the insights from people with lived experience. In a recent workshop, around half of the group were practitioners, and our feeling is that it is better when there are a few less practitioners.

4. Being seen as things AVP is not

We constantly need to ensure that AVP is not seen as something it is not. Although we do not suggest or claim that we are a domestic or family violence program, we often have men referred to the workshops because of violence towards their partner or family. While we believe AVP is quite relevant to domestic violence, we also recognise that domestic violence behaviour change programs have a different approach and address issues that AVP does not. While some domestic violence programs such as the Duluth Model argue that ‘teaching a batterer to control his anger will not stop the violence if the intent of the batterer is to control or dominate a partner’ (Paymar & Barnes, 2017, p. 9) we believe there is still a role for exploring anger management in addressing domestic and family violence (Crockett, Keneski, Yeager & Loving, 2015; Gilchrist, Munoz & Easton, 2015).

Even though AVP workshops are not an anger management program, we do have people being referred to AVP for anger management, and we do consider the issue of anger and some of the content is related to anger management. Although we explain to people that we are not a domestic or family violence program, nor an anger management program, we realise there is a risk that referrers and potential participants can have incorrect perceptions about the nature of the workshops.

We would be concerned if someone took an AVP workshop as an easier option than a more intensive behaviour change program, or used their attendance at AVP to suggest they were addressing violent or controlling behaviour without being committed to real change. At the same time, we recognise that AVP can be a first step in a pathway that leads to a behaviour change program. One of the facilitators, Gener, through his work with FSN, is able to provide follow up support and encourages men to undertake a behaviour change program if relevant.

5. The need for challenging conversations

Being strengths-based involves more than a naïve optimism and faith in people’s good intentions. Particularly when working with people who have perpetrated violence against their partner or family, it is important that we are willing to have difficult conversations with them. In a recent AVP workshop, one of the fathers said: ‘This workshop is making me realise I’m a better father than some people say I am!’

At face value this seems to be a great outcome. But even though we want to increase parents’ confidence, there is a potential dark side to this statement. What if he was an abusive parent and
there were significant grounds for being concerned about his parenting? What if it was allowing him to deny the need for change? There are real risks involved in accepting this statement without question and failing to explore it further.

Perpetrators of family and domestic violence, including child abuse, can be manipulative and charming, they can deny or minimise their actions, and there is a danger that practitioners can inadvertently collude with the perpetrator in avoiding taking responsibility for their actions (Department for Child Protection, 2012). As strengths-based practitioners, we still have a responsibility to ask tough questions and explore how to create positive change.

What the father’s statement did, however, was allow us to have a conversation in a very different context. As with the strengths-based approach the FAC adopted in fathering workshops with Aboriginal fathers in prison (Stuart & Hammond, 2006), the father’s statement changed the starting point of our conversations. We could begin by exploring what being a good father looks like and how they try to be good fathers. But we could also ask whether certain behaviour (e.g. violence, drugs) were consistent with being a good father, what the impact of such behaviour was, and what they could do to become better fathers. The men were much more open to these conversations than if we had started by looking at risk factors and what they did wrong as parents. Because we began by discussing the importance to them of being a father, our conversations helped them achieve a goal rather than accusing them or telling them what they needed to do.

In AVP, we work hard to create a safe, non-judgemental, strengths-based environment which means that participants are often willing to talk about issues they are facing. We have a responsibility to ensure that, within this approach, we do not collude nor make it easy to avoid accepting responsibility for our actions. One of the ways we are able to approach this is through the follow up that can be provided by FSN.

**Conclusion**

In our experience, the strengths-based approach used in AVP is generally successful in engaging participants (even those who feel they have been made to come) and building relationships that help create a safe space where participants are able to reflect on their behaviour. At the same time, we recognise there are dilemmas and potential risks.

To conclude we have outlined below a number of lessons learned from reflecting on our work with AVP. We recognise some of these have been widely discussed before, but are still worth reinforcing.

1. No single program can do it alone. We do not pretend that AVP has all the answers, nor that it should be a stand-alone program. Particularly with perpetrators of domestic or family violence it can be a pathway towards or a starting point for people to access more specialised or intensive support (e.g. men’s behaviour change programs).

2. We need to be conscious of the risk of family violence, and not ignore the importance of risk assessment and risk management. It would be a mistake to believe that assessing the risk of family violence, and addressing these risks, are inconsistent with strengths-based practice. We need to continually reflect on, and review, the workshops to identify potential risks, especially with regard to safety.

3. There is great value in incorporating volunteers and their lived experience, despite some of the challenges they can raise.

4. Networking, informing people about what we offer, and learning about other programs is important so that others do not misunderstand the nature of our work and we do not create false expectations about other programs if we refer people to them. By working with other services, the workshops can be part of an integrated response to address violence and can enhance other programs or counselling.

5. We need to be open to learning from other programs and approaches, and to be willing to adapt our program based on the experience of others.

6. We need to create a balance between recognising people’s strengths and potential for change, and supporting them to be accountable for their behaviour.

Critical reflection needs to be a fundamental priority and not simply an extra add-on if there is time. It is only through reflection and being willing to ask hard questions that the dilemmas and challenges of this type of work can be addressed.

**References**


This paper presents an integrated therapeutic and case management model in elder abuse intervention. The model represented in the Appendix is based on therapeutic interventions with 10 clients (nine female and one male), aged 65 to 90 years seen within a community-based family relationships counselling context between 2011 to 2018. All the elders have consented for de-identified information about them to be stored, and to be contacted later to participate in follow up, research or program evaluation activities. The model provides a conceptual framework about the inter-relationships between the recourses and activities, as well as positive outcomes for elders (Parker & Lamont, 2010). This integrated model is new, and requires rigorous research to identify strengths and limitations.

