

Family Relationships Quarterly

THE NEWSLETTER OF THE AUSTRALIAN FAMILY RELATIONSHIPS CLEARINGHOUSE



Welcome

Elly Robinson, AFRC Manager | November 2009

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

As we head into another Australian summer, we have chosen to focus this edition on natural disasters and their impacts on families. Catherine Caruana reviews the literature on the responses of families, children and adolescents to natural disasters. An article by Jill Miller, Chief Executive Officer of Grampians Community Health, describes a whole-of-service response to regional bushfires in 2006. Another main article in this edition looks at the role of psychological factors in preparation for natural disaster events.

Vicki Cowling and Matt Lamont summarise their practice–research collaboration on the Headin' Up program at the Newcastle Family Support Service, which supports children and young people where a family member experiences mental illness. In this edition's program spotlight, Robyn Parker reviews the integration of the Strength to Strength and Resources for Adolescents and Parents programs at the Relationships Australia site in Parramatta, Sydney.

Brief articles are offered on couples and finance, and the new NetworkOnAStick resource provided by the Victorian Family Law Pathways Network. Literature highlights in this edition examine recent publications on shared care.

We hope that you enjoy this edition of *Family Relationships Quarterly*. Feedback is always welcome at <afrc@aifs.gov.au>.



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

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

Family Relationships Quarterly

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Life in the aftermath

A summary of the literature on individual and family functioning following natural disasters

Catherine Caruana

The 2009 bushfires in Victoria involved loss of life and destruction of property on an unprecedented scale. Extensive flooding also occurred in areas of Queensland and New South Wales in the first half of the same year. While by no means unusual occurrences in Australia—Australians currently have an estimated lifetime exposure to natural disaster of 1 in 6 (McFarlane, 2005)—these recent events may be the harbingers of more frequent and ferocious weather events associated with climate change.¹

For practitioners working in affected areas, the significant losses and complex needs faced by clients in the aftermath of catastrophic events poses particular professional challenges. While there has been relatively little research on the impact of natural disasters on families, there exists a vast body of literature on the psychosocial impact at an individual level, allowing us to extrapolate to the family context. What follows is a review of the literature on the human response to natural disaster with a particular focus on families, children and adolescents. However, in reviewing the literature it is important to recognise at the outset that each event is unique, and each affected community will respond in a unique way. The process of recovery will vary depending on the personal, cultural, social, economic and political factors at play.

Individual psychological recovery

Studies of populations surviving mass trauma allow us to make some predictions about rates of impairment following sudden-onset disasters. The majority of those who survive a natural disaster report distress of some degree soon after, but most symptoms will resolve a year or so after the traumatic event (Gordon, 2005). A range of conditions manifest in higher than average rates in post-disaster

populations including depression, anxiety disorders, complicated grief, substance abuse and somatic, or physiological responses (Smith, North, McCool, & Shea, 1989). Only 10–12% develop a chronic condition (i.e., lasting longer than 3 months) consistent with a diagnosis of Post Traumatic Stress Disorder (PTSD) (Friedman, Ritchie, & Watson, 2006). And for some, the experience will represent an opportunity for personal growth, resulting in positive psychological outcomes, such as the development of deeper relationships, compassion, resilience and spirituality as well as an enhanced appreciation of life (Tedeschi & Calhoun, 2004).

While PTSD is the most commonly observed disorder in the disaster studies, it is not necessarily the most common outcome following catastrophe. However, it is four times more likely to co-exist with the other trauma related disorders listed above (Smith & North, 1993). PTSD is seen as a neurobiological dysfunction, representing a failure to recover from an acute stress response (Foa, Stein, & McFarlane, 2006). It will resolve in around 60% of cases, with symptoms enduring for a mean of 36 months in people who receive treatment and 64 months for those who don't (Foa et al., 2006).

Other psychological responses that are common following trauma include:

- depression, which is the second most common condition to arise in the aftermath of a disaster (Norris et al., 2002) and is most likely to be found in conjunction with PTSD (Brady, Killeen, Brewerton, & Lucerini, 2000);
- generalised anxiety disorder, which is characterised by excessive worry or apprehension, occurring most days for a period in excess of 6 months, triggering impaired concentration, restlessness, irritability as well as physical symptoms such as muscle tension and palpitations (Foa et al., 2006). In its acute form, symptoms resemble those of PTSD with the additional marker of dissociative reactions (Sattler et al., 2006). Dissociative symptoms and an early experience of time distortion indicates a four-fold risk of developing chronic PTSD (Fullerton & Ursano, 2005);

1 The World Health Organization's Centre for Research on the Epidemiology of Disasters (CRED) has reported an upward global trend in the occurrence of natural disasters over the last decade, with hydrological disasters such as flood being the most common. See <<http://www.cred.be>>



- complicated grief, which affects 10–15% of all bereaved people but will be higher following traumatic death. It is a distinct syndrome which is treated differently to depression (Prigerson et al., 1999) but can produce symptoms that overlap with those of PTSD (Foa et al., 2006); and
- rates of excessive alcohol consumption have been found to increase in communities following disasters, particularly amongst emergency service workers (Norris et al., 2002) and amongst men (Green, 1996). In the 12 months following the September 11 attacks in the United States, there was a 31% increase in the abuse of drugs and alcohol in New York (Foa et al., 2006). Substance abuse is also linked to losing one's home (Rowe & Liddle, 2008).

As most of those who experience distress immediately after the event will regain normal functioning in the long-term, formal psychological intervention in the first couple of weeks is not generally recommended (Australian Centre for Posttraumatic Mental Health [ACPMN], 2007). However clinical experience suggests that some form of psychological support soon after the event can be important.

Psychological first aid is recognised internationally as an appropriate way of assisting in the immediate aftermath of disasters (Forbes, 2009). The primary purpose of this initial encounter is to help to stabilise the traumatised person by promoting a sense of safety, providing physical and emotional comfort and linking them with support systems (Forbes, 2009; Gordon, 2007). Gordon sees this as an essential first step in counteracting the social disconnectedness that occurs during high emotional and physical arousal when there is a threat to survival. Failure to reconnect with the social fabric can impede recovery (Gordon, 2007).

Survivors of community-wide disasters are likely to encounter significant on-going stressors, all of which can act to amplify the original trauma. These include homelessness, unemployment, financial difficulty and the bureaucratic processes involved in accessing disaster relief, government support or insurance monies. Secondary stressors are likely to play a significant role in PTSD persisting. The degree of community destruction following a disaster, including the extent of relocation that is necessary, may affect rates of psychological morbidity as the social and work spheres that can support recovery from trauma are more likely to be in disarray (Fullerton & Ursano, 2005; Uscher-Pines, 2009).

Children and adolescents

Children and adolescents are particularly vulnerable to psychiatric impairment following exposure to trauma, with the mental health outcomes seen as a developmental discontinuity (McDermott & Palmer, 2002).² However, there are a range of different findings regarding responses across the developmental spectrum, including no effect of age, higher rates in older children and adolescents, and higher rates in younger children. A study of primary school children following a bushfire, for example, reported a peak prevalence of PTSD in middle school years (i.e., grades 4–6), with a greater incidence of depressive symptoms in younger children (McDermott & Palmer, 2002).

Some common disorders and behaviours children may present with following trauma include

² Note, however, that there is a lower prevalence of PTSD in children after natural disasters (5–15%), compared to kidnapping (90–100%) and major transport accidents (40–60%) (McDermott, 2008).

depression, separation anxiety, re-experiencing of the event via nightmares and repetitive re-enactment in play. Children may also demonstrate guilt, avoidant behaviour, have fears of recurrence and worry for the safety of others. Adolescents are also at risk of anxiety and depression, substance abuse, increased risk-taking, aggressive behaviour and incoherent thinking (Fullerton & Ursano, 2005).

Symptoms have also been found to persist in children. In a study of the 1983 Ash Wednesday fires in Southern Australia, one third of children studied were found to have a continuing preoccupation with their exposure to the fire 26 months after the event (McFarlane, 1987b). Adverse events in the child's life occurring in the previous 18 months and unrelated to the bushfire also played a part in this continuing preoccupation (McFarlane, 1987b). However, in one of the few longitudinal studies of child disaster victims, the disaster experience was found to have minimal long-term impact on mental health outcomes in adulthood (McFarlane & Van Hooff, 2009).

Children and teenagers are particularly susceptible to transmission of secondary trauma following disasters. The mental health of parents, separation from parents in the immediate aftermath, and disturbed family functioning may be more important determinants of a child's response than their own direct exposure to the disaster (McFarlane, 1987a). Studies have also found evidence of discordance between parent and child reports of symptoms, a disparity that appears to increase with the child's age. Parents report significantly fewer post-disaster symptoms in their children, and these tend to be behavioural in nature, while child self-reports reveal more symptoms overall and more internalising symptoms (McDermott, Gibbon, & Lee, 2005).

Family recovery

Early studies found that there may initially be increased closeness and familial cohesion immediately following the disaster event, and at different points in the recovery process (Silber, Perry, & Block, 1958). Links between the nuclear family and extended family can be strengthened over the long-term, and are associated with family recovery (Drabek & Key, 1976). The more a victim family can turn within or to extended kin for comfort, a sense of safety and material aid, the more likely

that they will rebound from the disaster psychologically (Bolin, 1976). Families that do not share their immediate reactions to the disaster (e.g., where children are sent elsewhere while parents focus on salvage work) are likely to face more trouble with their long-term adjustment (McFarlane, 1987a). More recent studies report similar findings. In a study of adolescent survivors of Hurricane Katrina, researchers found that the more a family relied on external help in the aftermath, the greater likelihood of a negative impact on adolescent mental health. Young people whose families relied heavily on relief agencies displaying lower self-esteem, greater psychological distress and symptoms of depression (Vigil & Geary, 2008). Another possible explanation for these findings is that those more severely affected or traumatised were more reliant on relief agencies and it is the severity of their family's circumstances that is related to the poor self-esteem of adolescents.

