For the wellbeing of children, families and communities

MEASURING SUCCESS in the family and relationship sector

Peer-reviewed papers from the FRSA 2016 National Conference

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Measuring success in the relationship and services sector for the wellbeing of children, families and communities.

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It is with great excitement that we launch this first e-journal of peer-reviewed papers from the annual FRSA National Conference! This inaugural e-journal reflects the 2016 FRSA National Conference theme *Measuring Success in the family and relationship sector for the wellbeing of children, families and communities*. Concepts of measuring success in the family and relationship sector are far ranging, from gauging outcomes in appropriate and accessible service delivery (including communicating contextual complexities) to building and using best evidence (from program evaluation to longitudinal studies) — and more.

Following a call for abstracts and the receipt of many high-level submissions, 56 abstracts were selected for inclusion in the 2016 FRSA National Conference concurrent session programme as well as following the overarching theme *measuring success*, authors positioned their abstracts within a particular concurrent session stream that was either specifically suited to an Aboriginal and Torres Strait Islander stream or one of five stages in the family life course:

- The first 1000 days;
- Key transition points in the schooling years;
- Partnering and cohabitation;
- Relationship breakdown and re-partnering;
- Ageing.

Authors of the 56 successful abstracts were then invited to expand on their ideas on measuring success in a 6,000 word paper for peer review. Again, numerous high-level papers were submitted before each paper underwent two rounds of a ‘blind’ peer review by two reviewers.

The end result was five highly valuable papers that explore how our sector can better measure success: the first two papers focusing on Aboriginal and Torres Strait Islander services, the third on the first 1000 days, the fourth on relationship breakdown and re-partnering and the fifth on successful workforce preparedness in the sector (originally submitted for the 2015 conference).

Anyone who has participated in a peer review process will understand that the process is iterative and intensive. FRSA extends our thanks to all authors and reviewers and takes this opportunity to express our gratitude for their dedication and professionalism, which has resulted in this final collection of papers.

The publication of a Conference e-journal has been a vision of the FRSA Conference Reference Committee and the FRSA Board for a number of years and it is certainly fitting that this objective has been achieved on the very important issue of measuring success in the family and relationship service sector.

We look forward to publishing future e-journals to align with FRSA Conferences in the years to come.

Jackie Brady  
FRSA Executive Director
First 1000 Days Australia
An Australian Interpretation of the 1000 Days movement and measuring the impact on families

THE AUSTRALIAN SPECIFIC interpretation of the 1000 Days movement is being established to have effective supports for families of Indigenous children during critical periods of heightened risk with a specific focus from the period of time from pre-conception until the child’s second birthday. With the impetus from the international 1,000 Days goals to improve nutrition and birth weight, First 1000 Days Australia includes a broader, holistic and cultural view of health and wellbeing.

The intention of First 1000 Days Australia is to strengthen families and support healthy life choices across the life-course. The programme of work will, through strategic interventions focusing on understanding multi-generational family environments, support transitions into parenthood and coordinate engagement with comprehensive early life services. In addition to improving early life nutrition, activities auspiced by First 1000 Days Australia seek to prevent children going into out-of-home care, directly address family violence through life coaching and mentoring, develop programmes to support cultural parenting, incorporate family-based business enterprises to reduce welfare dependency, and build the next generation of Indigenous researchers and a workforce focusing on a child’s first 1000 days.

First 1000 Days Australia is informed through a First 1000 Days Australia Council, made up of Aboriginal and Torres Strait Islander men and women, and a Scientific Advisory Committee which guides the implementation of a First 1000 Days Australia research framework. A research programme is being embedded into the implementation of First 1000 Days Australia to generate, link and use data to build a robust evidence base.

The First 1000 Days Australia model has been developed by adhering to Indigenous methodologies, recognising the centrality of Culture that reinforces and strengthens families, and using a holistic view of health and wellbeing. It is continuously evolving under the auspice of Indigenous people’s leadership using a collective impact framework and as such, the model emphasises Indigenous leadership, mutual trust and solidarity to achieve early-life equity. First 1000 Days Australia aims for social transformation using an ecological framework to address the social and cultural determinants of health and wellbeing of Aboriginal and Torres Strait Islander peoples. This paper describes the research programme that is currently being developed in First 1000 Days Australia and the theoretical values that guide its development and direction.
Introduction

The Australian specific interpretation of the 1000 Days movement is being established to have effective supports for families of Indigenous children during critical periods of heightened risk from pre-conception to a child’s second birthday. It aims to provide a coordinated, comprehensive model that addresses the needs of Aboriginal and Torres Strait Islander families and children using a multigenerational and dynamic expression of family (Arabena, 2014; Arabena, Panozzo & Ritte, 2016; Arabena, Ritte & Panozzo 2015).

The First 1000 Days Australia initiative was developed through a national engagement strategy involving over 300 Indigenous Elders, researchers, community members, front-line workers and policy makers using an Indigenous-led process that employed Indigenous methods of knowledge generation (Ritte, Panozzo, Johnston, et al., 2016). With the impetus from the international 1,000 Days movement to improve nutrition (1000 Days, 2014), First 1000 Days Australia provides a broader, holistic and cultural articulation of health and wellbeing. As a result, First 1000 Days Australia will address nutrition through a broadened framework that provides place-based holistic care (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo & Ritte, 2015; Arabena, Panozzo & Ritte, 2016 and Arabena, Panozzo, Ritte, et al., 2015) and is guided by a Council of Aboriginal and Torres Strait Islander Elders, researchers, community members, front-line workers and policy makers using an Indigenous-led process that employed Indigenous methods of knowledge generation (Ritte, Panozzo, Johnston, et al., 2016). With the impetus from the international 1,000 Days movement to improve nutrition (1000 Days, 2014), First 1000 Days Australia provides a broader, holistic and cultural articulation of health and wellbeing. As a result, First 1000 Days Australia will address nutrition through a broadened framework that provides place-based holistic care (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo & Ritte, 2015; Arabena, Panozzo & Ritte, 2016 and Arabena, Panozzo, Ritte, et al., 2015) and is guided by a Council of Aboriginal and Torres Strait Islander Elders, researchers, community members, front-line workers and policy makers using an Indigenous-led process that employed Indigenous methods of knowledge generation (Ritte, Panozzo, Johnston, et al., 2016). Nonetheless, to evaluate implementation of First 1000 Days Australia and ensure it is having its intended impact, a systematic research programme is being integrated to measure, collect, link and use data to generate evidence that is relevant and has immediate use by regional implementers of First 1000 Days Australia to improve service delivery, capacity building in families and family outcomes (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo & Ritte, 2015; Arabena, Panozzo & Ritte, 2016; Arabena, Ritte, et al., 2015; Arabena, Panozzo, Ritte, 2016). This ambitious programme therefore requires the research programme of First 1000 Days Australia to have an operational and implementation focus.

First 1000 Days Australia

The first and primary feature of First 1000 Days Australia is the identification, development and implementation of strategies, based within households and service providers in regional areas that focus on health and wellbeing from pre-conception to the age of two. These strategies and their development have been described elsewhere (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo & Ritte, 2015; Arabena et al., 2016; Arabena, Panozzo, Ritte, et al., 2015; Arabena, Panozzo & Ritte, 2016; Ritte, Panozzo, Johnston, et al., 2016). Nonetheless, to evaluate implementation of First 1000 Days Australia and ensure it is having its intended impact, a systematic research programme is being integrated to measure, collect, link and use data to generate evidence that is relevant and has immediate use by regional implementers of First 1000 Days Australia to improve service delivery, capacity building in families and family outcomes (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo & Ritte, 2015; Arabena, et al., 2016; Arabena, Panozzo, Ritte, et al., 2015). This ambitious programme therefore requires the research programme of First 1000 Days Australia to have an operational and implementation focus.

First 1000 Days Australia Research Programme

The embedded research programme of First 1000 Days Australia aims to describe strong and resilient Aboriginal and Torres Strait Islander families, explore the family environment determinants of resilience, health and wellbeing, child growth and development (Arabena, Panozzo, Ritte, et al., 2015; Arabena, Panozzo & Ritte, 2016). There are three overarching research programme objectives aimed at understanding and quantifying the characteristics of thriving, strong and resilient Aboriginal and Torres Strait Islander families:

1. identifying key determinants of environmental, cultural, familial, maternal and paternal, newborn and child health, and the predictors of health and wellbeing outcomes at two years of age and again at school entry;
2. developing a research infrastructure legacy that is Indigenous conceived and led for future Indigenous research and researchers to build upon; and

3. evaluating and adjusting health and wellbeing strategies implemented through First 1000 Days Australia to respond and align with the needs and aspirations of Aboriginal and Torres Strait Islander families and communities.

The research programme objectives will be addressed by three separate but complementary studies, each with study specific aims. The first, a cross-sectional study of Indigenous households, aims to describe, at a household level, the aspirations and needs of Aboriginal and Torres Strait Islander families. The second study, The First 1000 Days Australia Multi-generational Family Follow-Up Study, will follow the first 1000 days of a child, from conception to the age of two, within families recruited from the First 1000 Days Australia household cross-sectional study. The third and final study will be a responsive impact evaluation undertaken as First 1000 Days Australia is implemented in community settings across the country. It aims to critically appraise the implementation and appropriateness of First 1000 Days Australia strategies and intervene or adjust strategies according to evidence generated. While these three distinct studies will be analysed separately, the triangulations of data will contribute to an integrated interpretation to the three research programme objectives.

The cross-sectional study of Aboriginal and Torres Strait Islander households within First 1000 Days regional sites will employ a mixed-methods quantitative and qualitative research methodology to explore specific themes in the family environment, early years and service provision. The emphasis is on the generation of evidence that can be used by regional implementers to develop and re-orientate programmes under the auspice of First 1000 Days Australia and to build capacity within families. It also aims to describe the current family context and history, cultural wellbeing, health and aspirations within the family. As a result of the cross-sectional study each family will receive a work plan that will be used to guide First 1000 Days Australia service providers to help support the family reach their aspirations.

The First 1000 Days Australia Multi-generational Family Follow-Up Study will use a longitudinal approach to follow the first 1000 days from pregnancy to the age of two years within families engaged with First 1000 Days Australia. Families will be invited to participate from among those families who have already been recruited into the cross-sectional household study. It aims to measure and explore specific key determinants of health and wellbeing within the family environment, early years and service provision exposures with a focus on child growth and development, health and wellbeing and school readiness. It is envisaged that the data generated will be linked to statutory datasets (such as National Assessment Programme – Literacy and Numeracy (NAPLAN), Hospital Admissions, Perinatal Data Collection) to enable comparative studies within regions that have not implemented First 1000 Days Australia programmes. Close collaborations with governments, research institutions and the Aboriginal and Torres Strait Islander health sector will ensure the acceptability of data collection methods, and generate the evidence to catalyse improvements in policy, practice, family empowerment, business and whole-of-government services. Furthermore, by establishing an Indigenous-led and developed longitudinal study, a legacy that promotes Indigenous knowledge constructs and ways-of-knowing will be built to support, train and develop future Indigenous scholars and researchers.

The third study involves an implementation research programme that facilitates active evaluation of First 1000 Days Australia as it is implemented. The aim of the impact and implementation study is to generate evidence that has immediate use for First 1000 Days Australia implementers to improve and realign services delivered in regional areas according to the First 1000 Days Australia strategies as well as support the aspirations of the families engaged. The resulting outputs will include the development of evidence based tools and resources that support the First 1000 Days Australia workforce, in addition to the needs and aspirations of families involved. This element of the research programme will enable opportunities to share knowledge and learnings from First 1000 Days Australia successes and challenges.

Values Informing the Research Agenda

First 1000 Days Australia and its research programme are premised on Culture being the protective factor for Aboriginal and Torres Strait Islander families and the Council affirms approaches that acknowledge the important role that Culture plays in contemporary parenting practices (Arabena, Panozzo & Ritte, 2016; Ritte, Panozzo, Johnston, et al., 2016). Culturally informed parenting provides a distinct identity within Aboriginal and Torres Strait Islander communities, and defines their difference from others in the
wider Australian society (Council of Australian Governments (COAG) Reform Council, 2013). The Council supports a holistic view of cultural parenting practices and advocates programmes that incorporate regionally-led aspirations about parenting styles that connect spiritual and physical worlds, people and their natural environments, cultural knowledge and material wealth to First People’s health and wellbeing (Council of Australian Governments (COAG) Reform Council, 2013).

Whilst acknowledging the stress to which these practices have been subjected, there are contemporary, culturally specific, sophisticated parenting strategies from communities around Australia that continue to positively impact on the health and wellbeing of children and families (Council of Australian Governments (COAG) Reform Council, 2013). It is these styles of parenting programmes that all Aboriginal and Torres Strait Islander children require. The best place for Aboriginal and Torres Strait Islander children to grow and thrive is in the context of family. Universally, Aboriginal and Torres Strait Islander families provide high-quality support if child rearing is founded on Aboriginal and Torres Strait Islander values of kinship, compassion, hospitality, reciprocity, justice, guardianship and solidarity (Council of Australian Governments (COAG) Reform Council, 2013). These values are implicit in First People’s cultures and are evident in international covenants to which Australia is a signatory including the UN Declarations on the Rights of Indigenous Peoples and Children (Council of Australian Governments (COAG) Reform Council, 2013). As such, the First 1000 Days Australia programme of activity will continue to evolve through regional engagement processes embedded into its development (Arabena, 2014; Arabena, Panozzo & Ritte, 2016; Arabena, Rowley & MacLean, 2014; Ritte, Panozzo, Johnston, et al., 2016). This flexible, regionally decided process of implementation provides strong foundations in supporting Aboriginal and Torres Strait Islander children and families. This is designed to be an Indigenous-led, holistic initiative with strategies designed and implemented through directions established by the Aboriginal and Torres Strait Islander community members impacted on by the outcomes (Arabena, Panozzo, Ritte, et al.,; Arabena, Panozzo & Ritte, 2016). Any results of the First 1000 Days Australia programme then will generate knowledge that will be returned to the community, and lessons learned will be available to other Aboriginal and Torres Strait Islander families in other regions. Not only does the programme support service providers to act on evidence, build service and regional level capacity to respond to stated need and combine population-level approaches, but also engages community members in political and advocacy experiences, capacity building, enterprise development and knowledge exchange (Arabena, Panozzo, and Ritte, 2016; Arabena, Ritte & Panozzo, 2015; Ritte, Panozzo, Johnston, et al., 2016).

Indigenous-led with reinvestment in cultural knowledge, worldviews and lifeways

The Council has highlighted the importance of focusing on the period of time from pre-conception to age two for Australia’s First Peoples. Despite cultural parenting contextualising the raising of children in protective kinship systems and clan structures, an increasing number of children are vulnerable and at risk (CFRA, 2015). Until recently, care of young people took place within an extended family in which children were aware, from an early age, of who they were connected to, and how they were connected to other people from the same Country. First 1000 Days Council members reinforce the intrinsic value of children within our communities and note these values have been disrupted for some families, particularly those who have suffered the separation of their children and the destruction of extended family networks and who have experienced decades of living in oppressive circumstances — as evidenced by poor health and early deaths, sub-standard housing, poor educational outcomes, high unemployment and a large number of Aboriginal and Torres Strait Islander people in custody (Australian Institute of Health and Welfare (AIHW), 2011a; Australian Institute of Health and Welfare (AIHW) 2011b; Australian Institute of Health and Welfare, 2013; Gray, Hunter & Lohoar, 2012). Despite these hardships, family remains the primary and preferred context for developing and protecting Culture and identity in Aboriginal and Torres Strait Islander children (Arabena, Howell-Muers, Ritte & Munro-Harrison, 2015; Arabena, Panozzo, Ritte, et al. 2015).

The First 1000 Days Australia Council also acknowledges the vital role and contribution of family strengthening initiatives, the crucial role played by men and women in the raising of their children and the importance of the first 1000 days to the future prosperity of Aboriginal and Torres Strait Islander societies (Thorpe, Arabena, Sullivan, Silburn & Rowley, 2016) and accepts the five themes identified in the Australian Children’s Commissioners 2015 Report: All children have a right to be heard, to be free from violence, abuse
and neglect, all children should be provided the opportunity to thrive, to be engaged citizens and all people must take accountability for actions to improve health and wellbeing outcomes for families (Australian Human Rights Commission, 2015).

To support the uptake of the First 1000 Days Australia Council values, First 1000 Days Australia seeks to initiate and continue an early investment in the next generation to mitigate connections between adverse early experiences and a wide range of costly problems, such as lower educational achievement and higher rates of criminal behaviour and chronic disease (Arabena, Howell-Muers, Rittle & Munro-Harrison, 2015). Second, First 1000 Days Australia creates and strengthens the development of a First 1000 Days workforce through active participation in education, training and the provision of skills and opportunity. Third, the First 1000 Days Australia team refocuses researchers to undertake research that is both Indigenous conceived and Indigenous-led. These approaches ensure that the work of First 1000 Days Australia, particularly the multi-generational family study, places the onus on all involved to become part of a learning community - to understand and prioritise the relationship between early life experiences and cognitive, social, emotional and physical health and the consequences of chronic exposure to early life threats including intergenerational impacts of trauma and exposure to violence and neglect for unborn children and in early childhood (Jordan & Sketchley, 2009).

