

# Family Relationships Quarterly

The Newsletter of the Australian Family Relationships Clearinghouse

ISSUE 7 2008

## In this issue

In this edition of *Family Relationships Quarterly*, parental substance abuse and its effects on families is highlighted. Professor Sharon Dawe from Griffith University provides essential information on judging the impact of substance abuse on parenting, including the difficult issue of how to deal with substance abuse in the context of family and relationship services. Ren Adams provides a report on the recent Family Alcohol and Drug Network (FADNET) conference, and literature highlights include parental substance abuse, as well as internarratives and prisoners and their families.

Michael Voumard, Manager of the Hobart Family Relationship Centre (FRC), provides an entertaining summary of an action research approach to improving engagement with Hobart FRC's clients who have children. Michael will be contributing updates about their action research project in future editions of *Family Relationships Quarterly*, which may help other service providers consider ways of implementing this approach to answer burning questions in practice.

Other articles and resources in this edition include an agency spotlight on Anglicare WA, an article on the late discovery of adoptive status by Queensland University of Technology PhD student Helen Riley, news in brief, website reviews, a review of the recent MARENC conference and upcoming conferences.

As we move into the new year, it is timely to reflect on the first full calendar year of operation of the AFRC. By the end of 2007, fourteen new publications were added to the website and more than 140,000 pages were downloaded from the site. Our acceptance into and impact on the family and relationship sector is reflected in these impressive figures.

I'd like to take this opportunity to thank AFRC staff members for their tireless work in 2007 to gain these results. We look forward to 2008, having been refreshed from the end-of-year break.

We hope that you enjoy this edition of *Family Relationships Quarterly*.



Australian Government

Australian Institute of Family Studies  
Australian Family Relationships Clearinghouse

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. 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, policymakers 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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Typeset by Michael Hanrahan Publishing Services

ISSN 1833-9077 (Online)

# e-relating the e-discussion list of the AFRC

The goal of *e-relating* is to provide a venue for discussion of research, policy and practice that contributes to the enhancement of family relationships in Australia.

*e-relating* is designed to promote the exchange of information and ideas and encourage debate between professionals who provide services, develop policy and conduct research on family relationships through life. It is not a forum for the discussion of current clients.

Appropriate topics for discussion include:

- all areas of family relationship research;
- requests for research, policy or practice information;
- developments and changes to relevant policy and practice;
- best practice in the nurturing of positive family relationships and dealing with disruption to family relationships;
- education and training issues;
- notices about relevant upcoming conferences, workshops, events; and
- pointers to new publications, online papers, resources/links, websites.

Subscribers to the list can include: those working within the Family Relationship Services Program (FRSP); family welfare professionals; family law practitioners; general practitioners; other health and welfare service providers; people working in the family law system; those working in education and training or in policy and service planning; researchers and the general public.

If you are new to the list, please introduce yourself, as we would like to know about you and your interests.

*e-relating* is moderated. When you send a message to the list, it goes to the moderator, who has the option to accept or discard it, or request you to post a revised message that conforms to the policy outlined on the AFRC website <http://www.aifs.gov.au/afrc/erelate.html>.

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# Identifying parental substance use and misuse in clinical practice

PROFESSOR SHARON DAWE

While it is difficult to ascertain how extensive the problem of parental substance misuse is in Australia today, international estimates from the USA indicate that approximately 9% of children live in families with parental alcohol abuse or dependence and substance dependence (Office of Applied Studies, 2003). UK estimates of illicit drug use (excluding alcohol) suggest that 2–3% of children in England, and 4–6% of children in Scotland, have parents with drug problems (Advisory Council on the Misuse of Drugs [ACMD], 2003). It seems likely that at least 10% of Australian children also live in families with parental substance misuse (Dawe et al., 2007). However, parental substance misuse rarely occurs in isolation. Parents are often experiencing a range of other problems that affect children's outcomes, including a range of psychological problems that affect mood. Spousal relationships are often strained and, in many families, accompanied by domestic violence. Children of these relationships develop a range of behavioural problems from early childhood and these, in turn, often result in difficulties in settling into the school system. By middle childhood, if little is done, children may be failing to meet minimum literacy and numeracy standards, and engaging in behaviour and conduct problems that make classroom management difficult (see Dawe et al., 2007, for an extensive review of this literature).

Given the elevated risk of poor outcomes for children, it is imperative to develop a range of strategies, both at a policy level and in clinical practice, that will reduce the risk of such outcomes. The issue is a complex one and will require a range of treatment responses offered across health, child protection and drug and alcohol services. This brief article will address the issue of identification of substance misuse. How does a clinician determine if a parent is a problematic substance user within the context of routine clinical practice? For those in drug and alcohol treatment agencies, this is a relatively straightforward matter, as such information is clearly core business. But what of those in agencies who come into contact with multi-problem families but are not directly presented with a substance use issue (e.g., general practice or child health services)? Alternatively, how does a practitioner who learns of parental substance use gauge whether this use may be adversely affecting children?

## Screening for substance misuse

It is possible to ascertain if there is problematic use of substances by a family member quite simply in the context of an interview by asking a series of basic questions. This could include asking about the three most recent times a "substance" was used and, in the case of alcohol at least, the quantity consumed. Box 1 provides an example of the kind of question and response that would allow for reasonable screening for an alcohol problem. Clearly, Scenario 1 would suggest that the person was a regular heavy drinker, and very probably exceeding recommended guidelines for low risk drinking (National Health and Medical Research Council [NHMRC], 2001). However, Scenario 2 would suggest that further questions about alcohol consumption are not needed. This approach can be used with all substances and provides a good starting point for determining if a parent has a substance use problem.<sup>1</sup>

## When does substance use impair the capacity to provide adequate parenting?

This is a very complex question and can only really be answered in the context of a full interview that obtains information on both the extent of the use of substances and other factors that may influence parenting. However, there are several key issues that are specific to substance use that are always worth considering. These relate to the psychoactive effects of the substance used, that is, the effects of substance intoxication and the severity of the individual's dependence on the substance.

In relation to intoxication, it is important to remember that different drug classes have different effects on behaviour and mood. Substances are often broadly classified into sedatives (e.g., alcohol, benzodiazepines) and psychomotor stimulants (e.g., amphetamines, cocaine, ecstasy). See Box 2 for a list of effects for those substances that are most widely used: alcohol, cannabis and amphetamines.

<sup>1</sup> Implicit in this line of interviewing is the assumption that the interviewer will be familiar with both the NHMRC guidelines and the calculation of standard drinks. Further information on both of these issues can be obtained from [www.nhmrc.gov.au/consult/\\_files/draft\\_australian\\_alcohol\\_guidelines.pdf](http://www.nhmrc.gov.au/consult/_files/draft_australian_alcohol_guidelines.pdf)

## Box 1

### Scenario 1: Interview Monday morning

Q. *When did you last drink alcohol?*

A. Last night (Sunday).

Q. *How much did you drink?*

A. Three glasses of wine.<sup>#</sup>

Q. *When was the time before that?*

A. Saturday.

Q. *How much did you drink?*

A. A lot—felt pretty crook the next day.

Q. *When was the time before that?*

A. Friday night—that was a big night as well ... went out with friends from work and we drank till about 2 am.

# After some discussion on quantity of alcohol drunk, you determine that this was about five or six standard drinks.

### Scenario 2: Interview Monday morning

Q. *When did you last drink alcohol?*

A. Umm—Saturday night.

Q. *How much did you drink?*

A. Three glasses of wine.<sup>#</sup>

Q. *When was the time before that?*

A. The previous weekend.

Q. *How much did you drink?*

A. A couple of glasses of wine at a BBQ.

Q. *When was the time before that?*

A. Can't really remember—I'm not much of a drinker.

# After some discussion on quantity of alcohol drunk, you determine that this was about two standard drinks.

Intoxication with any substance impairs the capacity to provide sensitive and responsive parenting. A question often asked is if there are some substances that are worse than others. Again, this is a difficult question to answer in isolation, but it is worth highlighting that those substances that result in drowsiness and impair concentration and attention can reduce levels of parental supervision. Children are at risk of neglect of their immediate physical and emotional needs, such as meals and regular bedtime routines. They may also be at risk of accident, harm by others or injury due to a lack of parental monitoring. Thus, a parent who is intoxicated with alcohol may fall asleep and leave children unattended for extended periods of time.

Substances that produce a state of agitation, restlessness and impaired judgement, such as amphetamines, bring a different set of problems. These may include a failure to appropriately regulate responses to children, such that child behaviour may be misconstrued and reacted to inappropriately. At the most extreme, for example, are parents whose use of amphetamines has led to heightened levels of suspiciousness and hostility, perhaps accompanied by subclinical features of psychosis that include delusional beliefs of persecution (see Dawe & McKettin, 2005, for further details).

## The problems associated with dependent use of substances

Dependence on a substance is associated with daily use of the substance and, in the absence of use, the occurrence of withdrawal symptoms. Irrespective of the class of substance, dependent use will almost always affect parental capacity. In addition to issues relating to intoxication and withdrawal are those related to the procurement of the substance. In the case of alcohol, this is usually bought legally, thus the issues surrounding procurement relate to the impact this has on family finances. However, in the case of illicit substances, procurement is often more time-consuming and requires involvement in criminal activity. Children are often placed at considerable risk, as they may be left unsupervised for periods of time while the parent is trying to buy substances; children may be exposed to drug dealing in the home environment, violence associated with drug dealing, drug using, and drug manufacturing paraphernalia.

## What to do when there are reasonable grounds for believing that substance use is impacting on parental capacity

It is important for those working in agencies that do not have the assessment and treatment of substance abuse problems as their core business to first **identify** that there may be a potential problem. This information clearly needs to be placed in a context in which information on the family circumstances are also taken into consideration. For example, daily prescribed use of methadone should not, in itself, raise any concerns about parental capacity. Heavy, frequent binge drinking may, however, be a significant risk factor if children are also left alone, or are exposed to intoxicated adults. Having some idea of the **extent** to which a parent is using substances, bearing in mind that the use of illicit drugs is associated with criminal activities related to procurement, is the next issue to be determined. Finally, **referral or liaison** with appropriate drug and alcohol treatment services should be undertaken. However, this should be done in the context of supporting the family and working collaboratively with the parent(s) to achieve the best outcome for the children. Often the most difficult decision is gauging when referral to a substance abuse

## Box 2

### *Key features of intoxication of each substance included in this article—adapted from the DSM IV*

#### **Alcohol**

Maladaptive behavioural or psychological changes, such as sexual or aggressive behaviour, labile mood and impaired judgement, that occurs after drinking alcohol.

Other signs may include: slurred speech, lack of coordination, unsteady gait, and impairment of memory and attention.

#### **Cannabis**

Maladaptive behavioural or psychological changes, such as impaired motor coordination, euphoria, anxiety, sensation of slowed time and social withdrawal, that occurs after use of cannabis.

Other signs may include: increased appetite, dry mouth, tachycardia.

#### **Amphetamines**

Maladaptive behavioural or psychological changes, such as euphoria or affective blunting, changes in sociability, hyper-vigilance, interpersonal sensitivity, tension or anger, that occur after use of amphetamines (and related substances).

Other signs may include: tachycardia or bradycardia, pupillary dilation, elevated or lowered blood pressure, perspiration or chills, agitation.

treatment service will result in a family withdrawing from a service. Sometimes it is better to ensure that a parent with a substance misuse problem feels supported by the agency and that part of the work of the agency is to motivate the parent to seek help for a substance use problem. As always, the welfare of the children is paramount and clinical sensitivity and common sense are essential.

## Useful resources on screening and assessment instruments

Dawe, S., Loxton, N., Hides, L., Kavanagh, D., & Mattick, R. P. (2002). *Review of diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders* (2nd ed., Monograph Series No. 48). Canberra: National Drug Strategy, Department of Human Services and Health. Retrieved 30 January 2008, from [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-mono48-cnt.htm/\\$FILE/mono48.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-mono48-cnt.htm/$FILE/mono48.pdf)

*Parental drug use and families* website. Australian Drug Info Clearinghouse. Retrieved 30 January 2008, from [http://druginfo.adf.org.au/newsletter.asp?ContainerID=parental\\_drug\\_use\\_\\_\\_families1](http://druginfo.adf.org.au/newsletter.asp?ContainerID=parental_drug_use___families1)

Please also refer to the literature highlights in this edition, which include information on recent publications related to parental substance use.