The phenomenon of secondary trauma within families is well documented. After primary victims, those at greatest risk following catastrophic events are those with a significant attachment to primary victims (Wright & Bartone, 1994). As discussed above, this is of particular concern when looking at outcomes for children following disasters. Traumatized parents may have heightened concerns about the safety of children post-disaster, especially if they are suffering from anxiety about future threat (McFarlane, 1987a). Parental (and particularly maternal) over-protectiveness has been linked to parental PTSD, and to poorer outcomes in children (McFarlane, 1987a). Tolerance for different coping styles within the family and the pace of grief processes within the family is important, especially in cases of sudden and severe upheaval, as "transitional conflict" can occur where family members process their experiences differently (Landau, Mittal, & Wieling, 2008). While there is a dearth of data on the rate of family breakdown following natural disasters,³ anecdotal evidence, supported by a small number of studies, suggests that intimate partner violence, child

3 However, a study of relationship trajectories following Hurricane Hugo in the United States in 1989 found that marriage, birth and divorce rates increased in the year following the hurricane, suggesting that a life-threatening event motivated people to take significant action in their close relationships (Cohan & Cole, 2002). In most studies, relationship problems are treated as a life stressor variable rather than an outcome of the traumatic event.

abuse and sexual violence are more prevalent after disasters (World Health Organization, 2005).

Risk factors for psychological problems

The question of vulnerability involves a complex interplay between the nature of the traumatic event, the personal characteristics of the victim and the social supports available to them in the aftermath. The degree of exposure to the stressor and the level of perceived threat have been found to be critical determinants of risk of psychological problems (McDermott et al., 2005; McFarlane, 2005), accounting both for prevalence of disorders and duration of symptoms (Weiseath, 1996). Facing the prospect of imminent death has been identified by one clinician as a pivotal experience, which can provoke severe and pervasive symptoms in an individual (Gordon, 2005).

Davidson and McFarlane (2006) found that the kinds of disasters associated with psychological impairment include those with at least two of the following characteristics:

- a disaster with a high prevalence of physical injury;
- threat to or actual loss of life;
- widespread property damage;
- serious ongoing financial difficulty; or
- involvement of human carelessness or intent.

Physical injury suggests that survivors are likely to have had a greater exposure to life threat, creates additional stressors and provides a constant reminder of the incident (Fullerton & Ursano, 2005). Other factors noted in the literature include characteristics such as an inability to control or predict the event, the possibility that the disaster will re-occur and exposure to the grotesque or macabre (Fullerton & Ursano, 2005).

The personal characteristics most consistently associated with impairment were a history of psychiatric illness and childhood abuse (Bryant, 2009; Fullerton & Ursano, 2005). The impact of age on impairment risk is most evident in children and adolescents, although as discussed above, the correlation is complex and non-linear. At the other end of the life stage, research suggests that middle-aged people fare worse than older people, perhaps because financial responsibilities at this age are greater and the life experiences of older people may afford them some resilience (McFarlane, 2005; Norris et al., 2002).

The influence of gender is unclear. Girls, including those of pre-school age may be more likely to report higher levels of subjective fear following a traumatic event, but this does not appear to translate into significant differences in psychiatric morbidity (McDermott & Palmer, 2002; McDermott et al., 2005).

Conclusion

The international literature cataloguing the human suffering engendered by over half a century of catastrophic events has much to contribute to our understanding of the way individuals and families respond to natural disaster, particularly in recognising who may be at risk of psychological impairment and who is likely to recover. Given what is known about secondary transmission within families, effective screening and treatment of those affected by natural disaster may help to minimise the ricocheting of trauma within the community. Perhaps the clearest message from those working in the field is that early intervention in the form of psychological first aid is likely to promote recovery. What appears to be largely missing from the research, with its individualistic and pathology-based focus, is a multi-systemic approach, exploring the role of family and community in fostering healing and promoting resilience. The importance of the family as a facilitator of recovery for individuals has only recently been recognised (Landau et al., 2008; Rowe & Liddle, 2008; Walsh, 2007) and there is now greater acknowledgement of the importance of looking at the family impact of trauma when considering treatment options for individuals, especially children and adolescents.

References

- Australian Centre for Posttraumatic Mental Health. (2007). *Australian guidelines for the treatment of adults with Acute Stress Disorder and Posttraumatic Stress Disorder*. Melbourne: Australian Centre for Posttraumatic Mental Health.
- Bolin, R. (1976). Family recovery from natural disaster: A preliminary model. *Mass Emergencies*, 1, 267–277.
- Brady, K., Killeen, T., Brewerton, T., & Lucerini, S. (2000). Co-morbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of Clinical Psychiatry*, 61(supplement 1), 22–32.
- Bryant, R. (2009). The impact of natural disasters on mental health. *InPsych: The Bulletin of the Australian Psychological Society Ltd.*, April, 8–9.
- Cohan, C., & Cole, S. (2002). Life course transitions and natural disaster: Marriage, birth and divorce following Hurricane Hugo. *Journal of Family Psychology*, 16(1), 14–25.

- Davidson, J., & McFarlane, A. (2006). The extent and impact of mental health problems after disaster. *Journal of Clinical Psychiatry*, 67(supplement 2), 9–14.
- Drabek, T., & Key, W. (1976). The impact of disasters on primary groups linkages. *Mass Emergencies*, 1, 89–105.
- Foa, E., Stein, D., & McFarlane, A. (2006). Symptomatology and psychopathology of mental health problems after disaster. *Journal of Clinical Psychiatry*, 67(supplement 2), 15–25.
- Forbes, D. (2009). Psychological support and treatment for victims of Victoria's bushfires. *In Psych: The Bulletin of the Australian Psychological Society Ltd.*, April, 2009, 10–11.
- Friedman, M., Ritchie, E., & Watson, P. (2006). Overview. In E. Ritchie, P. Watson, & M. Friedman (Eds.), *Interventions following mass violence and disasters: Strategies for mental health practice*. New York: Guilford Press.
- Fullerton, C., & Ursano, R. (2005). Psychological and psychopathological consequences of disasters. In J.J. López-Ibor, G. Christodolou, M. Maj, N. Sartorius, & A. Okasha (Eds.), *Disasters and mental health* (pp.13–36). West Sussex: Wiley.
- Gordon, R. (2007). Thirty years of trauma work: Clarifying and broadening the consequences of trauma. *Psychotherapy in Australia*, 13(3), 12–19.
- Gordon, R. (2005). The effects of preparing for sudden death. *Psychotherapy in Australia*, 11(2), 12–18.
- Green, B. (1996). Traumatic stress and disaster: Mental health effects and factors influencing adaptation. In F. Lieh-Mak, & C. Nadelson (Eds.), *International review of psychiatry* (Vol. 2, pp. 177–210). Washington, DC: American Psychiatric Press.
- Landau, J., Mittal, M., & Wieling, E. (2008). Linking human systems: Strengthening individuals, families and communities in the wake of mass trauma. *Journal of Marital and Family Therapy*, 34(2), 193–209.
- McDermott, B. (2008). Posttraumatic stress disorder in children and adolescents following a single-event trauma. In M. H. Ebert, P. T. Loosen, B. Norcombe, & J. F. Leckman (Eds.), *Current diagnosis and treatment in psychiatry* (pp. 634–640). USA: McGraw Hill.
- McDermott, B., Gibbon, P., & Lee, E. (2005). Infant school children and natural disasters: Results from the early childhood trauma self-report. In T. Corales (Ed.), *Focus on post-traumatic stress disorder research* (pp.71–93). New York: Nova Science Publishers Inc.
- McDermott, B., & Palmer, L. (2002). Post-disaster emotional distress, depression and event-related variables: Findings across child and adolescent developmental stages. *Australian and New Zealand Journal of Psychiatry*, 36, 754–761.
- McFarlane, A. (2005). Psychiatric morbidity following disasters: Epidemiology, risk and protective factors. In J.J. López-Ibor, G. Christodolou, M. Maj, N. Sartorius, & A. Okasha (Eds.), *Disasters and mental health* (pp.37–63). West Sussex: Wiley.
- McFarlane, A. (1987a). Family functioning and overprotection following a natural disaster: The longitudinal effects of post-traumatic morbidity. *Australian and New Zealand Journal of Psychiatry*, 21, 210–218.
- McFarlane, A. (1987b). Post-traumatic phenomena in a longitudinal study of children following a natural disaster. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26(5), 764–769.
- McFarlane, A., & Van Hooff, M. (2009). Impact of childhood exposure to a natural disaster on adult mental health: 20-year longitudinal follow-up study. *The British Journal of Psychiatry*, 195, 142–148.
- Norris, F., Friedman, M., Watson, P., Byrne, C., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part 1. An empirical review of the empirical literature, 1981–2001. *Psychiatry*, 65, 207–239.
- Prigerson, H., Shear, M., Jacobs, S., Reynolds, F 3rd, Maciejewski, P. K., Davidson, J. R. et al. (1999). Consensus criteria for traumatic grief: A preliminary empirical test. *British Journal of Psychiatry*, 174, 67–73.
- Rowe, C., & Liddle, H. (2008). When the levee breaks: Treating adolescents and families in the aftermath of Hurricane Katrina. *Journal of Marital and Family Therapy*, 34(2), 132–148.
- Sattler, D. N., de Alvarado, A. M., de Castro, N. B., van Male, R., Zetino, A. M., & Vega, R. (2006). El Salvador earthquakes: Relationships among acute stress disorder symptoms, depression, traumatic event exposure, and resource loss. *Journal of Traumatic Stress*, 19(6), 879–893.
- Silber, E., Perry, S., & Bloch, D. (1958). Patterns of parent-child interaction in a disaster. *Psychiatry*, 21, 159–167.
- Smith, E., & North, C. (1993). Post-traumatic stress disorder in natural disasters and technological accidents. In J. Wilson, & B. Raphael (Eds.), *International handbook of traumatic stress syndromes* (pp. 405–419). New York: Plenum.
- Smith, E., North, C., McCool, R., & Shea, J. (1989). Acute post-disaster psychiatric disorders: Identification of those at risk. *American Journal of Psychiatry*, 147, 202–206.
- Tedeschi, R., & Calhoun, L. (2004). Post-traumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15, 1–18.
- Uscher-Pines, L. (2009). Health effects of relocation following disaster: A systematic review of the literature. *Disasters*, 33(1), 1–22.
- Vigil, M., & Geary, D. (2008). A preliminary investigation of family coping styles and psychological well-being among adolescent survivors of Hurricane Katrina. *Journal of Family Psychology*, 22(1), 176–180.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46(2), 207–227.
- Weisaeth, L. (1996). PTSD: Vulnerability and protective factors. In E. Giller, & L. Weisaeth (Eds.), *Post-traumatic stress disorder* (Ballière's Clinical Psychiatry) (Vol 2, pp. 217–228). Kidlington, UK: Bailliere Tindall.
- World Health Organization. (2005). *Violence and disasters*. Geneva, Switzerland: WHO, Department of Injuries and Violence Prevention.
- Wright, K., & Bartone, P. (1994). Community responses to disaster: The Gander plane crash. In R. Ursano, B. McCaughey, & C. Fullerton (Eds.), *Individual and community responses to trauma and disaster: The structure of human chaos* (pp.267–284). Cambridge, MA: Cambridge University Press.