In part, researchers involved in First 1000 Days need to understand the limitations of their discipline-based scientific research methodology while embracing Indigenous leadership, ways of working and conceptions of science while engaging in co-creation and equity enhancing processes. This has been aided by Aboriginal and Torres Strait Islander guidelines for undertaking research (Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)) and for providing information back to the community as well as developing new approaches to research strategy, publications, presentations and knowledge exchange.

Addressing Wicked Problems with the First 1000 Days Australia Research Agenda

For the past 200 years the discipline-based approach to science has been primarily reductionist in nature with increasing specialisation and focus (Laenui, Hayden, Burgess, 2000; Walter & Andersen, 2013). In practically all areas of science, increasing complexity in understanding the basics and developing workable solutions to science problems have driven this process. In the health, welfare and education arenas, this too has been the approach, resulting in a plethora of disciplines, each with its own methods, modes of inquiry, languages, professional bodies, qualifications and professional supports in the form of journals, conferences and educational initiatives. The issue of early childhood trauma for Aboriginal and Torres Strait Islander people, however, seems so intractable that none of these disciplines is able to address such complexity on its own. All attempts derived from within each of these disciplines are able to solve or address the multiplicity of issues impacting families on their own. Community controlled organisations, communities and families are facing the same dilemma. Even though the principles of self-determination and family driven solutions are at the core of all efforts to redress early life exposures to adverse factors that have a lifetime impact, efforts are often siloed, lack coordination, and are thwarted through short term ineffective policy, political and funding cycles that are not focused on sustainability (Thorpe, Arabena, Sullivan, Silburn & Rowley, 2016). Rittel and Webber (1973) identified a class of problems that fits our current planetary dilemmas such as the socio-cultural ones with which we are faced as ‘wicked problems’, and juxtaposed these with ‘tame problems’ that can be solved with our existing modes of inquiry (Rittel & Webber, 1973).

A wicked problem is a complex issue that defies complete definition, for which there can be no final solution, since any resolution generates further issues, and where solutions are the best that can be done at the time (Rittel & Webber, 1973). Such problems are not morally wicked, but they are diabolical in that they resist all the usual attempts to resolve them. Brown, Deane, Harris & Russell (2010) identify that wicked problems are part of the community that generates them. Any resolution brings with it a call for changes in that society (governance or way of living), or thought community (new approaches to the conduct of research and to the decision making based on that research).
Brown et al (2010) caution us not to reject the powerful tools that led to the capacity to reduce disease or improve outcomes for families; suggesting instead that rather than limiting the focus to any single avenue of enquiry, the requirement for current and future generations of researchers and decision makers is to be receptive to new ideas and new directions that match the times (Brown et al., 2010).

Because of the Council’s direction to connect children to Country, the First 1000 Days Australia approach is ecological, committed to developing holistic and systems orientated approaches to issues impacting on families. The approach connects research to the social, cultural, economic and political changes that are required at the same time as bringing together fragmented services, families and knowledge traditions. This ecological frame is difficult to both communicate within, and communicate about.

Prior to becoming members of the First 1000 Days Australia ‘family’ (collaborative of workers committed to working in Indigenous principles and design methodologies), each individual has a strong identity as a member of their own individual entity – be it a qualitative or quantitative researcher, community Elder, mother, father, Aboriginal Liaison Officer, Public Servant or Child and Maternal Health Nurse. The power of that identity motivates people and gives them status and in some instances defines the power relationship to others with whom they collaborate or work (Council of Australian Governments (COAG) Reform Council, 2013). From this singular position, it is all too easy to engage in unnecessary ‘identity wars’ and even defame those we see as ‘outside our own kind.’ On the one hand, the identity provided for by each individual entity or position is too narrow or too socially or politically exclusionary.

First 1000 Days Australia provides a framework through which we can come together across the many issues that divide us: what each of these entities or positions might gain through its actions, it loses by the narrowness of the allegiance it asserts itself (Graham, 2008). Merging mainstream and Indigenous knowledge systems is a challenge for the new generation of scholars, academics and Elders. Their place in the knowledge creation process is not only to privilege cultural processes and relationships between the way in which knowledge is structured and validated on the one hand, and socially, culturally, economically and politically transformed on the other. What is required is the development of strategies, methods and theories that support rigour, are inclusive and able to be replicated where and when appropriate. Indigenous knowledge is ‘active, regionally specific, individually expressive, yet a collectively based system of knowledge generation’ (Kinnane & Read, 2006). It is also iterative (building on community experience), collective and able to assert itself (Graham, 2008). Merging mainstream and Indigenous knowledge systems is a challenge.

**A Balanced View: Decolonising Research through First 1000 Days Australia**

To be part of the First 1000 Days Australia community participants are required to become personally, professionally and structurally decolonised. This has relevance for Aboriginal and Torres Strait Islander people and for non-Indigenous people. Decolonisation is not a simple process; it requires honest personal introspection, a commitment to change and structural transformation. Laenui (2007) identifies a six staged process of decolonisation commencing with healing and concluding with the importance of decolonising knowledge constructs. The process itself is internal and proactive, requiring participants to subscribe to political actions that validate and strengthen our knowledge constructs and positions in the knowledge creation process. The process also requires our philosophical traditions to privilege cultural processes and relationships and collaboration between Indigenous and non-Indigenous peoples in truly equal partnerships (Laenui, Hayden & Burgess, 2000).

Deborah Bird Rose, a non-Indigenous researcher, uses the term decolonisation to mean ‘the unmaking of the regimes of violence that promote the disconnection or moral accountability from time and place’ (Rose, 2004). Rose argues the ‘ethical challenge of decolonisation illuminates a ground for powerful presence’ for it asserts relationality, mutuality and connectivity instead of domination, control and hyper-separation (Rose, 2004). In research, it is a researcher’s understanding of the world that informs and influences how they enact practice theories (Nakata, 2007). When working with Indigenous scholars, academics and Elders, research is informed through worldviews that have at their base both a physical and metaphysical stance (Muller, 2014).

When considering the issue of measurement in First 1000 Days Australia work, there is a tension between the way in which knowledge is structured and validated on the one hand, and socially transformative on the other. What is required is the development of strategies, methods and theories that support rigour, are inclusive and able to be replicated where and when appropriate. Indigenous knowledge is ‘active, regionally specific, individually expressive, yet a collectively based system of knowledge generation’ (Kinnane & Read, 2006). It is also iterative (building on community experience), collective and able to assert itself (Graham, 2008). Merging mainstream and Indigenous knowledge systems is a challenge...
experienced by Indigenous and non-Indigenous researchers alike. To be equally engaged in the practice of decolonised research and practice, each must invest in acquiring and using mainstream educational skills to support Indigenous ways of knowing, participate in processes that promote a balanced view of knowledge construction and co-create research and social structures that are both ethical and decontaminated by colonialism and racism (Muller, 2014).

**Collective Impact Framework**

First 1000 Days Australia is not just a model of research engagement or collaboration; it is a strengths based model in which all researchers are working toward recovery. Whilst meaning different things to different people invested in the 1000 Days movement, recovery means to take on the challenges of working together in ways where one group of people (ie Aboriginal and Torres Strait Islander peoples, western trained scientists) are not denigrated at the expense of another. Recovery means that Indigenous people take on the role not as the researched, but as the researcher, thereby transforming the activity of research – the questions that are asked, the priorities established, the way the problems are defined and how people participate (Smith, 1999). Non-Indigenous people can recover from the position of placing themselves in a power relationship to all other people engaged in the research process, and desist from referring to those being researched as being in deficit or deficient, or requiring a solution that can only be provided as a result of the conclusions of their research. To mitigate against this, the First 1000 Days Australia team have adopted a strengths based approach to the task of working with families, with the Council opting for Life Coaches, not case managers, for family based enterprise to reduce a reliance on family welfare, and culturally informed parenting practices, rather than the adoption of non-Indigenous parenting practices. All these initiatives go toward grounding our theory of change.

First 1000 Days is concerned with nation building in that we require radical transformation of our societies, not incremental change (Arabena, 2016). Positioning Aboriginal and Torres Strait Islander young people who, in the next 10 years, are the 2030 equity implementers and positive contributors to our families requires the implementation of a theory of change to address intractable social problems in Indigenous communities and communities with a high level of disadvantage more broadly. There are four key elements of the theory that shape the establishment of the First 1000 Days Australia work.

First, our view that progress on wicked social issues in Indigenous communities requires the emergence and then scaling of solutions generated by people within those communities, combined with support from those leaders right across social, educational and political systems who deeply understand and are committed to the resolution of these issues. Second, that resources of all kinds that are needed to support these changes can be generated by effective networking within communities and by linking those communities with the resources available to the wider Australian and global community. Third, the approach to generating these solutions, and indeed some of the solutions themselves, can be used to address other complex social issues. Finally, our belief that Aboriginal and Torres Strait Islander men and women, mid-career professionals and their associations (researchers, policy designers, programme implementers, service deliverers, curriculum developers) who become transformational leaders are a powerful force for driving long-term social change.

A collaborative social change agenda entails a two-way process of exchange in support of collaborative decision-making. Our First 1000 Days Australia, including its research programme, will build social change agendas by engaging with householders to identify local solutions already present within communities which can be scaled up to achieve system wide change. In addition, the research agendas employed to underpin First 1000 Days work will generate evidence informed and cultural solutions, with Aboriginal and Torres Strait Islander people co-creating the process of engagement, implementation, evaluation and knowledge exchange. A key element to this work is the employment of students, scholars and the creation of a First 1000 Days workforce whose immediate practice is informed by the work of the First 1000 Days Australia learning community. This type of social change agenda, if it is to be radical not incremental, needs to draw in resources and expertise to enable communities to design innovative solutions that can be potentially scaled up in timeframes and with participants of their choosing. As all activities in First 1000 Days Australia programmes are voluntary, engagement officers and early adopters in communities will need to mobilise their networks to source solutions that can be locally adapted and applied.

Of particular importance to the Council is the transformation of deficit to inclusive service models that recognise the inherent strength and resilience of the oldest living culture on Earth, particularly in service delivery, professional training and self-determining practices within families and communities with a high level of disadvantage.
communities themselves. This is slow work; to do this well, to measure the impact of the work and to break intergenerational trauma is intergenerational work. In particular, we must make visible the valuable roles of caring men and women in the nurturing of strong, healthy children. A service and community innovation will be to involve boys and men in early intervention, prevention, support or crisis interventions within the community services sector through healing and strength based strategies in tandem with women and across all ages and generations. The recognition of men’s capacity for nurturance will be an early emphasis for a social change agenda that seeks to reduce violence.

To decolonise our research processes, support and embed Indigenous culturally supportive aspirations and ground our theory of change, the First 1000 Days Australia movement has been developed using three pillars (i.e. Indigenous leadership, examination of values and beliefs, and changing the language needed for building a collective impact). The Indigenous Health Equity Unit, which initiated and conceived of the First 1000 Days Australia programme and is the collective impact agent (Kania & Kramer, 2011), assisted in the task of design and implementation by a First 1000 Days Council and the Scientific Advisory Committee each with specific roles. A fundamental underpinning to this work is the necessary change in the ideology, values, beliefs, politics, language, discourses, public policy and community outcomes (Aldrich, 2006). A constant examination of the language used to describe Aboriginal and Torres Strait Islander children and their families, particularly in political, policy and community discourse that determines, in large part, the type of work undertaken and describes the position of Aboriginal and Torres Strait Islander people in their own and in others’ society (Aldrich, 2006).

Conclusion
First 1000 Days Australia aims for social transformation using an ecological framework to address the social and cultural determinants of health and wellbeing of Aboriginal and Torres Strait Islander peoples. Not only will the model inform and gather evidence in relation to implementation but a multi-generational approach will be taken to measure outcomes of growth and cognitive development, education, health and wellbeing, and cultural protective factors of Aboriginal and Torres Strait Islander children and families. First 1000 Days Australia was built by adhering to Indigenous methodologies, a recognition of the centrality of Culture that reinforces and strengthens families, and uses a holistic view of health and wellbeing (Ritte, Panozzo, Johnston, Agerholm, Kvernmo, Rowley & Arabena 2016). It was developed under the auspice of Indigenous people’s leadership using a collective impact framework and as such, the model emphasises Indigenous leadership, mutual trust and solidarity to achieve early-life equity (Ritte, Panozzo, Johnston, et al., 2016).

Conflicts of interest
None declared

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Ethics
The research contained within this paper did not involve human and/or animal experimentation. The authors assert that all procedures contributing to this work comply with the ethical standards of the National Medical and Health Research Council Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.
Male Models: 
An Aboriginal men’s behavioural change programme

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THIS PAPER DESCRIBES a positive role model programme for Aboriginal male clients co-developed by CatholicCare Wollongong and Oolong House Aboriginal Rehabilitation Service Shoalhaven. The programme, ‘Male Models’, is for men of all ages, and encourages participants to understand their own strong emotions and parenting histories, with a focus on the impact of the cycle of violence on children and families. It seeks to create more positive male role models as peers, dads, uncles, brothers, grandparents and carers for children in their families and communities. We briefly describe the programme, and offer some basic outcome data in support of the programme’s effectiveness.

Background

Oolong House provides residential treatment for Aboriginal and non-Aboriginal men who may have problems with alcohol and other drugs in Nowra, New South Wales. It uses culturally appropriate residential treatment for people with addictions to strengthen their mental health in the long-term. Oolong House offers a 16-week residential treatment course, followed by a half-way house and activity programs involving mentors and other health workers.

Development of the program

Ivern Ardler, CEO of Oolong Aboriginal Corporation, approached CatholicCare to run a parenting programme for male residents at Oolong House. Collaboration and consultation followed between CatholicCare’s Justine Hodgson (coordinator of the group work programme) and Trudy McNamara (group work facilitator), Oolong staff member, Martin Billingham (Clinical Coordinator) and caseworkers who worked with the male residents. To observe best practice in service delivery, the programme needed to meet the following requirements:

- Accommodation would be provided for men with mental illness and those at various stages of detox
- Qualified facilitators would deliver the subject matter, and be equipped to handle group dynamics with mandated residents
- Facilitators would be culturally aware, authentic, and have the ability to appropriately share their own story
Each session would be a stand-alone module that could cater for a rolling intake at Oolong House, and be delivered on a quarterly basis. This would enable those residents who graduated after completing the 16 week Rehabilitation Programme to have the opportunity to fully complete the Male Models programme.

A graduation ceremony and the presentation of a Certificate of Completion would provide recognition, particularly to those clients who have previously never completed anything.

Programme evaluations would include group sessions and end of programme evaluations from the men to ensure co-design principles of user input were applied (i.e. programme fidelity). These along with facilitator and Oolong staff evaluations would be examined and any changes implemented to ensure the integrity of the programme in meeting its objectives.

Cultural appropriateness would be addressed in the development and delivery of the programme, and local elders consulted.

Regular reporting would be provided from CatholicCare to the Oolong Board regarding the operation and evaluation of the programme.

While CatholicCare’s original brief was to develop a parenting programme, it became clear in 2013–14 when the programme was initially rolled out that Oolong House catered for Aboriginal males from 18–60 years of age, many of whom were not parents but had lived in or would return to Aboriginal communities where kinship is a fundamental aspect of community. The concept of ‘role model’ rather than ‘parent’ was thus adopted as it was more culturally appropriate and would be more relatable. This change also brought with it a name change (from ‘Mpower’ to ‘Male Models’) that would better suit the programme objective and encourage participants to take ownership of the programme.

Brain Development and Attachment Theory:
A child-centred approach to attachment and brain development is addressed as the primary driver for children to develop secure attachments in their early years (Australian Childhood Foundation, 2013). If this doesn’t take place, the brain can be affected and this can impact on children’s ability to have compassion and empathy for others.

Specifically, residents are provided with an understanding of a child’s brain development with a focus on emotional development and reasoning abilities. They are helped to understand the meaning behind the child’s behaviour and the way these behaviours trigger the resident’s own responses. An understanding of early brain development can help residents better understand and more appropriately respond to children’s behavior. Attachment theory supports the concept of connection – not attention.

Choice Theory is founded on the premise that attitude change should start with behavioral change (Glasser, 2010). This theory offers a more appropriate way of programme participants having their needs met.

Acceptance and Commitment Therapy (ACT) is based on a set of six core principles developed to enhance psychological flexibility: cognitive defusion, acceptance, contact with the present moment, assuming the position of the observing self, clarification of values, and committed action (Harris, 2009, 2010; Hayes, 2005). ACT is a form of mindfulness cognitive behavioural therapy, comprising mindfulness skills and values-guided behavioural intervention. ACT has proven effectiveness with a diverse range of clinical conditions including substance abuse. Mindfulness education and application allows residents to

Conceptual framework
The programme is child-focused and designed for men of all ages to create more positive male role models as peers, dads, uncles, brothers, grandparents and carers for children in their families and communities. It focuses on empowering men to take on this important role and emphasises the importance of re-connecting with their culture and identity.

