Centre for Family Research and Evaluation
100 Drummond Street
Carlton VIC 3053
Phone: 03 9663 6733
www.cfre.org.au

Final Report

Family Dispute Resolution Evaluation

An Outcome Measurement Tool Development Project

Prepared by Elizabeth Clancy, Reima Pryor, Jess Heerde, David Skvarc, Anna Nekonokuro
The Centre for Family Research and Evaluation

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CFRE respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, culture and in resisting colonisation.

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Executive Summary

Project background and methods

The Australian Federal Department of Social Services (DSS) has placed increasing emphasis on outcomes evaluation of their funded services, including the suite of Family Law Services (FLS). Family Relationship Centres (FRCs) and Family Dispute Resolution services (FDR) sit within the FLS, funded by AGD and administered by DSS under the Families and Children Activity. Significant reforms of the Family Law system in 2006 sought to bring about a shift away from adversarial legal approaches to making arrangements following separation, to out-of-court mediated approaches and cooperative parenting in the best interests of the children. The reforms involved the establishment of 65 FRCs nationally, offering information, referral and FDR interventions, with families needing to try FDR before going to court to manage parenting arrangement disputes. With the increasing emphasis on outcomes measurement the lack of a suitable outcome measure for FDR services was identified by the Partnership of Victorian FRCs (PVFRCs).

The Centre for Family Research and Evaluation (CFRE) was commissioned by DSS to work with the PVFRCs to:

- develop and trial a Family Dispute Resolution (FDR) outcome measurement tool with FRCs
- provide trial results and recommendations for future FDR evaluation development and roll-out
- provide a translation matrix for DSS's SCORE system.

Projects stages and timelines included:

- Information gathering (June to October 2016)
- Tool development and implementation (October 2016-January 2017)
- Trial of the evaluation tool (February – September 2017)
- Data analysis (September- November 2017)
- Final report and dissemination (November 2017).

The project was managed by CFRE, with support from an Advisory Group comprising representatives from AGD, DSS and four of 15 participating FRCs. Project outputs included:

1) A systematic literature review regarding suitable FDR outcome domains and measures
2) Interviews with key academics with expertise in post-separation family issues, and service and system outcomes and pathways
3) FDR service online surveys to determine FDR service outcomes from the practitioner viewpoint
4) A workshop with FDR Managers and senior FDR practitioners to consolidate the FDR program logic, articulate key outcome domains and conceptualisations and progress tool development

5) Review of existing relevant standardised measures and construction of new quantitative and qualitative items to cover identified client and process outcome domains and conceptualisations
6) Development of client and staff surveys, evaluation processes and documents
7) Human Research Ethics Committee approval for the evaluation
8) Four FDR service staff evaluation training sessions
9) Evaluation trial, conducted from 1st February to end September 2017 (nine months)
10) Evaluation implementation communication, monitoring and support
11) Quantitative and qualitative data analyses
12) Reporting and dissemination (i.e. this report).

Key activities and developments

The literature review identified 10 suitable studies meeting inclusion criteria, with five using standardised outcome measures. Documentation of service components (i.e. process outcomes) was less common. Expert interviews offered significant contributions to understanding of the complexities of outcomes measurement for FDR services.

FDR service online surveys sought input from FRC Managers/FDR Practitioners regarding key FDR objectives, processes, outcome domains and measures, and barriers to agreement, to inform an evaluation framework and outcome measurement. A workshop to consolidate this information resulted in the identification of five key client outcome domains and two key process outcomes domains, their relevant constructs, and initial feedback regarding existing relevant standardised measures.

Key objectives related to seven outcome domains (five client outcome domains and two process outcome domains) as follows

1) Increased respect and cooperation and reduced conflict (Relationship with other parent);
2) Increased parent capacity to focus on the interests of the child/ren (Co-parenting);
3) Increased child/ren's health and development (Child health and development);
4) Increased safety for all family members (Family Safety);
5) Increased parenting agreement and reduced dispute (Parenting agreements);
6) Client satisfaction with service (Satisfaction with service); and
7) FDR service components experienced (FDR service experienced).

Evaluation methods included:

- Client surveys completed by consenting client at three time-points:
  - prior to their first face-to-face-session (whether this be the group-based information session or the individual assessment session)
  - at the end of the first joint FDR session or at the last session, whichever came first
  - 8 weeks after the first joint FDR session or the last session, whichever came first.
- Staff surveys were also completed by relevant staff at six time-points.