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This article is adapted from a piece which will be published in a future edition of *Family Matters*, the journal of the Australian Institute of Family Studies. Other companion pieces to this article will appear in future editions of *Family Relationships Quarterly*.

Wild Fires – An embedded rural agency story

Jill Miller

As part of a short series of articles on the impact of natural disasters on families and communities, we reprint here an article by Jill Miller, Chief Executive Officer of Grampians Community Health, on the whole-of-service response to the bushfires that swept through the region in early 2006. The article originally appeared in the Winter 2009 edition of *Health Issues*.

January 2006—exceptionally hot and blustery—New Year's Eve was still 35°C at 3am and a wildfire was raging. It started on farmland from lightning; it was decisive, fast, knew where it wanted to go and got there. Within hours many houses were gone; properties consumed; wild animals and domestic stock affected. Then, as fast as it started it ceased. A mild wind change and it turned back on itself. This day was aggregated to be 146—a scale consisting of wind force, temperature, humidity etc; a record high for a wildfire day—the Country Fire Authority (CFA) codes red at 50. The recent February 7 fires were off the scale—over 300.

Work for Grampians Community Health (GCH) staff commenced around 8am on 1 January 2006; New Year's morning. There were families without homes and stock dead everywhere. Amazingly, no one lost their life.

As a general agency with counselling, housing, family violence, aged care, carer services, youth counsellors, community development, early intervention services and more, we became involved on many fronts.

On Australia Day—just three weeks after—a second fire started independent of the first. This was to last for many days, and unlike the first fire, it sped fast but changed direction at whim. The first night it took out 95% of our farm. We were not alone though—it was close to the first fire and some people whose land burnt in the first fire were caught again in the second fire. This time we lost two lives—people trying to get to their relatives to assist, thinking they knew the road so well. But all is so dramatically different in the smoke and haze of a fire. Huge tracts of land, both forest and farm, were consumed. The fire factored at 145, still at that stage a near-record high.

Now, as a result of the two fires, GCH has 450 new clients. People affected by the first fire and then re-traumatised by the second; all on different paths to recovery and some not even able to take the first

step. Eighteen GCH staff were inside the fire line themselves. The range of tasks taken on by GCH included the following:

- To cope with our support and recovery role we re-invented “case management”—a role we play already for much of our service delivery—for all individuals and families involved. This enabled us to walk alongside people through the different phases of their recovery journey. When staff were assigned as “case managers”, we were aware it meant a commitment of at least 12 to 18 months. Some people did not need that immediately but took up that option months down the track. Remaining open and flexible as an agency worked well.
- Housing and then re-housing, as well as providing long-term resources such as fridges and other household items etc., for those who had lost everything.
- Services for fire victims, such as new computers and operating systems, power, rent advances, bond money.
- Early basic needs met, sourcing funds, ensuring fire victims had equitable access to “gifts” and vouchers.
- Fire photographic exhibitions, displays, events, under-writing publications; for example, the book *Beyond the Smoke* could not have been possible without an advance of funds to the publisher. GCH advanced the funds—story-telling is an important part of recovery.
- Health checks for the fire-affected community.
- Adult counselling, creative arts therapy for the kids.
- GCH delivered training and support to the Department of Primary Industries and local government workers in recovery and self-care.
- Working with groups like the Tourist Association in implementing their meeting processes to defuse emotional issues/faction fights and to plan “where to next”.
- Many public talks to help people understand that where they were at was part of a normal process after trauma and to defuse blame and anger.
- Volunteer training and management to get early written information out to help people understand the psychological issues they were facing and that their feelings—good and bad, physical and mental—were a normal part of the recovery process.

- Development of information in community understandable terminology.
- Developing and distributing information at all the known spikes (times of one, three, six, 12 months after a trauma). Publications such as *Moving On* contain information for six months after the fires, including poems, humour, anger management tips, nutrition and relaxation information.
- Supporting and debriefing the inter-agency staff.
- Social events, from community afternoon teas to Cut Outs (celebration named after the drinks that follow the end of shearing). Up to 250 people came to each of these events.
- Looking after GCH staff—they needed to be in for the long haul. To ensure everyone could get back on their feet and help clients, we provided debriefing, defusing, services such as meals delivered to staff for up to two weeks after the fires (e.g., on our farm we had no electricity for ten days and no phone service for two weeks), counselling, mental health first aid breaks (e.g., extra long weekends for all staff), a buddy system for those inside the fire line (staff were matched to ensure that those inside the fire line had other needs met, like phone battery recharges, linen, fresh water, chocolate, help to get organised), workload reductions and much more. All our 120 staff were involved in this recovery work.

How did we work out what to do?

We have been involved in many disasters before; disasters including mine accidents, fires, arsonists, road trauma, drowning accidents (five people drowned together), but this was bigger, much bigger, and so many more people were affected, including friends and relatives and people we knew from other organisations. Because GCH tries to understand every other organisation's roles, we did not replicate; but as a generalist organisation we filled in many gaps. GCH had over 50 staff trained in recovery and trauma before these fires.

We started early ... before being called in officially. While the fires were still burning, we carried out an audit of housing rental stock, and planned and set up our recovery area. We paid regular visits to the central control area—the Municipal Emergency Recovery Centre (MERC) to pick up the most needy who were registering there. We did not wait for referrals at that

point because we knew the staff at MERC well and were able to move easily around their high impact job. They were exceedingly busy and referrals would have taken time they did not have.

We assigned case management early using all GCH staff. We set up our own internal incident room for new case files, food for staff, information exchange and debriefing, supported by an administrative worker and base crew. To ensure the recovery centers were staffed we called in partners from other organisations like Wimmera Uniting Care and retired GCH staff. We remained proactive and visited houses and businesses inside or adjacent to the fire zone with basic early information to help people make sense of the mental and physical feelings they were experiencing.

We followed up leads from community people where they thought we should visit others in the community and held daily staff debriefing meetings to ensure all leads were followed up or referred on where appropriate. We ensured staff understood that a fire of this magnitude was complex; a whole-of-life event for the clients and that staff needed to do work beyond their own area. We tried to understand the strain on staff—especially those who were affected directly by the fire—and ensured that our normal agency work was still happening, such as our work with clients with complex home care needs, young people or people accessing palliative care services.

Although we had local material already developed for early trauma intervention we had to develop three-, six- and 12-month recovery material.

What worked?

Several factors played a role in making our response effective. An amount of general funding (\$40,000) from DHS received early allowed us to create options, such as extending the employment of a part-time asthma educator to full-time to assist people affected by smoke. Also of help was the fact that we are a generalist organisation with strong partnerships, both inter- and intra-sectorial that have over 50 staff trained in recovery work. Keeping the recovery leadership with senior management also facilitated the work as the person in this role was able to re-arrange their duties and had the much needed decision-making capacity, including over budgetary issues.