Concepts of ‘empowerment’, ‘empathy’, ‘responsibility’ and ‘choice’ underpin the Male Models programme. These concepts are constantly reinforced throughout the programmes delivery and refinement. Making role modelling and children the focus of the programme seeks to give men purpose, hope and an opportunity for healing and to make positive changes. ‘Male Models’ is a child focused, strength-based programme designed to encourage Aboriginal and non-Aboriginal men of all ages to choose to make more empowering choices.

The project builds on several well-developed and emerging conceptual planks: child brain development and attachment theory, assertiveness techniques, ACT mindfulness, and anger management skills. These particular strands of theory and practice were chosen as they build upon each other through the ‘Four Yarn Ups’ to support behavioural change. We briefly describe each component below.
activate the part of their brain (the medial prefrontal cortex) which allows their defensives to switch off – putting them in a more relaxed state and allowing them to think and act more rationally and be more present to their children and others’ needs.

**Assertiveness** is a communication skill which can reduce levels of depression and anxiety and improve self esteem (Department of Health Centre for Clinical Interventions, 2008). Participants are provided with verbal and non-verbal characteristics of how to be more assertive, how to recognise physical tension within their body and how to identify unhelpful thoughts. Assertiveness techniques are used to assist clients to identify their own style of communication and choose a more appropriate technique.

**Grief and loss:** This component draws on Kubler-Ross’s (2005) five-stage model of grief. The five reactions to impending loss are: denial, anger, bargaining, depression, and then ultimately acceptance. Within the bargaining stage, people often feel a desire to change their past (‘if only’ statements). This is often accompanied by feelings of guilt and regret. Grief and loss relates to addiction as it provides residents the opportunity to express their thoughts and feelings through art therapy the five stages of grief and how this impacts on themselves, children and family relationships.

**Anger as a ‘secondary’ emotion in masking feelings of vulnerability:** Anger as a ‘secondary’ emotion and its connection to primary feeling states is explored in depth. Explanations of primary and secondary emotions are discussed to provide an understanding of how emotions protect us (see Creduction, 2016). A visual medium of an iceberg is displayed to give this illustration. From this perspective, anger may be the emotion that is seen by others but the primary emotion is under the surface hidden from view.

**Grieving the death of addiction:** Kramer (2014) discusses a model of viewing addiction in a systemic, attachment–relational dynamic between the person and the substance. The ending of using a substance can be felt as the ending of a very deep relationship. Understanding the grieving process is a vital step in moving to acceptance within substance recovery.

We have found the above components to provide a useful set of ideas on which to base the programme.

**Programme Structure**

A wide range of learning styles are catered for in the programme. Interactive activities involve fun and a childlike approach, which encourage the men to rekindle the ability to play and relate that to children.

Metaphors, analogies and props are used to prime the mind and allow the men to be encouraged to explore and reflect on ways to build positive male role model/child relationships. The men are able to see this through an objective lens and give consideration to the way in which their choices may be impacting on themselves and consequently children as well as others in their care or communities. This ‘objective versus subjective’ approach enables difficult issues to be explored with the men without them feeling individually or personally confronted. The image in Figure 1 and the metaphor in Figure 2 are examples directly utilised in the programme for this purpose.

“Tell me and I forget. Show me and I remember. Involve me and I understand”. - Benjamin Franklin.

**Figure 1:** Empathy - putting yourself in someone else’s shoes

Reference: football boots.co.uk

**Figure 2:** Apathy – empathy – sympathy

Reference: Suicide Impact.com

The figures above are some examples used for exploring the subject of domestic and family violence and reinforcing empathy and choice of communication style. Props (e.g. shoes) are also used here to encapsulate the idea of ‘stepping into the other person’s shoes’. The men assess confronting visuals of the victims both male and female, the children, and the perpetrators in the ‘cycle of violence’. In groups they are asked to assess what these individuals might be feeling and needing.
Prior to this activity, the three communication styles of ‘passive/aggressive’, ‘aggressive’ and ‘assertive/empathetic assertiveness’ are explored through fun role-plays. This is then tied into the Sympathy, Empathy, Apathy visual above. This whole activity allows participants to objectively assess the process and where they might see themselves.

The programme is delivered with ‘Four Yarn Ups’ (sessions) lasting one hour 15 minutes each. The duration of these sessions was guided by several practical issues: the attention span of residents who were at different levels of detox and/or suffering mental illness; and scheduling to fit around other mandatory activities undertaken in the wider programme at Oolong House.

Calling the sessions ‘Yarn Ups’ creates an atmosphere for story telling. The room is visually set up around a yarning circle mat and a talking stick is used for discussions, as depicted in Figures 4 and 5. These sessions can also be conducted outdoors.

The Four Yarn Ups address:

1. **Looking back:**
   - Past experiences, individual values and needs and how that can impact role modelling
   - Brain development of children and the importance of attachment in children’s growth.

2. **Choosing empowering behaviour:**
   - Modes of communication through roleplay and to understand ‘empowerment’ in using an assertive, empathetic/assertive approach as opposed to an aggressive or passive/aggressive approach
   - Children’s feelings on the Cycle of Violence and the use of emotional connection with children invites men to give empathic consideration to the way in which their messages might be impacting on themselves and consequently their children and others in the domestic and family violence cycle. Empathy is augmented using confronting visuals and props.

3. **Letting go:**
   - Grief and loss involved in addiction and the need for forgiveness of self and others
   - Mindfulness and reflective techniques allowing the men to consider more respectful interactions with children and family members.

4. **Role modelling:**
   - Developing an action plan for ongoing positive role modelling behaviour.

**Evaluation data**

Mixed methods are used to assess the programmes effectiveness.

**Quantitative data**

Over the 3.5 years the programme has been delivered, 81 percent (i.e. 83 of 103) of attendees completed the programme, with positive feedback on achieving the outcomes identified for the programme.
The fact that 19 percent (i.e. 20 of 103) did not complete the entire Male Models programme was due to exiting the wider programme at Oolong House rather than disengagement with the Male Models programme. Table 1 shows the percentage of participants who agreed with each outcome statement. This data is based on the Department of Social Services (DSS) Results Based Accountability (RBA) forms. When answering the outcome statements, participants were asked to consider: (a) how much they did (b) how well they did it and (c) whether as individuals they were better off.

Table 1: Percentage of programme participants who agreed with the four outcome statements (N=83)

<table>
<thead>
<tr>
<th>Outcome #</th>
<th>Outcome statement</th>
<th>% agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1</td>
<td>I am able to care for and parent my child</td>
<td>95</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>I am satisfied with the service I received</td>
<td>91</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>I am more confident about finding and going to family services</td>
<td>87</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>I am more able to support my child to develop</td>
<td>90</td>
</tr>
</tbody>
</table>


Each session was evaluated by the men, and by Oolong House workers who observed the programme facilitation (see Figure 6). Verbal feedback was obtained from those men who had literacy/mental health issues or anything that might impede their ability to give written feedback. This ensured that as much quantitative evidence as possible was collected.

The results of the Group Session Feedback were assessed by CatholicCare’s Group Work programme coordinator in consultation with the facilitator and relevant Oolong staff. Changes were implemented and any identified concerns were addressed before the next group facilitation.


Facilitator evaluation forms were completed at the end of each programme delivery (see Figure 7). Facilitator evaluations were then assessed by the Group Work programme coordinator in consultation with the facilitator and relevant Oolong staff. As a result of these evaluations, changes to the programme content or delivery were implemented as soon as possible, so that the integrity of the programme would not be compromised.

The following changes were implemented to the programme in response to group session and facilitator evaluations and consultation with Oolong staff:

- Programme focus changed from parenting to positive role modelling to suit 18–65 age group.
- Name change from ‘Mpower’ to ‘Male Models’.
- Empathy and empathetic assertiveness was included in the Cycle of Violence activity in Yarn Up 2: Empowering behaviour.

Qualitative data

Figure 6: Group session feedback form

Group session feedback

Please provide a rating out of 10 for each question:

1 = No / Disappointed / Not at all
10 = Yes / Excellent / I would not have wanted anything different

- Did you feel understood and respected throughout the session?
- Was this session relevant to your needs?
- Is the facilitator’s approach a good fit for you?
- Did you feel as though you were part of the group?
- How do you feel as a result of completing today’s session?
- Would you like us to discuss the above results with you? YES/NO

Comments:

________________________________________
________________________________________
________________________________________
________________________________________
This updates the programme with recent studies in neuroscience indicating possible links between lack of empathy and aggressive behaviour (Decety, 2015).

Last Yarn Up content was shortened to focus on future action plan and graduation.

**Figure 7: Facilitator Programme Evaluation, CatholicCare Group Work Program**

**Facilitator Programme Evaluation – CatholicCare Group Work Program**

- Group Worker:
- Programme:
- Group session dates:
- Location:
- Average number of participants:
- Activities that worked well:
- Activities that need to be reviewed:
- Missing Resources:
- Useful resources identified (please attach if possible):
- Issues/Concerns:
- Positive Feedback provided (please refer to RBA feedback forms):
- Constructive Feedback provided (please refer to RBA feedback forms):
- Comments:

**Data source 3: Final Course Evaluation data**

Qualitative data were also collected from answers to questions that accompanied the Final Course Evaluation (see Figure 8). These examples capture the effort the men made to complete these forms at the end of the programme even when literacy was an issue at times.

**Figure 8: Extracts from Final Course Evaluation**
Data source 4: Action Plan data

The men complete Action Plans at the end of the course (see Figures 9 and 10). This information was followed up by the facilitator after four weeks with those men who were still at Oolong House.

Figure 9: Sample action plan

<table>
<thead>
<tr>
<th>Goal: To stop smoking, drugs or alcohol only in the next week.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Talk.</td>
</tr>
<tr>
<td>2. Listen.</td>
</tr>
<tr>
<td>I agree to do these 3 things for the next 24 hours to change my behaviour:</td>
</tr>
<tr>
<td>• I will use my strengths: STOP SMOKING.</td>
</tr>
<tr>
<td>• I will ask ... and to help me stay on track.</td>
</tr>
<tr>
<td>• I want ... everyone to notice these changes I make.</td>
</tr>
</tbody>
</table>

Figure 10: Sample action plan

<table>
<thead>
<tr>
<th>Goal: Stay positive. Ignore negatives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be aware of my actions.</td>
</tr>
<tr>
<td>2. Turn away from negatives.</td>
</tr>
<tr>
<td>3. Be a good encouraging mate.</td>
</tr>
<tr>
<td>I agree to do these 3 things for the next 24 hours to change my behaviour:</td>
</tr>
<tr>
<td>• I will use my strengths: STOP BEHAVIORS.</td>
</tr>
<tr>
<td>• I will ask ... and to help me stay on track.</td>
</tr>
<tr>
<td>• I want ... everyone to notice these changes I make.</td>
</tr>
</tbody>
</table>

Data source 5: Global assessment by Acting CEO.

We have been able to complete this ongoing longitudinal study as a part of our continued partnership with Oolong Aboriginal Corporation. The following qualitative anecdotal evidence of the success of the programme has been collated and written by Tanya Bloxsome, Acting CEO of Oolong Aboriginal Corporation.

First of all I would like to share that Oolong House is an Aboriginal Community Controlled organisation that runs a 16 week residential rehabilitation for both Aboriginal and Non-Indigenous men from ages 18 to 60.

I would like for you to know, how is it, that a person such as Trudy being an older non-Indigenous woman, brought such a programme to men and residents of our organisation.

The answer is simple: Trudy is accepted into our Aboriginal Community and is well known and respected. Some people acknowledge her as “Aunty” or “Sis”. These are terms not given to any person - but a person who has influence amongst the community.

Trudy is recognised in our local Aboriginal community by Elders and they have welcomed and encouraged her to do this Male Models course with our residents. So she has always had their backing and support.

I would like to share some experiences that have resulted from the residents’ participation in this programme. Every resident who participates in this programme receives a certificate signed by both the Director and the Educator of CatholicCare. This is more than a certificate it is a great achievement. Something the men hold in high regard. It’s not just a piece of paper or another certificate to add to their collections, it is well deserved and appreciated by the residents and is held in high regard for their achievements.

I also write court reports for various clients – I always include a copy of the certificate with the court report for any residents who have participated in the Male Models programme. I further include each module that was included. There has been very significant sentence reduction for those clients who had participated in Male Models. One Magistrate commented to a client (who was well known to the court system) ... “So Oolong House are making Models of their clients”. To which the client replied “Yes your Honour a Positive ROLE MODEL now — not a negative one”. I smiled as I watched this young man stand proud and sure of his achievement, as did the Magistrate with a smile on her face.
Another client who said to me during intake, “Aunt so does that Trudy Piece still do that models thing because I wanna do it — I heard about it in gaol”.

There is a topic covered in Male Models which is ‘Encourage and Support Healthy relationships especially with children’. One client who was on a home visit explained to me upon his return to Oolong that he was in a position where he was at home — and a potential toxic argument could have broken out in front of the children — and he defused the situation by not allowing the situation to escalate — told the woman that out of his love and respect for her that he was not going to allow the situation to go down old tracks instead they are now on a new journey that does not involve old habits.

He gave her $50.00 and reminded her how beautiful her hands were and how hard they have worked to take care of his children while he was in rehab and for her to take time out and go and get her nails done if she liked – whilst he took the children out fishing to give her a break.

This relationship has blossomed into something quite beautiful.

Another client shared with me about the “SHOES” lesson — he found out that his nephews were bullying people at their local school. Then he also got some of his nephews’ relations and took them bush and sat them all down and got them all to take off their shoes — behind a tree he pulled out a bag of different shoes and told them to each grab one — he shared with them the lesson he learned and told them that when they are in other peoples shoes or when they can see what is like to be in another’s shoes – what it is like and how people feel. He had everyone share.

The client was proud that he was able to share something so insightful to the next generation about making life for others easier not harder. After that they all went swimming and diving (some of those nephews only the other day shared with me whilst I was in town how much that time with their uncle impacted their lives). The Client was to me a classic example of a Male Model, passing on positive insights and behaviours.

Just as important: wives, partners and mothers have made comments on how their men have changed and changed for the good and wanted to know “what’s this Models thing”.

Other clients have shared with me that they feel empowered for the first time to be able to make positive changes in our local Aboriginal community. They said for far too long they were a negative influence on people — feeling that they had nothing to offer and it was time that they put all their wisdom, knowledge, culture into positive influence on the younger men in the next generation where respect was lacking. The clients were impressed that a course was made for them, for their understanding, their ways — and it was culturally appropriate.

We have come to learn that those clients who participated in the Male Models course had longer lengths of stay at Oolong House and more graduations were attained.

- The clients found a greater self worth
- They discovered they have what it takes to make changes
- They gained an understanding of supporting healthy relationships
- They felt the hunger to increase positive behaviour

Figure 11: A painting by a client after the graduation of the Male Models class

I would like to share one last thing...

The painting (in Figure 11) was done by a client after the graduation of the Male Models class. He explained to me that the three handprints represented his family’s ancestral family combined with that of:

- the client
- Oolong House and
- Male Models

He came into the programme, he learns more about himself, he’s getting cleansed and healed — he is taking that new journey to be a positive role model to all those he comes into contact with, especially those who are in his realm of influence. He has turned into a man.

I keep this painting in my office as a constant reminder that working together for the betterment of people creates a caring and better community.
Not only that, after each graduation every client asks me to take their photo with their Male Model Certificate, and send it to their woman — as proof that they are a Male Model.

So the word is out there, that Aunty Trudy who does the Male Models thing at Oolong House is terrible deadly — to those who understand Aboriginal ways knows that this statement is a great compliment.

So 3.5 years and 83 men later you may ask - well does it work? I say YES IT DOES.

The clients family say YES IT DOES.
The community says YES IT DOES.

Conclusion

In this paper, we have described ‘Male Models’ – a positive role model programme for Aboriginal male clients co-developed by CatholicCare Wollongong and Oolong House Aboriginal Rehabilitation Service Shoalhaven. The programme is for men of all ages, and encourages participants to understand their own strong emotions and parenting histories, with a focus on the impact of the cycle of violence on children and families. It seeks to create more positive male role models as peers, dads, uncles, brothers, grandparents and carers for children in their families and communities. Basic qualitative data suggest the programme is having many benefits for the community.

For the programme to continue at Oolong House, Aboriginal workers will be trained to deliver Male Models. To ensure ongoing best practice and success, the process of carefully monitoring and evaluating and documenting outcomes will continue.