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- National Health and Medical Research Council. (2001). *Australian alcohol guidelines: Health risks and benefits*. Canberra: Author.
- Office of Applied Studies. (2003). *Children living with substance-abusing or substance-dependent parents* (The NHSDA Report). Washington: Author. Retrieved 30 March 2005, from <http://www.oas.samhsa.gov/2k3/children/children.htm>

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# Action research project at Hobart Family Relationship Centre

MICHAEL VOUMARD

**Service providers are increasingly expected to carry out some research and evaluation activities. Conducting large-scale experimental studies is extremely difficult in an agency environment—however some agencies are managing to undertake action research as part of their ongoing monitoring and development of service provision. In this article, Michael Voumard writes about how staff at the Hobart Family Relationship Centre (HFRC) used an action research approach to improve how they engage their clients who have children.**

“I wish they didn’t always argue about me—they don’t argue about anything else.”

“I want mum and dad to stop complaining about each other to me—I love them both!”

“Thank you for helping with our problems. You could put what I think into words.”

“Can we come back here again next week mum? You go and see the man and I’ll play with Emily again.”

“When mum and dad are upset with each other, first I cry in my heart and then I cry in my eyes.”

The above are quotes from some of the children who have been part of the life of the Hobart Family Relationship Centre (HFRC) since it opened in July 2006. They give a snapshot of the range of feelings expressed by children when they come through our doors. Some of the quotes are from children who have been seen by our specialist child consultant; some are from children who have been minded through adjunct care while one or both of their parents have been involved in family dispute resolution; some are from children who have talked with our first-point-of-contact staff—Client Services Workers (CSWs)—while they have been in one of our waiting areas.

## About the Hobart Family Relationship Centre

The HFRC is located in central Hobart in Macquarie Street. Macquarie Street is one of Hobart’s busiest roads, being the main road from central Hobart to the city’s eastern and northern suburbs. Traffic is constant—cars, service vehicles, taxis, logging trucks. It’s a noisy street.

From the outside, the Centre looks quite similar to its neighbouring buildings—two-storey, red brick, slate roof. Up two steps from street level, through a heavy wooden door, then a porch, then a glass door and then—from an adult’s point of view anyway—an oasis of quiet and calm. The old 1895 building, with ornate leadlight windows, timber staircase and lining and 12-foot ceilings, creates an ambience of peacefulness and solace.

If, however, we—as adults—get down on our hands and knees and approximate the perspective a young child might have, the Centre might look very different. For example, the front counter, a height suitable for an adult to lean on while they speak with the CSW, might present to a child as a high wall that they can’t even see the top of.

## The HFRC and research

The above provides a thumbnail sketch of the context in which work at the Centre occurs. It’s also the context in which action research at the Centre takes place. There are 8.8 full-time equivalent staff at the Centre; most of the current employees commenced at the same time—June 2006—so we’ve had the luxury of working together in a new field with a new team. Backgrounds vary—social work, psychotherapy, academia, psychology, law, mediation and customer service. All of us have a kind of curiosity about “how things work”, and add weight to the view that, if you’re curious, you can’t *not* do research.

**We’ve had the luxury of working together in a new field with a new team. Backgrounds vary—social work, psychotherapy, academia, psychology, law, mediation and customer service. All of us have a kind of curiosity about “how things work.”**

My own experience of a lifetime of action research—and something similar could easily apply to you—began when I was about 2 or 3 years old. It was a wintry Melbourne day, low clouds, no sun. With the guidance and encouragement of an elder sister, I threw a brick into the air, to see if I could make a hole for the sun to come through. In hindsight, the result was not too surprising—no hole in the cloud, merely a cut to my head, requiring a number of stitches—it was clearly a hypothesis that I observed a little too closely! And a decision that I won't do that again in a hurry!

This story carries with it the classic stages of the iterative process that we call action research: **observation** (It's a cloudy day), **reflection** (I don't like it when it's cloudy), **plan** (I'll throw the brick through the cloud to let the sun come through), **action** (I throw the brick), and back through to observation ... (My head hurts ... mummy...).

One action research question that the centre is particularly interested in is: **What would it take to integrate the best interests of children?**

We're interested in this for a number of reasons, one of which is that the "place" of children is one of the hot issues for regular Centre staff meetings (as well as being one of the hot issues in the *Family Law Amendment (Shared Parental Responsibility) Act 2006*). One example is as follows:

I was coming downstairs from my office. I heard—and noticed—children in our waiting room. I also heard—and also noticed—a busy Client Services Worker (CSW) at the front reception desk. In addition, there were a number of distracted, waiting adult clients. In the presence of all this busy-ness, I thought it wisest to go back upstairs!

Twenty minutes later—after hearing that the coast was clear—I came back down to check in with the CSW ... "that looked pretty hectic". A further 25 or so minutes later, after listening to several compelling reasons why it was "just not appropriate" for the CSW to be put in that position, I made the suggestion to put it on the agenda for the next staff meeting.

At the staff meeting, conversations ranged to and fro—a number of personal preferences were expressed; a number of other organisations were cited for their practices. Gradually a consensus grew: "If the best interests of children are paramount for us, shouldn't we be the ones setting the benchmark? Isn't this an action research question?"

A couple of us agreed to take responsibility for going away to refine the question (an important skill as any researcher will tell you—get the question right!) We eventually came up with: **What would it take for the HFRC to better engage clients with children?**, as a sub-question of the question referred to above.

This question has now become a regular agenda item at our fortnightly staff meetings, where we monitor progress on how we are going in our action research in this area.

To date, the question has helped us realise that we need to gather data from a range of sources, including information from other Family Relationship Centres, a review of pertinent literature, and feedback from HFRC clients and service providers. We have also come up with a number of ideas that we think would assist in the engagement of clients with children. We have, to date, provided adjunct care to more than 100 children; we have engaged in an exercise in which staff have crawled around the Centre to experience a different

(child-like) perspective of it; we are refurbishing our group room to become a child consulting room, complete with a canopy-type ceiling, small door for children, and child-appropriate furnishings (we will continue to use it as a group room and for Consortium and other meetings, thus giving a wide range of people the opportunity to become, for a short time anyway, more child-minded); we are planning a local research project using a case study approach aimed at exploring the impact on children of their mum or dad, or both, having an interaction with the Centre. This research will be reported in such a way as to give the reader a sense of how children view these things.

Action research, like any good research, raises many more issues to explore, at the same time as improving practice frameworks and outcomes for clients. We look forward to giving a further progress update in a future newsletter.

**"What would it take for the HFRC to better engage clients with children?"**

**This question has now become a regular agenda item at our fortnightly staff meetings.**

**Michael Voumard** is the Manager of the Family Relationship Centre in Hobart:  
[www.familyrelationships.gov.au/hobartfrc](http://www.familyrelationships.gov.au/hobartfrc)

***Drugs. Families. Solutions. Getting on with family work. Melbourne, 27–28 June, 2007***

*Drugs. Families. Solutions. Getting on with family work* was the theme of the third annual Family Alcohol and Drug Network (FADNET) conference held in Melbourne in June 2007. In setting the scene for the conference, FADNET executive members Miranda Manning and Alan Murnane spoke of the emergence of FADNET in 2001, when family work was a relatively new practice in the alcohol and drug sector. With other practitioners, they formed the network, acknowledging that family members affected by drug use have a need for support in their own right. They share a common goal for an increase in family-inclusive practice within the alcohol and drug service sector in Australia.

Dr John Herron, Chairman of the Australian National Council on Drugs (ANCD), opened the conference and in his address highlighted the research paper, *Drug use in the family: Impacts and implications for children*.<sup>1</sup> This paper helped set the scene for the meeting, as it examined the impacts of parental substance misuse on family members, specifically children, and identified a number of key points for understanding the nature of drug use in the family and approaches to minimising its harm. Dr Herron went further to express his belief that “unless the community is involved in tackling drug use, you’re not going to succeed”, a sentiment consistent with the thrust of the conference, which focused on interventions and partnerships that improve the health of family members affected by substance use.

The conference incorporated a variety of formats over the two days, with morning keynote addresses on both days, followed by concurrent workshops and presentations throughout the afternoons. A number of poster displays and book/brochure stands were also available for those attending the event.

The first keynote address was from Dr Alex Copello, Clinical Director, Birmingham, and Solihull Substance Misuse Services and Senior Lecturer, School of Psychology at the University of Birmingham. Dr Copello has extensive clinical experience in the fields of addiction and substance misuse, and is involved in the international cross-cultural study, *The Family Coping Project—Family Coping with Alcohol and Drug Problems*, in England, Mexico City and northern Australia.<sup>2</sup> Dr Copello noted that over the past three decades there has been increased recognition by researchers that serious attempts at harm reduction need to take families into account. He advocated broadening the treatment focus to include families as the focus of interventions, and the need for service providers and funding agencies to recognise broader sets of outcomes specific to the family, such as stress, violence, healthcare, and so on.

Dr Copello pointed to the stress-strain-coping-support model of alcohol, drugs and gambling problems and the family, which suggests that substance misuse associated with stress can be analogous with other stresses, such as family disasters (e.g., death), mental health problems and job loss. He reported that, according to studies done by the Birmingham Alcohol, Drugs and Addiction Research Group, levels of stress in families affected by substance misuse are actually higher than those receiving the actual treatment, and much higher than control groups. Noted examples of interventions in the UK include: Social Behaviour and Network Therapy (SBNT),<sup>3</sup> which works with people with drug problems and their networks; and 5 Step Family Intervention, an outline of which Dr Copello presented in workshops throughout the remainder of the day.

Dr David Best, Senior Lecturer of Addictions, Department of Psychology, University of Birmingham, and project lead of the Addictions Research Group, presented key findings on the Advisory Council on the Misuse of Drugs’ *Hidden Harm* report.<sup>4</sup> The report examined the risks to children of substance-using parents, and sought to: estimate the number of children affected by “problem”<sup>5</sup> drug use in the UK; examine the consequences; consider the involvement of all types of services; identify best policy and practice; and make recommendations on future policy and practice. Collecting useful data on clients was a persistent problem throughout the study, with only 68% of specialist services in the study recording whether the clients had dependent children. Key areas of policy and practice development discussed in the report include: improvements in data collection; information sharing and case linkage between

1 [www.ancd.org.au/publications/research\\_papers.htm](http://www.ancd.org.au/publications/research_papers.htm)

2 [www.addictions.bham.ac.uk/projects.htm](http://www.addictions.bham.ac.uk/projects.htm)

3 [www.addictions.bham.ac.uk/projects.htm](http://www.addictions.bham.ac.uk/projects.htm)

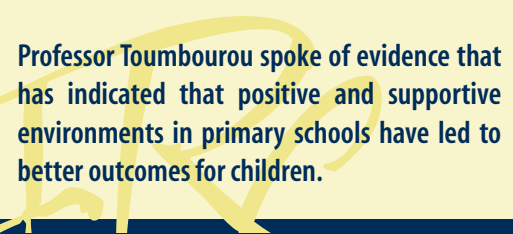
4 <http://drugs.homeoffice.gov.uk/publication-search/young-people/hidden-harm-report>

5 “Problem” drug use was considered to be drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

agencies; joint training and inter-agency protocols; the “ownership” of joint work between agencies that is then linked to targets and evaluation of impact; strategic planning and development.

Professor John Toumbourou completed the major presentations for day one by discussing the prevention of harmful drug use by enhancing family involvement in schools. Professor Toumbourou is Professor and Chair in Health Psychology at the School of Psychology, Deakin University, and an Honorary Associate with the Murdoch Children's Research Institute. He discussed the worrying trends in Australia since the 1980s, in which a general decrease in alcohol and drug use has occurred for all groups except young women. Professor Toumbourou claimed that we are failing to effectively monitor the developmental harm of this increased use on the children of young women.

Professor Toumbourou spoke of evidence that has indicated that positive and supportive environments in primary schools have led to better outcomes for children. This premise has been investigated in the secondary school setting with the Resilient Families Study,<sup>6</sup> conducted with colleagues at the Centre for Adolescent Health. The study aims to determine whether introducing factors through early secondary school directed towards increasing family resilience can prevent the development of health and social problems and boost adjustment capabilities and educational outcomes.



**Professor Toumbourou spoke of evidence that has indicated that positive and supportive environments in primary schools have led to better outcomes for children.**

Workshops and presentations throughout the remainder of the day covered areas such as building relationships between children and non-residential parents, work with young pregnant substance abusers, and repair work with family members.