Evaluation measures within Client and Staff surveys comprised both standardised and constructed quantitative measures, and several constructed qualitative items, as indicated for each domain.

1) **Increased respect and cooperation and reduced conflict:** measured using Parental Acrimony Scale, four 'Respect' items and one item from the Longitudinal Study of Separated Families (LSSF);
2) **Increased parent capacity to focus on the interests of the child/ren:** measured via five items from the Co-Parenting Relationship Scale, seven items from the Caught in the middle scale, and 10 constructed or adapted items;
3) **Increased child/ren's health and development:** measured via nine items from the LSSF survey in relation to one child in the family only
4) **Increased safety for all family members:** measured via 8 items adapted from the LSSF survey and four constructed items
5) **Increased parenting agreement and reduced dispute:** measured using four LSSF items and one constructed item;
6) **Client satisfaction with service:** *client satisfaction with service* domain was measured via 18 constructed quantitative items, and 2 constructed qualitative items (regarding perceived benefits and suggestions for improvements);
7) **FDR service components experienced:** measured using one item from the LSSF survey and several constructed items.

The project was approved by Deakin University's Human Research Ethics Committee, and four training sessions were provided in January 2017. Evaluation data collection ran over nine months from February to September 2017. Monitoring and support was provided by CFRE in conjunction with the Project Advisory Group and FRC Managers Group. Significant challenges in implementation related to the length of the client surveys and difficulties gaining Post and Follow-Up surveys from clients. Project updates were provided to FDRPs at forums in October 2016 and October 2017. Feedback from staff (practitioners, managers, administration and intake) in relation to evaluation processes and measures was also gained via staff focus groups and an online survey.

Results- Quantitative

For client surveys, 327 Pre/Baseline surveys, 81 Post surveys (54 matched to baseline pair), and 25 matched follow-up surveys were completed and used in analyses. Linear Mixed Model (LMM) analysis was used to examine changes across the pre-determined client outcome and process domains. It is estimated that the 327 clients surveyed at baseline represent approximately between 10-25% of the overall service population in the data collection time period.

The sample population was biased towards those with English as first language, strong written English literacy, and those not experiencing significant distress at the time of intake or subsequent survey completion. From demographic information available, just over half were females, mainly aged 30-39 or 40-49 age group, with a majority identifying cultural background as 'Australian', and between one third and one half are Health Care Card holders

(i.e. low income). A majority were the FDR-initiating party (Party 1) (85%) and most had been separated between 1-3 years, followed by less than one year. Four in five (82%) had no existing parenting orders, but where there was an order it was more likely to be a final order. However, around one third (65%) indicated that they had a partial or full parenting agreement in place, generally informal/verbal (65%) rather than written or signed, and mostly achieved through discussion with the other parent, although involvement with FDR, courts and lawyers were also relatively common.

Most were self-referred for FDR (26%), followed by lawyers, friends/family, and ex-partners. Around 20% were not and had not previously accessed support services. Prior services commonly accessed included FDR, private lawyers, individual adult counselling, and police. When asked about concurrent services, in addition to the above (FDR, lawyers and counselling), this also more often included police, mental health services, child counselling, family violence, child protection services, and legal aid funding. Around 70% of clients reported some level of concern for safety of self, children or others in relation to the separation, most commonly relating to emotional abuse or anger issues (60%), mental health issues (40%), neglect or lack of supervision of children (30%), substance use (24%), and violence or dangerous behaviour (22%).

Linear Mixed Methods (LMM) analysis was used to identify significant change across the measures of key client and process domains, by matching client surveys at baseline and post-intervention surveys. Factor analysis was then used to determine which items on each scale were most predictive of the total outcome. Findings in relation to each client outcome domain were as follows.

Client outcome domain 1: Conflict and communication

This 30-item domain included the 25-item Parental Acrimony Scale (PAS). PAS scores showed significant improvement at post-intervention, but some regression at follow-up. The PAS scale showed strong sensitivity to change, with statistically significant improvement in the overall measure, and 19 of the 25 individual items. Factor analysis of the PAS, using a critical cut-off of 0.700 identified five items which explained 68% of variance in the overall scale score. Using a critical cut-off of 0.800, only one item was retained, which explained only 19% of the variance). The 5 items were predictive of overall scores and would be suitable as an abbreviated version. Of four intra-couple respect items, none showed significant change across the intervention. However, as a 4-item scale, improvement was seen at post and sustained at follow-up, and this change was significant. The single LSSF item (categorising inter-parental relationship as friendly, cooperative, distant, conflictual or fearful) showed improvement at post-intervention, with half of this sustained at follow-up and matched pairs showed significant change.