Key outcomes/learning for sustainability

Having had time to reflect on this event, and having given many talks and listened to many others, we feel that to achieve successful, sustained recovery support we can recommend the following:

- It is better to use existing staff with knowledge of the community, such as community development officers, counsellors and case managers in key roles rather than employ new staff.
- Use new staff or retired staff to then back-fill their roles; put these extra staff on early. Some of the new staff (community development workers and counsellors) started working with us nine months after the fires. They then had to learn their new role and so they were not effective until around the anniversary of the fires at 12 months!
- It is important not to underestimate the level of stress all staff are under, especially if they are affected by the fire as well; implement techniques to defuse, debrief, support and create opportunities for relief from the incident.
- Acknowledge that the event is a complex, whole-of-life incident for fire victims and does not fit into a neat box; everyone is on a different recovery path; it is a long process and all staff will play a number of roles over an extended period of time.

Impact on an organisation

The impacts of an event of this magnitude in an organisation are many and varied, but again we can highlight a few key impacts in our agency. As an agency we went on the same trajectory as an individual after trauma. GCH has taken time to recover as well. We look back and wonder at the quantity of work we managed—our normal client work did not suffer and was seen as an equal priority to the recovery work and the fire clients!

There were some tasks that we did not manage well. For example, during the first six months we did not submit our normal timely reports and some data to funding bodies; we missed opportunities to obtain some new funding from trust funds. This impacted on potential critical development that could have benefited our clients in the future.

If there is ever an enquiry from a funding source about our agency, it will inevitably relate to the first two quarters of 2006. The fire recovery work had

a cost for GCH that we estimate at being around \$80,000, despite the extra funding; even more if lost funding opportunities are considered.

Some losses also offered unexpected opportunities. For example, we lost some experienced staff to cities (safer places from fire) but this gave us an opportunity for restructure. Overall, this event strengthened us and made us appreciate what we do; our skills, who we are, and how well we work together.

To some extent we are still working with those fires. The re-traumatisation of the fire community occurred on 7 February 2009. Then, there is still the challenge of living a 12-year drought; we are at 4% of the total water supply for the Wimmera Mallee.

Is our work sustainable?

Unsure. If this is to become more frequent, higher levels of resourcing would be needed. As a community we used every available local resource—volunteers, Department of Primary Industries, Department of Sustainability and Environment, CFA, Red Cross, miners and even prisoners from the local prison.

Whether these events are the first bite of climate change or just a range of very intense unusual weather events, the effect is the same. At present, Victorian Government policy is changing, from allowing extra resources for recovery to embedding recovery processes into everyday agency work in response to the possible ongoing nature of more extreme events. If that is the case, then an increase in recurrent funds, especially for generalist counsellors—an essential part of community resilience building and support—is absolutely necessary. Even without fires or drought these counsellors are increasingly in demand. Economic downturns and other life impacts go on despite extreme incidents.

I often used to wonder why older people in Victoria still talked about the '39 fires. It seemed so long ago. But I understand now because that is where we are all at. We will relive the memories, the trauma, the recovery work and the rebuilding for a long time to come. Although it is three years on, if a bunch of local people get together, the talk will at some stage inevitably return to the January 2006 fires.

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Natural disasters

Psychological influences on preparedness

Elly Robinson

Events such as last summer's bushfires and floods have had a significant impact on many Australian families. As another summer approaches, family relationship service providers may be in a position where, within the scope of their normal service provision, they may assist families not only to physically prepare but also psychologically prepare for natural disaster events.

This article is a brief exploration of the role of psychology-related factors that shape individual responses to potential natural disasters. While limited literature exists on families and their experiences of natural disasters, research on individual responses can help to consider ways in which families and family members, as a whole, can adjust to the threat of future events and support each other.

Awareness of natural disasters in Australia has been considerably heightened in the past year due to a number of critical events. These include the February 2009 bushfires in Victoria, in which 173 people died and over 2,000 homes were destroyed, and flooding in North Queensland in January and February 2009. These events occurred within the context of

The Centre for Research on the Epidemiology of Disasters, a World Health Organization centre based in Belgium, defines a disaster as:

A situation or event which overwhelms local capacity, necessitating a request to a national or international level for external assistance; an unforeseen and often sudden event that causes great damage, destruction and human suffering.

For a disaster to be entered into EM-DAT, the International Disaster Database, at least one of the following criteria must be fulfilled:

- 10 or more people reported killed;
- 100 or more people reported affected;
- declaration of a state of emergency; or
- a call for international assistance.

The number of disasters worldwide has increased markedly in the past decade, with a peak of 444 disasters in 2005 (compared to 228 in 1996).

Source: Rodriguez, Vos, Below, & Guha-Sapir (2009).

an increasing number of disasters worldwide (see box). The currency and importance assigned to climate change and its perceived relationship to natural disasters, as well as mainstream media reporting on this relationship, can also lead to increasing anxiety and fear within the community.¹ An understanding of factors that influence not just physical preparedness, but also psychological preparedness, can help families to adopt helpful strategies and actions to mitigate the impact of future natural disaster events.

Responding to risk communication

One of the key strategies for reducing physical and psychological risk to individuals in the event of disaster is the provision of risk information. There is considerable recognition within the literature, however, that merely providing information to people does not necessarily change behaviour. Indeed, as Paton (2003) suggested, it may in fact reduce perceived risk and preparedness levels.

Adoption of preparedness information is influenced by a number of factors, many of which are psychological in nature (Paton, n.d.). Rohrmann (2000) outlined this "information-behaviour" link in examining bushfire preparedness by emphasising the importance of not just receiving, reading and understanding the message, but also adopting the message as personally relevant, memorising and eliciting the content when needed, and actually implementing the behaviour or action.

Some examples of psychological factors that influence the uptake of risk communication strategies, as suggested by Paton (n.d.; 2003), include:

- Events perceived as low frequency, such as bushfires, can result in fewer precautions even though these events often result in greater losses.

1 For more information on climate change and natural disaster, see the following report by the Australian Strategic Policy Institute: <www.aspi.org.au/publications/publication_details.aspx?ContentID=221&pubtype=-1>

Examples of media reports include: *Australia Faces More Natural Disasters* <www.news.com.au/story/0,27574,25911549-29277,00.html>; *UN Warns of Pending Climate Change "Megadisaster"* <www.news.com.au/story/0,,25649012-401,00.html>



- Protective behaviour is only likely to be motivated when a person perceives natural hazards as salient or critical to them.
- People with strong feelings of belonging to a place, and the degree to which they accept personal responsibility for their safety, may be more likely to convert intentions into actual preparedness.
- A judgement of whether individual or collective action is required influences action, for example, clearing yards of combustible material is only of value if all houses in a neighbourhood do so.
- Different understandings of what constitutes sufficient preparedness can lead to inconsistent responses, for example, mowing the lawn regularly versus implementing a more detailed range of measures. If people perceive their efforts as sufficient, other preparedness messages are less likely to be acted upon.

Studies have also discussed the role of cognitive biases² in dealing with chronic natural disaster threats and their potential role in both physical and psychological preparedness. For example, Esperanza, Luisa, Fabiola, and Adriana (2008) found that although people living closest to the active Popocatepetl Volcano in Mexico reported the strongest feelings of insecurity, there was no significant difference between people living in the next closest zone and those further out. The authors proposed that cognitive biases such as unrealistic optimism,³ invulnerability⁴ and overconfidence may play a role. Paton (n.d.) also mentioned

2 A cognitive bias is a tendency to acquire and process information by filtering it through one's own likes, dislikes and experiences.

3 Unrealistic optimism is a common bias in thinking where, in comparison to the average person, a person thinks that they are less likely to suffer misfortune, for example, "only good things could happen to me".

4 Invulnerability is an assumption that danger is for others, not those closest.

the role of unrealistic optimism in the underestimation of risk and consequent lack of preparedness, as well as the use of denial to reduce anxiety.

Paton (n.d.) suggested that risk communication strategies can be more effective:

- if people are presented with scenarios for which they are likely to have a measure of control;
- when specific details of how to prepare are provided, and consequent positive outcomes are demonstrated;
- when information comes from trusted and reliable sources, such as newspaper supplements, emergency services and other relevant organisations (also suggested by Reser & Morrissey (2009)); and
- when consistent information is repeated.

Psychological preparedness

Reser and Morrissey (2009), in an article that examined "psychological preparedness",⁵ indicated that while there is recognition within the literature of the role of psychology in motivating people to take action in preparing homes for disaster events, as outlined in the previous section, there is less focus on the need for individual psychological preparedness. Psychological preparedness can assist people to feel more confident and more in control and to use rational and clear thinking when responding to disaster, leading to an enhanced ability to assist others and a consequent reduction in injury and loss of life (Reser & Morrissey, 2009).

While recognising that it is unrealistic to be emotionally and cognitively prepared for an event with the ferocity of the Victorian bushfires, Reser and

5 Psychological preparedness is a term describing personal processes and capacities, including concern, anticipation, arousal, feeling, intentions, decision-making and the management of one's thoughts, feelings and actions.

Morrissey (2009) suggested that psychological preparedness can be a critical aid in coping with a similar situation as it unfolds. It may also help in limiting post-event distress (Australian Psychological Society, n.d.; Reser & Morrissey, 2009). A tendency towards anxiety or dread all have the potential to erode both psychological and practical preparation. As well, prior experience does not necessarily lead to increased preparedness (Paton, n.d.). These factors are identifiable by practitioners working with families and allow for preventative interventions prior to further events (Morrissey & Reser, 2007).