**Integrated model for elder abuse intervention**

A community-based therapeutic and case management model is relevant at a time when Australia’s population is ageing rapidly with increasing demands on health and community services (Lacey, 2014). In this paper, an elder is an individual aged 60 and above. In Aboriginal and Torres Straits Islander communities, the term elder also signifies cultural continuity and respect (Lacey, Middleton, Bryant & Garnham, 2017).

The 2016 Australian census showed individuals aged 60 years and above constituted 5.6 per cent of the population, or 1,299,397 individuals. Of these, 486,842 were aged 85 and older, over 84,000 more than the previous census in 2011. Census 2016 also indicated there were 164,240 Aboriginal and/or Torres Straits Islander individuals aged 65 and older (Australian Bureau of Statistics [ABS], 2018). Significantly there is no data for the number of Aboriginal and Torres Straits Islander individuals aged 85 and above (ABS, 2016).

**Elder abuse in Australia and globally**

**Definitions**

Within Australia there is consensus that elder abuse is the least known and under-resourced community need (Lacey et al., 2017). It comprises physical, physical and emotional abuse, financial abuse and/or neglect of an elder by one or more individuals whom the elder trusts and relies on. The abuse is intentional, targeted at specific outcomes that benefit others at the expense of the elder, and notably occurs behind closed doors (Australian Law Reform Commission [ALRC], 2017).
An international systematic review of elder abuse research (2011) described elder abuse as intentional harmful actions that negatively affect an elder either physically, emotionally, financially and/or neglect. This review also highlighted the failure to meet an elder’s basic needs and/or protect the elder from harm as abuse (Daly, Merchant & Jogerst, 2011).

Pillemer, Burnes, Riffin and Lachs (2016) suggested the lack of consistent research criteria about elder abuse makes it extremely difficult to operationalise definitions for clinical applicability and policy formation. There are three consistent themes for practitioners and policy makers to work on, to develop and implement programs to address elder abuse.

The first relates to intentional acts that harm an elder either physically, emotionally, neglect, financially, or a combination of some or all of these. The second refers to injury, and/or harm, and/or unnecessary risks suffered by the elder as a result of the intentional act or neglect. The third involves a breach of trust because one or more trusted family member/carer/provider is responsible for causing or failing to prevent the harm (Pillemer, Burnes, Riffin & Lachs, 2016).

Lacey (2014) added an ethical dimension. She suggested elder abuse is a breach of the elder’s human rights because of their vulnerability. Subtle exclusions which deny an elder of his/her right to speak, seek an advocate, have contact with extended family, or simply attend a valued event/activity rob the elder of his/her right to experience a fulfilling life (Lacey, 2014). In sum elder abuse intervention focuses on:

- nature and purpose of the abuse
- the harmful impact on the elder
- the relationship between the elder and the perpetrator of abuse, and
- the impact on the elder’s legal rights.

Prevalence

Kaspiew, Carson and Rhoades (2016) suggested a prevalence rate of 8 per cent for women aged 55 and over in Australia.

In South Australia, Lacey et al. (2017) found the prevalence rate increased by 400 per cent in the five years between 2012 and 2016 inclusive (966 cases in 2012 to 4,755 cases in 2016). Lacey et al. (2017) suggested the prevalence rate across Australia is likely to be between 2 to 10 per cent in any given year.

Based on census 2016 figures, the number of individuals potentially subjected to elder abuse in Australia in any given year may range from 9,737 to 48,685 (elders over the age of 85), or between 25,988 to 129,940 (elders over the age of 60).

Daly et al. (2011) undertook a systematic review that suggests a prevalence rate of between 2 to 14 per cent across United States, United Kingdom, European Union countries and South East Asian countries (Daly et al., 2011). This is consistent with World Health Organization (2015) report that estimated prevalence rate from 2 to 14 per cent in high or middle-income countries (Kaspiew, Carson & Rhoades, 2016).

Interventions

Prevention falls into three streams: education, support and legislation. Education comprises public campaigns, phone-ins, education for families and caregivers, as well as the elderly. Practical support comprises advocacy, and/or respite and money management, usually aided by interdisciplinary teams (Daly, Merchant & Jogerst, 2011). Preventing the escalation of elder abuse is important. Equally important are a national policy and intervention framework to address this issue. The most compelling element must be the protection of elders’ human rights regardless of costs (Lacey, 2014).

Most states and territories provide aged rights advocacy services. None has the statutory power or resources to intervene directly. Criminal matters involving elder abuse are dealt with from the perspective of the crime without regard to the age of the victim. This discounts the vulnerability and risks elders face, especially elders with health problems and/or cognitive, and/or physical impairment (Lacey et al., 2017).

Context for the integrated therapeutic and case management model

The context for gathering information about the elders’ stories was family relationships counselling when they sought help to manage relational difficulties. Their experience of abuse became evident through their stories. This generated the need to examine and improve practice to address safety. Only elders who consented for follow up were included in the preparation of this paper. Table 1 presents a summary of the elders’ background and experiences.