In the first keynote for day two, Dr Michael Robbins, Research Associate Professor at the Center for Family Studies at the University of Miami, Miller School of Medicine, presented various models of family therapy. These included Brief Strategic Family Therapy (BSFT), which has been successfully applied with children and adolescents as a “prevention, early intervention and intervention strategy for delinquent and substance-abusing adolescents”.<sup>7</sup> He reported on high volumes of successful training, where around 70% of trained therapists seemed to be able to treat substance-abusing adolescents and do more good than harm. Dr Robbins believes that family therapy is able to achieve far greater levels of effective intervention than those on an individual basis, partly due to better engagement and retention of clients.

The CEO of Odyssey House,<sup>8</sup> Dr Stefan Gruenert, then presented some of the key points from the national workshop on Parent Substance Use and Child Protection: Developing National Guidelines and Strategies, co-hosted by the Australian Institute of Family Studies<sup>9</sup> and Odyssey House, Victoria, in Melbourne on Monday 25 June. This satellite event to the FADNET conference involved the development of a national framework and agenda to tackle the problems of child maltreatment associated with parental substance abuse. One of the main contributors to the draft framework and agenda, Professor Dorothy Scott, Director of the Australian Centre for Child Protection at the University of South Australia,<sup>10</sup> was present when it met unanimous endorsement from attendees.

Dr Dan Lubman from the Orygen Research Centre at the University of Melbourne discussed youth comorbidity (substance abuse and mental health disorder) and the implications for families in the final keynote. Dr Lubman spoke of the costs of caring for a comorbid family member and the needs of the carers, including better information, stress-coping mechanisms, help in solving a variety of problems, and increased social supports. He noted that adolescents with comorbidities have significantly poorer outcomes, and advocated an integrated approach to service delivery in this area.

Workshops and presentations that completed the meeting included various presentations on working with culturally and linguistically diverse families, an insight into the Centacare NT Indigenous Family Coping<sup>11</sup> program, and the importance of men in coping with substance misuse in the family. A post-conference workshop on Brief Strategic Family Therapy, with Professor Michael Robbins, was held the following day, wrapping up a busy week for all involved. Select presentations are available for download via the FADNET website at [www.odyssey.org.au/fadnet](http://www.odyssey.org.au/fadnet)

6 [www.rch.org.au/cah/research.cfm?doc\\_id=10588](http://www.rch.org.au/cah/research.cfm?doc_id=10588)

7 [www.cfs.med.miami.edu/Docs/ClinicalApproach.htm](http://www.cfs.med.miami.edu/Docs/ClinicalApproach.htm)

8 [www.odysseyhouse.com.au](http://www.odysseyhouse.com.au)

9 [www.aifs.gov.au/nch/nch\\_menu.html](http://www.aifs.gov.au/nch/nch_menu.html)

10 [www.unisa.edu.au/childprotection/default.asp](http://www.unisa.edu.au/childprotection/default.asp)

11 [www.centacare-nt.org.au/ourservices.php?ID=11](http://www.centacare-nt.org.au/ourservices.php?ID=11)

**Ren Adams is a Project Officer with the Australian Family Relationships Clearinghouse.**

As a national social service agency, Anglicare’s origins are anchored in the 1960s and 1970s. A cornerstone of its foundation is a commitment to accountability, professional standards, and the ongoing evaluation of its work, its performance, and the needs it services. This commitment is reflected in the way in which the present-day relationship, education and counselling services are being developed and managed.

Programs span the continuum of Family Relationship Services Program (FRSP) services, including relationship education and skills training, counselling, men’s programs and post-separation services (including rebuilding after separation or divorce), Children’s Contact Services, statewide Parenting Orders Programs (“Mums and Dads Forever”), and two Family Relationship Centres. In Perth, relationship counselling, education and training services are collectively provided under the “Kinway” banner as “relationship enhancement and personal development” courses.

**The approach taken to the provision of relationship enhancement and personal development services is multi-layered, in which services are actively framed around their impact on the lives of individuals, couples, families and communities.**

The approach taken to the provision of relationship enhancement and personal development services is multi-layered, in which services are actively framed around their impact on the lives of individuals, couples, families and communities. At the broader level, the principles of “connecting” and “community” are paramount. At the program level, “doing” relationship education, training and counselling occurs within a framework that incorporates a number of interwoven components: the team of educators and counsellors and the administrative team that supports them; the use of technology; the application of client and program data; the marketing and advertising of programs and

courses; working with and in the community; and the programs themselves—the quality of material and the way it is presented. All of these are seen as contributing to the learning experience of the client, and thus each is periodically examined, reviewed and, if required, adjusted.

## Development of community ties and inter-agency partnerships

A great deal of time and effort is invested in establishing ties with community organisations, schools and churches. As a result, a significant period may elapse between initial contact with an agency or organisation and the reconnection that results in Anglicare WA providing a particular service. As a way of introducing the agency and piquing the interest of potential clients, the agency conducts short seminars or informal talks for various audiences (for example, parents of young children) on topics of particular relevance and interest to them, such as easing the transition to school. These often take place in the school itself, and are a result of extensive networking and relationship-building with the school and with interested parents or other groups (for example, grandparents). Requests for other similar activities can arise from these presentations, and over time the demand for more and longer courses can grow. This process can also foster a sense of community among the people who attend, broaden individuals’ knowledge of the kinds of assistance available,<sup>1</sup> and help break down one of the barriers to seeking help—the stigma attached to consulting professionals about problems within the couple or the family.

More formal partnerships with other agencies or organisations are also fostered. Before entering into an agreement to run a program or course, a number of conversations will already have taken place regarding each organisation’s values, the program or service required, and the details of who is responsible for tasks such as taking registrations, arranging and setting up the venue and catering. One of the by-products of developing these partnerships, particularly when the program will be conducted on premises other than Anglicare’s own, has been the greater administrative workload, particularly arising from the need to formalise arrangements. When providing substantive services for an external organisation or agency, Anglicare now creates a memorandum of understanding (MOU) to set out the agreed activities and expectations. Although the process is more complicated than it might have been in the past, this form of agreement not only ensures clarity of expectations, roles and responsibilities, but also provides protections for both parties, for example with respect to occupational health and safety issues covering both clients and Anglicare staff.

<sup>1</sup> Services provided by other agencies, such as Relationships Australia or Centacare, are also mentioned where appropriate.

## Program and team management

Over the past 15 years, the field of relationship education has become increasingly concerned with evidence-based practice and the professional development of educators or program facilitators. At Anglicare WA, administrative data are increasingly being used to guide the management and delivery of a large number of diverse programs and courses.

One of the drivers of program and team development is generational change in clients' expectations of a program. Professionalism, reflected in all aspects of service delivery, from facilitator training to the colours used on PowerPoint slides, is seen as critical because the lack of it can be an obstacle to the learning process—clients expect a high level of professionalism and will not hesitate to point out if such a standard is not met. This process starts at the front line, with the brochures or displays and the administration staff. Including the administration staff in team meetings, sending them to conferences and having them sit in on programs gives these staff greater awareness and knowledge of programs, which can be passed on to clients when the first contact is made.

The various types of programs have been set up with a standardised but adaptable format, so that content and presentation can be tailored to the specific group and to allow facilitators some creativity in the way they unpack material in parts of the program. This structure also facilitates program evolution, allowing for smaller changes or updates to be identified and made as required. They are also structured so that, where appropriate, individual components of longer programs can be used on their own to form the basis of a two-hour seminar for a specific target group. This makes it easier and more cost-effective to provide seminars and workshops for a range of organisations and target groups. PowerPoint is used for almost all program and course presentations, which has required a significant investment in technology.

A suite of program manuals is in development, in which all content will be sourced and referenced. All programs are assessed with respect to adult education principles, the appearance of the slides (including colour, font, etc.), how transitions from one segment to the next occur and, in particular, how the necessary attention to group process and group dynamics is accommodated. These issues are given significant attention in regular team meetings so that there is continual reinforcement of the knowledge and principles underlying what is presented and how, and ongoing development of facilitators' professional skills in integrating program material and group process. For instance, the focus of a team meeting might be how program material and group processes might be integrated for a two-hour seminar, compared to a full-day workshop.

Seeking consistency across programs and among facilitators also contributes to the capacity for program evaluation over time. While facilitators' passions, strengths and individual styles are fostered, there is also recognition of the need for the long-term ongoing monitoring and evaluation of programs, which requires a level of consistency in the standard of programs and the manner in which they are delivered.

The program calendar is also closely managed, with a view to maximising client access to and uptake of a range of relevant services, and building connections between the client and the agency that may increase the clients' openness to help-seeking in general. Two-hour seminars often provide clients with a positive experience that encourages them to return to the agency when a later need arises. Agency data show that over half of the clients attending a seminar will subsequently participate in a three-week course. While longer courses are available, the practicalities for clients of committing to a six- or eight-week program (for example, finding child care) are often problematic. So the focus is on running high-quality, somewhat more narrowly focused and relatively brief programs, during which clients can not only make concrete and observable changes for themselves, but also develop a connection with the agency—or indeed other agencies—and view it as a valuable source of future information and support for other areas of their life.

Programs listed on the course calendar reflect only part of the range of programs available. A program will run for a certain period and then be removed, allowing for programs that have been running for some time to be reviewed and updated if necessary, for new programs to be tried out (some of which, Anglicare WA has found, can take up to 18 months to gain momentum), and for clients to become aware of and have access to a variety of programs to suit ongoing or emerging needs. The variety of programs and courses listed in the calendar can lead to contact from an organisation inquiring about other programs that would suit their particular needs.

The decision about which programs are run, and for how long, is guided by the administration data. The data help to identify why a group or course does or does not run, allowing for a reconsideration of the program length, content or location, or a change in the advertising strategy for that particular program or target group. Certain programs have been found to be popular for a period and then attendance drops off. Some programs struggle to get off the ground and/or stay afloat, but remain on the calendar because their popularity is known to be cyclical or they have been found to be a trigger for other programs.

Administrative data also contribute to the advertising and marketing strategy. These data can enhance understanding of the pathways followed by clients into particular programs. For instance, the data show that increasing numbers of clients are re-contacts, which has implications for advertising and marketing.

## Final word

Integrated support systems and infrastructure have been put in place to allow the various aspects of “doing relationship education, training and counselling” at Anglicare WA to evolve and/or expand, always with the learning experience and connections with and among clients and the community in mind. One of the outcomes of setting up such a framework is the solid platform it provides to support a program of research and evaluation. Action research is already being done, embodied in the process of analysing administrative data to understand trends and identify the need for change in the various aspects of service provision. Plans for further research and evaluation are in development. For example, the generic feedback forms currently being used will be reviewed. Future feedback will be sought that is tailored to the particular program content and outcomes, and the results posted on the website so that potential clients can get a better idea of the benefits of a given program. Consolidation of the way in which services are promoted, provided and supported has provided an environment for controlled, evidence-based and ongoing development and expansion.

**Consolidation of the way in which services are promoted, provided and supported has provided an environment for controlled, evidence-based and ongoing development and expansion.**

**Robyn Parker** is a Senior Research Officer with the Australian Family Relationships Clearinghouse.

How does your agency use its administrative data (non-confidential, non-identifying client information, attendance records, drop-out rates, referral sources, etc.) to support service delivery? If you have an example of such information being used effectively in improving service delivery, we'd like to know about it. Email us ([afrc@aifs.gov.au](mailto:afrc@aifs.gov.au)) with a brief outline of what data you collect, how you use it and how it has impacted on service delivery. We'll publish a range of responses in a future edition of *Family Relationships Quarterly*.

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

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# The late discovery of adoptive status

HELEN J. RILEY

**There is emerging evidence of a range of ethical implications lasting many years when a person finds out about their adoptive status as an adult, and that this information about their genetic origins was intentionally concealed from them. The research contributing to this article has been undertaken from within an applied ethics framework, and is cross-disciplinary in nature.**

## Introduction

This article comes in response to a recent contribution to *Family Relationships Quarterly* by Passmore, Feeney and Foulstone (2007).<sup>1</sup> This excellent paper concluded that adoptees who have experienced secrecy, lies or misinformation within their adoptive families may require help in dealing with issues of trust and betrayal. Further, the authors stated that these issues of trust and betrayal often transfer into other adult relationships.

Passmore et al. (2007) also noted that what is important for wellbeing is the extent to which adoptive parents are open with their children, rather than whether the adoption took place in a “closed” or “open” system. Significant numbers of those who were adopted under “closed” systems have subsequently been affected by the late disclosure of their adoptive status. Preliminary evidence is emerging that many of these late discoverers feel that they have not received acknowledgment of the particularity of their experience, the long-term effects of this discovery (involving personal losses and disrupted relationships), or recognition that an injustice may have been done to them.