The above assertions are built on previous work by the same two authors in implementing and measuring responses to a psychological preparedness guide. The guide was provided to residents in northern Queensland during cyclone season when cyclone warnings were likely to be experienced. Morrissey and Reser (2003) found that respondents who used the guide reported greater ability to anticipate how they would feel and were better able to identify feelings during a cyclone event. They concluded by suggesting that managing psychological responses to a disaster warning, and/or managing the response of others, is at least of equal importance to physical preparedness, and may in fact influence the effectiveness of physical preparedness advice and recommendations. This link to individual preparedness and resulting ability to assist others, for example family members, has specific implications for family safety in natural disaster events.

Reser and Morrissey (2009) suggested that learning and utilising skills such as stress inoculation, stress reduction and emotion management can enhance psychological preparedness. They use the example of three essential elements (**AIM**) related to psychological preparation for disaster:

- Anticipating worries and concerns that are arising;
- Identifying uncomfortable or distressing thoughts that may add to the anxiety or fear; and
- Managing responses to maintain coping capacity and enable a continued focus on the practical tasks that need attention.

The Australian Psychological Society tip sheet on preparing for and coping with the threat and experience of natural disasters⁶ gives clear examples of how these

three elements would feel in practice and associated actions, along with other useful information.

Conclusion

While there is a great deal of physical preparation that can mitigate the effects of natural disaster events, there is also a growing interest in the need to consider psychological factors. Such factors influence the uptake of risk communication and the level of physical preparedness. In the event of a disaster, psychological preparedness may have implications for assisting family members and avoiding injury and post-event trauma. Interventions such as widely available and self-delivered stress inoculation training (Morrissey & Reser, 2007) and other psychological approaches have potential to help families face the risk of future disaster events.

References

- Australian Psychological Society. (no date). *Psychological preparation for natural disasters*. Retrieved 13 August 2009, from <http://www.psychology.org.au/publications/tip_sheets/disasters/#s5>
- Esperanza, L., Luisa, M., Fabiola, F., & Adriana, P. (2008). Volcanic risk exposure, feelings of insecurity, stress and coping strategies in Mexico. *Journal of Applied Social Psychology, 38*(12), 2885–2902.
- Morrissey, S., & Reser, J. (2003). Evaluating the effectiveness of psychological preparedness advice in community cyclone preparedness materials. *Australian Journal of Emergency Management, 18*(2), 46–61.
- Morrissey, S., & Reser, J. (2007). Natural disasters, climate change and mental health considerations for rural Australia. *Australian Journal of Rural Health, 15*, 120–125.
- Paton, D. (no date). *Promoting household and community preparedness for bushfires: A review of issues that inform the development and delivery of risk communications*. Retrieved 13 August 2009, from <<http://www.bushfirecr.com/research/downloads/Risk%20Communication%20Summary.pdf>>
- Paton, D. (2003). Disaster preparedness: A social-cognitive perspective. *Disaster Prevention and Management, 12*, 210–216.
- Reser, J., & Morrissey, S. (2009). *The crucial role of psychological preparedness for disasters*. Retrieved 11 August 2009, from <http://www.psychology.org.au/inpsych/psychological_preparedness/>
- Rodriguez, J., Vos, F., Below, R., & Guha-Sapir, D. (2009). *Annual disaster statistical review 2008: The numbers and trends*. Retrieved 11 August, from <http://www.cred.be/sites/default/files/ADSR_2008.pdf>
- Rohrmann, B. (2000). Critical assessment of information on bushfire preparedness for residents. *Australian Journal of Emergency Management, Autumn*, 14–19.

6 See <http://www.psychology.org.au/publications/tip_sheets/disasters/#s5>

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Children and parents living with a family member with mental illness

A model of practice–research collaboration

Vicki Cowling and Matt Lamont

The importance of collaboration and partnerships in the delivery of effective services is a notion that is well established in the literature, for example, the recent evaluation of the former Stronger Families and Communities Strategy (Muir et al., 2009). This article describes a partnership between practitioners and researchers. The Mental Health Community Based Program funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and one of the projects within this initiative, is described. A complementary research (PhD) project being undertaken by the first author (Vicki Cowling), and the processes involved in establishing the partnership and working together between agency and researcher, are then outlined.

Background

In the decades following the shift in the care of people with a mental illness from hospital care to care in the community, the role of families became central—although the families received little support and training. Over time, the need for support and advocacy for carers saw the development of non-government agencies such as the Mental Illness Fellowship¹ (Parker, 2009), the Association of Relatives and Friends of the Mentally Ill² in all but one Australian state/territory, and Carers' Associations, as sources of support and information about mental illnesses. Research and service provision relating to the role of carer of someone with a mental illness has focused on the effect on adult family members who are caring for their partner, or adult son or daughter. So far little formal attention has been given to the support and assistance other family members may need, such as a parent caring for a child with a mental illness, children who have a parent with a mental illness, and siblings living with a child with a mental illness (Robinson, Rodgers, & Butterworth, 2008).

1 <www.mifellowship.org>

2 For example: <www.arafmiqlld.org>

The Mental Health Community Based Program

The Council of Australian Governments' (COAG) National Action Plan on Mental Health 2005–2011 acknowledges that mental health is a major problem in the Australian community. It places an emphasis on increasing resources for non-clinical mental health care, and a greater role for the non-clinical sector. The Mental Health Community Based Program (MHCBP)³ is one of the measures included in the plan, and funding has been allocated over 5 years to deliver local community based projects which target prevention and early intervention for families, carers, children and young people affected by mental illness. Some of the objectives of the MHCBP are to:

- develop a sound evidence base and practical framework for broader mental health intervention in a community context;
- empower and strengthen families through information, education and skills development;
- develop more effective parenting, relationships, and communication strategies employed within families that are affected by mental illness; and
- provide enhanced support for children of parents with a mental illness.

Across Australia, 38 non-government agencies have been funded to implement these projects.

Newcastle Family Support Service

Newcastle Family Support Services (NFSS)⁴ was successful in gaining funds through the MHCBP initiative for 3 years to implement the Headin' Up project. The project is a program of NFSS and has a Team Leader and 8 part-time or full-time family workers.

The NFSS is a not-for-profit agency, established in 1979, managed by a Board of Management with the purpose of assisting families with children or young

3 The following website contains information about the COAG National Action Plan and the Mental Health Community Based Program initiative: <www.fahcsia.gov.au/internet/facsinternet.nsf/mentalhealth/nav.htm>

4 <www.nfss.org.au/>

people in their care. The service operates within a philosophy of empowerment through participation in decision-making, and provides services that promote the wellbeing of individuals, families and communities. These services include: counselling and individual assistance; therapeutic group programs with associated child development activities; supported playtime activities; community work; and a family centre with a therapeutic and community building focus.

The Headin' Up family workers work with families with children and young people under 18, where a family member experiences mental health issues. The family workers provide family counselling and group programs to families who live in and around the Newcastle local government area. The Headin' Up team works collaboratively with other agencies to support all family members and strengthen relationships. The team includes three Aboriginal workers, but also works with families from diverse cultural groups. The project aims to develop a holistic approach to mental health issues in families by drawing on insights from the traditional mental health disciplines, valuing Indigenous cultural perspectives on mental health, and cultivating hope in family members' capacity to improve their wellbeing.

Research project

Support for children and parents where a family member has a mental illness

Previous research on this topic

Few previous studies have examined the impact of childhood emotional disabilities on families, or on siblings. Those that have been reported described the negative outcomes for families such as limiting family and social life, and affecting parental wellbeing (Yatchmenoff, Koren, Friesen, Gordon, & Kinney, 1998), but have not studied access and barriers to supports experienced by families and children.

The research emphasis in relation to children and young people living with a parent who has a mental health issue has been on the developmental, psychological and social effects, including the relationship between the child and their parent (Robinson et al., 2008). One recent Australian study did ask children and young people about their need for services and the barriers they experienced in accessing services





and support. The children and young people interviewed were carers to a parent or sibling with an illness or disability. Most of the 50 young carers felt that the level of support from services was limited. They identified 16 barriers to accessing support, such as “blame and shame”—where families do not ask for help as they feel they should be able to cope, or think that by asking for help they may attract the involvement of the child protection system, leading to removal of the children. Other barriers included services responding to the needs of the adult not knowing how to deal with young carers; and services not having a good understanding of the family issues of their clients, and in fact sometimes not knowing that their clients had children (Moore & McArthur, 2007).

The current research project, which is complementary to the Headin’ Up project, is a PhD thesis in social work being undertaken in the Faculty of Education and Arts at the University of Newcastle, Australia. It has been approved by the University Human Research Ethics Committee and is supported by NFSS managers and their Board of Management. Support for the study reflects the ethos within the NFSS of forming respectful partnerships with families, and providing opportunities to influence the service’s practice. FaHCSIA, as the funding body, was also advised of the PhD project by the agency.

Project outline and implementation

The study has two aims. It focuses on children and parents who live with a family member with mental

illness, with particular interest in exploring and understanding the experiences of children living with a parent with mental illness, parents living with and caring for a child or young person with mental illness, and children and young people living with a sibling with mental illness. The second aim is to gain an in-depth understanding of the experiences that parents and children have of formal and informal support, how their participation in Headin’ Up influenced these experiences, and the factors that facilitate and obstruct access to that support.

The relationship between agency and researcher arose from Cowlings’s approach to the NFSS, expressing interest in studying the support aspect of Headin’ Up. This approach occurred, coincidentally, after the appointment of the Team Leader, and before staff had been appointed. Several meetings with management to discuss the research and how it may be conducted within the agency occurred in the first 6 months, with regular reporting to the NFSS then instituted by the researcher.