Common themes in their lived experience

The elders’ worlds consisted of repetitive and unreasonable demands from their adult children who showed a total lack of appreciation for the elders’ capacity and wellbeing. Of the 10 elders, five endured severe physical abuse and four experienced significant financial abuse. The elders sought counselling to improve family relationships as well as increase their capacity to meet the adult children’s needs.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Family Dynamics</th>
<th>Connections</th>
<th>Abuse experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>72</td>
<td>Single. Partner left relationship when she became pregnant at age 30. Adult daughter uses substances and formed relationship with a dealer.</td>
<td>She is a member of a retired teachers’ group and an older sister supports her with respite accommodation whenever groups of substance users frequented her home.</td>
<td>Verbal, physical and financial abuse for over 20 years. Daughter forced her to sign bail papers enabling a dealer to reside in the house. Elder moved into the shed for privacy and safety. The elder sought counselling to rebuild the relationship with daughter after the dealer had been incarcerated.</td>
</tr>
<tr>
<td>F2</td>
<td>75</td>
<td>Retired widow nurse resided in a rental purchased with her superannuation in the son’s name.</td>
<td>She has a supportive daughter. She attends the local library weekly and meets a group of elders for coffee. She did not share her fear of eviction with friends.</td>
<td>Over a period of 10 years, she purchased several rental properties in the son’s name with her superannuation. Son wanted to sell her home and threatened to evict her. She sought counselling to prevent eviction.</td>
</tr>
<tr>
<td>F3</td>
<td>90</td>
<td>Retired widow and primary caregiver of great grandson aged 10 years by arrangement with child protection agency.</td>
<td>In the complex where she lives, the residents are supportive; however; they are all aged above 80. She is a volunteer at the great grandson’s primary school.</td>
<td>The parents of her great grandson are substance users who intruded into her home at all hours without notice. They also made verbal threats to harm her and/or damage her property. Elder called police on numerous occasions. She sought counselling to help the child cope with these intrusions.</td>
</tr>
<tr>
<td>F4</td>
<td>65</td>
<td>Widow with partial eyesight. For many years, daughter resided with her whilst studying toward a degree.</td>
<td>She is a member of the Society for the blind.</td>
<td>Physical abuse started when the daughter was adolescent. Police was involved. The physical abuse continued and escalated. Client sought counselling to rebuild the relationship without police intervention.</td>
</tr>
<tr>
<td>M</td>
<td>73</td>
<td>Retired engineer lived alone since his wife died three years earlier.</td>
<td>He plays golf weekly.</td>
<td>Financial abuse. The daughter-in-law threatened not to permit grandchildren visit the grandmother’s grave unless he did exactly as she said regarding finance. Elder sought counselling to improve relationship with daughter-in-law.</td>
</tr>
<tr>
<td>F5</td>
<td>68</td>
<td>Widow with chronic illness and mobilises with a walker. Three adult children refused to support her, or visit her at hospital.</td>
<td>She was provided with four months Partners in Recovery support post discharge following several surgical procedures.</td>
<td>Neglect. Over a period of six months elder received three surgical procedures during which none of her three adult children visited, or enquired about her. Phone calls and letters to her children were not answered. Elder sought counselling to rebuild connections.</td>
</tr>
<tr>
<td>F6</td>
<td>65</td>
<td>Retired teacher who lived alone. She has one adult daughter who has a diagnosed mental illness and three grandchildren.</td>
<td>Small group of friends and neighbours.</td>
<td>Daughter demanded her support on an on-call basis. When elder was unable to meet the demands, daughter physically assaulted her. Elder experienced multiple daily texts about her inadequacies as a grandmother. Elder sought counselling to better meet the daughter’s demands.</td>
</tr>
<tr>
<td>F7</td>
<td>78</td>
<td>Retired nurse who lived alone. She has two adult daughters.</td>
<td>One daughter borrowed money to buy a house and declined to return some of the money when elder needed to finance assistive equipment.</td>
<td>Elder diagnosed with chronic illness a year prior to counselling. Following an acute admission, elder advised to purchase mobility equipment. Her daughter refused to return some of the loan, and subjected elder to verbal abuse. Elder sought counselling for financial assistance.</td>
</tr>
<tr>
<td>F8</td>
<td>67</td>
<td>Lived with partner and adult daughter from previous relationship. Partner has chronic illness.</td>
<td>Work colleagues.</td>
<td>Physical, verbal and financial abuse by daughter who demanded money for cigarettes and pokies. Police intervened on numerous occasions. Elder sought counselling after daughter threatened to harm her partner.</td>
</tr>
<tr>
<td>F9</td>
<td>85</td>
<td>Widow lived alone in a retirement complex.</td>
<td>Neighbours at the retirement complex.</td>
<td>Daughter-in-law punched her in an argument, and she suffered a fall. Police intervened. The son, daughter-in-law and grandchildren ceased all contact. Elder sought counselling to improve family relationships.</td>
</tr>
</tbody>
</table>
An integrated therapeutic and case management model

The work is gradual, sometimes slow in order to help the elder explore his/her ‘plans, strategies and assumptions’ in making a difference (McLeod & McLeod, 2011, p. 139). Each elder attended counselling for a period of between 3 to 18 months, varying between 6 to 20 sessions.

The key challenge is to negotiate each step of this relationship at the elders’ pace leveraging the possibility of change through conversations about feelings, behaviours, thoughts and options (Cozolino, 2017). The abusive behaviours followed a pattern of verbal threats targeted to intimidate. Threats to harm escalated when the elders were unable to meet demands placed on them. This suggests there were patterns of abusive behaviours designed to control the elders (Kaspiew, Carson & Rhoades, 2016).

Five of the elders experienced physical assault to their heads and faces resulting in medical treatment. These elders experienced coercive control because the threat of violence was omnipresent (Kaspiew, Carson & Rhoades, 2016). It is important to establish consistent means for them to exercise choice, especially in assessing the feasibility of potential solutions (McLeod & McLeod, 2011). By consistently and respectfully exploring the elders’ motivation, the counsellor diverts the focus from problems to resources within the elders’ own world thereby opening new possibilities (Satre, Knight & David, 2006).

Working with elders comprises implicit and explicit expectations. Implicitly, the counsellor has the responsibility to ensure the course of this relationship remains purposive, supportive and within specified boundaries.

Explicitly the counsellor must remain transparent and objective in activating external resources with the elders’ informed consent about the services and the likely consequences. For example, contact with general practitioners, police, public housing, home and community care, community legal services and other health care and community sector professionals.

A physical safe space that offers comfort, privacy and security is important because it conveys appreciation of personal boundaries to elders, many of whom may have experienced multiple trauma (Cozolino, 2017). Nine of the elders experienced abuse for many years.