The current research project focuses on those who have found out about their adoptive status as adults (disclosure must have occurred no earlier than 18 years of age). While this research is ongoing, some preliminary findings may be of interest to those working or researching within the area of family relationships.

## The late discovery of adoptive status

Although mention is sometimes made of the traumatic nature of late disclosure (Grotevant, Dunbar, Kohler, & Lash Esau, 2000; Passmore et al., 2007), apart from Perl and Markham’s (1999) qualitative study initiated by the Post Adoption Resource Centre (PARC) in New South Wales,<sup>2</sup> little research has been carried out in this area to date. The findings of the Perl and Markham study concluded that a majority of late discoverers were continuing to struggle with issues arising from disclosure. This report estimated that up to 9% of the more than 200,000 children adopted in Australia from the 1920s until the mid-1970s could be late discoverers.

Although it is impossible to calculate an accurate figure, even a conservative estimate of 5% exposes the possibility that significant numbers of late discoverers may be affected. As there have been negligible, if any, previous attempts to delineate the parameters of the late-discovery experience, the author’s current research project aims to define, understand and facilitate responsiveness to the complexity of personal, relational and social dimensions involved.

## Method

### Aims

The first aim of the current research was to privilege the voices of late discoverers themselves—to give recognition. The second aim was to delineate the conceptual attributes of the late-discovery experience, and thirdly, to understand what is needed in order for reparation and repair to occur. This need for reparation and repair was first identified by Perl and Markham (1999) and Passmore et al. (2006, 2007), who found that many late discoverers continue to struggle with issues of trust and betrayal, often many years after disclosure has occurred.

1 [www.aifs.gov.au/afrc/pubs/newsletter/n5pdf/n5b.pdf](http://www.aifs.gov.au/afrc/pubs/newsletter/n5pdf/n5b.pdf)

2 Of the 99 persons who have contacted PARC about late discovery since July 1995, 40 (34 females and 6 males) agreed to participate in the study. Of these, 82.5% were late-discovery adoptees. They were interviewed by telephone or in person using a questionnaire. The average age of discovery was 38 years, although 30% discovered they were adopted between the ages of 40 and 50. Major conclusions of the study include: 41% were told of their adoption by someone other than the adoptive family, relatives or birth family; 62% never suspected they were adopted, but many felt that it made sense of their family relationships, or that they always felt different; 62% went on to have contact with their birth family; the majority responded with shock at the time of disclosure; and 75% did not require ongoing counselling.

## Participants

Participants in the current research were sourced through Jigsaw Queensland Post Adoption Resource Centre, an online discussion group (in Australia and the United States), media (Queensland only) and a website.<sup>3</sup> It should be noted that stories have also been gathered from late-discovery donor-conceived offspring as part of this current research project, although preliminary findings are not included in this paper. It can be noted, however, that late-discovery donor offspring stories express similar themes involving betrayal, loss of trust and difficulty forgiving.

Participants were invited to send their stories in written form, although two stories were obtained through taped personal conversation. Twenty-two stories were received. Of the fifteen female participants, twelve were Australian, and one each were from the US, Canada and the UK. Of the seven male participants, four were Australian and three were from the US. Their current ages range from the early 40s through to early 70s. The length of time since disclosure ranged from 1–10 years ago ( $n = 12$ ), 11–20 years ago ( $n = 6$ ), 21–30 years ago ( $n = 3$ ), and 41–50 years ago ( $n = 1$ ).

## Limitations and assumptions

This research is focused on the nature of the late-discovery experience for study participants. It is not concerned with verifying what has occurred, highlighting differences, or attempting to assess to what extent or to what degree a late discoverer may have been affected. Rather, the focus is on the features, characteristics and attributes of the experience. A further limitation of the study is that participants were recruited via non-random methods. Therefore, bias due to self-selection is an issue and the generalisability of the findings is limited.

In any research, it is acknowledged that the researcher brings prior understandings to the project. In this case, the researcher is also a late-discovery adopted person. While this may inevitably bring particular understandings of the late-discovery experience to this research, it can also provide a richer, more nuanced approach.

## Late-discovery stories

The current research supports and extends the major themes outlined in Perl and Markham (1999), as well as the more recent research by Passmore et al. (2006, 2007). What emerges through situating these stories within an ethical framework, however, is the depth and significance of the feelings of betrayal, loss of trust and difficulty forgiving. These feelings are often still being experienced, despite many years or even decades having passed since disclosure.

Late discovery stories clearly evidence the depth and significance of these feelings.

Karla<sup>4</sup> (aged 40, 5 years since disclosure) discovered her origins as the result of a family health crisis. “I felt profoundly betrayed”, she said, “the brunt of a 40-year joke”. She described being “obsessed with the unfairness of state-sanctioned laws that prevented me from access to my original birth certificate”. She acknowledged that this was a life altering event for her, likening it to the “hero’s journey” in mythology. “I am forever changed”, she said. She is “less mad [now] about being lied to, although this event still colours everything about my identity and my relation[ship] to my family”.

Feelings of betrayal can occur from having had a “false” cultural identity imposed. “I had fair skin and didn’t know I was of Aboriginal descent” said Markus (aged 47, 19 years since disclosure). He now feels disconnected from both of his worlds. “I am rejected by a society that doesn’t understand me because my skin colour is an enigma to both races. A black man with a fair skin creates its own oddities between cultures.”

Brenda (aged 66, 11 years since disclosure) had the secret revealed by accident by an elderly cousin. She described feeling “absolute disbelief, let down, lied to ... I had been mistrusted by not being told the truth and had spent my life living a lie”. Cameron (aged 45, 14 years since disclosure) found out accidentally upon the death of both his parents. He wrote that he spent hours staring at himself in the mirror, thinking “my whole life was a lie”. He talks about how he internalised the “wrong” and made it about himself. “I have done a lot of personal growth work [since late discovery] and everyone says I have changed a lot”, he commented.

Sally (aged 57, 8 years since disclosure) finds it hard to forgive her adoptive mother. “Not that she adopted me, but the way she handled it and continues to handle it is unforgiveable”, while Peter (aged 50, 10 years since disclosure)

3 It may be argued that those who have responded in this current research might be more likely than others to (a) join a support group and/or (b) tell their story. Those that join support groups or are able to tell their story in some other way would be better regarded as fortunate in locating such support and information, given the lack of knowledge and understanding about late discovery in the community (this includes the broad adoption community as well). Many who contacted the author as a result of media stories commented that they had never spoken to another late discoverer or known of any information or support groups that were available.

4 Names have been changed to preserve anonymity.

revealed that he has spent the last ten years in shock and anger. He has “severed all ties with that part of [his] family”.

## Discussion

Brison (1997, 2002), Bracken and Thomas (2005) and Walker (2006) have asserted that talking about a “traumatic” event, and being heard and acknowledged, are pivotal features for achieving repair and recovery.<sup>5</sup> Brison (1997) commented that there can be enormous difficulty “regaining one’s voice, one’s subjectivity, after one has been reduced to silence, to the status of an object, or worse, made into someone else’s speech, an instrument of another’s agency” (p. 23). This sense of disrupted or subverted agency is a core feature that emerges in late-discovery stories.

The preliminary findings of the current research project, when combined with the previous findings of the PARC report in 1999, demonstrate that, while the majority of late discoverers appear to have been relatively successful in dealing with their experiences and continue to live productive lives, they continue to express feelings of betrayal, loss of trust and difficulty forgiving. They experience an ongoing sense of distance from others (aloneness), feelings of rejection, bitterness and frustration, and regret for lost opportunities and relationships (“if only!” or “what if?” questions). Many make demands for rights with respect to knowledge of genetic origins or to not have a “wrongful” identity imposed.

**While the majority of late discoverers appear to have been relatively successful in dealing with their experiences and continue to live productive lives, they continue to express feelings of betrayal, loss of trust and difficulty forgiving.**

It seems clear that part of resolving these feelings and demands should involve recognition from others (individuals, their communities and institutions) that the late discovery of adoptive status is a legitimate matter of interest and concern. This should also include acknowledgment that an injustice was done to the adoptees, even in cases where the decision to conceal genetic origins was taken with the best of intentions. Until such recognition is offered, and agency is restored, many late discoverers are likely to continue to have difficulty regaining self-respect, trusting again, feeling hope, feeling safe or forgiving. Bracken and Thomas (2005) refer to this as a powerful moral quest for justice.

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<sup>5</sup> Brison is referring to her own rape and assault. Bracken & Thomas are referring to post-traumatic stress disorder, while Walker discusses the effects of torture.

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## CONFERENCE REPORT

# Marriage and Relationship Education National Conference

ROBYN PARKER

### Marriage and Relationship Education National Conference. Fremantle, WA, 20–22 September, 2007

The theme of this year's national conference of marriage and relationship educators was creating harmony for individuals, couples, families and communities. The workshop program was typically hands-on and experiential, including working with men, facilitating culturally diverse groups, couples' attitudes towards money, aggression, intimacy, drawing out children's views of stepfamilies, emotional intelligence, and family of origin. Developments in service provision through the Family Relationships Services Program, administered by the Department of Families, Housing, Community Services and Indigenous Affairs, and the implementation of the new Certificate IV and Diploma in Relationship Education, were also presented.

Keynotes and workshops addressed a range of practice issues, beginning with entertaining and engaging presentations on spirituality in relationships (Rev. Dr Erich von Dietze, Murdoch University) and capitalising on cultural diversity in organisations to enhance creativity and effectiveness (Dr Christine Hogan, Curtin University). Andrew King (UnitingCare Burnside) gave two keynote addresses on working with men, in which he discussed strengths-based practice and the application of this approach specifically to working with men. These themes were further explored in a workshop in which participants were introduced to and applied a number of tools and ideas for working with men. The conference was fortunate to have George Doub (Family Wellness Associates, US), one of the architects of the Family Wellness Program, present an interactive and entertaining session on helping families from various cultures to bring about change. Dr Doub also conducted a workshop in which participants viewed and practised a range of skills and techniques aimed at bringing about lasting and positive change in families. The keynote series was rounded off by Susan Maushart's witty and incisive "meditation on post-feminist housewifery".

Keynote presentations are available on CD-ROM through the Marriage and Relationship Educators' Association of Australia ([www.mareaa.asn.au](http://www.mareaa.asn.au)) or from the AIFS library catalogue via interlibrary loan ([www.aifs.gov.au](http://www.aifs.gov.au)). The next national marriage and relationship education conference will be held in Melbourne in 2009.

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# News in brief



## New AFRC publications

**Family issues in suicide postvention.** Louise Flynn, Jesuit Social Services and Elly Robinson, Australian Family Relationships Clearinghouse. AFRC Briefing No. 8. [www.aifs.gov.au/afrc/pubs/briefing/briefing8.html](http://www.aifs.gov.au/afrc/pubs/briefing/briefing8.html)

**Prevention and early intervention in strengthening families and relationships: Challenges and recommendations.** Elly Robinson and Robyn Parker, Australian Family Relationships Clearinghouse. AFRC Issues No. 2. [www.aifs.gov.au/afrc/pubs/issues/issues2.html](http://www.aifs.gov.au/afrc/pubs/issues/issues2.html)

**Strengthening Aboriginal family functioning: What works and why?** Roz Walker and Carrington Shepherd, Kulunga Research Network, Telethon Institute for Child Health Research. AFRC Briefing No. 7. [www.aifs.gov.au/afrc/pubs/briefing/briefing7.html](http://www.aifs.gov.au/afrc/pubs/briefing/briefing7.html)

## New AIFS publications

### Family Matters No. 77

This issue of *Family Matters* contains several articles pertaining to the recent family law reforms, and includes three responses to the Institute's recently published research report on allegations of family violence and child abuse in family law children's proceedings. Other articles in this edition focus on stepfamilies, marriage and relationship education, and father's long work hours.

*Family Matters* is available on subscription. See: [www.aifs.gov.au/institute/pubs/fm2007/fm77.html](http://www.aifs.gov.au/institute/pubs/fm2007/fm77.html)

**Cooperation and coordination: An evaluation of the Family Court of Australia's Magellan case-management model.** Daryl J. Higgins, Australian Institute of Family Studies. October 2007.

Magellan is an interagency collaborative model of case management in the Family Court of Australia for cases where serious allegations are raised about sexual or physical abuse of children in post-separation parenting matters. Based on a successful pilot project, Magellan has been rolled out across the Family Court of Australia's registries since 2003. The aim of the current study was to evaluate Magellan against its intended goal of being an effective mechanism for responding to such allegations.