The researcher met with the Headin’ Up project team at pivotal points in the development of the project. In the first of these meetings the researcher explained the study and discussed information required for the submission to the Human Research Ethics Committee. At the second meeting, 3 months later, the researcher presented a progress report on the development of the study, and sought assistance from team members in identifying current client families who would be willing to trial the research questionnaires. The researcher subsequently met with two families for this purpose. At the third meeting, a further progress report was provided, including the revisions of the research questionnaires, and processes put into place by which team members could refer new client families in the Headin’ Up program to the researcher. There is ongoing contact between team members and the researcher relating to referral of families to the research project.

Client families in the Headin’ Up project who agree to participate in the research study are asked to complete questionnaires and respond to semi-structured interviews on two occasions—at the time they join the project, and again 6 months later. The questionnaires ask parents to provide information about family relationships and problem solving, and about access to services and service coordination. The semi-structured interviews are conducted with both

adults and children and explore their experiences of formal and informal support networks.

Dissemination of the findings will occur through conference presentations and submission of journal articles. For example, a presentation made at the World Children of Parents with Mental Illness Conference in Adelaide in October 2009 by the authors of this article. Dissemination will also occur within the agency, local service community, to peak bodies, and to FaHCSIA, and the contribution of the collaboration between practitioners and researcher will be highlighted throughout.

Ethical issues

A number of ethical issues arise when conducting this type of research. Of primary concern is the potential for the client to become distressed as an outcome of talking about experiences of support. Before the research could proceed, procedures were put in place to deal with such an occurrence. The design of the research study also had to demonstrate respect for the heritage, beliefs, experiences and values of Aboriginal or Torres Strait Islander participants. These issues in particular are addressed in the "Information Statement" given to participants before they indicate their consent to join the study and sign "consent to participate" forms.

Participants have the opportunity to review the transcript of their own interview to verify its accuracy and to withdraw any piece of information they do not wish to have included as part of their response. They also receive a summary of individual results following the second interview, so they can see any changes over time and to acknowledge their participation. At the conclusion of the research a summary of aggregated, de-identified results for all participating families will be sent to all families, and provided to the team members and the agency.

Relationship between the NFSS and researcher

The PhD research is an initiative of the researcher and functions organisationally and administratively separately from the agency. The researcher is accountable to the university for meeting deadlines, and for implementing the research in a manner that meets with ethical and professional expectations. These requirements are equally relevant to the agency, Headin' Up team members, and participants.

The relationship between the researcher and the team members is a critical one as the family worker is the interface between the client and the researcher, and it is important to take into account the needs of all parties. As the key role of team members is the referral of families to the research, it is important that they are well-informed about the study from the outset. It is important that families feel they are participating freely, and ensuring this is a commitment of both the agency and the researcher.

Outcomes of the research

The Mental Health Community Based Program is breaking new ground in funding non-government agencies around Australia to provide support services to families and children living with a family member with mental illness. Both the Headin' Up project and the PhD research will contribute towards the development of an evidence base and practical framework for future interventions, and strategies for future research and evaluation.

References

- Moore, T., & McArthur, M. (2007). We're all in it together: Supporting young carers and their families in Australia. *Health and Social Care in the Community*, 15, 561–568.
- Muir, K., Katz, I., Purcal, C., Patulny, R., Flaxman, S., Abelló, D. et al. (2009). National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.
- Parker, R. (2009). Well Ways and Well Ways Duo. Mental Illness Fellowship Victoria's programs for family and friends of a person living with mental illness. *Family Relationships Quarterly*, 10, 8–10.
- Robinson, E., Rodgers, B., & Butterworth, P. (2008). *Family relationships and mental illness. Impacts and service responses* (AFRC Issues, No. 4). Melbourne: Australian Family Relationships Clearinghouse, Australian Institute of Family Studies.
- Yatchmenoff, D. K., Koren, P. E., Friesen, B. J., Gordon, L. J., & Kinney, R. F. (1998). Enrichment and stress in families caring for a child with a serious emotional disorder. *Journal of Child and Family Studies*, 7, 129–145.

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Helping families with complex needs

Integration of the Strength to Strength and Resources for Adolescents and Parents programs

Robyn Parker

Humanitarian Entrant families settling in Australia often experience a range of difficulties. Migrant Resource Centres (MRCs) provide assistance in meeting basic needs and adjusting to a new way of life but are often unable to address some of the more serious interpersonal issues that require a high level of counselling or family therapy. Two programs have joined to fill this gap: the Resources for Adolescents and Parents Program (RAPS) and the Strength to Strength Western Sydney Humanitarian Entrants Program (STS) run at Relationships Australia's Parramatta site. Here we highlight the benefits and challenges of linking these two programs to reach out to and help migrant families.

The joining of the RAPS and STS programs arose out of the need for a broader, holistic approach to helping migrant families. Strength to Strength workers provide a range of support services for Humanitarian Entrants but often do not have the clinical expertise to address some of the families' issues such as domestic couple and family violence, truancy, parenting, discipline and substance abuse. The managers of Relationships Australia's RAPS program had the desire and the clinical expertise to help migrant families with these problems but the program was rarely accessed by them. Relationships Australia staff were supervising STS workers and through discussing STS cases it became clear that by joining forces they could provide a more complete service to migrant families, some of whom present with challenging issues complicated by their experiences in coming to and settling in Australia. Since it was impractical to offer RAPS to families in all ethnic groups in their region, program managers drew on demographic data for the area to identify the largest ethnic groups. The understanding the STS workers (working with the MRCs) had of their communities also contributed to the determination of appropriate services to offer families and the manner of their delivery.

RAPS is a mature program, embedded in a strong clinical culture with a highly-skilled team of workers. It makes use of well-established research- and

practice-based protocols for dealing with the range of issues encountered in the family relationship services context. An early pilot program in which Relationships Australia attempted to engage with Pacific Islander families highlighted the critical role of access to families: migrant families from non-Anglo backgrounds will rarely access a mainstream service but they will make use of their local MRC, which has therefore become their primary conduit into the RAPS/STS program. The bi-cultural, bi-lingual STS workers are best placed to identify families that could benefit from services not available at the MRC. The MRC and STS workers' relationships with the families are the lynchpin—their shared language, culture, and settlement experiences contribute to a level of trust that opens the door to the help that the RAPS program can provide families experiencing difficulties. Printed brochures have been found to be ineffective in promoting the program, except to other professionals.

The connecting of the programs was also facilitated by having the STS coordinator based in the same location as the RAPS program and being supervised by the RAPS coordinator, which allowed greater interaction with and input into team, operational and organisation meetings.

What makes the program work

The ongoing operation of the RAPS/STS programs is the culmination of a number of factors. Much of the early momentum came from the original STS coordinator who tirelessly championed the joining of the programs. It relies on members of communities who are not elders but are well connected in their community to act as the conduit to the services. Working with these families can be extraordinarily difficult because the issues they bring to the counselling or family therapy session can be vastly more complicated than those encountered with Western families. Polygamous practices, culturally-accepted domestic violence, post-traumatic stress, settlement difficulties, and rigid gender roles are among the issues that may be present in a particular family. The creation of a "can do" environment, a culture of practice and professional development, and organisational commitment contribute

to the ongoing operation of the program. Specific aspects of these are outlined below.

The operational context

Co-location with the other Relationships Australia programs on site offers:

- access to a small fleet of cars, which allows workers to escort and accompany family members to relevant appointments;
- a secure location;
- access to technology and support; and
- being part of the wider therapeutic environment at the agency, where staff learn from and support each other and generate new ideas and ways of working.

The clinical and professional environment

Staff in the program are strongly supported by:

- access to professional training through Relationships Australia's professional education division, the Australian Institute of Relationships Studies (AIRS);¹
- regular, ongoing supervision individually (the RAPS/STS manager has an open-door policy for counsellors and bi-cultural workers), and team meetings that are attended by not only the supervisory team but by an external consultant who assists the team with case reviews, reflective practice, and ongoing development of knowledge and practice;
- the presence of a second member of the team behind a screen who is able to monitor a session and provide a second perspective on the clients' progress, as well as provide a measure of security; and
- the development of relationships with other entities such as the Centre for Refugee Research in NSW, <www.crr.unsw.edu.au>, to utilise their resources.

Inter- and intra-organisational support

The program relies heavily on its relationships with the bi-cultural workers and the MRCs in which they function. The current relationship is a very strong

and productive one, as evidenced by a recent conference organised by Melissa Monteiro, the MRC Chief Executive Officer. A keynote speaker at that conference was Anne Hollands, Chief Executive Officer of Relationships Australia NSW. Working effectively with culturally and linguistically diverse (CALD) groups is part of the Relationships Australia Strategic Plan and the endorsement of the RAPS/STS program by the Relationships Australia Executive and Board is a further critical factor in the running of the program.

Challenges

There are a number of aspects of the program that present significant challenges to its managers and staff.

Recruitment

Recruiting STS workers can be difficult as there is a small pool of community members to draw from and it can be difficult to identify candidates with suitable skills and experience. Usual methods of recruiting staff via newspaper advertisements proved to be ineffective. In this task Relationships Australia relies on its networks and relationships among the MRCs and in the communities for guidance.

Shared experience

While shared background and experience is critical for the STS workers in gaining the trust of community members it also contributes to the stress of this kind of work—in listening to the families' re-telling of their often extremely traumatic experiences the workers often also re-live their own trauma. RAPS counsellors may also be deeply affected by the experiences of client families. The issue is addressed in supervision as necessary. Workers also have access to Employee Assistance Programs² but, as STS workers may not necessarily let it be known that they have had experiences similar to those of the families they helping, Relationships Australia are planning to provide further assistance on a broader scale through team workshops and other measures.