Male Models was also piloted at Cullunghutti Aboriginal Child and Family Centre, Nowra and Aboriginal Medical Services Nowra Men’s groups during 2014–15. While the programme received favourable feedback it was concluded that in order to maintain the integrity of Male Models, it needs to be delivered in a closed environment such as a rehabilitation service where there are back up counselling services for the clients to address any issues that arise from the training. In this environment the men can also have the space to reflect and process the information after the ‘Yarn Ups’.

CatholicCare hopes to continue to build partnerships with the relevant Aboriginal services in order to continue offering Male Models. We believe it holds much promise, and hope to develop more robust and culturally-sensitive measures of programme effectiveness and outcomes to demonstrate this.

References


Endnote

1 The facilitator related these skills to participants as role modelling rather than specific parenting skills where applicable. These forms have since changed and are now easier for participants to relate to.
WANSLEA HAS BEEN working with families experiencing vulnerability in the community for over 70 years, supporting families to keep their children safe throughout the lifespan. Families access Wanslea’s programmes through self-referral and referral from government and non-government agencies. Families’ and practitioners’ voices have helped shape practice over time. Wanslea has developed its practice with vulnerable families by the linking of research evidence to established promising practice, with the help of the Parenting Research Centre in Victoria. The motivation was to ensure that families had access to the best possible outcomes to improve their wellbeing and that of their children and communities. Wanslea has learned that any development of practice for service delivery takes time to embed and is a process for individual practitioners and the organisation as a whole.

Wanslea co-produced a Practice Framework with the assistance of the Parenting Research Centre. The framework was developed to be used in each of Wanslea’s Parenting programmes and uses practices and skills that have been shown to work with vulnerable families. We are in the final stages of the implementation of the framework into daily practice and have followed an approach developed by the National Implementation Research Network in the United States that provides a structure for managing organisational change. A number of evidence-based tools and systems have been introduced and different ways of working established. An Implementation Team has guided the process with the assistance of our research partner.

Wanslea has introduced a model of coaching that complements clinical supervision and practitioners are supported to enable families to receive a service in the way it was intended. This has included introducing and reinforcing conceptual and behavioural skills that are known to be effective. Data collection has also been introduced to guide and inform decision making at the clinical and organisational level. An outcome evaluation is in progress and results will be shared along with feedback from practitioners.
Introduction

Wanslea works with families experiencing vulnerability, and their children, in Western Australia and has a history of developing services in response to local needs. Wanslea has an early intervention focus with families and can work with parents prior to a child's birth. This paper summarises the journey from developing an evidence-informed Practice Framework to the implementation of that framework with practitioners across a number of home-based parenting programmes. Wanslea's Practice Framework was developed within the context of a not-for-profit organisation in Western Australia and follows a common elements approach.

History of Wanslea

Wanslea has been caring for children since the Second World War with the opening of a children’s home by Florence Hummerston MBE, a woman of vision and determination. She opened the home in response to the need for the care of children whose fathers were away at war and whose mothers had become ill. Following the home’s closure in 1983 a range of programmes were developed to assist families and their children. Wanslea promotes community, family and individual development through partnerships and services. Services are provided through Wanslea Family Services and Wanslea Early Learning and Development across metropolitan Perth, and the Peel, Great Southern and Goldfields/Esperance regions. Wanslea is engaged in four main areas of activity: Family Support, Out of Home Care, Early Years, and Community Capacity Building.

Wanslea's work with families in the community commenced following the closure of the children’s home. Since that time Wanslea has worked in the family’s home within an assertive outreach model rather than a clinic people come into. The genesis can be traced from Florence Hummerston’s original motivation to maintain children in their families. During the war years she was unable to find suitably trained staff to go into people’s homes, resulting in the establishment of the children’s home. Many years later information gained from the researchers at the Parenting Research Centre (PRC) confirmed that evidence indicates the best transfer of knowledge is in situ, in that families learn best in their own homes. Wanslea’s Family Support Services, the focus of this paper, provides a range of parenting programmes, including family preservation, family support and reunification services, within its Practice Framework. Various funding arrangements have existed with both State and Federal Governments funding programmes since Wanslea’s work commenced. The focus of this paper is the development of the parenting services through the coproduction of a practice framework with the Parenting Research Centre in Victoria. We are currently in full implementation and although have been working on establishing a continuous improvement process, are not quite at the stage where the framework has been formally evaluated. Results are expected in 2017.

Healthy Start

The history of the development of Wanslea’s Practice Framework begins with the invitation for Wanslea practitioners to engage in the Healthy Start National Strategy led by a collaboration between the Parenting Research Centre (PRC) in Victoria and the University of Sydney. Practitioners had voiced concerns about their capacity to work effectively with families headed by a parent with an intellectual disability. By engaging with the Healthy Start Strategy, Wanslea was introduced to two evidence-informed programmes. A large proportion of staff in the parenting programmes were trained and invited to be part of a research trial. Experienced practitioners who participated in the programme developed better understanding, competence and confidence. Positive outcomes for children and their families were identified. There was an increased understanding for practitioners of the benefits of such collaboration. The PRC reported that even though they could identify good practice there was a gap between what is known from research – the evidence – and translating this to practice. Hence the beginnings of the Healthy Start programme led to collaboration between the PRC and Wanslea, leading to a request from Wanslea to the PRC to engage in the co-production of a practice framework.

Practice framework

When considering a practice framework, the product available to service users is the practice which individual practitioners offer. As in many roles in the human services, it is the use of ‘self’ and what is able to be imparted through the use of skills and practices that are able to be shared with those who are vulnerable (King, 2011). Those responsible for the parenting services were motivated to ensure that practice at Wanslea was informed by the evidence available and that the families could have access to a consistent, coherent approach, no matter who was working with them.
When staff internalise the principles of practice and are enabled to become competent in applying them to their casework, greater uniformity of action occurs (Child Welfare Policy and Practice Group, 2008).

The task was not to make Wanslea practitioners robots, but to make sure that everyone was aiming for the same goals and had a set of tools they could use to achieve them. Wanslea had a mission statement, core objectives and a set of guiding principles (such as being family focussed and strengths based) but lacked a specific and detailed framework. Such a framework could guide practice with families beyond policy and rules and promote evidence-informed approaches and consistent performance among staff at the front-line.

**Implementation Science**

‘Evidence’ of effectiveness helps in the selection of what to implement for whom, however ‘evidence’ of outcomes does not help implement the programme or practice. Therefore, a decision was made to adopt an implementation science approach to developing and embedding the practice framework in Wanslea’s everyday activities.

In collaboration with the Parenting Research Centre Wanslea followed the implementation approach of the National Implementation Research Network based in the United States and with links to emerging implementation networks in many other parts of the world. Implementation is defined as a specified set of activities designed to put into practice an activity or programme of known dimensions. Implementation is a process with core components (Fixsen et al., 2005). There are six key phases in the National Implementation Research Network’s implementation framework (Fixsen, Naoon, Blase, Friedman & Wallace, 2005), which are described below. In each of the phases there are specific tasks and considerations required to prepare and sustain an organisational climate that is hospitable to the use of evidence-informed and evidence-based practice.

Development and Adoption: the client group is defined, consideration is made as to which evidence-based programmes and practices may fit with the current workforce and be used to assess readiness for change and feasibility.

Installation: includes assuring that there is the availability of resources necessary to initiate the project, such as staffing, space, equipment, organisational support and new operating policies and procedures.

Initial implementation: the organisation learns the new ways of working, learns from mistakes and continues the effort to achieve buy-in by those who will need to implement project components. This stage is characterised by frequent problem-solving at the practice and programme levels.

Full implementation: the stage at which it is it is assured that components are integrated into the organisation and functioning effectively to achieve desired outcomes. Staff will have become skilful in service delivery, with new processes and procedures fully integrated into the organisation.

These phases are supplemented by innovation and sustainability.

Below is a description of how each of these phases operated to develop and embed the practice framework in the delivery of Wanslea’s services.

**Stage One: Development and Adoption**

Commencing in 2010, the development of Wanslea’s Practice Framework consisted of a process of mapping existing practice. A number of meetings occurred between practitioners and researchers from the PRC. Experienced and new staff were interviewed about their practice and the processes applicable to cases in each programme was mapped. At each stage of the process the information was presented to staff for feedback and adjustment. Practitioners described current practice — the ‘what’ and ‘why’ — and the researchers went away and looked for the evidence that would support and at times challenge existing practice. This is known as an iterative and interactive process, where adjustments are made to what is being produced to incorporate the local context.

The process occurred in the timeframe of one year and resulted in a framework for all staff to follow. Practitioners discussed the target population at length and were keen for multiple outcomes. It was important that practitioners understood outcome based language and the process was helpful in bringing them along in their understanding. It was also important to have a shared understanding of outcomes and this led to ongoing discussion outside the sessions.

**Target Population for Wanslea’s Practice Framework.**

(This was developed with the full staff group and took more than a day).

Families with children aged 0 to 18 years experiencing life challenges and stressors that impact on their ability to meet their children’s needs.
Guiding Principles of Wanslea’s Practice Framework

The guiding principles are as follows, each with a number of practice principles behind it:

**Adult and child voices and choices are heard:** Parent and youth/child perspectives are intentionally elicited and prioritised. Planning is grounded in family members’ perspectives and review of key stakeholder perspectives and assessment information. Practitioners strive to provide options and choices such that the plan reflects family values and preferences

**Building on natural supports:** Planning reflects activities and interventions that draw on sources of natural support

**Collaboration across Wanslea:** Wanslea practitioners work cooperatively and share responsibility for supporting adults and their children

**Engagement:** Wanslea practitioners use a collaborative and collegial approach to engage and motivate families

**Working within the community:** Services and support provided to adults and their children take place in the most inclusive, most responsive, most accessible and least restrictive settings possible

**Promoting culturally competent practice:** Services and support provided to adults and their children demonstrate respect for and build on the values, preferences, beliefs, culture and identity of the child/youth and their family and their community

**Providing individualised support:** Services and supports are customised to the unique needs of individual adults and their children

**Working with strengths:** Services and supports identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family and their community. Wanslea supports the belief that people are the experts in their own lives and practitioners therefore build on what parents are doing well

**Assessment and goal setting:** Wanslea practitioners use family focused, ecologically valid assessments across life domains, with an emphasis on ongoing safety assessment and planning

**Behaviour change:** Family support aims to promote positive behavioural change in parents by altering the way that parents manage their children using a range of research based practices

**Skills development:** Wanslea practitioners teach parents a wide variety of ‘life skills’, using ‘teaching interactions’ processes including practice, feedback and homework

**Working towards meaningful outcomes:** Wanslea practitioners tie the goals and strategies of services and supports to observable and measureable indicators of success, monitor progress in terms of these indicators, and revise strategies accordingly

**Concrete services:** Wanslea practitioners provide or help the family access concrete goods and services that are directly related to achieving the family’s goals, while supporting them to meet ongoing needs independently

**Remaining persistent:** Despite challenges, Wanslea practitioners persist in working toward the adult and child goals

Practice Framework Stages

There are four main phases of the practice framework.

1. Engaging Families
2. Information Gathering
3. Sharing Findings and Setting Goals
4. Outlining implementation strategies/actions and reviewing the Case Plan

The framework needed to be to be broad enough for Wanslea’s four funded parenting programmes. Wanslea works on a continuum from those in the community who are referred with unsettled babies, to those who have self-identified that they are struggling with their children’s behavior, to those identified by the child protection system as at risk of losing their children, and those whose children have been in care and have applied to have them return. A comprehensive assessment process, in addition to goal setting and evidence-based validated tools, was used. Initially Marianne Berry’s Strengths and Stressors tool was used for family engagement. However, in more recent times the North Carolina Family Assessment Scale (NCFAS) was introduced. This was due to the more comprehensive picture provided by the NCFAS. The intervention was more clearly articulated and staff were trained in a number of additional evidence-informed modules beyond the Practice Framework such as safety planning, social support, parenting and parental coping skills.
Outcomes

Wanslea’s Practice Framework works towards four main outcomes with a series of secondary measurable outcomes that demonstrate movement towards the main outcomes:

Outcome 1. Increase in positive parent – child interactions
Outcome 2. Improved child physical safety and wellbeing
Outcome 3. Positive child development
Outcome 4. Increase in social connectedness

Evidence for Practice

Wanslea’s intention is to promote the skills and practices that have been shown to be effective in working with families. When considering it conceptually, ‘best practice’ is at one end of an evidence continuum with ‘evidence-based’ at the other. Best practice may be industry standard or above industry standard, however when using the term ‘evidence’ there needs to be an assurance that the skills and practices have been demonstrated to be effective, often through randomised control trials. Evidence based practices provide greater confidence that a programme improves outcomes for families.

In the knowledge transfer literature it is clear that successful uptake of knowledge requires more than one way communication and one off training events. Instead what is required is genuine interaction among researchers, decision makers and stakeholders and active, purposeful and planned implementation activities (Fixsen and Blasé, 2008).

Feedback from Practitioners

As part of the process of development of the Practice Framework, practitioners’ feedback was sought at each stage.

The implementation process felt inclusive and respectful of the staff on the ground carrying out the day to day work. Effort and time was put into hearing our perspective of the job we do, including taking note of the structural challenges as well as the processes that were already working well. The process was supported by management keeping the staff updated on where the process was at, as otherwise it may have felt slow and disconnected, Social Worker.

I remember people saying it was exciting that we were working on an evidence base. It was challenging to refine what we do and articulate exactly where we work from. How to contain the complexity in a few sentences. This process has helped us to refine what we expect to happen in our work. If we are clearer, then our work with families has a better chance of being effective, Clinical Manager.

Quite confronting having your practice viewed and dissected. The process was invigorating as it offered everyone the opportunity to be included. It was clear from the beginning that this process would provide clarity for both staff and families, coupled with effective outcomes, Operations Manager.

Being interviewed as part of the practice mapping process was confronting — it made me think about what I was doing. Putting into words what I do every day was challenging and thought provoking. The process of working out the target population and outcomes was inclusive, Parenting Practitioner.

Inclusive process — when I first started I didn’t have a strong framework. This process and framework is useful and helpful. Set out clearly, having said that I have had difficulty in taking it on board. Strong and holding — am now warming to it. Parts of it I like and am finding useful. Not useful in every context-trying to fit it into practice and sometimes it doesn’t fit, Social Worker.

Stage Two: Installation

Once the ‘what’ that is being implemented is established the process moves on to identifying, assessing and managing those things that will influence and effect the service’s capacity to use the ‘what’ in practice. Some considerations are assessing the readiness of the organisation, the organisation’s history, current resources, current staffing patterns and relationships with key stakeholders. This includes identifying any barriers to implementation such as the availability of funding, staffing, referrals and recruitment. Other factors include ensuring appropriate resources, need for hiring new staff to meet qualification requirements, identifying the potential need for changes in physical spaces, technology and the type and extent of training.
NIRN outlines a number of factors or ‘drivers’ that need to be considered in order to implement new practice into daily work:

- Competency Drivers develop, improve, and sustain the ability to implement an intervention with fidelity and benefits to consumers, including Selection, Training, Coaching, and Performance Assessment.
- Organisational Drivers create and sustain hospitable organisational and systems environments for effective services, including Decision Support Data System, Facilitative Administration, and Systems Intervention.
- Leadership Drivers include methods to manage technical problems.

Stage three: Early Implementation: Guiding the process — the Implementation Team

One of the main features on the early implementation process is initiating and maintaining change. An Implementation Team was appointed at the beginning of the process with representation from each level of the organisation. The team is a network of people who bring different skills and who are learning together from each other and from the data presented to them. The team met monthly since 2011 and systematically worked through the barriers to embedding the framework into daily practice. The team looked at each challenge and barrier from an implementation perspective, assessing what supports were required for practitioners and how each barrier related to the implementation of the practice framework. Staff from the Parenting Research Centre had the brief to work with all members of the Implementation Team to ensure that there was a unified sense of purpose and that members of the team could understand the level of change required at the people, process, tools and organisational level. While the practitioners learnt the framework, the senior staff learnt all that needed to be addressed in order for it to be embedded.

Over the years of work it was necessary to bring new people onto the Implementation Team and to introduce them to the process. This allows new members to develop thinking from an implementation perspective. New issues were uncovered and an assessment made as to how those aligned with existing strategies. There was an openness in the team to look at how and what was needed to integrate and what needed to change with the overall aim of how this enabled the full implementation of the practice framework.

Staff Selection

The team at the Parenting Research Centre were generous in their knowledge transfer and exchange; and the experience of the Healthy Start Strategy reinforced that children and families cannot benefit from interventions they do not receive. Research conducted during the years of the Healthy Start Strategy found that few of the practitioners trained in Healthy Start stayed in the employment that had supported their training. Although there may be programmes that have been shown to have ‘evidence’ in trial conditions, if practitioners do not stay in their positions, those particular families will not benefit from that evidence. Wanslea took this experience into the implementation process with an awareness of the supports required to enable practitioners to use the ‘evidence’ in the way it was intended.