Client outcome domain 2: Parenting capacity

This domain was measured via six items from the Co-Parenting Relationship Scale (CRS), eight constructed items about parental understanding, two adapted Respect items and the 7-item Caught in the Middle scale (CitM). Overall, the Co-parenting measure showed minimal change at the post-intervention time point, but improvement at follow-up. CRS items

generally showed sensitivity to change, whilst constructed parental understanding items did not. PAF applying a factor loading cut-off of 0.70 identified ten items predictive items of overall scores, including four CRS items and six of the constructed items. Overall, these ten items have a correlation of 0.99 with the overall score, explaining 98.7% of the variance in the overall scale score and would be suitable as an abbreviated measure. With a stricter factor loading cut-off at 0.800, four items were retained, with a correlation of 0.91, explaining 83% of total scale score variance. The Respect and CitM individual items also showed strong sensitivity to change. Using PAF, and a critical cut-off of 0.70, four items were identified, with a total scale score correlation of 0.91, explaining 82.5% of variance. Using a stricter measure of factor loading higher than 0.80, 3 items loaded strongly and explained 79.7% of variance in overall scale scores.

Client outcome domain 3: Child health and wellbeing

This domain was measured using eight items adapted from the LSSF. The measure was only asked at baseline and follow-up, and overall showed significant deterioration for matched data pairs. Analysis of individual items using LMM showed significant sensitivity to change for three items. When considered as an overall scale, five items loaded strongly in PFA, based on a cut-off of 0.70. Overall, these five items have a correlation of 0.918 with the overall score, explaining 84.3% of variance in overall scale scores. Using the higher criterion of factor loading exceeding 0.800, two items were found to load strongly, and explained 64.4% of variance in overall scale scores.

Client outcome domain 4: Family safety

This was measured using 11 quantitative items, seven of which were adapted from the LSSF. The overall scale showed modest improvement from baseline to post-intervention, and a larger improvement at follow-up. Individual items showed significant movement between pre-intervention to post-intervention, and one item showed no movement. Participants also rated their sense of current danger, and preparedness to respond in four constructed items. Three items showed significant improvements from baseline to post. When combined into an overall scale, six items loaded strongly into factors based on a cut-off of 0.70 and had a correlation of 0.94 with the overall score, explaining 89.0% of total variance. Using the higher measure of factor loading exceeding 0.800, one item was retained, and only explained only 27.8% of the variance in the overall scale score.

Client outcome domain 5: Increased parenting agreement and reduced disputes

This domain was measured via five items. LMM analysis of matched data pairs showed significant improvement only in one item. There was no overall significant movement for the items as a scale, suggesting that this scale was not sensitive to change, at least within this timeframe, but with all responses taken into account, satisfaction with arrangements did show significant improvement.

Based on the above statistical analysis, and a critical cut-off of 0.70 for all domains, a draft abbreviated FDR Outcome Measure would include 30 items, comprising 5 items for the conflict and communication domain; 14 items for the co-parenting domain; 5 items for the child wellbeing domain; and 6 items for the family safety domain. Using the more stringent cut-off of .80, this could be reduced to 1 items, but in some areas would explain relatively little of the observed variance.

Process outcome domain 1: Service satisfaction

Respondents were asked about their satisfaction with the service provided, in a series of 18 items. Overall, respondents indicated strong satisfaction with the service provided, with an average satisfaction rating overall of 77.1, or 85.5%. Factor analysis of this scale was not conducted, as qualitative feedback from staff was considered more important.

Process outcome domain 2: FDR service components experienced

Quantitative data analysis of this information at an individual level was limited due to relatively small sample groups. Overall, staff surveys showed that:

- Of 170 baseline surveys, 160 confirmed consent to participate in the research (94%).
- Of these, 60 (37.5%) attended group information sessions, with average duration of 84 minutes
- 116 clients (72.5%) attended individual assessment appointments, with average duration of 77 minutes
- Child consultant sessions were only recorded for one client
- At least one FDR session was provided in 54 cases (33.7%), with more sessions for 11 cases (6.9%)
- S60(i) certificates were recorded as having been issued in 47 cases (29.3%), most frequently where parties had attended FDR and made a genuine effort to resolve the issue (51%), where at least one party did not attend FDR (29%), or where FDR was not considered appropriate (25%). However, these figures should be interpreted with caution as there are variations in protocols around provision of certificates between centres. Some centres provide certificates only when requested, whilst others issue certificates even when FDR has been successful in resolving issues.