1 Five STS workers received scholarships to undertake AIRS' Diploma of Counselling and Groupwork so that the STS workers are better equipped to identify problems earlier and deal with some counselling needs on their own. The Diploma articulates with AIRS' Graduate Diplomas of Couple Therapy and Family Therapy so there is now a path by which the STS workers can gain formal training and post-graduate qualifications in relationship counselling.

2 Employee Assistance Programs are private, independent counselling and support services provided by some employers for employees and their immediate families.

The concept of counselling

Some cultures have little or no concept of counselling. Therefore the STS worker must explain what it is in a way that is non-threatening to the family but also sets up realistic expectations of both the service and of their own participation in a session.

Skill set and development

STS workers are highly motivated to help their communities but do not often have a strong clinical or counselling background, so a great deal of training and supervision is required. Developing these skills also makes them highly marketable outside of the RAPS/STS program, so it is possible that the program may invest heavily in the professional development of a number of well-trained workers but not derive the longer-term benefits of that investment. Creating a supportive, learning environment with opportunities for professional development goes some way to reducing the risk of losing valued workers to other, more lucrative, positions.

Mainstream = "government"

Many people in CALD communities are suspicious of governments and may view a referral to a mainstream service, even though it comes from a trusted STS worker, as going outside of and betraying the community. The couple or family may go to the appointment at the service but will not open up to the counsellor/family therapist.

Building trust

STS workers conduct many group activities for members of their community as a means of getting to know them and to build trust.³ The workers become known to the community as a bridge between the families and the range of professions with which they may come into contact, but this relationship-building takes time and is easily damaged.

New ethnic groups

The demographic profile of the RAPS/STS catchment area is changing, with Humanitarian Entrants from new ethnic groups settling in the region. The RAPS/STS program managers are beginning the process of identifying the particular circumstances and needs of the new groups and developing appropriate methods for providing support.

Need for supervision

Due to their own experience coming to and settling in Australia, STS workers are resilient. But as resilient as they are, the problems and issues that bring Humanitarian Entrant families to the RAPS/STS program can be extreme, traumatic and complex. Helping these families places great strain on the STS

and RAPS workers, and supporting them requires greater resources, particularly with respect to supervision, than a more typical counselling program might be allocated.

Research and evaluation

Review of RAPS/STS cases has always been part of the ongoing discussions among the team. Recently this has become formalised into a research project wherein a member of the team is released one day per week to examine practice- and research-based evidence about what works with Humanitarian Entrant families. Past experience has demonstrated the benefits of involving staff in such projects, so each member takes a key paper from the literature review for the project and leads a group discussion of the article, including its findings, how they could be applied in their own work, and so on.

Evaluating practice is extremely difficult with this particular group of clients. The usual survey methods of gathering data are inappropriate because, as well as language difficulties, there are clients who are also unable to write. Asking clients directly also presents two key problems: the time required for this process, and cultural reticence for offering negative opinions—for instance, clients have on past occasions asked counsellors what answer they would like them to give. An interest group has formed within Relationships Australia to examine ways of gathering information from these clients. The group will generate a set of recommendations for the Relationships Australia Board and their funding bodies with respect to how best to address the problem.

Concluding comments

Linking the RAPS and STS programs has bridged a gap in services for Humanitarian Entrants that expands the range of services available to include issues disrupting relationships within the family group, such as parenting, couple relationships, discipline, post-traumatic stress, and domestic violence. The commitment and dedication of both groups of workers—the STS bi-cultural workers and the RAPS counsellors and therapists—is strongly supported not only operationally by the RAPS/STS management team, but also at an organisational level by Relationships Australia. That foundation, together with the solid partnership with the local MRC and community networks, is contributing to the long-term well-being and settlement of families with complex needs. The nature and extent of the impact of these services is exceptionally difficult to quantify, but the organisation is taking steps to evaluate its efforts in a way that will be meaningful and contribute to the further development of practice with these families.

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³ These include barbecues and family days, appearing on community radio, writing for community newspapers, as well as parenting workshops, workshops and groups to support adapting to the new culture for young people, and information sessions.



Working with couples Finance

Denise Lacey

In the first of an occasional series of practice responses to current issues, Denise Lacey, Manager of the Marriage and Relationship Education Unit at Centacare Melbourne, shares some key questions about financial issues addressed in couples education programs. Financial issues are often a source of conflict for couples,¹ and practitioners working with couples and families in a range of settings can employ these questions.

Finance is a core element of many couple relationship education groups. Couples are encouraged to examine how they manage money now, their values and attitudes towards money, and how they might manage money in the event of a change in their current financial circumstances. Below are a number of points commonly discussed by couples in relationship education groups that can be used to help any couple or family experiencing, or at risk of, financial difficulties.

- **Values and attitudes towards money.** What do the words “rich” and “poor” mean to each partner? What messages were they given about money when they were growing up? What values about money do they want their children to grow up with? How are they modelling those values?
- **Talking about money.** Discussing financial issues when under stress can escalate into broader arguments. How can partners create a time and space when they can calmly discuss money, and *only* money, together?

- **Expectations of partners.** As financial partners, what do they expect from each other in relation to managing money? What will each partner be responsible for? What strengths do they each have that they can draw on in managing their finances?
- **Money in the scheme of things.** Does money tend to dominate the relationship? Is it a common source of conflict? Are arguments about money over things that can be controlled (e.g., spending patterns) or that are not directly in the couple’s immediate control (e.g., current income)? Are arguments about money a reflection of other issues in the relationship?
- **Sources of information and support about money.** At what point would each partner consider getting financial help? How disparate are these limits? What sources of information and support are considered credible by each partner?

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¹ For example, see: Booth, A., Crouter, A., & Clements, M. (2001). *Couples in conflict*. New Jersey: L. Erlbaum Associates; Halford, W. K. (2001). *Brief therapy for couples: Helping partners help themselves*. New York: Guilford Press.



NetworkOnASTick

Victorian Family Law Pathways Network

Family Law Pathways Networks are an initiative of the Australian Government Attorney-General's Department. In 2009–10, the Family Law Pathways Network objectives are:

1. Working together to achieve better outcomes for clients by:

- establishing/maintaining strong links with locally based providers operating within the family law system;
- developing stronger relationships with agencies working in associated areas, in particular domestic violence and child protection;
- developing/maintaining appropriate referral mechanisms; and
- collaborating with Indigenous and culturally and linguistically diverse services, increasing cultural awareness and ensuring appropriate referrals are made to these services.

2. An informed network in which:

- members have a shared understanding of others' roles in the family law system;
- members have an increased awareness of products, services and training available;
- members develop cross sector training to help build stronger working relationships across the family law sector; and
- service providers have an increased focus on the best interests of the child during family separation.

Family Law Pathways Networks seek to develop strong relationships between members of the broader family law system, as well as other related community-based organisations such as family violence services and men's and women's behaviour change groups, to make it easier for families caught up in disputes because of separation to get timely

and appropriate assistance. The Victorian Family Law Pathways Network has three key themes for 2009–10:

- building a shared community of practice;
- developing the evidence base for cooperative working relationships; and
- further strengthening professional relationships.

As a means to these ends, the network has produced a comprehensive, compact, portable and easily-maintained directory of post separation services available across Victoria. The NetworkOnASTick directory is a USB device containing a directory of family law-related services available in Victoria—providing information on the range of services offered, a brief overview of each service type, where they are located and how to contact them.

Users are free to download the contents of NetworkOnASTick and make copies as required. NetworkOnASTick assists users to be part of an informed network of service providers by promoting a shared understanding of other's roles in the family law system and an increased awareness of available products and services for separating families. This will hopefully assist service providers to make appropriate and timely referrals of clients to those services best able to focus parents on the best interests of their children during the difficult transition of family separation.

The accuracy of the content of the directory is currently being assessed by members of the Network. During 2009–10, there will be three updates. Any member may suggest modifications or additions to the database. Members of the network will be advised when updates are released so they can access the latest version.

For further information contact the Victorian Network at: <vicpathwaysmelb@centacaremelbourne.org.au>

As the centrepiece of the network, the NetworkOnASTick has been nominated for a National Accolade for Excellence in the category of growing partnerships in the community services and health industries sectors. The inaugural National Accolades for Excellence program is an initiative of the Community Services and Health Industry Skills Council (CSHISC).

Literature highlights – Shared care

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

Compiled by Carole Jean, Librarian

The Child Responsive Program, operating within the Less Adversarial Trial: A follow up study of parent and child outcomes. Report to the Family Court of Australia. (2007). McIntosh, J. E., & Long, C. Carlton North: Family Transitions. Available at <http://www.familycourt.gov.au/wps/wcm/resources/file/ebc70245b4d525f/CRP_Follow_up_Report_2007.pdf>

The Less Adversarial Trial (formerly the Children's Cases Program) is a Family Court process for separating parents, which aims to maximise effective and less adversarial dispute resolution. The Child Responsive Program (CRP) provides an improved screening and support intervention and aims to assist pre-trial settlement. This report describes a follow up study of the CRP, piloted in Melbourne and Dandenong in 2006. It presents data from 77 parents from 54 matters who responded to a follow up survey four months after settlement. The report looks at characteristics of those who settled in the CRP; children's main residence; substantially shared care; the impacts of CRP and LAT on parents' relationship and parenting; court impact on safety and conflict; being a client in the CRP and LAT processes; what was most helpful for children; what aspects of the court process were most helpful and most unhelpful for parents; and children's emotional wellbeing.