The report is available for download at: [www.aifs.gov.au/institute/pubs/magellan/index.html](http://www.aifs.gov.au/institute/pubs/magellan/index.html). Limited hard copies are available from the AIFS library. Email requests to: [publications@aifs.gov.au](mailto:publications@aifs.gov.au).

**Fertility and family policy in Australia.** Matthew Gray, Lixia Qu and Ruth Weston, Australian Institute of Family Studies.

A previous version of this paper was presented to the policy forum *Facing the Future: Policy Challenges in the Ageing Era*, Seoul, Korea, 13–14 September 2006. The fertility rate in Australia, like almost all OECD countries, is below the level required for population replacement. This has resulted in an increasingly active debate surrounding possible reasons behind the fall, future likely trends, and a realistic strategy to stem it. This paper provides an overview of trends in fertility in Australia and the potential implications of these trends. The various explanations that have been provided for fertility trends, and key family policies, are discussed.

The report is available at: [www.aifs.gov.au/institute/pubs/papers/2006/gray.pdf](http://www.aifs.gov.au/institute/pubs/papers/2006/gray.pdf)

## **Does it take a village? Neighbourhood influences on young children' development**

Dr Ben Edwards' presentation from his October 2007 seminar, in which he presented findings from his research into neighbourhood influences on Australian children's development, is now available at: [www.aifs.gov.au/institute/seminars/seminarpapers.html#edwards](http://www.aifs.gov.au/institute/seminars/seminarpapers.html#edwards)

## **Other reports and publications**

**Intergenerational reliance on income support: Psychosocial factors and their measurement.** Helen Berry, Emma George, Peter Butterworth, Bryan Rodgers and Tanya Caldwell. Social Policy Research Paper No. 31.

This report outlines a finely tuned and rigorous review of the concepts and measures employed in the study of intergenerational transmission of reliance on income support. Nine factors pertaining to young people and/or their parents were identified as likely to play a powerful role in whether a young person will become reliant on income support, and each is individually examined. Several themes recurred across these factors, providing an overall view of how reliance on income support is related to these risk factors as a whole, and what they mean for policy and service provision.

The report is available at: [www.facsia.gov.au/research/prp31/sprp31.pdf](http://www.facsia.gov.au/research/prp31/sprp31.pdf)

**Multicultural youth in Australia: Settlement and transition.** Steve Francis and Sarah Cornfoot, Centre for Multicultural Youth Issues, Melbourne, Victoria, October 2007.

**Working with multicultural youth: Programs, strategies and future directions.** Steve Francis and Sarah Cornfoot, Centre for Multicultural Youth Issues, Melbourne, Victoria, October 2007.

The Australian Research Alliance for Children and Youth (ARACY) commissioned two reports from the Centre for Multicultural Youth Issues (CMYI). The first of these papers reviews the research literature to identify the experiences and needs of multicultural youth, whether they are migrants, refugees or second-generation members of CALD communities. The second paper examines current responses to those needs by policy makers and service providers, identifies key issues in the sector, notes where there are gaps in service provision, and outlines approaches and recommendations for good practice.

Centre for Multicultural Youth Issues: [www.cmyi.net.au](http://www.cmyi.net.au)

Australian Research Alliance for Children and Youth: [www.aracy.org.au](http://www.aracy.org.au)

The first report is available at: [www.aracy.org.au/AM/Common/pdf/Topical%20Papers/YouthSettlement.pdf](http://www.aracy.org.au/AM/Common/pdf/Topical%20Papers/YouthSettlement.pdf)

The second report is available at: [www.aracy.org.au/AM/Common/pdf/Topical%20Papers/MulticulturalYouth.pdf](http://www.aracy.org.au/AM/Common/pdf/Topical%20Papers/MulticulturalYouth.pdf)

**Wellbeing, stress & burnout: A national survey of managers in alcohol and other drug treatment services.**

National Centre for Education and Training on Addiction (NCETA), Flinders University.

Recruitment and retention of workers is a significant issue in the family services sector. This report outlines a national survey of the health and wellbeing of 280 managers of government and non-government agencies specialising in the provision of alcohol and other drug (AOD) treatment services. Respondents reported on various aspects of their jobs, including sources of pressure, management roles and responsibilities, relations with colleagues and staff, performance recognition and reward, their physical work environment, and professional development and organisational support. Their wellbeing was measured via reported job satisfaction, organisational commitment, level of burnout, and intention to leave the job. Findings are discussed in terms of factors that enhance or detract from managers' wellbeing.

The report is available at: [www.nceta.flinders.edu.au/projects/workforce\\_development/documents/wellbeing\\_book.pdf](http://www.nceta.flinders.edu.au/projects/workforce_development/documents/wellbeing_book.pdf)

**Parenting after separation: A literature review prepared for the Australian Psychological Society.** Susie Burke, Jennifer McIntosh, and Heather Gridley, August 2007.

Drawing on a project undertaken by the APS in 2006 about the impact of separation and divorce on children, this report summarises the research findings on the impact of separation and divorce on various aspects of the lives of separating parents and their children, including their physical, psychological and emotional health, the financial and

social impact, and the effect on the parenting role. The report also analyses the impact of separation and divorce on children at different developmental stages, noting the key issues to consider at each stage and the signs and symptoms of distress. Interventions to ameliorate the effects of divorce on children are also considered.

The report is available at: [www.psychology.org.au/publications/position\\_papers/parenting\\_separation](http://www.psychology.org.au/publications/position_papers/parenting_separation)

**The winnable war on drugs: The impact of illicit drug use on families.** House of Representatives Standing Committee on Family and Human Services. Commonwealth of Australia, September 2007.

This inquiry focused on how illicit drug use affects families. Personal stories from families affected by illicit drug use comprised 45% of the 188 submissions made to the Committee. The report covers the issues of the prevalence, social, personal and financial impacts of illicit drug use in Australia, policy approaches and strategies, the role of prevention and education, and treatment issues such as access and uptake of services and dual diagnosis. Thirty-one recommendations are made.

The report is available at: [www.aph.gov.au/house/committee/fhs/illicitdrugs/report.htm](http://www.aph.gov.au/house/committee/fhs/illicitdrugs/report.htm)

## International reports, publications and resources

**Evaluating evaluations: Evaluating recent evaluations of Sure Start, Home-Start and Primary Age Learning Study.** Helen Barrett, Family and Parenting Institute, 2007.

This report critically examines the measures, procedures and analyses employed in three evaluations of prevention and early intervention programs in the United Kingdom, and comprehensively discusses the complexities of program evaluation and the reasons why interpretation of the findings of these three studies is problematic.

The report is available at: [www.familyandparenting.org/Filestore/Documents/publications/FPI\\_Eval\\_Hi\\_\(2\).pdf](http://www.familyandparenting.org/Filestore/Documents/publications/FPI_Eval_Hi_(2).pdf)

**Families and neighbourhoods.** Claire James and Sally Gimson, Family and Parenting Institute, 2007.

The report outlines the findings of a UK survey of 2,105 parents about their neighbourhoods. While parents reported generally positive views about their neighbours and the neighbourhoods in which they lived, the effects of socioeconomic inequality were clear. The authors make several policy recommendations to address issues such as the need to focus on communities as well as individuals and families, engaging young people, the need for safe and affordable facilities and services, and the differing needs of urban and rural families and communities.

The report is available at: [www.familyandparenting.org/Filestore/Documents/publications/families\\_neighbourhoods.pdf](http://www.familyandparenting.org/Filestore/Documents/publications/families_neighbourhoods.pdf)

A range of resources for practitioners working with families is also available from the Family and Parenting Institute website, including:

**Listening to parents: A short guide.** [www.familyandparenting.org/Filestore/Documents/publications/listening\\_to\\_parents.pdf](http://www.familyandparenting.org/Filestore/Documents/publications/listening_to_parents.pdf)

**How to help families in trouble: A short guide.** [www.familyandparenting.org/Filestore/Documents/publications/PW07guide.pdf](http://www.familyandparenting.org/Filestore/Documents/publications/PW07guide.pdf)

## Other Clearinghouse publications and resources

### Australian Domestic and Family Violence Clearinghouse (ADFVC)

[www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)

The Summer edition of the *DVIRC Newsletter* is now available. Articles include an interview with the new Minister for the Status of Women, the Hon. Tanya Plibersek MP, and a feature article on “Diverse and Inclusive Practice: Redrawing the Boundaries. National Forum on Domestic Violence, Disability and Cultural Safety”, including recommendations from the event.

The newsletter is available at: [www.austdvclearinghouse.unsw.edu.au/newsletters.htm](http://www.austdvclearinghouse.unsw.edu.au/newsletters.htm)

**Exploring the use of domestic violence fatality review teams.** Nadia David, Prosecutor, NSW Police. ADFVC Issues Paper No. 15, October 2007.

Domestic violence fatality review teams have been operating in the United States since the early 1990s. In this article, Police Prosecutor Nadia David discusses the value of these teams and the issues to consider in their possible introduction in Australia.

The paper is available at: [www.austdvclearinghouse.unsw.edu.au/issues\\_papers.htm](http://www.austdvclearinghouse.unsw.edu.au/issues_papers.htm)

## **National Child Protection Clearinghouse (NCPC)** **[www.aifs.gov.au/ncpc](http://www.aifs.gov.au/ncpc)**

**Responding to children and young people's disclosures of abuse.** Dr Mel Irenyi, National Child Protection Clearinghouse, October 2007.

This Practice Brief from the National Child Protection Clearinghouse addresses issues relating to disclosures of abuse and suggestions for effective ways of responding. The publication has information relevant for individuals and organisations working with children.

The report is available at: [www.aifs.gov.au/nch/pubs/brief/pb2/pb2.html](http://www.aifs.gov.au/nch/pubs/brief/pb2/pb2.html)

### **Promising practice in out-of-home care for Aboriginal and Torres Strait Islander children, young people and their carers series**

The National Child Protection Clearinghouse has released a series of papers examining the issues relating to out-of-home care for Aboriginal and Torres Strait Islander children and young people. The papers are available online at: [www.aifs.gov.au/nch/pubs/reports/promisingpractices/summarypapers/menu.html](http://www.aifs.gov.au/nch/pubs/reports/promisingpractices/summarypapers/menu.html)

#### *Strengths and barriers: Summary papers 1–7*

Paper 1: *Why is there a shortage of Aboriginal and Torres Strait Islander carers?* Bromfield, L. M., Higgins, J. R., Higgins, D. J., & Richardson, N. (2007).

Paper 2: *Barriers, incentives and strategies to enhance recruitment of Indigenous carers.* Bromfield, L. M., Higgins, J. R., Higgins, D. J., & Richardson, N. (2007).

Paper 3: *Why standard assessment processes are culturally inappropriate.* Bromfield, L. M., Higgins, J. R., Richardson, N., & Higgins, D. J. (2007).

Paper 4: *Training carers.* Richardson, N., Bromfield, L. M., Higgins, J. R., & Higgins, D. J. (2007).

Paper 5: *Supporting carers.* Higgins, D. J., Bromfield, L. M., Higgins, J. R., & Richardson, N. (2007).

Paper 6: *Children with complex needs.* Higgins, J. R., Higgins, D. J., Bromfield, L. M., & Richardson, N. (2007).

Paper 7: *Voices of Aboriginal and Torres Strait Islander children and young people in care.* Higgins, J. R., Higgins, D. J., Bromfield, L. M., & Richardson, N. (2007).

### **Promising practice in out-of-home care for Aboriginal and Torres Strait Islander children, young people and their carers: Profiling promising practice**

Based on a series of papers summarising the issues in out-of-home care for Aboriginal and Torres Strait Island children and young people, a series of resource booklets have been created that detail examples of promising practice in supporting carers and young people. The booklets are available online at: [www.aifs.gov.au/nch/pubs/reports/promisingpractices/booklets/menu.html](http://www.aifs.gov.au/nch/pubs/reports/promisingpractices/booklets/menu.html)

Booklet 1: *Characteristics of promising Indigenous out-of-home care programs and services.* Dr Jenny Higgins and Nikki Butler (2007).

Booklet 2: *Assessing, training and recruiting Indigenous carers.* Dr Jenny Higgins and Nikki Butler (2007).

Booklet 3: *Comprehensive support for Indigenous carers and young people*. Dr Jenny Higgins and Nikki Butler (2007).

Booklet 4: *Indigenous responses to child protection issues*. Dr Jenny Higgins and Nikki Butler (2007).