Staff selection is a key ingredient of implementation at every level and includes selection of practitioners and organisational staff (Fixsen et al., 2005). Recruitment practices were reviewed and updated. They changed to include behavioural interviewing and assessing readiness to receive feedback. This required staff to demonstrate particular behaviours and processes in the interview process. There is greater clarity about what is important, not just content knowledge but the capacity to put this into practice. The induction process has been enhanced so that new staff have to demonstrate particular skills and practices in front of senior staff and out in the families in order to pass probation. Information is shared and gaps identified from the interview process are translated into the process of supervision, coaching and training. This is then fed through to the probation and yearly performance review process so that practitioners are on a continual learning and development curve. Staff are clearer about what is expected of their practice and are given a number of supports to enhance their practice. One of the unintended consequences of adopting this process is that a few of the very experienced staff resisted completing the paperwork required and were not keen to have their practice reviewed. On the other hand new staff provided feedback that the clarity of the process and the expectations have helped them develop their skills.

Training

Training includes efficient ways to provide knowledge of background information, theory, philosophy, and values, introduce the components and rationales of key practices, and provide opportunities to practice new skills and receive feedback in a safe training environment. As part of the implementation of the Practice Framework there was a series of training events.
There was pre-service and in-service training in the framework and additional modules. The PRC provided the theory and background information. They introduced the framework and the practices. The PRC used a common elements approach made up of specific skills and practices that had been shown to work in other organisations. This approach led to improved outcomes for families and their children. There was an integration of what have been termed empirically supported practices (or evidence-based practices) – effective skills, techniques and strategies that can be used by an individual practitioner. Such practices describe core intervention components that have been shown to reliably produce desirable effects and can be used individually or in combination to form more complex procedures or programmes (Embry, 2004 in Shlonsky & Benbenishty, 2014).

Practitioners learned when, where and how to use the practice framework. A standard was set to provide training to new staff in the framework, within three months of commencement. As an organisation, Wanslea has become more streamlined in sourcing evidence-informed and evidence-based training and educational resources to enhance good practice and achieve good outcomes for families and their children. There is a vast amount of training offered within the sector and requests to do training are now filtered against evidence-based criteria.

Coaching and Supervision

Coaching is described as an adult learning strategy that promotes a learner’s knowledge, reflection and deep understanding of desired practices. The coach promotes a learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations (Rush & Sheldon, 2005).

The primary role of the coach is to provide a supportive environment where the learner and coach jointly examine and reflect on current practices, develop new skills and competencies with feedback and problem solve challenging situations. Through the process of coaching conceptual and behavioural skills that are known to be effective are described. The coach accompanies practitioners out into the field. This was anticipated as a barrier however once families were consulted it was found they were happy to support the effort for practitioners to develop in their practice.

Coaching was introduced as part of the implementation process in response to evidence that indicates that, without coaching, only five percent of content learned in a training session will be implemented in practice with families. With the addition of coaching, this is raised to 95 percent (Joyce & Showers, 2002). Coaching was introduced as complementary to the existing role of supervision. Considerable consultation and discussion went into the process of clarifying where the two roles sit. While accountability and professional development were key components of supervision at Wanslea, the process of supervision was much broader than solely focusing on the content of the cases. Practitioners cited the emotional support and the identification of personal triggers when working with very vulnerable children and their families as important in supervision. Supervision was overhauled to include the accountability function to case management without compromising the supportive and restorative function of the supervision process. Together coaching and supervision are scaffolding mechanisms that build on each other to develop behavioural and conceptual skills.

Each worker at Wanslea is appointed a coach to introduce them to the Wanslea Practice Framework. A Worker Development Plan is developed in the first three months of work where they identify what skills the worker has brought with them and what their learning goals are. Individualised, clear goals are identified that practitioners work on, both on their own and with the coaches. The coach’s role is to observe in situ and give feedback. The practitioner’s role is to demonstrate the skill required. The coach needs to see a skill or practice more than once, the practitioner needs to practice with guidance and support.

The role of coach was developed and new coaches recruited internally and externally to the agency with varying success. The PRC provided a mentor (known to those internally as their ‘super’ coach) who worked with the coaches and their supervisors to build competency in a new set of skills. As coaching developed the PRC located a Perth based consultant in the agency for two days and then one day a week over a period of two years to effectively embed the skills required. Coaching introduced a whole new culture to the agency involving scrutiny of practice and adaptation to a different way of working. A coaching manual was produced together with Case Review Procedures and Guidelines for use within the agency.

In 2014 the process of fortnightly Case Reviews was introduced whereby the coach facilitated a particular form of group case discussion. This is a further developmental activity where practitioners are encouraged to think conceptually about the
progress of cases and present them to a small group – questions posed include “are we adhering to the model, to the practice framework, are we achieving good outcomes for families?” Practitioners leave the case review with a clear action plan for the next fortnight.

Reflections by the Clinical Manager at the time included the following:

We’ve learnt a considerable amount about the process, about our practitioners and about our responses. We’ve learnt to reframe what may have been seen as resistance by staff to a state of being less comfortable with a new way of working and to recognise that the development of confidence and competence leads to comfort which in turn leads to adoption of practice. We’ve learnt that the best coaches are those that are recruited internally and have been competent in the Practice Framework prior to taking up the new role of coaching. Most of all we’ve learnt that the process takes time and so we’ve learnt to be patient.

Feedback following the introduction of coaching ranged from being daunted and apprehensive as the Practice Framework was initially presented through to excited, positive and relieved that it was better than anticipated. Despite being involved from the beginning of the process, experienced practitioners were challenged by the new processes and the scrutiny of their practice. Newer practitioners who had not known anything different were positive about the structure that the framework provided and the shared responsibility for high risk situations. The coaches provide stronger boundaries as they question practice and focus the reflection back on to the purpose of the work. Overall the aim of the Wanslea Practice Coach is to improve staff performance to achieve child and family outcomes as specified by the Practice Framework being implemented by Wanslea.

Feedback from Practitioners—Coaching and Case Reviews

For me practice coaching was like being a grumpy old lady without her specs on!! Initially the picture I saw of practice coaching was fuzzy and disjointed however once I focused it was easy to see a clear picture of how the tools all worked together. I now have a clear vision of practice coaching for the future and feel I have the tools to help me do my job properly, Parenting Practitioner.

I can’t say that the coaching hasn’t been a bit challenging but it has encouraged me to think more about how effectively I deliver the programmes that Wanslea offers. It has reminded me that I am to work toward the goals that the family has identified, to value the knowledge and experience that the family brings to the programme and to assist the family to arrive at some solutions for themselves. Our team’s coach is very experienced in delivering the Wanslea programmes and she has helped me to identify the areas in which I struggle, Parenting Practitioner.

I believe coaching is a positive reinforcement of good practice development. Coaching allows you as a worker to be more thoughtful of your practice and achieve new ways of working with families to achieve the best outcomes, Social Worker.

My coach has given me gentle guidance which enables me to reflect on my practice & ensures that I use clear, effective communication and initiative to achieve better outcomes, Parenting Practitioner.

Stage 4: Full Implementation

Full implementation is the final phase of the implementation approach where everything is now in place and the whole of the organisation is working towards aligning to the same end. At this stage there is an alignment within all parts of the system. Processes throughout this stage include staff assessment and evaluation, feedback to managers and programme developers regarding progress of implementation efforts, evaluation of outcomes and a focus on removing the administrative barriers to implementation to ensure an easy path to success.

Decision Support Data System

A key area of the decision support data system involves gathering quality improvement information, organisational fidelity measures, and child and family outcomes. Data has been collected for a number of purposes and to help with decision making. Historically data collection was driven by funding and reporting requirements. Early in the life of the Implementation Team a data set was created to inform decision making. The addition of a new Implementation Team member whose focus was research and evaluation accelerated the team’s capacity to understand and manage data.
The Social Workers have become competent in the use of evidence-based tools to gain a better picture of the family and have developed a good sense of what data can do for their practice.

Organisations need to continuously monitor changing client demographics as well as the outcomes associated with potential demographic shifts. Data systems that are clinically driven and can inform critical thinking about ongoing decisions as well as monitor outcomes for quality improvement and evaluations contribute to the dynamic nature of the organisation (Shlonsky & Benbenishty, 2014).

Presentations of data to the wider practitioner team has enabled a greater understanding of outcomes that are expected and what contributes to success. The Implementation Team use data to make decisions about coaching and caseloads. A continuous quality improvement plan is in development as is a twelve month evaluation. The team is interested in answers in relation to the reach and dose of the work and adherence to the framework and the all-important outcomes for families. In terms of referrals the reach is the proportion of intended clients who started participating compared to those who didn’t engage. Dose refers to the amount of services such as the number of sessions, the intensity and quality of practice. There is also interest in what the ideal number of sessions, length of sessions and length of intervention may be. These and many questions will be answered in the coming years. Although practitioners have access to data relating to their individual families, aggregated data is not yet available. It was hoped that data would be available by mid-2016 however, as with many of the systems and processes involved in implementation, it has taken longer to establish the continuous quality improvement system than anticipated.

**Facilitative Administration**

Leadership makes use of a range of data inputs to inform decision making, support the overall processes, and keep staff focused on the desired intervention outcomes. There have been a number of ‘champions’ of the Practice Framework and the systems and processes that required development. The Board of Management and Chief Executive Officer have offered continual support for the process and the outcomes for families and practitioners. The Implementation Team has systematically reviewed every policy and procedure that relates to the Practice Framework to ensure alignment and that there are as few barriers to implementation as possible. Constant feedback loops exist between practitioners and managers, clarifying, assessing and problem solving with the help of the Implementation Team.

**System alignment intervention**

Strategies to work with external systems ensure the availability of the financial, organisational, and human resources required to support the work of the practitioners. This includes strategies for strengthening key partnerships on a state and federal level. There has been ongoing change in the sector since the beginning of the project. Just after commencement there was an increase in funding leading to a large recruitment of staff. Training and equipping the increase of practitioners proved challenging. Constant change is a feature of the sector and the implementation process has equipped staff to plan and problem solve at all levels.

**Leadership**

Of the drivers that the NIRN approach outlines, leadership is key, with the system collapsing if this driver is not well supported. Features of good leadership include the capacity to inspire with a vision, aligning with the agency values mission and goals, providing the resources for the job, creating a learning environment, communicating and celebrating performance.

The Executive Manager’s role within the Implementation Team and within the broader Family Services Team has been to lead from the front, the side and the back. The Executive Manager’s leadership style has been described as ‘adaptive’ and her accommodating nature has been a good attribute to bring to this process. Adaptive Leadership is the practice of mobilising people to tackle tough challenges and survive. It is specifically about change that enables the capacity to thrive. New environments (and frameworks) and dreams demand new strategies and abilities, as well as the leadership to mobilise them (Heifetz, Grashow & Linsky, 2009).

The critical role of leadership at organisational and system levels is widely acknowledged. Recent studies have found that ‘leadership’ is not a person but different people engaging in different kinds of leadership behaviour as needed to establish effective programmes and sustain them as circumstances change over time. For example, leadership needs to change as implementation progresses: ‘adaptive leadership’ styles are needed to ‘champion change’ in the beginning; and more technical leadership styles are needed to manage the continuing implementation support (e.g. selection interviews, fidelity assessments, system interventions) for effective programmes over the long run. In the midst of continual social and economic changes that impact on child welfare, the need for adaptive leadership never goes away.
Sometimes the same people provide both kinds of leadership. In other cases, leadership responsibilities are more widely distributed.

The Executive Manager has described the process of leadership in implementation as having to drive hard along a particular path with all senses open and aware of what is happening so that you can make a sharp right or 180 degree turn at a moment’s notice. She and the Implementation Team have had to be open to the feedback from practitioners whilst holding firm about the evidence that has been shown to work with vulnerable families. Implementing change is difficult work and holding the whole picture is part of the management role, whilst also being able to drill down to the detail of what is happening on any individual day or having an impact on any particular programme. There has been excellent support from members of the Implementation Team and the Parenting Research Centre and there has been significant development in all who have stepped up to the task.

Once the process commenced, the agency had invested considerable resources and was committed to honouring that investment by resolving setbacks as they arose. The support of the PRC enabled the implementation team to tackle setbacks as they arose, and to develop enhanced problem solving skills that helped keep the process on track. It is a delicate process of keeping practitioners engaged when their practice is under scrutiny and they are being asked to do more, particularly more paperwork. Anecdotally there have been many reports of fantastic results in families. Practitioners reported that there were fewer families that drifted away due to a much more comprehensive assessment process and a much clearer goal setting process. This helped in the motivation to keep everyone going towards full implementation. The team are looking forward to comprehensive data on outcomes due by the end of 2016. At the same time as the Practice Framework was implemented the team tripled in number and there have been a number of complexities in the funding environment to navigate. Working in the area of Child Maltreatment is complicated work and many of the situations that are managed daily are high risk. The knowledge gained as part of the implementation of the Practice Framework has given everyone new skills to manage the work at many levels of the organisation.

Anecdotal feedback from families

- A father arrived home from work and praised Wanslea. He stated that ‘My wife is motivated and is organised and maintaining the house’. He then thanked Wanslea for ‘changing our family’s life, things are so different, the children’s behaviour, my wife’s depression has improved, family relationships improved’.
- I’ve never thought of these things in that way before.
- Wanslea has helped me to enjoy being a Mum again.
- That’s it! That is exactly what it feels like we have achieved.
- We got it. You helped us realise to get our little girl back we had to make changes as though she was already living with us.
- We are immensely proud of our granddaughter and so pleased that she is growing up to be such a sensible and responsible teen. My wife and I both feel that you and your colleagues have been an important part of her development and we thank you all for your input.
- I thought that Wanslea would give up but they kept coming back encouraging us to make changes. We named our guinea pig ‘Mary’ because the guinea pig does not give up - just like Mary.
- Wanslea practitioner made me feel very comfortable. I made huge gains with developing sleep routines. Feel like I have a home instead of a train wreck.
- So happy with the service, sad that it is ending. I have tried other programmes and found Wanslea to be the best.

Stage five: Innovation

Innovation refers to the idea that no one thing will fit exactly into the context in which it is applied. Social workers are by nature innovators and at times it has been a struggle to ensure that they use the framework in the way it was intended, prior to innovating and adapting. They have been prepared to work with the process with good humour and it is still a work in progress. It is important to seek opportunities to refine and expand skills, practices and programmes and to refine and expand implementation practices across the organisation. The organisation is benefitting from the experience of the Family Services skill set and will continue to do so. Learning about the stages of implementation has given the organisation a new lens to look through when addressing challenges and new ways of problem solving that have benefitted the organisation as a whole.
Stage six: Sustainability

Part of the role of the coaches is to enable the organisation to become self-sustaining. They are being trained to provide training to practitioners and are growing in skill and experience in this role. Their role is essential to the sustainability of the Practice Framework. As well as individual coaching and case reviews they have been running regular ‘booster’ training to reinforce certain aspects of the Practice Framework and the additional modules. They induct new staff and ensure that there is fidelity to the model.

Conclusion

Wanslea is committed to families and their children and the practitioners working with them and as long as the initial positive outcomes for families are evident, the process will continue. Although it seems to have taken longer than anticipated, Fixsen (2005) advises that it takes at least four years to fully implement evidence-based practices. The introduction of validated tools to gather evidence on outcomes is embedded within daily practice however the results are yet to be fully realised. The introduction of the continuous quality improvement plan will enable the agency to track throughput data and to conduct a yearly evaluation of outcomes by 2017. This includes some additional tools to measure outcomes from the parents’ perspective as well as from the practitioners’. The process has helped the organisation to become clearer about what to expect, more skilled in working with parents and their children and more able to navigate the systems and processes that can overwhelm practitioners. Everyone is looking forward to outcome data that will provide comprehensive objective feedback to reinforce the changes evident in daily practice. Motivation remains at a high level as practitioners have become more skilled and processes have become more streamlined. The overall process has had an impact on an improvement in outcomes for families and their children’s safety and well-being, staff retention and satisfaction, and hope for the future.

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THIS PAPER EXPLORES how family dispute resolution (FDR) can be a catalyst for social-cultural change, transforming the way parents resolve disputes about parenting arrangements after separation in a family law context through non-adversarial means. Conflict resolution approaches can support parents by moving them away from entrenched acrimonious and fearful ways of relating, to the safer common ground of a child focussed agenda. The legislative and legal responsibilities of parenting are counterbalanced with a developmental focus, through psycho-education input, on the importance of relationship attachment, what characterises secure attachment and how children through secure attachment can flourish and thrive whether their parents live together or not. This involves making space for parents faced with trauma recovery and repair to reflect on their own unresolved early experiences of attachment and consider the benefit of engaging with therapeutical support during or post-FDR to enhance their attachment capacity. The intervention of alternative dispute resolution requires more than mediation from the FDR practitioner (FDRP). In late 2013, Uniting Care Queensland’s Human Research Ethics Committee approved an action-research application From Research to Practice: Achieving a professional development framework and harnessing the cumulative evidence for effectiveness in child inclusive family dispute resolution. The focus of the action-research activity planned for 2014 was to inform evaluation of child inclusive practice (CIFDR) in the context of Family Relationship Centre (FRC) Logan, Queensland.