Shared care and children's best interests in conflicted separation: A cautionary tale from current research. (2008). McIntosh, J., & Chisholm, R. *Australian Family Lawyer*, 20(1), 3–16

The 2006 amendment to the Family Law Act makes a presumption of equal shared parental responsibility for children of separating parents. This article presents new Australian data on the emotional wellbeing of children whose separated parents are in continuing conflict. The data are drawn from two recent studies that explored the impacts of Family Court and community based dispute resolution interventions for parents experiencing significant conflict over the nature of their post separation parenting agreements. Each study tracked family functioning prior to intervention and after settlement of the dispute, and considered

associations between children's wellbeing and parental acrimony, alliance and living arrangements. The results showed higher than average rates of clinical anxiety in school aged children of separated parents. Ongoing inter-parental conflict was associated with children's high emotional distress scores in each study. The article also considers the impact of shared care on very young children and infants in developmentally inappropriate living arrangements.

Cautionary notes on the shared care of children in conflicted parental separations. (2008). Chisholm, R., & McIntosh, J. *Family Relationships Quarterly*, 8, 3–4. Available at: <<http://www.aifs.gov.au/afrc/pubs/newsletter/newsletter8.html>>

In this summary, the authors discuss the findings from their forthcoming article on the difficulties faced by the family law system in judging what is best for children in shared care arrangements. Section one of their article reports on two studies on the rates of conflict and cooperation among separated parents. Section two is a literature review on the psychological effects of shared care arrangements on young children. Section three examines the 2006 amendments to the Family Law Act, and the paramount consideration of the best interests of the child.

Changes in patterns of post-separation parenting over time: A brief review. (2008). Smyth, B., & Moloney, L. *Journal of Family Studies*, 14(1), 7–22.

In Australia, there has been considerable interest in recent years in the policy and practical implications of sharing parental care and responsibilities after separation—concepts that have culminated in the *Family Law Amendment (Shared Parental Responsibility) Act 2006*. While there is now good information on the prevalence, demography and dynamics surrounding different patterns of parenting after separation, not a great deal is known about the extent to which patterns change for individual families over time. This article reviews international and Australian studies that shed light on the stability of post-separation parenting arrangements in relation to shared and sole

care. The notion of "stability" is shown to have several dimensions, not all of which are necessarily beneficial to children. The implications of placing a greater focus on how post-separation parenting arrangements evolve over time are discussed in the context of child focused dispute resolution and decision-making.

Changes in patterns of post-separation parenting over time: Recent Australian data. (2008). Smyth, B., Weston, R., Moloney, L., Richardson, N., & Temple, J. *Journal of Family Studies*, 14(1), 23–36

This article examines continuity and change in post-separation patterns of parenting across a three-year time span. The authors analyse longitudinal data from two recent Australian studies: the Household, Income and Labour Dynamics in Australia (HILDA) Survey; and the Caring for Children after Parental Separation (CFC) Project. Mother-residence was found to be the most common and the most stable pattern. Though far less common, father-residence also appeared to be reasonably stable. By contrast, shared care was found to be the most fluid of these three parenting configurations.

Cautionary notes on the shared care of children in conflicted parental separation. (2008). McIntosh, J., & Chisholm, R. *Journal of Family Studies*, 14(1), 37–52.

The *Family Law Amendment (Shared Parental Responsibility) Act 2006* has brought into sharp focus the issue of shared physical care of children, post separation. In this article, the authors explore new data suggesting accumulative risks for children whose care is divided between parents who lack the core relational infrastructure to support a healthy environment for shared care. Developmental background is provided, giving context to the complex dynamics at play, particularly for young children who experience divided care in a hostile climate. A discussion of the amendments shows that, rather than endorsing an assumption of shared care, the legislation supports and indeed requires professionals to engage in active consideration of the child's "best interests" in each case. The article outlines a tighter "safety net" of considerations through which

the “best interests” question might be filtered. Implications for supporting separated parents to develop and maintain adequate foundations for shared care are discussed.

Are we there yet? An analysis of relocation judgments in light of changes to the Family Law Act. (2008). Eastal, P., & Harkins, K. *Australian Journal of Family Law*, 22(3), 259–278.

The authors examine 50 relocation matters heard in the Family Court and the Federal Magistrates Court from 2003–2008 for evidence that the 2006 Family Law Act amendments, which emphasise continued contact and shared responsibility by both parents, have affected the primary caregiver’s ability to relocate. They found an indication that the outcome of cases has shifted in the predicted direction. In determining a child’s best interests, many judges have seemingly integrated the importance attached to children maintaining meaningful relationships with both parents, particularly in cases where children have existing strong relationships with both parents and there is no history of family violence. The weight given to specific new provisions is unclear, however, because there is a lack of uniformity in judicial approach. Decision-making remains indeterminate and there are substantial differences in the way terms introduced in the 2006 legislation, such as “substantial and significant time” and “meaningful relationship”, are interpreted. More cases need to be included to control for the effects of confounding variables such as the registry, distance of move, age of children and violence allegations. However, including more cases would increase the period covered by a study thereby introducing additional confounding factors so that the full effects of the legislation are themselves likely to remain indeterminate.

Mediation on children’s issues in family law: Some information and tips for women. (2008). Women’s Legal Service (2nd ed.). Annerley, Qld.: Women’s Legal Service.

Family dispute resolution is a requirement before an application to the court for a parenting order can be made, however there are exceptions. This booklet, for separated and divorced parents, provides information on mediation and court processes, exemptions, and advice on preparing for mediation sessions. Sections are included on shared parenting and mediation for people experiencing domestic violence. A listing is provided of

key contacts on legal assistance, domestic violence support, and other related services in Queensland. The booklet can be ordered from: <http://www.wlsq.org.au/sub%20webs/Publ%20pages/mediation.html>

The idealised post-separation family in Australian family law: A dangerous paradigm in cases of domestic violence. (2008). Hart, A. S., & Bagshaw, D. *Journal of Family Studies*, 14(2–3), 291–309.

This article presents the findings of an in-depth discourse analysis of 20 First Instance unpublished judgments, delivered over a five-and-a-half-year period from one registry of the Family Court of Australia, in contested contact cases where the presence of domestic violence was acknowledged by the Court. A number of dominant themes from the judgments intersected to show how many judicial determinations about children’s “best interests” were underpinned by conservative values that emphasised the importance of the fathers’ presence for children’s future wellbeing and development. In most of the judgments analysed, the fathers’ history of violence was readily excused or ignored, mothers were blamed for failing to support father-child contact, the voices of the children involved were often discounted and a dominant paradigm of the idealised post-separation family took precedence over the special needs of the children. There was little visible consideration of the potential or current effects of domestic violence on the children concerned.

“Meaningful relationship” in the Family Law Act Amendments of 2006: A socio-legal perspective on fathers, mothers and the “sharing” of parenting after separation. (2009). Moloney, L. *Journal of Family Studies*, 15(1), 9–19.

This is one of four papers in the present issue of the *Journal of Family Studies* on the concept of “meaningful relationships” between separated parents and their children. The term was introduced into the 2006 amendments to the *Family Law Act 1975* (Cth), which also endorses the concept of shared parental responsibility and, when practicable and in the interests of the child, shared parenting time. The present paper explores some of the socio-legal antecedents to these concepts. It traces the historical shift from relationship as an externally located obligation of the father, to relationship as a mysterious internally fashioned bond between a mother and her child, essential to the child’s psychological development. The author argues that the right of

children to enjoy meaningful relationships with both their separated parents is closely linked to the need to make a further cultural shift that sees fathers too, as equally capable of bonding emotionally with their children. The author sees “meaningful relationships” as an important conceptual breakthrough in family law, and suggests that from the child’s standpoint, meaningful relationships are primarily about parental attunement and the flexibility and emotional security that this brings, and less about processes principally aimed at determining or agreeing upon parcels of parenting time.

What might children mean by a “meaningful relationship”? (2009). Trinder, L. *Journal of Family Studies*, 15(1), 20–35.

The concept of a meaningful relationship is a key part of the *Family Law Amendment (Shared Parental Responsibility) Act 2006*. Although intuitively attractive as an idea there remain some questions about the precise meaning of the term “meaningful”. In this paper the author explores what children themselves might define by meaningful relationships. She draws on some material from a UK study of contact to illustrate some of the ways in which school-age children of 7 years of age and upwards, might define meaningful relationships, and what implications that might have for policy and practice.

A 5-year retrospective of post-separation shared care research in Australia. (2009). Smyth, B. *Journal of Family Studies*, 15(1), 36–59.

In recent years, sweeping changes to the Australian family law system—new services, legal processes, legislation, and a new child support scheme—have been put into place, accompanied by a large research evaluation program. A central plank running through the recent reforms is the need for courts, and those who work with separating parents, to consider whether a child spending equal or else substantial and significant periods of time with each parent would be in his or her best interest and be reasonably practicable. While legal professionals, practitioners and policy analysts wait for the first wave of findings about how the new system is working, now seems like an opportune moment to pause and reflect on the past 5 years of Australian research into shared care. Do we know much more than we did 5 years ago when equal parenting time was first given formal policy prominence? The short answer is “Yes” but the long answer is that our knowledge still remains at a basic level.