Results: Qualitative Client feedback

Qualitative feedback from clients regarding the FDR service received/provided was obtained via two qualitative items on each client post and follow-up survey. These questions sought feedback from clients about benefits they experienced as a result of involvement with the FDR services and about suggested service improvements. Ten clients indicated the service was of great overall benefit. Others reported provided specific valuable aspects including: support to negotiate and reach agreement; able to discuss issues calmly; provision of a neutral space/third party; information and alignment about the children's best interests; and shift in understanding of the other parent. Staff support and skills were also noted. Two indicated benefit of being able to avoid going to court and three indicated benefit of being able to go to court. Two indicated 'no benefit'. Suggested improvements from clients

include: shorter waiting times; after-hours services and child care; compulsory mediation/orders for those unwilling to participate/comply; more information about limits to confidentiality and why FDR does not proceed. Three client suggestions related to evaluation surveys (shorter and clearer questions).

Results: Qualitative Staff feedback regarding the evaluation

Feedback regarding the evaluation measure and methods was obtained from FRC services via:

1) Centre spreadsheets giving reasons for individual client non-participation in the evaluation (provided from four FRC sites);
2) Four FDR staff focus groups provided in Melbourne (2) and two regional centres;
3) FDR service online surveys for all FDR service staff;
4) Written feedback provided by four centres; and
5) Final consultation with the Project Advisory Group, FRC Manager Group and family law service staff via a workshop session at the Family Relationship Services Australia Conference Family Law Workshop regarding key findings and recommendations.

These methods provided feedback about client outcome domain wording, conceptualisations and items, staff surveys, evaluation processes, evaluation resourcing issues, and evaluation development processes and implementation support.

Data regarding reasons for non-participation in the evaluation is limited and only provided by four centres. However, the most commonly reason provided was clients were not asked to participate, and this was due to either emotional state/mental health issues or language barriers. For clients who were asked, up to two thirds (at these four centres) reported they were not interested to participate and/or that the survey was too time consuming.

Four staff focus groups were held with 36 FRC staff, and a staff online feedback survey was completed by 24 staff from 8 organisations across a range of roles. In general, the feedback from both focus groups and surveys was consistent. There was significant variability in overall satisfaction with the suitability and wording of outcome domains, including refinement of wording and prioritisation of domains. Participants reported both negative feedback and positive feedback about the measures and methods. Overall, there was relatively low satisfaction with client and staff surveys and evaluation processes, and need for improvements.

Key issues related to client and staff survey length and complexity, with reference to the need for greater consideration of language and literacy skills, the potential for items to evoke emotional responses in clients, and problematic timing of the Post survey at the end of the first joint FDR session. For all domains, suggestions for alternative new items were also provided. Strong administrative support for evaluation implementation and effective processes being locally tailored were key enablers for effective implementation. Staff feedback regarding wording, constructs and measurement of each of the seven domains, evaluation processes, support and recommendations, is summarised below.

Written feedback was provided by two services, one with specific feedback regarding evaluation measures and methods three months into in implementation, and one with

specific suggestions regarding improved items, and this as incorporated into the overall staff feedback. Two services which reported satisfaction with the evaluation measure and methods were invited to provide written information on their experience and processes, provided in Appendix I. Feedback in relation to each domain constructs and item wording, client and staff surveys more generally, and evaluation processes, resourcing, development and support, are summarised below.

Client outcome domain constructs and items

Client outcome domain 1: Improved communication and reduced conflict

This domain was considered to be a high priority, but it was felt that changes in intra-couple *respect* was not targeted in FDR interventions. Staff considered *conflict* behaviour may be hard to measure after the first joint FDR session, but may be seen at follow-up, whilst *communication* would be likely to change in a shorter time-frame. Staff considered that *cooperation*, seen as the desire and/or ability to co-parent, was more related to co-parenting. This domain was re-titled to **Improved communication and reduced conflict.** Staff found the PAS to be repetitive, with some items potentially increasing acrimony or conflict. While intra-couple respect was not felt to be appropriate as a focal point, respect for the role of the other parent *as a parent* might be relevant. The single item descriptor of the relationship was considered a good question, providing helpful information about relationship dynamics.