## **Australian Centre for the Study of Sexual Assault (ACSSA)**

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

### *ACSSA Publications release*

#### **ACSSA AWARE Newsletter** No. 15, September 2007

Articles in this issue examine perspectives on the treatment of men and boys who sexually abuse, and elder abuse and sexual assault.

#### **“Feeling heavy”: Vicarious trauma and other issues facing those who work in the sexual assault field.**

ACSSA Wrap No. 4, September 2007

This paper is about vicarious trauma, a normal response to repeated exposure and empathetic engagement with traumatic material. It describes what vicarious trauma is, how it may be experienced, and what may predict it occurring.

## **Communities and Families Clearinghouse Australia (CAFCA)**

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

The Communities and Families Clearinghouse Australia (CAFCA) is funded by the Australian Government to support the Stronger Families and Communities Strategy (SFCS). CAFCA provides information and advice to policy makers, researchers and practitioners in the fields of early childhood and community development. The Clearinghouse has an emphasis on young families, early learning and care, support for families and parents, child-friendly communities, and family and children’s services working effectively. CAFCA also has a role in the National Evaluation of the Stronger Families and Communities Strategy.

## **Australian Clearinghouse for Youth Studies (ACYS)**

[www.acys.info](http://www.acys.info)

This a not-for-profit project funded by the Australian Government through the Department of Families, Housing, Community Services and Indigenous Affairs. ACYS operates at the University of Tasmania under the direction of Professor Rob White, School of Sociology and Social Work. ACYS provides reader-friendly and user-friendly information on the complex and wide-ranging issues that affect young people today, from early adolescence to the early adult years, and produces a range of publications, including the peer-reviewed journal (*Youth Studies Australia*), a free electronic monthly newsletter (*Youth Field Xpress*), and fact sheets on a range of topics.

### **Youth Studies Australia, 26(4)**

Articles in this issue include sibling death and how it impacts on surviving siblings at a social level, sexuality education, rural youth and multimedia, and participation by refugee young people. Electronic summaries of journal articles are available at: [www.acys.info/journal](http://www.acys.info/journal) (full access requires subscription).

# Website reviews

REVIEWED BY ELLY ROBINSON

## Sibs: the Association for Children with a Disability

[www.sibs.org.au](http://www.sibs.org.au)

The Association for Children with a Disability has a new website that hosts information for “Sibs”, the term coined for individuals with a brother or sister who has a disability or chronic illness. The homepage of the site directs users to one of three sub-sites, which cater for primary-school-aged children, adolescents and parents of a sibling aged 0–25 years.

**Each of these sites has age-appropriate information for and about siblings. The primary school-aged site has simple games as well as interactive elements, where kids can discuss their feelings or stories and reply to others' posts.**

Each of these sites has age-appropriate information for and about siblings. The primary-school-aged site has simple games as well as interactive elements, where kids can discuss their feelings or stories and reply to others' posts. The adolescent site was created by adolescent siblings for adolescent siblings, and includes a number of interactive elements, such as book and film reviews, “your thoughts”, “end the sentence ...” and an active discussion board.

The link for parents takes users directly to the homepage for the Association for Children with a Disability, which contains stories, information, fact sheets, resources and support and covers issues

for all members of the family. There is also information on professional development for workers.

An abundance of information is free to access on these sites that will help workers acknowledge and support the experiences of families affected by a member who has a disability or chronic illness.

## Auseinet

<http://auseinet.flinders.edu.au>

Auseinet is the Australian Network for Promotion, Prevention and Early Intervention for Mental Health. Auseinet has been in existence since 1997, and the breadth of information on this site is testament to its longevity. Information on mental health promotion and illness prevention is available for practitioners, consumers and carers, and there is a relatively recent section on information about Aboriginal and Torres Strait Islanders mental health.

**Auseinet is the Australian Network for Promotion, Prevention and Early Intervention for Mental Health. Auseinet has been in existence since 1997, and the breadth of information on this site is testament to its longevity.**

The Auseinet website includes a clearinghouse on promotion, prevention and early intervention initiatives, an email alert service, the *Auseinetter* newsletter, resources such as fact sheets and toolkits for a range of sectors, an online journal (*Australian e-Journal for the Advancement of Mental Health*) and other publications. Under resources, there is a considerable range of fact sheets on many relevant issues, including children of parents with a mental illness, multicultural mental health and families/parenting. A “recovery online” toolkit is also available to assist services and people to implement a recovery approach.

This site is a comprehensive “one-stop shop” for information on issues on mental health promotion and illness prevention.

**Elly Robinson** is the Manager of the Australian Family Relationships Clearinghouse.

# Literature highlights

COMPILED BY JOAN KELLEHER, LIBRARIAN

The following are a selection of resources received by the Australian Family Relationships Clearinghouse (AFRC) library collection. Print resources are available via the inter-library loan system. Contact your own library for details of this system. Electronic resources are available directly via the web address.

## Parental substance abuse

**A gendered invitation? (2005).** Pollock, S., Agllias, K., & Stuble, A. *Women Against Violence—An Australian Feminist Journal*, 18, 65–71.

Family counsellors working with parents who have issues with drug and alcohol use most often work with mothers. This study of 41 family counsellors and coordinators examined their experiences with families where drug and alcohol use was an influence. The article considers gender issues in drug and alcohol counselling. It discusses the gendered nature of knowledge, the gendered nature of intervention, women's drug and alcohol use, and access to appropriate drug and alcohol services.

**But the parent is trying ...: The dilemmas workers face when children are at risk from parental substance use. (2005).** Cousins, C. *Child Abuse Prevention Newsletter*, 13(1), 3–6. [www.aifs.gov.au/nch/pubs/newsletters/nl2005/summer.html#cc](http://www.aifs.gov.au/nch/pubs/newsletters/nl2005/summer.html#cc)

The difficulties experienced by drug and alcohol workers whose clients are also parents are highlighted in this article. The article outlines the extent of the problem and some of the factors associated with these particular parents that may prevent workers from successfully identifying children at risk. It discusses the difficulties for workers in developing sufficient awareness of the needs of children, and in judging whether or not adequate parenting is being given. It concludes with a discussion of the emotional responses from workers that may interfere with effective service delivery to parents.

**Child protection practice with families affected by parental substance use. (2004).** Hallgrimsdottir, E., Healy, K., & Foulds, H. *Children Australia*, 29(3), 11–15.

This paper reports on a study of child protection practice in a non-government child protection organisation in inner Sydney. The purpose of the study was to explore workers' perceptions of critical issues in child protection and family support work in families affected by parental substance use. The findings raise issues about prevalence of substance use issues in child protection work, the risks posed to workers in this domain of practice, and the importance of improved cooperation amongst agencies involved with these families

affected by parental substance use. Future research directions for improving child protection and family support practice with families affected by parental substance use are considered. (Journal abstract)

**Drug use in the family: Impacts and implications for children. (2006).** Dawe, S., Frye, S., Best, D., et al. Canberra, ACT: Australian National Council on Drugs. [www.ncd.org.au/publications/pdf/rp13\\_drug\\_use\\_in\\_family.pdf](http://www.ncd.org.au/publications/pdf/rp13_drug_use_in_family.pdf)

The impact of parental substance misuse, specifically alcohol and illicit drug use, on children aged between two and 12 years is examined. The report contains a review of the literature on prevalence of substance misuse in families, and analyses the National Drug Strategy Household Survey and National Health Survey, the Longitudinal Study on Women's Health, the Longitudinal Study of Australian Children, and specialist population databases. Use of alcohol and other drugs in households with dependent children was found to be high, with high rates of binge drinking in particular. While parental substance misuse can affect many aspects of a child's life, it is generally difficult to disentangle the effects of parental substance use from broader social and economic factors that contribute to and maintain the misuse of either drugs or alcohol. A separate chapter investigates the effects of parental substance misuse on Indigenous children.

**Drugs and the aftermath, children who live with substance use: Early intervention in utero to permanency planning. (2004).** Berry, K., & Moore, K. In *Knowledge into action! Effective practice for child and family services: Proceedings of the 2004 Conference of the Association of Children's Welfare Agencies*. Haymarket, NSW: Association of Children's Welfare Agencies. Online only. [www.acwa.asn.au/Conf2004/acwa2004papers/26\\_kerry\\_kay.pdf](http://www.acwa.asn.au/Conf2004/acwa2004papers/26_kerry_kay.pdf)

Substance abuse is one of the main reasons for the increasing number of children entering the child protection system in Australia. This paper presents a background to the issue of children living with substance abuse and discusses several case studies. It looks at challenges for child welfare workers, considers the experience of substance dependent parents, the unborn child, and the infant of parental drug abuse, implications for developing attachment, and the short-term and long-term effects on children of maternal substance

dependence. It discusses building resilience through early intervention, and the Substance Use in Pregnancy and Parenting service model.

***Dual diagnosis support kit: Working with families affected by both mental illness and substance misuse.* (2005). New South Wales. Department of Community Services. Ashfield, NSW: Department of Community Services. [www.community.nsw.gov.au/DOCS/STANDARD/PC\\_100864.html](http://www.community.nsw.gov.au/DOCS/STANDARD/PC_100864.html)**

Dual diagnosis is a term used to describe when a person is affected by both mental illness and substance misuse. The NSW Department of Community Services has developed this kit to help workers and families where there is parental dual diagnosis. The books and resources in the kit are intended to help workers, carers and parents introduce the issues of parental dual diagnosis, and explore concerns that children or family members may have. It provides positive strategies for coping with dual diagnosis, as well as contacts for help and support. These resources are not intended to replace the professional assessment or health care provided by qualified health professionals.

***Families and heavy drinking: Impacts on children's wellbeing.* (2006). Girling, M., Huakau, J., Casswell, S., et al. Wellington, NZ: Families Commission. [www.nzfamilies.org.nz/download/blueskies-shore.pdf](http://www.nzfamilies.org.nz/download/blueskies-shore.pdf)**

What are the social costs for children and young people of heavy parental or caregiver alcohol use in New Zealand? This literature review explores this topic in the NZ and international research and identifies research gaps. It examines the impacts of alcohol use on health, behavioural issues and problems, educational performance, and early onset and heavy alcohol use by offspring. Factors that affect these impacts include parental conflict, violence against children, parental absence, living standards, and parental control and supervision.

***Grandparents raising grandchildren because of alcohol and other drug issues.* (2007). Baldock, E. *Family Matters*, 76, 70–75.**

In 2003, there were 22,500 families in Australia in which grandparents were raising grandchildren. Many of these are due to substance abuse problems by the children's parents. This article explores the issues faced by these grandparents, which include health- and ageing-related issues, impacts on family relationships, legal and custody problems, social isolation, lifestyle upheaval, physical and emotional stress, and financial hardship and disadvantage. The children and their parents are also affected. In response, the article outlines the policy and service recommendations of the Canberra Mothercraft Society, which include early intervention and government financial assistance.

***Parental alcohol misuse and the impact on children.* (2006). New South Wales. Department of Community Services. Ashfield, NSW: Centre for Parenting and Research, NSW Department of Community Services.**

**Online only. [www.community.nsw.gov.au/docswr/\\_assets/main/documents/research\\_alcohol\\_misuse.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_alcohol_misuse.pdf)**

An overview of the impact of parental misuse of alcohol and its effect on children is given in this research note, with information on strategies to assist and support affected children and families. The paper includes information on assessment issues that may be encountered by social workers working with parents who misuse alcohol, and a discussion of a range of interventions.

***Parental drug use: A recent phenomenon.* (2004). Patton, N. St Kilda South, Vic: Mirabel Foundation. [www.mirabelfoundation.com/downloads/Parental\\_Drug\\_Use\\_A\\_Recent\\_Phenomenon.pdf](http://www.mirabelfoundation.com/downloads/Parental_Drug_Use_A_Recent_Phenomenon.pdf)**

The emergence of illicit drug use by parents and the development of kinship care as the preferred option for out-of-home care are discussed in this paper. The paper examines how parental drug use has changed the face of child welfare in Australia, and provides a summary of drug use from the early 1990s to the present day. It looks at past child welfare practices, from the beginning of white settlement, and discusses the growth of kinship care. The paper argues that greater resources should be provided to support this growing form of out-of-home care.