A psychologically safe space comprises clear boundaries and rules about personal safety, structure, time frame, and the focus of the counselling. From the very first contact, phone and/or face-to-face, elders require empathy and a soft approach to encourage change talk. The elders are fully informed about limits of confidentiality as well as the extent and contexts to which information may be shared with internal and/or external parties, e.g. supervisors, mandatory reporting and referral agencies (McLeod & McLeod, 2011).

McLeod and McLeod (2011) suggest one of the biggest challenges for counsellors is to understand and appreciate their skills as well as limitations so that the process of talking it through remains therapeutic. Working with elders may challenge the counsellor to extend therapeutic talk to case coordination, research the service systems, and provide appropriate warm referrals. Outreach may be necessary especially in working closely with police to keep elders safe.

What mechanisms facilitate talking it through safely and therapeutically with elders?

First, in the use of appreciative enquiry about the elders’ experiences. For the elders, sharing their stories was emotionally taxing. They expressed guilt, shame, grief and loss, and a sense of powerlessness in the parental role. They talked about a sense of duty to their adult children, and continued to nurture their children as best they could. Reflection to the elders about the emotional cost of sharing their story conveys empathy. This opens the safe space for the elders to talk about experiences.

Second, cultivating a shared understanding through curiosity, attention to elders’ socio-ecological systems, and their perceptions about service systems are essential in keeping them engaged (McLeod & McLeod, 2011). Eight of the ten elders perceived any police and/or legal intervention to be detrimental to family unity.

Third, selecting the appropriate intervention to suit the elder is critical at this point. It is important to build a picture about the individuals they trust as well as the safe contexts for connections with these individuals (Mosqueda, Burnight, Gironda, Moore, Robinson & Olsen, 2016).

The elders in this paper all had connections with one or more individuals in their community. Harnessing these connections help them locate the contexts and appropriate support from trusted neighbours, craft group members, friends, siblings, and/or any trusted adults. For example, the male elder sought golf mates to invite his son to father and son golf sessions. Amongst a group of trusted males in a familiar setting, the male elder found a safe context to talk with his son about contact with the grandchildren.

Several of the female elders sought assistance from their general practitioners to access counselling. Two elders contacted domestic violence helplines.

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Client F6 enrolled in mental health first aid supported by her neighbour and learned skills to manage her daughter’s outbursts. Clients F1 and F8 attended public housing workshops and removed their daughters from their lease. Public housing also relocated their daughters to alternative social housing far away from their mothers. Risk assessment and coordinated intervention were crucial in regaining safety and agency (Mosqueda et al., 2016).

Fourth, validating and normalising the elders’ parental values conveys the message they have the strengths and resources to support change (McLeod, 2015). All 10 elders were motivated by and acted according to their parental values.

It is critical the counsellor is well trained and disciplined in providing a range of therapeutic interventions that match the elders’ needs at a given time and context. Theory is important to the extent it helps structure the therapeutic relationship. Balancing skills with the elders’ needs require the counsellor to monitor how counselling interventions affect the elders. These include contracting about the duration and process of counselling, clarity about the power difference, the use of open-ended questions, active listening and summarising, identifying elders’ strengths and preferences, risk management when things go wrong, continuous monitoring with the elders about progress, and maintaining authenticity. Regular checking out expectations and setting limits about the relationship places the elder at the centre of this relationship (McLeod & McLeod, 2011).

**Elder abuse intervention starts with national policy framework**

Pillemer et al. (2016) suggested prevention is more pressing than intervention because ‘there are virtually no descriptive data of any kind of the costs incurred by any elder abuse interventions’ (Pillemer et al., 2016, p. 200).

Public campaigns to phone in elder abuse are helpful to the extent the calls provide information about the wellbeing of the elders and the types of abused they experienced. The South Australian Elder Abuse Phone Line Support and Referral Service received 237 calls over a 10-month period 2016–2017 (23/24 calls per month). The data highlighted significant barriers to recording and responding to elder abuse. For example, the Legal Services Commission which has a mandate to improve access to legal services must also observe ‘obligations with respect to legal professional privilege and as such, is not permitted to disclose privileged information, even to their reporting Minister’ (Lacey et al., 2017, p. 48). Without legislative mandate to intervene, public campaigns alert but not protect elders.

In Australia, cost benefits analysis is achievable as there are extant protocols within community and health sectors for risk assessment of elder abuse and referral pathways to elder services (ALRC, 2017). To protect the elderly, a common national response framework similar to the National Framework for Protecting Australia’s Children 2009–2020 is needed (COAG, 2009). This will standardise legal, statutory and collaborative responses between agencies so that elders can exercise their right to protection. Those charged with caring and/or supporting elders will be held accountable, including family members (Lacey, 2014).

At the heart of elder abuse lies dysfunctional family relationships whereby the more powerful and entitled subject the vulnerable elder to sustained abuse (Pillemer et al., 2016). In 2016, Relationships Australia commenced a 12-month trial of an elder relationship service to support families to plan for future medical, health, financial or living arrangements.

Six sites including urban and regional locations in ACT, New South Wales, Victoria, South Australia, Tasmania and Queensland assisted 100 clients over the 12-month period. This service provided a safe space for family members to conduct difficult conversations toward healing and caring for the elders (Leeuwenburg, 2018).

**Linking elders’ feedback to the service system**

In sharing their abuse experiences, the 10 elders enabled the counsellor to uncover the contextual conditions of the abuse, the impact on the elders as well as the family dynamics underpinning the abuse. The chronicity of the abuse occurred because no statutory body stood for their human rights to safety (Lacey, 2014). Given this, practitioners must attend to service system issues, especially contextual barriers that inadvertently isolate the elders, for example legal privilege and privacy protection.