Client outcome domain 2: Increased cooperation to work together effectively as co-parents

There was mixed feedback here, with some considering this to be the major focus of the intervention, whilst others found it too subjective and difficult for self-assessment. Changes in parental capacity could be rapid, whilst for others it could take time and require additional interventions. It was agreed that this domain should not measure individual parenting capacities, but the capacity of parents to work cooperatively, hence the domain was re-titled **Increased cooperation to work together effectively as co-parents.** It was recommended that items about exposure to conflict need to capture both overt conflict in front of children and covert conflict. Parents found it difficult to self-assess their understanding, and were unable or unwilling to respond for the other parent. Increased insight or honesty may also result in an apparent deterioration in behaviour over time, hence the parental understanding items were rejected broadly. CitM items were broadly acceptable, particularly those items that relate to the child/ren's exposure, and grouping items could help to reduce the length.

Client outcome domain 3: Child health and wellbeing

This domain received mixed feedback. Whilst some felt that FDR interventions can have a rapid impact on child wellbeing in some cases, others thought child wellbeing was outside the scope of FDR interventions, may be slower to move, be more attributable to other interventions such as counselling, and some aspects do not relate to separation and will not be affected by FDR. Measurement based on only 2-3 contacts with parents and no direct

child contact was also considered problematic, and increased insight may appear as deterioration. The questions also asked parents to focus on one child, which was problematic, and did not relate well to infants. Overall, it was suggested that if retained, a child wellbeing measure should cover all children, be more closely linked to the separation, and reduced in length. There was discussion that adult wellbeing may be more relevant as it is more proximal to FDR intervention, there is direct contact with adults, and there are suitable, population-wide, brief standardised measures. Others indicated this may not be a desired outcome of FDR, may not show at the end of an FDR session, and may require additional interventions such as counselling.

Client outcome domain 4: Family safety

This domain was broadly considered important, but there was mixed feedback, as FDR intervention may not directly impact safety. Some considered it difficult to assess safety without objective evidence, and noted challenges in differentiating malicious reports of safety concerns as opposed to genuine ones. There was discussion that items may not show change resulting from the FDR intervention, especially with a history of past violence, as concerns or worries are likely to remain. It was considered important to separate 'parent safety' from 'child safety'. Asking about safety at post and follow-up was problematic and may require additional staff responses. There was also concern that these questions provoked emotional or trauma reactions in some clients. There was discussion about situations where parents are excluded from seeing their children, or anxious about children not being returned, which was not addressed in the measure. Parents were able to comment if they feel increased safety, and it was agreed that items which related more directly to FDR intervention were better, although some staff still queried whether they were a priority.

Overall, there was a preference for safety questions to be part of assessment, rather than outcomes measures. The domain was suggested to be reworded to: **Increased ability to understand safety concerns and plan safe parenting arrangements.**

Client outcome domain 5: Increased parenting agreement and reduced disputes

Staff suggested that achievement of agreement was important, but there were nuances of wording. In particular, agreement within FDR may not represent the ability to negotiate agreements in the future, and lack of agreement within FDR sessions may not represent an inability to negotiate. The value of discussion was noted, whether or not agreement is reached. However, most staff indicated that achieving a "workable" agreement within FDR is one of the intended possible outputs, whether interim, partial or full, and whether verbal, written up and printed off, signed and dated (and hence considered *Parenting Plans).* Outcomes relating to changes in the number or level of disputes were considered suitable, including an optional list of disputed categories at baseline and post intervention, even if some are no longer relevant/applicable at post. Items should also capture *future capacity to resolve disputes independently*, which is taught and is encouraged.

There was discussion regarding the overlap between this domain and Domain 1, which could also capture '**cooperation which increases parents' capacity to make agreements/resolve**

disputes in the future'. Many items from this domain in the client survey could be removed as they provide context rather than outcome measurement, and many are already captured and reported through assessment and DEX systems. The extent to which arrangements are sorted, and whether they are working for the children could be retained as the most important elements.

Process outcome domain 1: Client satisfaction

This domain was considered important, but some items were identified as unsuitable. It was noted that clients may be unhappy with FDR outcome of FDR, while still happy with the service received.

Process outcome domain 2: FDR service components received

The considerable variation in "usual" FDR services was noted, including duration, order and length of sessions, fee structures, and approach to defining 'return' clients. When assessing this domain, many components are already captured in DEX reporting systems (e.g. referrals made, FDR sessions, certificates). Reasons clients did not proceed to FDR was thought to be useful to collect. It was noted that in some cases, significant additional time is spent with one or more adult clients (e.g. phone calls between sessions, 'pre-mediation' sessions to help prepare parents for FDR), which can assist change and could be recorded as process outcomes.