By including children in FDR we show children they are valued and important and their experience and views have influence and are respected. The action research period was one of dynamic change in the beliefs and values of FDR practitioners about child participation, the culture of child inclusive service provision at FRC Logan and potential outcomes for children and young people through active participation. A resource developed out of the action research activities: Family Relationship Centre Logan: Framework for Child Informed Family Dispute Resolution Practice (2015) captures our achievements during the action-research and ongoing professional development activities and demonstrates how we are honouring the rights of children as expressed in Article 12 of the UN Convention on the Rights of the Child.
Child and young person participation began to increase significantly during the action research period of 2014 and continued to increase in 2015, showing an increase of 177 child and young person participants. This can be credited to changes in the way staff explain the importance and value of including children in FDR to parents, upskilling FDR practitioners to engage with both children and adults in FDR and improvements to the child inclusive culture of the FRC. The transparency of the FDR process through distribution of information for parents, children and all FRC staff and a focus on children’s rights and the UN Convention on the Rights of the Child are also factors that have contributed to parent’s increasing confidence in our child inclusive methodology in FDR and their willingness to have their children participate. Our work contributes to increasing child inclusion in family law matters where discussion and decision making is about them and affects their present and future life experience.

Background

Following reforms to the Australian family law system in 2006, a federal government initiative established 65 Family Relationship Centres (FRCs) in major cities and regional towns between 2006 and 2008. Funded by the Australian Department of Social Services (DSS) under the policy responsibility of the Attorney General’s Department, an aim of Family Relationship Centres is to place the best interests of children at the forefront by providing a safe alternative to formal legal processes for families who are separated, separating or in dispute, and particularly:
- helping families stay together
- supporting people through separation
- strengthening family relationships.

Funding guidelines actively encourage services to pursue ideas of innovation, either practical or theoretical, to enhance service delivery outcomes. FRC Logan, established in 2008, is located in South East Queensland and services the catchment areas of Logan City (population 309,000, [2015]) and Redland City (population 150,000, [2015]), South West Moreton and Moreton Bay Islands, and North Gold Coast.

Family Dispute Resolution Practitioners

The 2006 amendments included a new requirement that persons in dispute in children’s matters must first attempt FDR before making an application to a court for a parenting order and that they make a genuine effort to resolve that dispute. As a result of this requirement, FDR practitioners became central to the 2006 reforms in family law and have a particular role in helping families with complex needs, including those with family violence issues. They also make on-referrals to post-separation psycho-educational support and counselling, legal services, related child and family or community services and, when required, court for authoritative decision making in children’s matters.

Obligations of FDR practitioners under the Family Law Act 1975, and the Family Law (Family Dispute Resolution Practitioners (FDRP) Regulations 2008 prescribes requirements to be complied with in relation to the family dispute resolution services they provide, including:
- before providing family dispute resolution (FDR) under the Act, the family dispute resolution practitioner (FDRP) is satisfied that an assessment has been conducted of the parties to the dispute and that FDR is suitable and it is appropriate ... and that decisions made in developing parenting plans should be made in the best interests of the child.
- Section 60I(9) of the Family Law Act 1975 (the Family Law Act) lists the exceptions to the requirement to attempt FDR before making an application for a Part VII order.

Case management data at FRC Logan, shows that approximately 90 percent of client assessments in which both parties engaged, identified low to high incidence of family violence, (as defined in the 2012 amendments to the Family Law Act 1975). Of these 90 percent about 10 percent were assessed as high, with evidence of continued levels of denial, blame and minimisation of behaviour that characterises family violence from one or both parties. For FDR to be meaningful and child focused this positioning would need to shift and involve further pre-FDR discussions about risk concerns, impact on children and what
must change in their best interest. The FDRP re-assesses suitability to proceed to FDR after further one-on-one transformative work with the clients. Statistics further indicate that with the benefit of this intervention about 8 percent of this 10 percent are able to proceed to FDR and the remaining 2 percent of cases would be assessed as unsuitable and referred out to legal assistance and family court for resolution. Psychological and emotional abuse is a continuing influence underpinning disputes about ‘time-spent’ with the non-residential parent and the future living arrangements for children. FRC Logan’s conversations with other FRC service providers indicates that this is increasingly the norm.

Traditionally, mediation would not be regarded as appropriate where family violence is present due to the imbalance of power and control between the parties. This draws attention to the broader scope of FDR, when accessible through a Family Relationship Centre, to address the presenting imbalance safely, and then work transformatively with such families. The FDR practitioner in their jurisdiction, as defined in the Obligations and Regulations relating to the Family Law Act 1975, is positioned to act in the best interests of the child and inform parents of their shared parenting responsibilities, whilst supporting the parties to equally have a voice. This requires a sound case management process and a multi-disciplinary approach to resolution interventions. Screening out high risk cases can be of concern if there is a likelihood that eligibility for legal aid or access to legal assistance (to enable all matters to be heard in court and the best interest of the child considered) is not assured for one or both parties. FDR can support self-agency and personal responsibility where there is a power imbalance and both parties have shown capacity to participate. Legally assisted FDR would be of great assistance for such cases but would require funding to support collaborative practice in FDR to be available in the future.

Family dispute resolution practitioners may be limiting their capacity to help families affected by domestic and family violence if they characterise their work as mediation. The dispute resolution process can take a number of forms and often continues over time with more than one session. Case management includes: intake, assessment, pre-FDR planning and preparation including FRC legal clinic, joint party and child sessions, post FDR on-referrals and preparation of parenting plans. This involves being a participant in transformative process, assisting in conversations about the child’s ‘best interests’ as outlined in the Act and behaviour that constitutes domestic violence that needs to change. In view of the central role of family dispute resolution to the family law reforms, and helping families with complex needs, including those with family violence issues, the term ‘family dispute resolution practitioner’ appropriately describes the multi-faceted responsibilities and expectations of the role.

Child Informed Family Dispute Resolution

How do practitioners know what they are looking for when assessing parental capacity for reflective thought and emotional responsiveness to their child’s experience of separation, conflict, domestic violence and parental separation? How do we know which therapeutic frameworks and modalities child consultants and family dispute resolution practitioners are drawing on?

Inspired by L. Moloney (2012) drawing attention to a gap between the aspirations of child centred practices and the pragmatic realities that take place in FDR and issues associated with the systemic nature of the work: ethical dilemmas and assessing readiness to mediate, I undertook a survey of 12 voluntary participant FDR practitioners and child consultants working in family relationship centres. The survey was designed to inform a short presentation at the Family Relationship Services Conference 2012, about the theoretical frameworks, education and training and professional practice influencing practitioner practice in FDR and commitment to child inclusive work.

Participant survey feedback highlighted a lack of confidence in making assessments and referrals for child inclusion in complex FDR cases and identified the training need for specific on-going practical skills and professional development for working with adults and children in this way. There was recognition of inconsistency between the theoretical frameworks used and the professional experience practitioners were drawing on to inform their practice and this was identified as a barrier to collaboration.

All participants expressed commitment to the right of children to have a voice in family dispute resolution. Some described child inclusion in family dispute resolution as ‘cutting edge’ and a post-modern way of working with families. The majority attributed their most recent knowledge about child inclusive practice in family mediation and parenting disputes to the research and professional development workshops of Jennifer McIntosh and Lawrie Moloney. The survey findings were shared during a presentation at the FRSA Conference held in Darwin on 13 – 15 November 2012 by Norma Williams and Kerrie Anderson, From Research to Practice: Achieving a professional development
framework and harnessing the cumulative evidence for effectiveness in child inclusive family dispute resolution.

Following the presentation and further discussions in the FRC Logan team in 2013, we determined we could take action to contribute to quality improvement and professional development in this area. We acknowledged that articulation of a collective professional practice framework underpinning our work was non-existent. Child inclusive family dispute resolution (CIFDR) and child focussed family dispute resolution (CFFDR) share the same goals, which centre on post-separation parenting arrangements that facilitate children’s healthy development and adjustment. The key difference in practice is that CIFDR includes consultation with the children to explore their experience of parental separation which is then conveyed through a ‘feedback loop’, whereas CFFDR does not. Many, but not all FRCs have adopted the child informed and inclusive model of family dispute resolution.

How CIFDR can function effectively within the FRC context became a crucial focus for our professional development. Questions we explored during a series of team participatory leadership workshops included:

- Is child inclusive work in FDR a therapeutic or transformative intervention?
- What are our beliefs about children’s participation in FDR?
- What currently are the most significant barriers to implementation of child inclusion in FDR in an FRC setting?

We arrived at the following conclusions in facing these questions:

- The intervention of child inclusive work as a dispute resolution strategy can be transformative, and has the capacity to have a therapeutic impact although the intention is not to provide a therapeutic intervention.
- Practitioners’ own beliefs and views about children and their capacities influenced their hesitancy to make case management decisions that included children in the activities of the FDR and this needed to change.

The most significant barriers to effective implementation of a child inclusive model of FDR practice in the context of the FRC were due to the constraints of:

- Lack of confidence in forming assessments for ‘suitability’ for child inclusion in FDR
- The positioning of ‘giving feedback’ to parents solely at the commencement of the FDR session creating an ‘expert’ power imbalance
- Focussing on expert assessment of parental capacity and a harm minimising approach to child inclusion;
- Time burdensome delays in getting to the joint parent session due to scheduling of additional one-on-one parent sessions post case assessment. Frustrating for parents and shows no evidence of value adding to the child sessions and the subsequent joint parent discussions and negotiations
- Incompatibilities in the competency level of individual FDR practitioners and child consultant in co-facilitating joint parent sessions from a child informed perspective
- Focussing on the rights and interests of parents post-family separation and giving little regard in our resources and processes to prioritising the rights of children.

I was concerned that so few children of school age and over (63 recorded between 2012 and 2013) were participating due to the number being screened out by the child consultant or not being referred at all by FDR practitioners. A case could be assessed as suitable for FDR yet unsuitability for child consultation was later determined by the child consultant’s role in assessment of parental capacity and factors of attachment disruption, strength to receive feedback and history of family violence.

Positioning parents to ‘give consent’ for their children to be involved in the process, then requiring them to undertake further assessment for suitability seemed like a contradiction in terms, especially if later told their children would not be consulted. For me this practice raised a question — what is the value of an assessment of parental capacity as a measure to determine whether or not to include children in a process where the focus is about them? Couldn’t our interest in parental capacity and attachment be more concerned with the essence of the parent and building or restoring parental capacity through the process of FDR than using assessment as a means of deciding whether or not children would safely have a voice in FDR?

Leading through learning in action research

In order to be thinking about what action we could take to remove barriers to child participation and contribute to developing practice in this field, it was clear that we would need to be abreast of, and take into account, the broad cultural needs, interests, concerns, fears, of stakeholders and the
legislative, legal, administrative and professional frameworks in which our work is centred. Dr Andrew Bickerdike (2007) drew attention to the following considerations:

If we define culture as the attitudes, beliefs, customs, practices and social behaviour of a particular group (Encarta, 2007), we can begin to grasp the scale of these reforms to the family law system.

This is a bold attempt to change how people behave and manage themselves when travelling through one of the most difficult and distressing experiences of their lives. Of course, ……we are positive and optimistic about efforts to change behaviour. We are also aware of the challenges inherent in effecting significant and enduring attitude and behaviour change in individuals, let alone in communities. The architects of this change have clearly seen the challenge and responded with a systemic and multifactorial approach.

In late 2013, UnitingCare Queensland’s Human Research Ethics Committee approved an application for me to lead the FRC Logan team in action-research activity to evidence the effectiveness of FDR case management processes and child inclusive practice at the service. The research project aimed to assess whether any of the pathways and practices to child informed FDR better contribute to improving the quality of the parenting relationship and the long-term healthy development of the children.

Research participants included parents, children and FDR practitioners and activities included a comparative study of one new process of CIFDR, a sole practitioner model of practice, which would be compared with the existing child inclusive and child-focussed pathways. The sole practitioner model involved an advanced FDR practitioner with a background in social science and child and family work solely implementing the intake, assessment, case management, child sessions, joint parent sessions and parenting plan preparation stages of the process, instead of referring out the child related work to a ‘child consultant’ at the post screening and assessment stage. This innovation aimed to test the influence of positioning child inclusion as integral to the activity of FDR without leaning on ‘expert’ knowledge of a practitioner external to the process.

Comparison would be based on:
- Data collected as part of FDR intake and assessment
- Outcome measurement tools developed for the proposed research, to include a measure completed by the FDR Practitioners, and one completed by each of the parents involved at the conclusion of the joint sessions. These measures would be consistent for the two CIFDR and CFDR processes
- Development of an age-appropriate tool or process, designed to measure if the child can assess at this stage whether their consultation during the FDR process has improved parenting arrangements and the emotional availability of their parents to provide a secure attachment relationship.

The theoretical background for child inclusive practice in our FDR work was strongly influenced by Dr Jennifer McIntosh & Dr Lawrie Moloney who recommend that family dispute resolution should work with parents whilst keeping the child at the centre.

Questions of the action research were:

Q1. The extent to which the child’s views are incorporated into the parenting plan.

Q2. Whether the parenting plan reflects the best interests of the child.

Q3. The extent to which the child/children can assess whether their consultation in the FDR process has contributed to improved emotional wellbeing and parenting relationships.

Q4. The extent to which the parents were able to improve the post-separation parenting relationship and arrangements; and as a result, the psychological and emotional security of their dependent child’s/children’s need for healthy development, as a result of participation in FDR.

Harnessing evidence

Participant data collection to inform the action research activity was collected during the period January to December 2014 from 95 joint parent CIFDR sessions and 190 joint parent sessions that did not include consultation with children occurred, giving a total of 285 joint parent sessions. Out of 246 participants, 108 children and young people aged 5 – 16 provided participant feedback following sessions. A total of 433 adult client participants provided feedback and seven
fulltime FDR practitioners (of which three were also child practitioners) completed Staff Participant in FDR feedback. Parent participants were surveyed randomly again 3-6 months post-FDR by telephone questionnaire. A sample attached in Table 4 provides a comparative snapshot of parent feedback collated in 2014, 2015 and 2016. Increased child participation in FDR during the action research period demonstrated an immediate result from in-house professional development around child inclusive practice. Clarity of purpose in parent discussions about the value of children’s participation, streamlined time management in scheduling child and joint parent session arrangements and increased resourcing for children’s sessions pre-FDR by introducing the sole practitioner practice model were all contributing factors to the increase.

A resource developed out of the action research activities: Family Relationship Centre Logan: Framework for Child Informed Family Dispute Resolution Practice (2015) captures the thinking and conclusions arising out of our professional development achievements during 2014 and in the six months subsequent to the action-research period. The document also includes tools and resources used by family dispute resolution practitioners in FDR assessment, case management and child inclusive practice:

- FRC Logan FDR Intake and Screening Assessment Tool
- FRC Logan Case Management (FDR Suitability and Planning) Tool
- Conversations with Children in the Context of Family Dispute Resolution
- Conversations with Parents in the Context of Family Dispute Resolution
- SEER Methodology for Client Engagement in Family Dispute Resolution

The Framework is periodically reviewed and supports accelerated learning in child focused and inclusive work in family dispute resolution for new and less experienced staff, supports practice and process fidelity in the FDR team and outlines the developmental, legislative and procedural framework in which we work.

### Evaluating Effectiveness in Child Informed and Inclusive FDR

Three factors were found to have influenced the improvements:

1. Informing parents of the UN Convention on the Rights of the Child and Articles that underpin recent reforms to the Family Law Act 1975 has impacted their understanding and appreciation of why it is important for children and young people to have a say and has brought an agenda that is transparent and meaningful.

2. The sole FDR practitioner model can be most effective in facilitating a collaborative model of working with parents and positioning child inclusion as integral to family dispute resolution and supporting the best interests of children and their rights.

3. Advancing practitioner performance and efficacy by prioritising time for in-service professional development, supervision and reflective practice has resulted in practitioners talking more confidently and purposefully about child inclusive FDR with parents.

Family dispute resolution practitioners stated their preference for the sole practitioner model of practice as a seamless process that increases the authenticity of the feedback loop through engagement with both children and adults in FDR. When this is not possible, post intake and assessment, sharing case management involving school-aged children with a sole practitioner FDRP who undertakes both child and joint parent sessions is the preferred option.

At the development stage of designing a tool or process to measure if the child can assess whether their input and participation during the FDR process has improved emotional wellbeing and parenting relationship [Q.3, above], it was determined that this was an activity beyond our scope in this action research period of twelve months and more suited to a longitudinal survey of children post FDR. This led to our focus being more concerned with the participant’s experience of the present context of the consultation session. Feedback collected shows that child participants assessed improved immediate wellbeing in terms of being included, consulted and heard when having their say in family dispute resolution.