Over a week, elders received a text requesting permission for phone call about their counselling experiences. Five out of the 10 consented to phone call with the author. They responded to two questions in relation to the most helpful and least helpful counselling experiences. Table 2 summarises their responses.

**The way forward to improve the integrated model rigour and evidence includes:**

- a stakeholder’s reference group that includes elders residing in the community
- research that involves a waitlist control group
- the use of standardised outcome measures
- reviewing counselling and intervention strategies with elders
- evaluating case management processes and the impact on elders
- structured interviews with service providers that assist the elders (Parker & Lamont, 2010).
The starting point is adult safeguarding laws

Australian Law Reform Commission (2017) report recommended ‘framing the response in dignity, autonomy and safeguarding’ (ALRC, 2017, p. 7). Only two recommendations related to family agreements, one of which stated ‘a granny flat interest is expressed in writing for the purposes of calculating entitlement to the Aged Pension’ (ALRC, 2017, p. 23). There was no mention of safeguarding elders from financial abuse by enabling banks and/or financial institutions to report irregularities in elders’ accounts (Ahmed, 2017). Safeguarding adults at risk laws were recommended however there was no mention of what a safeguarding adult agency looks like, the statutory powers it may have, and how it will protect elders living in the community. The marginalisation of elders must stop.

Conclusion

It is timely for practitioners to work closely toward an integrated therapeutic and case management model to address elder abuse. Naturally, an intervention model requires legislative mandate and resources to support it. Without a normative framework for adult protection, neglect of elder rights will continue. In Wendy Lacey’s words, this is ‘tantamount to cruelty’ (Lacey, 2014, p. 130).

References


Table 2. Phone feedback from five elders

<table>
<thead>
<tr>
<th>Client</th>
<th>Most helpful</th>
<th>Least helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 4</td>
<td>White board exercise about my parental values. You listened quietly, talked about lots of options slowly.</td>
<td>It took a while to convince the other children about their siblings’ assaults on the client.</td>
</tr>
<tr>
<td>F 7</td>
<td>Writing down my parental values, referral to legal services and elder mediation.</td>
<td>It took some weeks to get the equipment. Daughter got bank loan in lieu of mediation.</td>
</tr>
<tr>
<td>F 8</td>
<td>Changed my perspectives about parenting, my rights to safety, Police and Housing referrals.</td>
<td>It took a lot of planning and guts before my daughter moved out. We now have coffee at the shops.</td>
</tr>
<tr>
<td>F 6</td>
<td>Work on my values as a mum, the cycle between behaviour and thoughts, and referral to mental health carers groups.</td>
<td>I needed time to learn about the difference between nurturing and enabling.</td>
</tr>
<tr>
<td>F 1</td>
<td>Work on my values as a single mother, and struggle. Referral for housing and respite, and family safety.</td>
<td>Sometimes the hurt lingers on. My daughter is living in her public housing with a new partner.</td>
</tr>
</tbody>
</table>


Elder abuse has been recognised as a significant social issue in recent years. Though the vast majority of reported elder abuse is perpetrated by family members, it is often not recognised as a form of family and domestic violence. In contrast to family and domestic violence, elder abuse tends to manifest as non-spousal violence, with the majority of reported cases perpetrated by adult children. Elder abuse is estimated to affect up to 15.7 per cent of community dwelling older people in high and middle income countries (Yon, Mikton, Gassoumis & Wilber, 2017). Though older people from rural and remote areas are potentially more vulnerable to abuse due to social and geographic isolation, and difficulties accessing support and legal services, there has been little research in this area. A systematic scoping literature review was undertaken to explore national and international evidence about prevention and service responses to elder abuse and family and domestic violence in rural and remote communities. The review identified 27 articles discussing overlapping prevention and service response issues for both sectors. Seven key responses were identified; advocacy, safety planning, community approaches, inter-agency collaboration, education, abuse screening, and crisis and transitional services. This paper outlines these responses and discusses the benefits and implications of collaboration between service providers from the Australian elder abuse and family and domestic violence sectors.

Introduction and background

Elder abuse is most commonly defined as ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is a violation of trust, which causes harm or distress to an older person’ (World Health Organization, 2018, para. 1). Typically, elder abuse is separated into six categories; financial, physical, psychological, social and sexual abuse, and neglect (see Figure 1 for more detail). Recognition of the significance of elder abuse as a social issue has increased in recent years, drawing attention from state and federal governments. Though this attention has undoubtedly been beneficial to the sector, there remains a lack of public awareness and development of different strategies to address elder abuse, particularly compared to more established forms of violence such as family and domestic violence (Clare, Black Blundell & Clare, 2011).
There are a number of differences between elder abuse and FDV. For example, financial and psychological abuse are the most often reported forms of elder abuse, whereas for FDV, it is physical and sexual abuse (Blundell, Clare, Moir, Clare & Webb, in review). Despite these differences, elder abuse and FDV share a number of characteristics (Australian Law Reform Commission [ALRC], 2017), such as occurring within a relationship of trust and typically including an element of coercive control. Many of the risk factors for experiencing FDV are also risk factors for elder abuse, for example, gender, as both are more likely to be experienced by women. Interestingly, despite this recognition, elder abuse is not typically viewed through the same ‘gendered lens’ as FDV (Penhale, 2003), in which it is recognised that the dominant pattern of abuse is male violence against women and their children. This may be because Australian data suggests that elder abuse is equally likely to be perpetrated by both men and women (Advocare Incorporated, 2015), and therefore does not necessarily involve the same gender dynamic as FDV.