Client and staff surveys overall

The broad feedback noted general areas for improvement in the surveys and supporting materials. Overall, there was an emphasis on reducing the length and complexity, removing items which were difficult to answer or emotionally upsetting, and including 'not applicable' options for grandparents or other family members. There was a mixture of reported strong negative feedback from clients at some centres, whilst others reported no difficulties and positive comments about client and staff surveys and evaluation processes.

Assessment of risk was a component of staff surveys, but methodological issues included a lack of baseline, and lack of updated knowledge to respond, especially where there has been no intervening contact with clients (e.g. at Follow-up). Whilst judgements are made by FDRPs within assessments, these should be factually based and it was preferred that evaluation items should not ask for subjective judgements. Suggestions of suitable areas for judgments by FDRPs were provided.

Evaluation processes

Feedback around evaluation processes was consistent, particularly around consideration of time-points and methods for data collection. Concerns around the potential bias in the respondent cohort, given exclusion of those with low literacy, English as a second language and those with complex issues screened out of the evaluation. Evaluation process feedback focussed on challenge with gaining post measures at the end of the first joint FDR session, and contacting clients for follow-up surveys 8 weeks later. Systemic barriers to client

participation in the evaluation which impacted completion rates were also noted, such as outreach cases.

FDRPs reported being confident that they can identify the last session for a client and case, and post measures would be suitably offered at that time-point, rather than specifying completion after a finite number of sessions. Rather than administering a survey immediately at the end of an FDR session, it was considered better to follow up with clients during the week after a last FDR session. It was noted that a brief measure would be more feasible immediately following FDR, and would also likely reduce resource commitment to 'chase' clients for post and follow-up surveys by phone. It was also noted that changes may take 1-4 weeks to take effect. Staff have suggested anecdotally that timing of administration of post or follow-up surveys does appear to have some impact on outcomes recorded. This may relate to the emotional state or fatigue of clients when responding which may impact responses, especially immediately following FDR. In addition, there may have been limited opportunity to implement strategies and thus be able to comment on changes.

There was a suggestion that a brief (4-item) measure around the understanding of the 'best interests of the children' could be administered after the information session, but other staff felt that more time is required to digest this information and change behaviours. The option of skipping immediate post-intervention surveys, or only measuring service satisfaction at this point, in favour of a delayed 3-month follow-up was also discussed. However, there was general agreement that there are both quick and longer-term changes, and therefore value in both Post and Follow-Up surveys. To reduce client and staff burden, one may be preferred, and it was noted that follow-up at eight weeks was harder to obtain when clients had finished with the service. In general, it was agreed that follow-up measurement should occur 2-3 months after the first joint FDR session (with a second FDR session most likely to have also occurred by then). If both post and follow-up measures are to be used, it was felt that the post should be administered in close proximity to the first FDR session.

Feedback highlighted the need for personalised survey completion. In-person and/or phone approach was preferred by respondents, but this doesn't discount using electronic formats where practical for clients and services. Feedback also supported flexibility and providing multiple formats including emailing electronic links and posting paper forms surveys, based on client preferences and/or needs. Requirements for staff support with client survey completion, monitoring and response to client needs and risks in survey responses were also noted. To reduce barriers to survey completion, services made repeat follow-up calls/ texts, provided additional copies of surveys on arrival, and used phone follow-up as the most effective method for gaining Post and Follow-Up surveys. Use of electronic survey links via phone texts or emails, or on tablets within services were considered the best first option for clients and services, given the ease of completion, data collection and tracking, with paper forms available as a second option where needed.

Evaluation resourcing

Implementation was best supported through a designated administrative role/s for tracking and coordination and to support staff accountability. The additional time taken by intake, administration and FDRP staff needs to be factored into processes. Whilst resource

intensive, post-service phone calls offer opportunities to hear client perceptions and to provide education, support and referrals. SMS reminders offer efficient mechanisms for client follow up with clients, and incentives for survey completion are options, but require further consideration. Establishing and embedding evaluation processes within services was time-consuming but critical to success. Student and volunteer placements provided valuable support in post and follow-up survey completion.