Parent participant responses relating to question 4 of the action research about the extent to which the parents were able to improve the post-separation parenting relationship and the psychological and emotional security of their children for healthy development as a result of participation in FDR
showed no significant increase in satisfaction. Post action research incorporating child and young person participation feedback for 2015 shows an increasing level of ‘happy/confident’ feelings at the end of their conversation with an FDRP on the day of their session compared with 2014 feedback, which suggests increased practitioner efficacy. Increasing satisfaction responses from parents 3-6 months post FDR reflects they believe their children have benefitted from participating and that they have benefitted from hearing from their children in the FDR process. Further research activity with the participants would enable us to assess whether these two factors have contributed to improving the quality of the parenting relationship and the long-term healthy development of the children.

Practitioner Professional Development and Performance

Reflective practice activities from a strengths-based perspective recognised that positioning as an ‘expert’, rather than a ‘resource of expertise’, lends itself to creating a perception that finding solutions to problems and the means for behavioural change lays outside of the clients’ own capabilities. Strength based solution focused narrative in FDR facilitates empowerment and self-determination toward the goal of changing the way parents deal with separation and parenting.

Practitioner participant feedback of 2012 and again in 2014 highlighted the need for supporting and developing competency through on-going practical skills development. We have evidenced that competency in child inclusive FDR work is not a result of practitioner prior learning of therapeutic modalities alone. Prior learning of social science, with specialised training in attachment related child development and consulting work, most importantly, supported by more experienced practitioners through mentoring and coaching supervision on the job, can equip the effective practitioner.

Clarity of purpose and confidence as an active participant in the feedback loop in child inclusive FDR was a competency area strongly identified by practitioners for on-going professional development. The art of scaffolding facilitative conversation was identified as the most valuable area for ongoing FDR practitioner professional development including increased competence in more naturally engaging with adults, children and young people in conversations about them and their experience of relationship and family.

In further response to this training need I established a collaboration with SKATTLE Ltd, (Brisbane, Queensland) in 2014 for the provision of a series of in-house action learning workshops and group clinical supervision. The action learning involved linking the objectives of child inclusive practice in FDR with theories and principles of strengths based, solution focussed narrative practice. Practitioners saw synergy with language of the tool Child Focused Dialogues: Children in Focus, Dr Jennifer McIntosh and Dr Lawrie Moloney [2008] and the SKATTLE conversation map tools practised in our in-house professional development workshops. All the FDR practitioners in the team had previously undertaken the 2008 or 2009 child and family mediation, child inclusive practice workshops of Dr Jennifer McIntosh. A merger of theories and principles of practice brought a shared ‘theory of mind’ to underpin what we hoped to achieve in FDR and a confidence in how we would go about it.

Performance evaluation of child inclusive practice during action research activity highlighted attributes of the effective child inclusive FDR practitioner:

- Well developed case management skills and procedures
- Well developed dispute resolution and strengths based narrative skills
- Knowledge of family systems theory, human attachment and the impact of disruptions to attachment on child development, child/parent relationship, intimate adult relationships and family relationships
- Through interaction during individual and joint parent sessions acting as a ‘zone of proximal development’ (a concept introduced by Soviet psychologist Lev Vygotski in the mid 1920s), the sharing of knowledge and resources that help parents gain an understanding of and confidence in action within their developing parental capacity to foster or repair attachment
- Confidence and competence in responding to presence of domestic and family violence and trauma in FDR work
- Advocating for best interests of the child and their rights.

Peter Marsh (1988), summed it up as follows: Most people are unaware that we are in possession of a most remarkable skill ... it is usually overlooked ... It is the ability to relate to others, engage them in conversation ... and to develop both short and long term lasting relationships, which lies at the heart of our very existence as human beings. We are not born with this ability, we have to learn what to do.
These skills are an important area of development for professionals in the family law system where relationships of both children and adults are at risk in times of high stress and conflict. Modelling and introducing short interventions that can help parents build on this ability is very important when working with them to foster parental capacity and connection in the parenting relationship after separation.

The paradigm

The model of child inclusive family dispute resolution at FRC Logan from 2008 to 2013 involved an external ‘expert’ methodology. Feedback from parents and practitioners showed the child consultant was at times not viewed by parents as someone who could authentically know or talk about ‘their’ family in the short interaction of one session. Preparing parents to receive ‘feedback’ about the ‘essence’ and experience of the child was triggering a defensive response in some, particularly those who were required to participate in the process of FDR. The FDR practitioner and child consultant work in this model was separate until they came together for the first hour of the joint parent FDR session, when the consultant would provide feedback from the pre-FDR child consultation. The feedback focus was: a child’s adjustment to the separation, impact of high conflict and developmental forecasting. The child consultant, drawing on therapeutic modalities for child consultation and parental capacity assessment, positioned the ‘feedback loop’ and child inclusive work in remedial methodology. This way of working was akin to a mediation model with the input of a counsellor advocating for the child.

The paradigm shift

Embedding the cognitive expertise of practitioners talking and relating meaningfully and purposefully from an attachment and quality parenting relationship perspective with both children and parents into the practice of FDR brought synergy to the CIFDR process. Sharing information about action that secures attachment in the parent-child relationship has relevance in the purpose of considering parental capacity during pre-FDR activities in readiness for child focused dialogue. In privileging the skills and knowledge of the client and asking questions that bring forth insight, parents are invited to be agents of change in the child’s best interests. Reflecting on the client’s experience of attachment and using analogies they can relate to, supports them in thinking and feeling about why attachment is important in their parent-child relationship. This integrated approach of risk assessment and parental capacity building attunes the FDR practitioner to the essence of the parent who in turn becomes more receptive to the practitioner bringing the essence of the child, their experience of separation and expressed needs to the joint parent conversation. This requires a high level of reflective reasoning in the FDR practitioner.

From Research to Practice

Our innovation in trialling approaches to simplify and normalise child inclusive work in FDR has clearly evidenced that we can change the things we are doing that create barriers to child participation. Where individual FDR practitioners possess the required attributes and skills, a sole-practitioner model of child inclusive FDR can be most effective in the Family Relationship Centre setting. This methodology provides a continuum of child focussed conversations with both children and adults as the child’s right to have a voice and the consideration of the child’s ‘best interests’ are intrinsically linked. Megan Mitchell, National Children’s Commissioner, in her presentation Ever seen or heard? The voice of children in family law (2014) said:

Internationally, the UN Committee on the Rights of the Child has stated that the right to be heard “continues to be impeded by many long-standing practices and attitudes”, as well as legal, social, cultural, political and economic barriers… These barriers include negative assumptions about children’s capacities and the lack of suitable environments in which children can build and demonstrate capacities … The UN Committee also stated that children should be given feedback about how their views have been considered in the decisions made … To enable effective participation we must create safe, suitable and friendly environments where children understand the processes involved, feel comfortable expressing their views, and are provided with feedback on the decisions that are made. Training for family law professionals is vital for improving engagement with children and young people.

The views are consistent with the paradigm shift influenced by practitioner reflective enquiry around child participation during action research. The shift was influenced most significantly by a willingness of practitioners and general FRC staff to explore the roots of our own conditioned assumptions about children’s capacities, the constraints of positioning in expert knowledge and challenging protectionist notions about children’s participation and how children should and should not be consulted and by whom in the family law system.
Parenting skill will differ according to socio-cultural influences, yet safe parenting through attachment is inherent for survival of the human species. The restorative approach is particularly important when engaging with parents whose life circumstances are under duress or affected by mental illness that impacts attachment. Knowledge of the neuroscience of caregiving and understanding of attachment trauma for at-risk clients is essential for family dispute resolution practitioners. A case management process encompassing the developmental, legislative and legal contexts in which we operate in FDR can be a catalyst for social-cultural change, transformative and restorative and requires more than a mediation intervention.

We have gathered evidence reflecting increasing participation rates of children and young people: 63 recorded in 2013, 246 during action research 2014, 342 post action research 2015 and 327 for the nine months to October 2016. Child and young person participation began to increase during the action research period and has continued to increase in the improved child inclusive culture. Attention to detail at every stage of FDR is supported by an administrative map that co-ordinates session and case management activities in a child inclusive timeframe, all variables considered, of 8–10 weeks. Time constraints in FDR process are now more likely to be of a client’s own making than ours and provisions are available to fast-track urgent matters such as passport applications or immediate access to children. As a result of this stance, and the way in which we have communicated this to parents, we have been able to gain their trust and automatically include all children of school age in the FDR process without resistance. Children tell us through their written feedback that they feel valued and respected.

Advances in case management process shows that an effective child focussed and inclusive process in FDR begins at first point of contact conversations with parents, continuing throughout every stage of client engagement, supported by a rigorous narrative-based safety assessment and parental capacity building tool. We have also seen the importance of demonstrating practitioner efficacy in our professional skills and capacity for attunement to the emotional and psychological needs of clients, coupled with empathy and sensitive response to their predicament at a point in time of high stress and at times diminished parenting capacity. This is a strong influence in effective child informed FDR and includes having hard conversations about how parents see their behaviour contributes to prevailing high conflict or parental acrimony. Engaging in talking in a non-confrontational way about behaviour that is viewed as family violence in contemporary law, what is not okay about that and needs to change in the best interests of children and parents, is essential for improved family relationships and child safety.

**Children’s rights**

Article 12, *UN Convention on Rights of the Child*, states:

> A child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child and that they be given due weight in accordance with the child’s age and maturity. Further, have opportunities to be heard in administrative or judicial proceedings affecting the child.

To honour the rights of the child as set out in Article 12, in family law matters we are faced with establishing a quality practice framework which is more than mediation, informed firstly from a philosophical standpoint, as the pragmatics of including children often get caught up in the polemics of whether child inclusion is suitable, even appropriate or potentially harmful to children.

Dr Jennifer McIntosh (2013) says:

> The purpose of family dispute resolution and the aims of the family relationships centres requires the family dispute resolution practitioner to advocate the best interests of a child and act as a resource in family dispute resolution for parties ... to make a difference to children, you need to target with parents: parental attunement and emotional availability; management of parental conflict and acrimony; developmentally responsive parenting plans; promotion of on-going engagement with their children’s well-being and lives.

We support the *UN Convention on the Rights of the Child* and the Australian Institute of Family Studies’ *Child Aware Philosophy & Principles* (2014), which both underpin child inclusive family dispute resolution. Positioning the child equally with parents to have a say about what its like to be them in their separated family, their experience of childhood, what’s ok about that and what parents could change, removes any notion of the purpose of consulting being to enlist the child as an informant – a real fear we identified in the minds of some parents who were opposed to child inclusive FDR.

As a result of this stance, and the way in which we have communicated this to parents, we have been able to gain their trust and automatically include all children of school age in the FDR process without resistance. Children tell us through their written feedback that they feel valued and respected. Megan Mitchell, Children’s Commissioner in her presentation *Ever seen or heard?*

> Children who understand that they have rights, what those rights are, and who also understand...
that they can rely on adults to respect these rights, are both empowered and made more capable. Having their rights recognised and realised also acts as a profound safeguarding measure for children.

If we fail to acknowledge and respond systemically to inter-generational trauma in families where relationship, institutional and cultural abuse has had presence and contributes to trans-generational relationship and family breakdown and family violence, we further risk the health and wellbeing of families, communities and nation. When we act to honour the rights of children and provide seamless opportunity for them to participate in child related family law matters they have a voice in motivating change in the quality of their parenting relationships and experiencing rights for safety and protection. We also act to help parents achieve repair, recovery and readiness to focus on the needs and interests of their vulnerable children. With the right kind of help in sorting out what’s getting in the way of safe and healthy child-parent relationships before and after separation, parents can regain autonomy as separated parents and decision makers. Change will be incremental in cases where high conflict and behaviour that characterises family violence is entrenched. Family relationship centres through a case management approach in family dispute resolution are well placed to provide such assistance to families and professionals who work in child related matters in family law courts.

**Table 1: Parent participant in FDR — Action research feedback 2014 and Post action research feedback. Percentages shown are in relation to Agree/Strongly Agree only.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing from the children about their experience helped me to be considerate to their needs.</td>
<td>29%</td>
<td>98%</td>
</tr>
<tr>
<td>I am able to take on board what the children have shared with me.</td>
<td>30%</td>
<td>95%</td>
</tr>
<tr>
<td>I feel able to put our children’s interests above my unresolved issues/conflicts with the other parent.</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>The parenting plan supports our child/ren’s relationship with both parents.</td>
<td>77%</td>
<td>82%</td>
</tr>
</tbody>
</table>

**A child’s voice …**

*is the most compelling for parents to find child sensitive solutions to parenting after separation*

*Reminds us of the needs of children for safety and security in all areas of their life*

*Shares important stories about strength and resilience*

*Brings wisdom, inspiration and hope for stronger families*

*Encourages innovation and creativity*

*Can change the world!*  

(Norma Williams 2014)
Table 2: Child (5 –10 years) participant in FDR - Action research feedback 2014 and Post action research feedback

<table>
<thead>
<tr>
<th>Question</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a better understanding of how ongoing parental conflict can impact on our children.</td>
<td>77%</td>
<td>87%</td>
</tr>
<tr>
<td>I am confident that the parenting plan will support us both in meeting our shared parenting responsibilities.</td>
<td>65%</td>
<td>77%</td>
</tr>
<tr>
<td>Before coming in today I felt happy/confident</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>When I walked in I felt happy/confident</td>
<td>54%</td>
<td>59%</td>
</tr>
<tr>
<td>When I met the child consultant person I felt happy/confident</td>
<td>87%</td>
<td>83%</td>
</tr>
<tr>
<td>During the session I felt happy/confident</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>By the end of the session I felt happy/confident</td>
<td>95%</td>
<td>89%</td>
</tr>
<tr>
<td>After talking here today I feel happy/confident</td>
<td>94%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Table 3: Young Person (11 – 16 years) participant in FDR – Action research feedback 2014 and Post action research feedback

Before coming in today I felt happy/confident

After coming here today I felt happy/confident

* Feedback included narrative responses

Table 4: Snapshots of three – six month post FDR – Parent participant feedback responses

Do you think your children benefited from participating at the family relationship centre?

Has your recent attendance at family dispute resolution helped you to strengthen your parenting relationship with the other parent?

Since family dispute resolution are you more able to put your children’s interests above unresolved issues or conflicts with the other parent?

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Table 4 continued.

Has the parenting plan been sustainable since family dispute resolution (even if you have made mutually agreed changes)?

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Neither Disagree/Agree</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>4</td>
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Do you think the children’s emotional wellbeing has improved since you participated in family dispute resolution?

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References


Adapting through learning: Family Studies as a strategic choice for the future

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THIS PAPER EXPLORES the way in which formal education can contribute to capacity building in the family services sector. The concerns and issues for families now and into the future are conceptualised as ill-structured problems that require an adaptive capacity by all stakeholders in the sector and beyond. The paper gives insights into how an adaptive capacity can be facilitated through formal postgraduate education, and makes the case that being immersed in the discipline of Family Studies generates deep learning that can be applied at many levels of professionals’ work with families. Three core concepts of reflection, knowledge construction and productivity are linked to future expected and unforeseen demands on family professionals, particularly the increasing demand for choosing, implementing, adapting and evaluating evidence-based programmes and evidence-informed practices, as well as measuring the collective impact of activities that support the well-being of families.

Introduction
Well-functioning families, in all their diversity, “have always been the glue that has bound communities together and strengthened societies” (Hayes, Qu, Weston & Baxter, 2011, p. 1). However, major risks increasingly confront too many families and communities, and significant numbers of people are particularly challenged by the impacts of complex, intergenerational vulnerabilities. Concerted and connected responses that link the expertise within research, education, policy and practice are needed to address the difficulties confronting some families throughout the life-course and the increasing complexities of global and local forces impacting upon them (Moore, 2011).

Conceptualised as ‘wicked’ by some, these multiple, knitted, health and social problems are difficult in that they generally have “no definitive formulation, and the different ways they are defined suggest different solutions. They have multiple interdependencies, no clear beginning and no absolute solution” (Valentine, 2015, p. 7). Working inside such complex, ill-structured problems is demanding, and requires an ‘adaptive capacity’ at many levels of a complex
specialist knowledge as thematic areas of study, academic discipline, Family Studies organises disciplines (Burr & Leigh, 1983). Third, as an generally studied by other related social science a body of knowledge which is specific and not study, Family Studies can accumulate and create spotlight. Second, with families as the object of in all their complexity and diversity, into the academic discipline lies first in raising families, multi-generational health and social issues, has prompted the direction of the sector towards the implementation and adaption of evidence-based programmes and evidence-informed practices (Robinson & Esler, 2016), as well as placed-based collective impact projects addressing some of these complex issues, such as in Communities for Children sites and other locations (Homel, Freiberg & Branch, 2015). Given this re-orientation of the sector, building the capacity for adaptation – openness, flexibility, creativity, attentiveness to diversity, and uncertainty of knowledge – is vital for practitioners, organisations, services, and policy makers. There is an urgent need to address the capacity of the sector’s workforce in order to respond to changes in the sector and to meet families’ complex needs through appropriate services, programmes and practices (Family and Relationship Services Australia, 2011).