It is important to note that not all elder abuse is FDV. Elder abuse may also be perpetrated by non-family members, such as friends, neighbours and carers (Elder Abuse Prevention Project, 2018; Spike, 2015), and occurs in institutional, as well as residential or community settings (Krug et al., 2002). This indicates a need for some separation of the elder abuse and FDV sectors. Nevertheless, there is some scope for integration of and collaboration between the two sectors (Chesterman, 2016), particularly in those cases where abuse is perpetrated by a family member. It has also been suggested that there is much the elder abuse sector can learn from the development of more advanced prevention and intervention initiatives in the FDV sector (ALRC, 2017; Kaspiew et al., 2016).

Elder abuse and family and domestic violence in rural and remote areas

Australia is a large country with a sparse population, two-thirds of which is located in coastal metropolitan areas (Australian Bureau of Statistics [ABS], 2017b). Australia’s geography and patterns of settlement have heightened urban and rural differences, and resulted in an urban-centric model of service provision (Owen & Carrington, 2015). Beyond major urban centres, there are few smaller towns and regional centres where government services are concentrated.
Limited service access in rural and remote areas has an impact on health and wellbeing in Australia; people in these areas have been found to have poorer health outcomes and higher death rates than their metropolitan peers, though this may also reflect the higher proportions of Aboriginal and Torres Strait Islander people residing in these areas (Australian Institute of Health & Welfare, 2013).

Evidence suggests that the prevalence of abuse may not differ significantly between urban, rural and remote areas (Adler, 1996; Brownridge, 2009; Perrin, 1993). However, experiences of abuse may differ greatly, due to structural and cultural factors that pose additional challenges to identification, prevention and responses (Adler, 1996; Bagshaw, Chung, Couch, Lilburn & Wadham, 2000; Cherniawsky & Dickinson, 2015; Hornosty & Doherty, 2002). These factors include geographic isolation, lack of transportation, services and resources, and confidentiality and privacy issues, all of which can heighten a person’s vulnerability to abuse (ALRC, 2016; Beaulieu, Gordon & Spencer, 2003; Cherniawsky & Dickinson, 2015; Schaffer, 1999; Turner, 2013). Social isolation is a known risk factor for elder abuse (Advocare Incorporated & Blundell, 2017), and older people living in small communities or on rural farms may lack social support networks, placing them at increased risk. However, positive aspects of living in small communities have also been noted, such as increased social connectedness and greater responsibility felt in looking after neighbours (Blundell & Clare, 2018).

While some elder abuse research has been conducted into specific populations identified as being particularly vulnerable, such as culturally and linguistically diverse (Black Blundell & Clare, 2012; Office of the Public Advocate [WA], 2006; Wainer, Owada, Lowndes & Darzins, 2011), and Aboriginal and Torres Strait Islander older people (Elder Abuse Prevention Unit, 2005; Office of the Public Advocate [WA], 2005), no Australian studies have examined responses to elder abuse in rural and remote communities. Only three studies have touched on this issue peripherally (Cupitt, 1997; Elder Abuse Prevention Project, 2018; Wainer et al., 2011).

**Methods**

The aim of this research was to review Australian and international literature focused on social policy, prevention, and practice responses to elder abuse in rural and remote communities, in order to inform the work of Australian organisations and service providers. The term ‘rural’ describes areas with a population of less than 1,000 people (ABS, 2017a), whereas ‘remote’ describes areas further away from major cities where accessing services may be more difficult (ABS, 2018). ‘Regional’ areas are closer to major cities, with greater service availability and easier access (ABS, 2018). Many regional areas also have higher populations, and are therefore considered urban rather than rural. For this reason, literature referring exclusively to regional areas was excluded from the review.

A scoping literature review framework was adopted as it allowed for a broad exploration of the available literature (Arksey & O’Malley, 2006). This also permitted the inclusion of ‘traditional’ forms of literature (academic and grey reports), as well as ‘non-traditional’ forms of literature (web pages and videos). Literature scoping took place between March and July 2018. This included expert consultation with the Curtin University Health Sciences Faculty Librarian, literature searching of eight databases, hand searching, and stakeholder consultations. This process is depicted in further detail in Figure 2.

Seventy-two stakeholders were consulted as part of the scoping process. Stakeholders were identified as any local or international organisations, researchers, or practitioners with expertise in the topic. The majority (n = 45) were Australian, though stakeholders from Canada, Finland, Ireland, New Zealand, the United States and the United Kingdom were also consulted. Stakeholders were contacted via email and asked to review the list of literature allocated for full-text screening and to contribute any additional literature they believed to be relevant. More than half (n = 39) reviewed the list and identified a total of 253 additional articles for full-text screening. Some stakeholders suggested literature that had already been excluded during the previous round of title and abstract screening. In these cases, the literature was re-included for full-text screening. Where stakeholders provided lists of literature, particularly from FDV field, the literature was first title screened by one researcher (AW), and only those articles that appeared to be potentially relevant to the review were included for full-text screening.

Following scoping, all literature went through a process of title, abstract, and full-text screening, using EndNote¹ and Covidence². Title screening was completed by one researcher (AW), while abstract and full-text screening were completed by both researchers (AW and BB) using the criteria outlined in Table 1. Given the overlap between the two issues and the of elder abuse literature in this area,

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¹ EndNote is a software application for storing, managing, searching and sharing references: http://endnote.com/.
² Covidence is a high quality web-based software platform that streamlines the production of systematic and scoping reviews: http://www.covidence.org/.
79 Peer reviewed papers from the FRSA 2018 National Conference

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Figure 2. PRISMA diagram
relevant FDV literature was also included in the review and no date limit was placed on the literature. This has meant that some of the included literature may be considered dated, though only information still considered relevant to the contemporary context has been reported on.