Future evaluation implementation and support

Satisfaction with communication, implementation support and consultation by CFRE was varied, generally acceptable, but not high. Suggestions for future evaluation support included:

- Greater consultation with FDR staff in relation to the survey
- More direct practitioner consultation in the development of measures
- Greater evidence of feedback being considered and taken up
- Onsite training at each centre for all staff to allow for local tailoring of processes, and repeat sessions for staff who commence later
- More support and training in tailoring evaluation processes and ensuring data accuracy to support matching of surveys for analysis
- Longer establishment phase for process development and implementation
- Direct communication with service staff during implementation
- A consistent tool to track evaluation task completion
- Embedding outcome measures within existing data capture system to minimise duplication of effort (such as DEX)
- Adequate resourcing to manage the evaluation
- Simpler access to instructions (online or via app), and access to Frequently Asked Questions
- Direct communication by evaluators with staff, rather than via managers
- Avoid changing processes during implementation, to minimise disruption and confusion
- Longer data collection timeframes given a brief FDR intervention may extend over 5 months

Discussion

Re-drafted FDR Outcome tool

Drawing on the above quantitative and qualitative analyses, a brief 26-item outcome tool was drafted and provided to the Advisory Group, FRC Management and staff, and attendees at the FRSA Conference to obtain further feedback and maximise opportunities for consultation. This brief re-drafted tool incorporated much of the feedback provided above, including removal of redundant items, improved focus on intended domain constructs, standardising responses to 5-point scales, and improved clarity of item instructions.

Verbal and written feedback in relation to this revised tool was mixed, with some positive responses and endorsement of some items, but overall, continued dissatisfaction. Written comments were largely critical of the measure, or suggested further changes. Only two written comments provided positive feedback that the redrafted tool was suitable. It is possible that those who were satisfied with the tool did not provide written feedback or were not sufficiently concerned to do so. Negative written comments in relation to the re-drafted measure included: still being too long; requiring simpler language for most clients; needing more consistent response sets and phrasing; needing improved formatting (e.g. put scale titles on same page as question); needing more positive and less inflammatory language; and reduced repetition.

Other written comments indicated: a desire for evaluation evidence for CALD and complex clients; the need to evaluate the impact of assessment tools on clients, including using client focus groups; a desire to more closely assess the 'intervention' rather than 'parental' effectiveness; concern about validity of the results due to the small sample size; and questions as to whether some items (e.g. family violence) should sit within assessment and not within a client outcomes survey.

While there has been a range of feedback received regarding the redrafted measure, and some items in the redrafted measure were endorsed by some, overall feedback has been negative with some strong negative views expressed. These strong negative views give an impression of more wide-spread dissatisfaction, and may affect service and sector willingness to embrace the new measure effectively. This feedback was somewhat disappointing given the level of consultation and development work undertaken, and while some are comfortable with the measure and processes and see the potential and value, there are many services and practitioners with strong views that the measure is not worded and presented in a way which is user-friendly for clients and consistent with their service approach with clients.

This project placed importance on understanding the FDR service program logic and intended constructs, trialing suitable existing standardised measures or new items developed in consultation with the Advisory Group, then combining findings of quantitative analyses and comprehensive staff feedback to inform item selection and reduction. Despite these efforts, explanation and rationales for the re-drafted measure being provided, there appears to be continued substantial dissatisfaction with the resulting re-drafted outcome measure. It is acknowledged that clients were not been involved in the tool or process development, and direct practitioner involvement has come late in the process, resulting in a more 'top down' approach than would be ideal. While difficult within project timelines and funding, the continued dissatisfaction highlights a key learning that practitioner and client engagement should be prioritised early in such work in the future.

It is recommended that further processes to attempt to deliver greater consensus could harness this passion and interest, rather than risking losing the benefit of this project through split views in teams and services. This will require more work to engage FRC/FDR Managers and staff to engage in facilitated negotiation to ensure achievement of an FDR outcome measurement tool which is widely accepted and used within the sector. This would

support consistency of outcome measures across the sector and assist meaningful and coherent program and system level outcome evaluation.

Any changes to wording/phrasing of items or response sets would require a second trial phase and data analysis. This could be a shorter time period, such as three months, and involve gathering baseline, pre and post data for clients commencing with the service within a one month period. There appears to be investment and willingness by participating Victorian FDR services to trial a re-drafted measure that they are more comfortable to use going forward. Evaluation processes are largely in place, and the momentum for data collection can be maintained, particular with a shorter outcome measure and more effective evaluation processes in place. Evaluation 'champions' in each centre (generally administration coordinators) will be in a better position to communicate with and coordinate staff in implementation processes than they were at the commencement of this project.