***Parents with complicated lives: Do child protection services help or hinder?* (2006). Baker, J., Miles, D., & Thorpe, R. In *Working together for families: CROCCS 4th International Conference, Mackay, Queensland, 4–6 August 2006: Papers.* Mackay, Qld: Centre for Research on Community and Children's Services. Online only. [www.croccs.org.au/downloads/2006\\_conf\\_papers/BakerMilesThorpe-Parents%20with%20complicated%20lives.%20Do%20child%20protection%20services%20help%20or%20hinder.pdf](http://www.croccs.org.au/downloads/2006_conf_papers/BakerMilesThorpe-Parents%20with%20complicated%20lives.%20Do%20child%20protection%20services%20help%20or%20hinder.pdf)**

A research project to gather the views of parents who have been involved with child protection services about those services is outlined. The paper discusses the need for a study focusing on the experiences of service users whose lives are characterised by compound difficulties, and refers to findings in the literature about the intersection of child protection with multiple difficulties relating to violence, disability and problematic substance use. There is a clear lack of information about how parents with complicated lives and their children experience the interventions of child protection authorities. The research project will explore how people with complicated lives interpret the interventions and what they consider to be most helpful and appropriate to their circumstances.

***The Nobody's Clients Project: Identifying and addressing the needs of children with substance dependent parents: Summary report.* (2004). Gruenert, S., Ratnam, S., & Tsantefski, M. Melbourne, Vic.: Odyssey House Victoria. [www.odyssey.org.au/institute/projects/summary.pdf](http://www.odyssey.org.au/institute/projects/summary.pdf)**

The Nobody's Clients Project was a prevention and early intervention program for Melbourne children aged between

4 and 13 years whose parents were in treatment for drug or alcohol dependency. This summary of the project report provides an overview of the background, methodology, key findings and recommendations of the project, and includes case studies of two participant families.

**The Parents Under Pressure program. (2004). Harnett, P. H., Dawe, S., & Rendalls, V. *Child Abuse Prevention Newsletter*, 12(1), 9–13. [www.aifs.gov.au/nch/pubs/newsletters/nl2004/winter.html](http://www.aifs.gov.au/nch/pubs/newsletters/nl2004/winter.html)**

The Parents Under Pressure program was developed to address the multiple needs of high-risk families. This article explains the philosophy, structure and content of the program, its theoretical influences, how it developed, and what is known about its effectiveness. A case example of a high-risk family is also presented.

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## Intermarriages

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**Aboriginal couples at the 2001 Census. (2002). Birrell, B., & Hirst, J. *People and Place*, 10(3), 23–28. <http://elecpress.monash.edu.au/pnp/cart/download/free.php?paper=21>**

One important indicator of the integration of Aborigines into non-Aboriginal Australian society is the level of couple intermix. Analysis of the 2001 census shows that a majority of couples with an Aboriginal partner are intermixed, that this majority is increasing in both metropolitan and non-metropolitan locations, and that intermix is widening the economic base of Aboriginal families. (Journal abstract)

**Aboriginal intermarriage and economic status in western New South Wales. (2002). Peterson, N., & Taylor, J. *People and Place*, 10(4), 11–16. <http://elecpress.monash.edu.au/pnp/cart/download/free.php?paper=32>**

The strength of the Aboriginal domain in western New South Wales is suggested by the fact that 94% of children from intermarriages are classified by their parents as Aboriginal. Census data also indicate that people in mixed marriages in this area are economically better off especially in regard to housing, than those in marriages where both partners are Indigenous. This raises questions about possible transformation of the Aboriginal domestic moral economy and the place of sharing within it. (Journal abstract)

***Christian–Muslim intermarriage in Australia: Identity, social cohesion or cultural fragmentation.* (2003). Ata, A. W. Melbourne, Vic.: David Lovell Publishing.**

Intermarriage is the best indicator of whether a group is fully integrated into the mainstream community, the author argues. He discusses the dynamics of Christian–Muslim interfaith marriages, cross-religious misunderstandings, demographic characteristics, forces behind Christian–Muslim marriages, adjustment and complications of interfaith marriages, attitudes to discrimination and attitudes to children, including questions of identity and sharing responsibilities.

**Cross-cultural marriage education and counselling: Exploring the challenges. (2000). Petrovic, A. *Threshold*, 65, 16–17, 27.**

Issues that are important in marriage education and counselling with different cultural groups are canvassed in this article. The author identifies some possible issues for migrants and refugees, stressing the need to remember that the theme of loss is invariably present. Discussion includes cultural bias, power imbalance between practitioner and client, crosscultural marriages, and power imbalance within a relationship.

**Immigration and racial/ ethnic relations in the United States. (2005). Bean, F. D., Brown, S. K., & Lee, J. *People and Place*, 13(1), 1–13.**

Over the past few decades the inflow of overseas migrants has transformed the United States from a largely biracial society to a multi-ethnic society. This paper explores the implications of this diversity via indicators of racial/ ethnic markers, including intermarriage and residential segregation. On the basis of this review the article concludes that the inter-relations between racial/ ethnic groups in the United States are improving. (Journal abstract)

**Intermarriage in Australia: Patterns by ancestry, gender and generation. (2004). Khoo, S. E. *People and Place*, 12(2), 35–44.**

Ancestry data from the 2001 Census allow us to explore intermarriage patterns among people of different ethnic backgrounds in Australia, including: people born overseas (the first generation), their Australian-born children (the second generation), and their Australian-born grandchildren and so on (termed here the third generation plus). While rates of intermarriage vary sharply among the second generation, by the third generation most people are marrying outside their own ancestry groups. For example, second-generation people reporting Greek ancestry are very likely to marry others of a similar ancestry, but the third generation is not. Most groups of Asian ancestry have not been in Australia long enough to produce a large third generation of marriageable age, but people reporting Indian and Chinese ancestry show a similar pattern to the Greeks: strong in-marriage in the second generation followed by strong out-marriage in the third-plus generation. (Journal abstract)

**Mixed marriages in Australia. (2005). *Threshold*, 84, 5–7.**

The marriage patterns of Australians born overseas and second generation Australians are examined in this article. The article analyses the marriage patterns of these two groups according to ethnic origin, and looks at the incidence of intermarriage within birthplace group, and of mixed marriages; that is, marriage between people of different birthplace groups.

***Mixed matches: Interracial marriage in Australia.* (2002). Owen, J. D. Sydney, NSW: University of New South Wales Press.**

While there is no lack of research undertaken on intermarriage between men and women of different ethnic origins in post-war Australia, few publications have been able to provide what is provided in this publication—a deep understanding by the author of what can happen between individual persons, and in particular families, when interracial marriages occur. This book begins with a discussion of the history of interracial marriage from the days of early European settlement through to contemporary Australia. At its core are interviews with more than 100 mixed-race couples from all over the country, and many of their adult or near-adult children. The couples describe their experiences and emotions, and how they have adjusted or learned to accept the differences between them.

**Out-marriage and the survival of ethnic communities in Australia. (2000). Birrell, B., & Healy, E. *People and Place*, 8(3), 37–46. [http://elecpress.monash.edu.au/pnp/free/pnpv8n3/v8n3\\_5BirrHealy.pdf](http://elecpress.monash.edu.au/pnp/free/pnpv8n3/v8n3_5BirrHealy.pdf)**

Marriage Registry data covering the years 1996 to 1998 for second-generation Australians show that only a small minority choose partners who originate from the same country. This implies that there is little prospect of ethnic communities being reproduced across successive generations. The main exception concerns people from the Middle East. There is not sufficient evidence at this time to judge whether second generation persons of Asian origin will follow the Middle Eastern pattern. (Journal abstract)

**Researching Moslem–Christian marriages: Extrapolating from mixed-faith couples towards the practices of ‘convivencia’. (2005). Ata, A., & Furlong, M. *Australian and New Zealand Journal of Family Therapy*, 26(4), 200–209.**

Moslem–Christian marriage can be seen as a kind of “testing place” for examining and appreciating the practices of difference. This article offers a summary from a recent local research project which investigated these relationships (Ata, 2003). The empirical data from the study was “milled” for its potential to inform practice, a process that generated four themes that practitioners may find useful in their attempts to design practice approaches that are sensitive to alternative anthropologies. Beginning from the contention that the otherness of those for whom we work can be a mirror for our own cultural and practice assumptions, we extrapolate from these themes to practice with other examples of diversity. It is argued that our efforts to practise with diverse populations will be unengaging, even colonising, unless we are able to de-naturalise our own positions. (Journal abstract)

**The globalisation of marriage. (2000). Cahill, D. *Threshold*, 65, 14–15.**

The author discusses changing attitudes to crosscultural marriages, referring to the research literature and identifying different fundamental paradigms therein. Changes reflected in the research literature in relation to separation rates in intermarried couples are also discussed, and reference is made to the effects of globalisation. The author concludes

that intermarriage is a multi-layered phenomenon with a broad typology which renders generalisations, both past and current, increasingly problematic.

**The I do’s and don’ts of intercultural marriage. (2005). Kahlenberg, R. R. *Threshold*, 84, 11–13.**

Spouses in intercultural marriages can be faced with additional challenges in their relationship that derive from cultural differences. This article discusses some aspects of intercultural marriages, and offers suggestions for dealing with specific difficulties arising from differing cultural attitudes towards child rearing, in-laws, religion, and other issues.

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## Prisoners and their families

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**Arresting moments: Identifying risks for women and their children from the time of police arrest. (2001). Lilburn, S. *Alternative Law Journal*, 26(3), 115–118.**

Recent research in South Australia, documented in the report *Taken In: When Women with Dependent Children are Taken into Custody: Implications for Justice and Welfare* (Women’s Legal Service. Adelaide Institute of TAFE, Adelaide, 2000) indicates that the distinctive circumstances of women with dependent children are not adequately recognised by current procedures in the criminal legal system. This article describes some of this research, focusing on experiences of police arrest practices in order to illustrate how inadequate and inconsistent practices can result in women and their children being subject to unjust, extraneous, and even illegal treatment. It is stated that recognition of women’s obligations as carers of children through the better coordination of services, and in the provision of adequate training and resources for personnel, could improve the experiences of women and their children.

**Children of Prisoners Project: Steering Committee’s report to the Justice Cabinet Committee. (2005). South Australian Attorney-General’s Department. Adelaide, SA: Justice Strategy Division, Attorney General’s Department. Online only. [www.justice.sa.gov.au/publications/publications/Children\\_of\\_Prisoners\\_Report.pdf](http://www.justice.sa.gov.au/publications/publications/Children_of_Prisoners_Report.pdf)**

The report presents the major findings of an examination into the needs of children affected by parental incarceration to determine ways in which service provision could be improved. As part of the project, two separate surveys were undertaken: the Parents in Prison Survey and the Carers of Children Who Have a Parent in Prison Survey. In total, 106 parents in prison and 28 carers of children affected by parental incarceration were surveyed. The parents surveyed had a total number of 256 children between them. Half of the children in the study were aged seven years or under. Nearly one-third of the parents surveyed identified that during their childhood, a parent or significant other was imprisoned. Many reported drug and mental health problems prior to their incarceration. The significant emotional and financial burden placed upon grandparents was one of the recurring

themes to emerge. The report contains an action plan that reflects the findings of the project's consultations, surveys, case studies and available literature on the topic. Key areas identified for focus included the need for research and data collection on the parenting responsibilities of prisoners; greater awareness of the impact of parental incarceration on children by all those involved in the key contact points along the criminal justice system; more understanding in the community to help reduce the shame and stigma often experienced by children affected by parental incarceration; more opportunities for children to have contact with their imprisoned parent; and the continued delivery and expansion of parenting programs to enable parents in prison to develop the necessary parenting skills.

**Children of prisoners: A growing public health problem. (2004).** Quilty, S., Levy, M. H., Howard, K., et al. *Australian and New Zealand Journal of Public Health*, 28(4), 339–343.

This study aimed to estimate the number and proportion of children in New South Wales affected by parental incarceration, and to describe the health impact of punitive incarceration on the children of prisoners. The article concludes that the number of children that have experienced parental incarceration is significant in NSW and across Australia. Indigenous children are much more likely to experience parental incarceration than non-Indigenous children. It suggests that children of prisoners are at high risk of negative health outcomes, and are themselves at an increased risk of offending later in life. The needs of these children must be recognised and policies introduced to reduce the adversities they face. The social, politico-legal and economic conditions that are contributing to the continuing rise in incarceration rates must be recognised, and measures must be taken to reduce this trend. (Journal abstract, edited)

**Children: Unintended victims of legal process. A review of policies and legislation affecting children with incarcerated parents. (2006).** Hannon, T. Melbourne, Vic.: Flat Out Inc. and Victorian Association for the Care and Resettlement of Offenders. Online only. [www.vacro.org.au/Children\\_Unintended\\_Victims/PDFs/Discussion\\_Paper.pdf](http://www.vacro.org.au/Children_Unintended_Victims/PDFs/Discussion_Paper.pdf)

The aim of this research was to trace the experiences of children with a primary carer in prison, through a series of interviews with involved adults including sentenced mothers, arresting police officers, mothers' solicitors, sentencing magistrates or judges, and interim carers. There are no policies or laws in place to protect children in Victoria when their primary carer is arrested and imprisoned, other than the Corrections policy for the small number of children eligible to reside with their mothers in prison. This discussion paper examines ways to improve these children's lives and to reduce the costs to the community, through implementing policies and processes that take account of the existence of these children and their needs.