Family Studies as an academic discipline

Formal and ongoing education is an important step towards building the capacity of the sector. The first manifestation of Family Studies as an academic discipline in higher education occurred in 2015, when the University of Newcastle (UON) appointed a Distinguished Professor of Family Studies. This move complements the national research and policy focus on supporting families in their community contexts and greatly strengthens the research-policy-practice nexus. As evidence-based and evidence-informed family-centred practice continues to grow in importance across a range of professions and industry sectors, quality tertiary education delivered through the disciplinary framework of Family Studies will be key to ensuring research and policy are translated into, and informed by, effective practice.

The value of consolidating Family Studies as an academic discipline lies first in raising families, in all their complexity and diversity, into the spotlight. Second, with families as the object of study, Family Studies can accumulate and create a body of knowledge which is specific and not generally studied by other related social science disciplines (Burr & Leigh, 1983). Third, as an academic discipline, Family Studies organises specialist knowledge as thematic areas of study, such as trauma-informed practices, evidence-based practices, engaging fathers, or working with diversity in families. The knowledge generated by study in this field is consistent with a public health approach to evidence and to integrated practices. It has the potential to inform a wide range of disciplines outside of family studies in collaborative, multi-disciplinary ways.

Finally, at UON, two programmes of study, the Graduate Certificate in Family Studies and the Master of Family Studies, are a coherent institutional manifestation of the importance of family. This represents a significant step forward as a coherent study of family at tertiary level has been a missing link in the development of the profession in Australia, despite individual courses or specialisations incorporating some focus on families in other Australian universities.

Most importantly perhaps, the presence of an academic discipline provides a space for professionals to develop adaptive solutions to the accelerating changes in family demography, family forms, family issues and service users’ expectations of professional services or programmes. Within the context of a coursework degree, such as the Master of Family Studies, or a research degree such as the Doctor of Philosophy in Family Studies, the challenge is to expand the capabilities of individuals so they can respond to ‘messy’ social problems and participate actively as interdependent agents who champion adaptive knowledge and action.

As evidence-informed collaborative public health approaches (Higgins & Katz, 2008) and collective impact approaches (Homel et al., 2015) are increasingly suggested as possible ways that the family sector could have an increased legitimate role in solutions to preventable health and social problems faced by families, the discipline of Family Studies also has a role to play in re-imagining and reorienting undergraduate programmes to prepare a range of professionals to work collaboratively with others in a public health approach to address the complex health and social issues facing families. UON has recently developed a suite of courses built on these contemporary issues and approaches in the family sector which will be included in the Bachelor of Social Sciences from 2017.

Considering these educational initiatives, the following section outlines an evidence-informed framework for tertiary education as it is applied to the study of families in the Master of Family Studies at UON.
Adapting through learning

Learning, a cognitive act that manifests as a more or less permanent change in behaviour (Bouton, 2007), is itself a key adaptive process. Innovative post-graduate study can facilitate this adaption through three core activities: reflection, knowledge construction, and productivity. These elements are common to many models of learning. Individual experience, critical reflection, and questioning are key elements of transformative learning, for example, an approach that emphasises personal transformation and agency in social change (Mezirow & Taylor, 2009). As a constructivist teaching approach, the pedagogical model underpinning study at UON emphasises the active role of the learner in building understanding and making sense of information. In a constructivist teaching approach …

the accent is on the learner rather than the teacher. It is the learner who interacts with his or her environment and thus gains an understanding of its features and characteristics. The learner constructs his own conceptualisations and finds his own solutions to problems, mastering autonomy and independence. According to constructivism, learning is the result of individual mental construction, whereby the learner learns by dint of matching new against given information and establishing meaningful connections, rather than by internalising mere factoids to be regurgitated later on. In constructivist thinking, learning is inescapably affected by the context and the beliefs and attitudes of the learner. Here, learners are given more latitude in becoming effective problem solvers, identifying and evaluating problems, as well as deciphering ways in which to transfer their learning to these problems (Thanasoulas, n.d).

Across the courses within the Master of Family Studies degree, students are invited to complete learning activities and assessments that to an extent mirror messy problems of the real world. The tasks draw out thinking and analysis based on reading, reflections, practical applications, and professional and personal perspectives. Students spend between 10-12 hours per week on learning tasks for each course, and thus over a 3-month term, are immersed in an iterative process of experience-reflect-apply that gives time for absorption and embedding of new information. This iterative process continues throughout the 12–24 months that students take to complete their studies. This deep-learning process is a key point of difference to the short course training typical of Continuing Professional Development. The three elements of reflection, knowledge construction and productivity are discussed below, giving an insight into how deep learning prepares new and continuing professionals for the future the families they work with will face.

Reflection

Reflection or reflective learning is a form of learning that emphasises deliberate, critical analysis of one’s attitudes and actions; the critique lies not in making a judgement of right and wrong actions, but in challenging assumptions and implicit beliefs or analysing automatic or habitual behaviours for example. As reflective practice, the approach is well embedded in professions such as social work, nursing and education, and has an extensive research and technical literature. Its relevance to adapting to future needs of families and communities consists of its potential to facilitate retrospection and thus paradoxically stimulate foresight.

Students are invited to engage in reflective learning in two primary ways: one through exposing and challenging assumptions and dogma, from both personal and professional perspectives, the other by initiating internal and collaborative discourse between their practice and their knowledge. Challenging assumptions and hidden fictions may take the form of responding to narratives and cases, exploration of personal family stories, or reviewing video of one’s own client engagement processes. This self-conscious, open-minded enquiry can disrupt familiar habits of thought and prompt new insights into the problematics of family work. For example, one student writes: “As a man and a father, with over two decades of experience working in the welfare sector, studying this course has provided me some new/further insight into both the theoretical and practical aspects of fatherhood.” Another wrote, “The exercise I can only describe as a real learning curve … It really made me realise how clinical our approach can be.”

An extension of this type of reflection is critical reflection that questions the broader social positioning of practitioners, families and services. Through completing learning activities as described above, students are encouraged to perceive and respond to the barriers between layers of society – family, neighbourhood, government. The broader picture of families and community that is the focus of the degree puts students in touch with a range of acute problems that may prompt them to change perspectives or frames of reference. Although many if not most students are professionals who already understand the imbalance of equity and the pursuit of social justice, discussions, readings and assignments give students an intellectual space that strengthens their drive.

As an example, a final assignment in one course requires students to interrogate their own policy and organisational contexts and professional practices. In exploring her own work and cultural context, one
student reflected on her realisation that, “In India and even Nepal for that matter, we are yet to have enough rigorous robust research projects to prove the efficacy of any family intervention. We have a minimum set of databases of reliable research output conducted to prove the efficacy of a few deficit-based family interventions like structural, strategic and behavioural family therapy, and they are also skewed when it comes to the target population.”

The second significant value of reflective learning concerns opening a discourse between one’s practice and one’s knowledge. Many of our students are active professionals, working part and full time; a dialogic practice enables students to consciously observe their skills and experiences in the light of current and new knowledge. In also being assessed and offered formative feedback from academic staff, these activities allow students to assess how flexible and sufficient their knowledge or skills are: “The course curriculum and assessments have been very captivating and challenging”.

Further, the dialogic practice, which can be an internal process or in collaboration with others in virtual chatrooms or face-to-face workshops, creates opportunity to make explicit practitioners’ rich store of personal ‘tacit knowledge’. While intuition, initiative and creativity may inform practitioners’ moment by moment decisions (Holmes, 2006), the pressure cooker of workload can cause good ideas to be forgotten and promising ideas to be never tested. For practitioners who are passionately committed to their roles, capturing, documenting and or ‘codifying’ their own expertise is empowering and transforming. The implicit intuitive aspect of care work, social work and helping professions more generally is often described as artistry or craft, and observation and reflection on self (and others) validates students’ knowledge, skills and experience. In fact, students are generating new knowledge through analysis of their practice and linking it to their underlying knowledge base. While much has been written about evidence-based practice, generating knowledge from practice appears to be less valued, at least in the research literature (Thompson & Pascal, 2012), yet there is much to be learned from experts’ contextual and situational use of knowledge and procedures (Fook, Ryan & Hawkins, 2000).

Knowledge construction

Practice and research knowledge is foundational to the collaboration and integration required in future family work. Contemporary settings in the Family and Relationship sector require complex, higher order analysis. For example, implementing and evaluating evidence-based programmes and practices includes developing systematic programmelogics based on the best available evidence from practice and research literature, and finding appropriate specific outcomes measures which are logically linked to the activities in the implemented programmes.

The concept of ‘knowledge construction’ suggests that learning is an active building and organising of knowledge rather than acquiring or receiving. In the Master’s programme we expect that students need more information about substantive areas such as attachment or trauma in order to develop specialist knowledge. Procedural knowledge is constructed through students’ interactions with core concepts such as trauma-informed care, child protection, family-centred or child-aware practice, and then in considering and or applying these concepts when working with strengths approaches, and with vulnerable populations such as Indigenous, refugee, immigrant, or men in vulnerable families.

We also expect that students will benefit from organising their situational, conceptual and practical knowledge into coherent, meaningful domains, such as ‘attachment’ or ‘trauma’. Students are required to also understand the links between these bodies of knowledge, and to generate new ideas from their understandings of the links. This structure of thinking is represented in the SOLO taxonomy⁴ (Biggs & Tang, 2007) where one’s knowledge about multiple domains can be called ‘multi-structural’, while seeing the links between the domains is ‘relational’. Articulating the links between bodies of knowledge is not always an easy task; students need to practice chunking what they know into coherent ideas and concepts, and then articulating how one idea can affect another. In fact, it is easier to see when students do not grasp the links between ideas than when they do. For example, in an assignment where students write a referral letter for a family where children are at-risk, omitting to discuss the link between child development and parenting, or between homelessness and school truancy, reveals a multi-structural understanding but not a relational understanding. Alternatively, where a student has identified all the possible risks and prioritised those that require immediate action and those which require further investigation, then they can be said to have a ‘relational’ level of understanding of the case. They have integrated all parts of the ‘problem’ into a coherent response. This quote from a student who is an administrator of a large public health programme illustrates relational thinking: “I discovered a strong linkage between public health and family studies at both individual and community levels.”
Providing the pathway for this intellectual development is fundamental to course design. In one course that focuses on working with men and family violence, students begin by reflecting (personally and professionally) on men’s vulnerability. This is followed by learning activities where students undertake and then critique their techniques and processes of motivational interviewing with a father. They are required to identify and report on their experiences; rather than judge their own skills at motivational interviewing, the assignment is a test of their ability to think about what happened. This assignment is followed by another more sensitive interview with fathers, students again critiquing their techniques and processes, reflecting on the implementation of the interview and the relationship between interview content and the core concepts of safety, risk and accountability addressed in course content.

The better organised their knowledge, the better that professionals can perceive and articulate the complexities of their practice, whether manifestations of family interactions, or trends in organisational issues. When students can also draw links between components of their work, such as between core concepts like trauma and strengths-based approaches, then they are prepared for generative and adaptive thinking about complex, uncertain problems.

Productivity and invention

More specifically, the curriculum of the programme enables students to produce assignments of tangible value to their current and future practice. While assessment is often a means to an end, that is, a step closer to graduation, the intention behind many of the ‘authentic’ course assessments is to activate vision and resourcefulness. Pragmatically, students produce artefacts that are usable in professional circumstances, such as safety plans, programme proposals, evaluation designs or professional development modules. The emphasis on production is so that students build a ‘bank’ of knowledge (e.g. principles of male engagement), practices (e.g. trauma-informed practices; collective impact assessments; evaluations of evidence-informed programmes or practices) and technical and self-regulatory strategies (e.g. search, organise, apply, evaluate, and review). In these tasks, students can produce work with academic rigour, creativity and originality. From a student perspective, “the actual course itself has been priceless (professionally) as I have used every article and new concept to put together some wonderful professional development opportunities for my colleagues.”

Relevance to family work

But as social commentators expound, the issues around families are complex, intergenerational and stubborn (for a discussion, see Blakemore et al., 2012). This implies that our students, as current or future professionals, will need to extend their capacity to work capably and authoritatively with complexity, novelty, and information ambiguity. Time frames, resources, system demands, conflicting goals, conflicting problems and possible solutions all contribute to complexity (Mumford et al., 2000).

Such problems cannot be solved simply through the routine applications of existing knowledge (Baughman & Mumford, 1995) and family professionals at all levels will need to generate and invent. Responding to messy, ill-structured problems requires several steps: resolving open constraints (i.e. defining, scope and/or limiting the problem); imposing parameters (e.g. deciding on appropriate concepts and methods); searching for analogies (e.g. what similar problems, issues, or strategies might assist?); and unearthing the principles that underlie this particular issue (Glaser, 1995). Put more simply, there is no single, best answer, perspective or approach, and although this is probably the lived experience of most practitioners, it can actually be intellectually confronting to perceive, accept and articulate multiple perspectives in family work. A case in point is the Master of Family Studies course, Working with Vulnerable Men. Here students are encouraged to add an ‘ethical journey’ perspective (Jenkins, 2009) to current understandings of male violence as a drive by men to control women. Students are encouraged to acknowledge some men’s experiences of disadvantage or marginalisation, without sacrificing responsibility for their abusive actions, and without blame and justification. Following the principles of experiential learning (Jacobsen, 2015), familiarity with exposing one’s thinking about real-world problems such as these will give a good grounding for students to become agile agents for future needs and social change.

Furthermore, practitioners will need to work interdependently. An adaptive system requires its agents and actors to not only responsibly instigate their own strategies and methods, but also to consult, converge, or reconfigure according to conflicting goals and behaviours (Rouse, 2008). To prepare students for this multilevel interweaving of ideas and goals, we offer some collaborative projects that characterise real world hassle’s such as technology, time zones and cultural differences. In one learning activity, for example, students prepare a collective report on a group-selected issue for families. Students are assessed on their own individual
In sum, the challenge facing the family services (Aarons, Hurlburt & Horwitz, 2011). substantive and technical knowledge to the task change, to act as champions for change and bring ‘adopters’ will need to perceive the need for responsiveness in order to capture its effectiveness aspects such as fidelity, reach, and participant and adaptation. Furthermore, the implementation frameworks developed by Fixsen and others (e.g. Fixsen, Naom, Blase, Friedman & Wallace, 2005) demonstrate the value of this holistic capacity in family work. When selecting an intervention, organisations and their practitioners need to be able to identify the appropriate intervention, the target population, alternative or typical models used for this problem and this population, the theory base that underlies the selected programmeand the theory of change that is supposed to facilitate people’s adjustment and adaptation. Furthermore, the implementation of the intervention requires documentation of aspects such as fidelity, reach, and participant responsiveness in order to capture its effectiveness (Durlak & DuPre, 2008). To be successful, individual ‘adopters’ will need to perceive the need for change, to act as champions for change and bring substantive and technical knowledge to the task (Aarons, Hurlburt & Horwitz, 2011).

In sum, the challenge facing the family services sector is not so much keeping up with change or even in being ahead of it (if that is possible), but in being mentally or intellectually primed to work within “multilayered social processes that have built-in conflictual dynamics” (Dello Buono, 2015). Being ready for the future is not about predicting the future, or even considering alternatives, because even these can be selectively turned into predictions for the purpose of advocacy or policy shifts. But preparing for the future must include preparing the thinking patterns or habits for the future. We can be sure that many problems will be complex, wicked and ill-structured, given the psychology of humanity. Developing habits of thinking that range from multi-structural to relational and extended will allow practitioners to be adaptive, to act flexibly, and to reshape and reform their knowledge and experience to generate new solutions to real-world problems. The long term outcomes will be improvements in individual health and wellbeing through enhanced capacity to strengthen and support families.

**Conclusion**

Education is an opportunity to reflect, construct and produce. Through critical reflection, students discern gaps in practice, challenge assumptions and set up new habits of dialogue between practice and ideas. Students can deepen their knowledge and understanding in independent specialist areas that relate to their work setting or their interests. Through assessments and learning activities that require analysis, comparisons, or explanations, students learn to see the relations between core concepts in the domain. The production of simulated work pieces gives students practice in generating, testing, reviewing and sharing their ideas, preparing them for the complex problems they face in their work. For the complexity does not necessarily lie with the families themselves, it may actually be in the complexity of our systems of knowledge (Valentine, 2015), and as such, we are responsible for developing deep understandings among our students.

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**References**


Adapting through learning


Endnotes
1 Krishnan (2009) outlines six characteristics of academic disciplines that can be applied to Family Studies.
2 https://gradschool.edu.au/programs/overview/graduate-certificate-family-studies-12276
3 https://gradschool.edu.au/programs/overview/master-family-studies-12277
4 SOLO taxonomy: The structure of observed learning outcomes (SOLO) taxonomy is a model that describes levels of increasing intellectual complexity in student’s understanding of subjects. It is a commonly used model of intellectual development in higher education.
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