Table 1. Inclusion/exclusion criteria

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>focus on social policy, prevention and service responses to elder abuse or family and domestic violence in rural and remote areas</td>
<td>full text article not available</td>
</tr>
<tr>
<td>English language</td>
<td>specific to younger adults (under the age of 50)</td>
</tr>
<tr>
<td></td>
<td>specific to urban/metropolitan areas</td>
</tr>
<tr>
<td></td>
<td>included both urban and rural areas but made no comparison between the two</td>
</tr>
<tr>
<td></td>
<td>only focused on prevalence, characteristics, or risk factors for elder abuse</td>
</tr>
</tbody>
</table>

Forty-seven articles were included in the final review. Of these, 38 focused specifically on elder abuse, while nine focused on the broader issue of FDV. Though Australian elder abuse policy documents were also reviewed as part of this research, the focus of this article is on the overlap between prevention and service responses to elder abuse and FDV. As such, only the findings from 27 articles identifying overlapping responses have been reported in this article.

Results

This project originally aimed to synthesise current national and international research and literature about prevention and responses to elder abuse in rural and remote areas. As the elder abuse literature was limited, and given the overlaps with family and domestic violence, material addressing both types of abuse was included in the scoping process. Responses identified as potentially useful for the Australian context included advocacy, safety planning, community approaches, inter-agency collaboration, education, abuse screening, and crisis and transitional services. The benefits of cross-sectoral collaboration between the elder abuse and family and domestic violence sectors was identified, and the implications of shared approaches for service providers further discussed.

Advocacy

Advocacy has become a key approach to addressing elder abuse in Australia. People over the age of 65 are able to access free, independent and confidential advocacy services for assistance with elder abuse provided by service delivery organisations (SDOs) supported by the Older Persons Advocacy Network (OPAN) (Barnett, 2017; Kaspiew et al., 2016). Advocacy services are available in each state/territory, and are responsible for providing services across their jurisdiction, including rural and remote areas. Evidence suggests that most SDOs provide some form of tailored response to elder abuse in rural and remote communities, though this was not detailed in the literature. However, it was noted that providing tailored responses in these communities has resource implications, including considerable extra travel time and increased cost of providing these services (Barnett, 2017).

Advocacy is also used in the FDV sector, where it is categorised as either individual or systemic (Morgan & Coombes, 2013). These forms of advocacy aim to empower women who have experienced FDV. Turner (2013) notes that rural FDV services may be useful for local older women who have experienced elder abuse and have difficulties accessing other services. For these women, advocacy may include the provision of legal advocacy, assistance navigating complex service systems, and other emotional supports.

Safety planning

Safety planning is a well-established and widely-used response to FDV. It is used to develop strategies for preventing and/or managing future abuse, as well as enhancing and maintaining longer term safety, regardless of whether the abuse is reported or contact with the perpetrator ceases (Morgan & Coombes, 2013; Turner, 2013). Safety planning does not appear to be used as routinely in the elder abuse sector, though some recognition of its importance has been noted in recent publications from Victorian and Western Australian advocacy services (Advocare Incorporated & Blundell, 2017; Seniors Rights Victoria, 2017). Older people experiencing abuse may also benefit from safety planning, though additional factors need to be considered in relation to individual ageing issues (Turner, 2013).

Community approaches

Several community responses to addressing elder abuse and FDV in rural and remote communities were identified in the literature. Formal responses included the coordinated community approach (Beaulieu et al., 2003; Wendt, 2010), developing
a community response plan (Roberto, Brossoie, McPherson, Pulisfer & Brown, 2013), conducting a community risk assessment (Monsey, Owen, Zierman, Lambert & Hyman, 1995), and the Rural Community Development Model (Women’s Services Network [WESNET], 2000). The overall aim of these is to identify gaps in service provision and any other barriers to addressing either elder abuse or FDV, in order to develop practical, localised strategies to overcome these barriers.

Some formal approaches, such as the Rural Community Development Model, also acknowledge the importance of informal or volunteer responses to abuse in rural and remote communities. It has been suggested that such responses often develop in rural and remote areas due to the lack of formal services and resources available (Harbison, Coughlan, Karabanow & VanderPlaat, 2005; Ledger, as cited in WESNET, 2000, p. 22; Perrin, 1993). Examples of informal responses include the community gatekeeper model (Buckwalter, Campbell, Gerdner & Garand, 1996), and family, friends and self-help techniques (Weeks, Macquarrie, Begley, Gill & Leblanc, 2016). The clergy was also noted as a potential source of support (Brossoie & Roberto, 2015), though the recent Royal Commission into Institutional Responses to Child Sexual Abuse (2017) has raised questions about their ability to prioritise individual safety above the preservation of the family unit. Evidence suggests that informal responses are preferred by people who have experienced abuse (Perrin, 1993; Ragusa, 2017; Weeks et al., 2016). As such, adequate training and support is needed for community members who may be providing informal responses (Ledger, as cited in WESNET, 2000, p. 22).

**Inter-agency collaboration**

Inter-agency collaboration is acknowledged as important in addressing both elder abuse and FDV (AVERT Family Violence, 2010; Meyer, 2014; Monsey et al., 1995; Ross, Healey, Diemer & Humphreys, 2016; Turner, 2013), though this may be difficult in rural and remote areas due to limited staff numbers and heavy workloads (Turner, 2013). Three types of collaboration were identified in the literature; multidisciplinary teams (Harbison et al., 2005; National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014; Sekora, 1991), Elder Abuse Forensic Centres (Kupris, 2013), and the Dovetail program in Townsville, Queensland (Woodbridge, as cited in WESNET, 2000, p. 21). All of these involve collaboration across the various services and sectors that have a role to play in addressing abuse. Collaboration may develop formally, through protocols and structures, or informally, in response to a lack of local resources. Some inter-agency initiatives may have a particular focus, such as Dovetail, which collaborates with the local criminal justice sector. Others, such as Elder Abuse Forensic Centres, may be tailored to suit the needs of specific populations, like local Indigenous communities.