**Discussion paper on the impact on Aboriginal and Torres Strait Islander children when their fathers are incarcerated. (2001).** Queensland. Commission for Children and Young People, & Aboriginal and Torres Strait Islander Advisory Board. Brisbane, Qld: Commission for Children and Young People and Child Guardian. Online only. [www.ccyipc.qld.gov.au/pdf/publications/papers/discussion\\_paper\\_sml.pdf](http://www.ccyipc.qld.gov.au/pdf/publications/papers/discussion_paper_sml.pdf)

Given the history of Indigenous people, in terms of dislocation and cultural fragmentation, the questions of how Aboriginal and Torres Strait Islander males learn to be men and learn how to father are particularly problematic ones. Incarceration adds another dimension, serving to further fragment Indigenous families and communities, and affecting the male role-models available for Indigenous children. The aim of this paper is to provide a starting point for public discussion about the impact of the incarceration of fathers on Indigenous children, and issues to be considered when developing effective parenting programs for these men.

**Families affected by the imprisonment of a parent: Towards restorative practices. (2001).** Healy, K., Foley, D., & Walsh, K. *Children Australia*, 26(1), 12–19.

Over the past decade, imprisonment rates in Australia have substantially increased. As imprisonment rates rise, so too do the number of families affected by the imprisonment of a parent. Yet the needs of parents in prison and their families have received little attention in social policies and service-delivery practices. As the specific issues faced by parents in prison and their families cross many areas of government and community services responsibility, they all too easily slip from policy agendas. This paper outlines the challenges to, and potential for, restorative practices with families affected by the imprisonment of a parent. It draws on recent research undertaken by the authors into the family support needs of parents in prison and their families. (Journal abstract)

**Families of prisoners: Literature review on issues and difficulties. (2003).** Woodward, R. Canberra, ACT: Department of Family and Community Services. Online only. [www.facs.gov.au/internet/facsinternet.nsf/vIA/occasional\\_papers/\\$file/OP10\\_1203.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/vIA/occasional_papers/$file/OP10_1203.pdf)

Focusing on literature over the past ten years, this literature review identifies issues and difficulties for families of prisoners in Australia, especially those issues affecting prisoners' children and the children's caregivers. It includes studies, reports, commissions, census data and program documentation from within the areas of human services, criminology, child welfare, Indigenous perspectives and youth affairs. Some relevant literature from the United Kingdom and United States is also covered.

**Finding fathers: Locating inmate fathers in a discussion of human rights. (2004).** Naumenko, K. *Human Rights Defender*, 13(1), 26–28.

Few studies have been done on the effects of the imprisonment of parents on their children or on the

parental rights of imprisoned fathers. This paper discusses the known consequences of parental imprisonment on children, including: loss of economic, scholastic and social opportunities; the benefits of recent initiatives for family integration and the lack of extension of these to male carers; and at changing the experience of prisoners through addressing the principles of imprisonment.

**Forgotten families: The impacts of imprisonment. (2001). Cunningham, A. *Family Matters*, 59, 35–38. [www.aifs.gov.au/institute/pubs/fm2001/fm59/ac.pdf](http://www.aifs.gov.au/institute/pubs/fm2001/fm59/ac.pdf)**

It is widely acknowledged that children and parents are affected by family separation in many ways. When the circumstances of the separation are traumatic, impacts can be intensified and need to be addressed sensitively to minimise any long-term negative effects. This article explores what happens when a family is separated as the result of the incarceration of a parent.

***Men and Family Relationships Project: Final report. (2002). McNally, J. Melbourne, Vic.: Jesuit Social Services.***

This report summarises the evaluation of the Me and My Family program developed by Jesuit Social Services under the Men and Family Relationships Initiative. The Me and My Family program sought to assist male prisoners, as an example of marginalised men, with family relationship issues through group counselling; training workshops for staff from family relationships services were also conducted as part of the program. This evaluation report discusses the rationale, objectives and features of the program and presents findings on the program's effectiveness. A program manual is also available.

**Sector profile: The Victorian Association for the Care and Resettlement of Offenders (VACRO). (2007). *Developing Practice: The Child, Youth and Family Work Journal*, 18, 32–35.**

The Victorian Association for the Care and Resettlement of Offenders (VACRO) is the only community agency in Victoria working solely with prisoners and their families. This article describes its history and current functions. VACRO conducts research into the needs of offenders' families, publishes guides and self-help manuals, provides intensive support to help with prisoners' transition from custody to community life, focusing on reducing recidivism and breaking cycles of intergenerational crime.

**The health and wellbeing of women in prison: Issues impacting on health and wellbeing. (2003). Australia. Office of the Status of Women. Health and Wellbeing Section. *Focus on Women: Key Issues Affecting Women*, 8, 1–12.**

This paper examines health and wellbeing issues of female prisoners. It is based on the World Health Organization's definition of health as: "a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity". Health issues consistently raised in the literature on female offenders include drug and alcohol use, physical and sexual abuse, mental and physical conditions, and self-harming behaviour. The consequences of these health and wellbeing issues extend beyond time spent in prison. Women also experience significant difficulties after release. Social and economic disadvantage compound the impact of imprisonment on women's health and wellbeing. This paper provides an overview of the extent and impact of these issues among women in Australian prisons.

***Women in prison: A report by the Anti-Discrimination Commission Queensland. (2006). Queensland. Anti-Discrimination Commission. Brisbane, Qld: Anti-Discrimination Commission Queensland. Online only. [www.adcq.qld.gov.au/Project-WIP/WIPreport\\_contents.htm](http://www.adcq.qld.gov.au/Project-WIP/WIPreport_contents.htm)***

This report is the result of a major review conducted by the Commission to research and consult on the treatment of women in Queensland prisons on the basis of gender, race and disability. Information was gathered through submissions, meetings and round table discussions with stakeholders. The review examined some of the basic components of the correctional system to see how the system as a whole deals with the special needs of women prisoners, including women from minority groups, such as women with a disability, Indigenous women, young women aged under 18 years, culturally and linguistically diverse women, women with dependent children, and transgender women. The report makes 68 recommendations. The main issues are: legitimate concerns that classification instruments and procedures may result in over-classification of women prisoners; children's needs are inadequately addressed; mental health issues are often ignored; and Indigenous women are especially at risk of discrimination in prison. (The Queensland Department of Corrective Services published a response to this report in March 2006—available at [www.dcs.qld.gov.au](http://www.dcs.qld.gov.au))

# Conferences

COMPILED BY HELEN ARCH

The following list of forthcoming conferences is taken from the Conferences and Events page on the Australian Family Relationships Clearinghouse website. For the latest entries visit <http://www.aifs.gov.au/afrc/conferences.html>

## Diversity in Health 2008: Strengths and Sustainable Solutions Conference (DIH 2008)

10–12 March 2008  
Sydney, Australia

DIH 2008 will bring national and international leaders in the health industry together to showcase new and innovative approaches to providing quality health care for Australia's diverse communities.

Further information: [www.dhi.gov.au/conference](http://www.dhi.gov.au/conference)

## NW Parenting and Family Education Conference

12–14 March 2008  
Vancouver, Washington, USA

This conference provides professional development for parenting and family educators, childcare providers and other family serving professionals, where nationally recognised researchers and practitioners share cutting-edge information and techniques.

Further information: <http://emmeps.wsu.edu/parenting>

## 1st National Indigenous Family and Community Strengths Conference

14–16 April 2008  
Newcastle, NSW

The conference will focus on the strengths of Indigenous families and communities. Recognising that connection to community, country and culture is central to Indigenous family well being, delegates will explore how Indigenous cultures strengthen families and communities. The conference will present stories from those working to strengthen Indigenous family and community engagement. Convened by the Family Action Centre at the University of Newcastle in partnership with the Secretariat of National Aboriginal and Islander Child Care Incorporated (SNAICC).

Further information: [www.pco.com.au/family](http://www.pco.com.au/family); Email: [family@pco.com.au](mailto:family@pco.com.au); Phone: (02) 4984 2554

## 5th Australian Family and Community Strengths Conference

16–18 April 2008  
Newcastle, NSW

The conference will explore ways in which we are invigorating our daily practice with meaning through diverse forms of community engagement. In addressing the risk environment in which we currently work, the conference will also explore engagement with the arts which can humanise, energise and reinvigorate our relationships with a sense of connection, belonging and meaning. This conference will explore strengths-based community engagement in relation to:

- Building child friendly communities
- Developing sustainable social enterprises and community programs
- Providing care, connection and belonging
- Promoting ownership and control
- Valuing diversity, culture, creativity, spirituality and meaning
- Furthering research on strengths-based practice
- The role of schools and other educational organisations

Further information: [www.pco.com.au/family](http://www.pco.com.au/family); Email: [family@pco.com.au](mailto:family@pco.com.au); Phone: (02) 4984 2554

## National Conference on Children & Young People with Disability & Their Families— Every Child Matters

14–15 May 2008  
Melbourne, Vic.

Hosted by National Disability Services and Families Australia, the aim of this inaugural conference is to identify issues, share solutions and celebrate successes. Additionally, discussion will focus on enabling services to better respond to children's and families' needs by focusing on family wellbeing, all-inclusive communities, policy, practice and

priorities, and the voice of children, young people and families.

Further information: [www.nds.org.au/conferences/CYF2008/home.htm](http://www.nds.org.au/conferences/CYF2008/home.htm); Contact the Conference Secretariat, Rebecca Gardner, National Disability Services—Email: [rebecca.gardner@nds.org.au](mailto:rebecca.gardner@nds.org.au); Phone: (02) 6283 3217

## Australian College for Child & Family Protection Practitioners 2008 National Conference—Ethical Responsiveness

23–25 May 2008  
Adelaide, SA

This conference will provide a forum for discussing the issues that are shaping contemporary practice and career landscapes. The theme *Ethical Responsiveness* reflects the broad contexts of Australian child and family practice, and the conference will celebrate the work done by both statutory and non-government agencies in supporting vulnerable children, young people and their families.

Further information: [www.accfpp.org.au/events.htm](http://www.accfpp.org.au/events.htm); Email: [acfp@bigpond.net.au](mailto:acfp@bigpond.net.au); Phone: (07) 4957 5400

## Australian Institute of Family Studies Conference—Families Through Life

9–11 July 2008  
Melbourne, Vic.

The 10th biennial Australian Institute of Family Studies Conference, *Families Through Life*, will be held in Melbourne on 9–11 July 2008. This national event offers a forum for extensive debate surrounding a wide range of family issues that are of key relevance to researchers, policy makers and practitioners. It provides a platform for researchers to report

findings from their family-related research and to contribute to ongoing discussions and provide policy input.

The conference will focus on five major themes:

1. Family Relationships
2. Children, Youth and Patterns of Care
3. Families and Work
4. Families and Community Life
5. Violence and Protection Issues

These are the themes around which the Institute's current work is organised. They are closely related to national policy priorities and areas of particular research interest. Within the framework of these broad themes there are sub-themes covering an extensive range of topics related to families that allow a broader scope for discussion. Although these areas are the focus of the conference, individual papers and symposia are not restricted solely to these themes.

Call for papers: The Institute is currently calling for the submission of abstracts for papers to be considered for inclusion in the conference. The closing date for submissions is 15 February 2008.

Further information: [www.aifsconference08.com](http://www.aifsconference08.com)

## 2008 National SARRAH Conference—Many Paddocks: One Herd

27–30 August 2008  
Yeppoon, Qld

The biennial Services for Australian Rural and Remote Allied Health (SARRAH) conference is the peak opportunity for rural and remote allied health and oral health professionals to come together and present, discuss, debate and summarise elements of our professional lives that bind us together.

Further information: [www.sarrah.org.au/site/index.cfm?display=87530](http://www.sarrah.org.au/site/index.cfm?display=87530)

For a full list of conferences, seminars and events visit the Conferences page on the AIFS website at [www.aifs.gov.au/institute/conf/confmenu.html](http://www.aifs.gov.au/institute/conf/confmenu.html)

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