**Education**

Community and service provider education were identified as important in preventing and responding to both elder abuse and FDV in rural and remote communities (Monsey et al., 1995; WESNET, 2000). Examples of community education in rural and remote areas targeted young people specifically and the broader community more generally. Education for young people aimed to prevent abuse by creating a culture in which abuse is seen as unacceptable (Aged Rights Advocacy Service Inc., 2015a, 2015b; InspirationalSpring, 2017; National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014; WESNET, 2000), while broader community education aimed to raise public awareness to encourage people to speak out when they either see or experience abuse. The need to develop Indigenous-specific community education in collaboration with key stakeholders was also noted (Litton & Ybanez, 2015), and one such initiative, Elders and youth mentoring camps (Aged Rights Advocacy Service Inc., 2015a, 2015b; InspirationalSpring, 2017), was identified in the review.

Education is also used in rural and remote communities by both the elder abuse and FDV sectors to raise awareness of abuse among service providers. Given the lack of specialist services in these areas, it is vital that mainstream providers can identify abuse and refer clients to appropriate services (Wendt, 2010; WESNET, 2000). Five educational programs for rural and remote service providers were located in the literature. One was a geriatric health care program that also included information about elder abuse (Brymer, Cormack & Sppezowka, 1998), while the others were focused specifically on either elder abuse or FDV (Australian College of Rural & Remote Medicine, 2018; Maxwell & O’Rourke, 1999, 2000; McCosker, Madl, Harris, Anderson & Mannion, 1999).

**Abuse screening**

Screening for abuse in health settings is also used in both elder abuse and FDV, though this approach is more established in the Australian FDV sector. Screening is suggested to raise service providers’ awareness of abuse, increase referrals of clients to appropriate services and normalise the discussion of otherwise taboo subjects (McFerran, 2009; Monsey...
Crisis and transitional services

Although crisis and transitional services have been identified as important responses to elder abuse in rural and remote areas (Monsey et al., 1995; Turner, 2013), no examples were found in the literature. These services are more widely used in the FDV sector, though there are some issues with access for women in rural and remote communities (Krishnan et al.; Melbin et al., as cited in Ragusa, 2017, p. 273; OSW & CWA, as cited in WESNET, 2000, p. 18). Crisis services available to rural and remote women include crisis accommodation, brokerage funding to cover the costs of transportation and relocation, assistance with reestablishment costs, and crisis payments (WESNET, 2000).

Transitional services are generally used in rural areas as an exit point from crisis accommodation for women who are not yet ready or able to live independently, or to meet the gap between crisis accommodation and public housing (WESNET, 2000). Examples of these include interim accommodation services, such as the New South Wales Medium Term Women’s Housing Program, FDV outreach services, and counselling programs like the Northern Territory Specialist Domestic Violence Counselling Program (Ragusa, 2017; WESNET, 2000). These services may also be useful for older women in rural and remote communities who have experienced elder abuse, though some modifications to policies and physical structures may be necessary (Turner, 2013).

Discussion and conclusion

The scoping review identified a range of responses to elder abuse and/or FDV in rural and remote communities. The seven approaches outlined above highlight a substantial overlap between approaches used by the elder abuse and FDV sectors in these areas. This indicates an opportunity for increased collaboration across both sectors and a consolidation of efforts to more effectively address abuse in rural and remote communities across the lifespan.

Interestingly, despite the elder abuse and FDV sectors typically working in silos, many of the same approaches are used to address both forms of abuse in rural and remote communities. Given the lack of resources available outside metropolitan areas and the substantial overlap between the two issues, it would make sense for the two sectors to work together to address family violence across the lifespan. Increased collaboration may increase service reach and effectiveness, as resources could be pooled and expertise utilised across both sectors. This may also facilitate the elder abuse sector’s learning from the more advanced work of the FDV sector (ALRC, 2017; Kaspiew et al., 2016).

Though crisis and transitional services were identified as important in responding to elder abuse in rural and remote areas (Turner, 2013), no examples of these were found in the literature. These services are much more established in addressing FDV, though they are typically less available in rural and remote areas and more difficult to access (Adler, 1996; Bagshaw et al., 2000; Hornosty & Doherty, 2002). There is potential to expand these services to increase access by older women, though this may require organisational policy change. Unfortunately, given the nature of FDV, it would not be appropriate for older men to access these services. This may be addressed through the development of specific crisis and transitional services for both men and women who have experienced elder abuse.

Many of the approaches identified to address abuse in rural and remote areas are similar to those used in urban areas. While the approaches may be similar, responses in rural and remote communities must address the unique locality, as highlighted repeatedly in the literature. In order to be effective, responses in rural and remote areas must be co-designed with the community they will be implemented in, taking into account local resources. A one-size-fits-all approach designed for urban areas may be ineffective if implemented in rural and remote communities with little to no modification.

Implications for service providers

The findings of this review highlight the need for more collaboration amongst rural and remote practitioners from the elder abuse and FDV sectors. This may be done formally, through policy changes and interagency protocols, or informally, through establishing and attending local network meetings and building relationships with other service providers. Increased collaboration may also help to broaden community understandings of the linkages between elder abuse and FDV.
Education also has a key role in both preventing abuse and streamlining effective responses, so it is important that this is incorporated into practice in rural and remote communities. Finally, the findings of this review highlight the importance of working with communities to identify local resources, both formal and informal, that may be utilised to more effectively address elder abuse.

This study has also highlighted gaps in elder abuse service provision in rural and remote Australia, which may warrant piloting in rural and remote areas. Alternatively, practitioners in these areas may be able to collaborate with existing FDV service providers in order to provide these missing services to older people experiencing abuse.

Limitations

It is important to note that many of the responses identified in the review have not been evaluated, and therefore their effectiveness is not evidenced. The scoping review methodology utilised in this study also meant that undocumented initiatives have not been considered or included in the review, and that only literature from Australia, the United States, Canada and the United Kingdom was included.

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