There seems to be a need by staff for increased perception and experience of consultation and involvement in decision-making. Staff appear to need to feel they are responsible for decisions rather than an outside service such as CFRE. It cannot be assumed further refinement of measure and processes would not be needed in the future, however the FDR service sector may be more amenable to use of a tool they feel they have had more say in developing and are more strongly invested in. It is acknowledged AGD/DSS have already provided substantial funding for the current project and may not be in a position to fund any further FDR outcome evaluation activities such as those outlined here. Two options are provided for consideration within recommendations.

Evaluation processes

Project Advisory Group and FRC Managers were invited to provide feedback on draft report and redrafted client outcome measure. Written feedback regarding evaluation processes indicated: concern that clients completing the form on their own did not prevent or address distress; evaluation time-point needs to be not too far away from the end of the episode of care so they are not taken back to past feelings; evaluation time-point in excess of 12 months would involve too many changes in circumstances. Written feedback regarding evaluation documents indicated the outcomes tool needs infrastructure and communication about what items are measuring, and the information sheet and consent form need to be combined/shortened (if retained).

Around sixty attendees of the FRSA pre-conference were asked to indicate preferences in relation to the following questions: 1) Their preference for Post only, Follow-up only OR both Post and Follow-up Client Surveys (they were not asked about Pre survey as this would need to be administered to show any changes resulting from FDR); 2) Their preference for the client survey being administered after the first FDR session (i.e. not immediately after the session) OR after the last FDR session; 3) their preference for the timing of a Post measure to pick up on short-term effects; and 4) their preference for the timing of a Follow-up measure to pick up on longer-term or sustained changes.

Overall, workshop attendees indicated a preference for outcome measurement at both Post and Follow-up time-points to capture shorter and longer-term/sustained changes.

Attendees were told of changes being found after the first joint FDR session, the concern about drop-off of survey completion rates as time lapses after involvement with the service, and concern about clients being 'taken back' when completing surveys at a later time. Nevertheless, workshop attendees maintained their preference for Post measurement at 6 weeks or 3 months, and follow-up measurement at 6 months or more. It was noted the longer timeframe would need to account for changed circumstances or additional services and interventions which could be having effect. This was clear indication of those present preferring to capture long-term and more meaningful changes resulting from the FDR intervention.

One suggestion included reducing evaluation burden on staff and resourcing by undertaking outcomes measurement for:

- only 10% of FDR service clients;
- all clients who attend an FDR service in a given month per year; or
- another set time period every 2 or 3 years.

Regarding methods for client survey completion, overall, project findings indicate the following are likely to be most effective:

- using technology as the first option (i.e. emailing/texting survey link)
- Pre-survey - where not suitable or not completed prior to arrival at the first face-to-face session, 'in person' completion at the service, using technology to complete electronic survey link
- Post and Follow-up Surveys-emailing/texting electronic survey links to be completed at post and/or follow-up, or by phone where indicated
- use of SMS text reminders and phone calls to remind clients and assist completion rates
- where electronic completion is not available and phone completion is not preferred by clients, paper-based forms being completed at the service or posted back by clients (in provided stamped replied paid envelopes).

The staff survey used in this project to capture FDR components utilised, was deemed too complex and cumbersome, and it is acknowledged that much of the data is already captured within assessment and DEX reporting processes. A simplified version may be suitable for future evaluation, potentially completed at the time of individual assessment, at case closure, and at the time of Follow-up client survey completion (e.g. regarding referrals made etc.). Some items from the client surveys were deemed more suitable for the staff survey, for example, questions about existing orders or agreements (covered by DEX). Professional judgement by staff could potentially be provided within staff surveys on key issues such as genuine willingness to negotiate or power differences between parties. Feedback suggests incorporation of staff survey items into DEX categories would be the preferred method for capturing required process and client outcomes.

Evaluation administration and resourcing

Staff feedback via focus groups and online survey towards the end of the data collection period highlighted a designated administrative role/s for coordinating and tracking evaluation processes was essential for effective implementation, and management of staff engagement with processes. Time to tailor and embed evaluation processes to fit with existing service processes for evaluation establishment, as well as ongoing administration of evaluation in the service (approximately a few hours per week) were a significant resources provided by services and critical to its success. Other resourcing entailed additional time spent on Intake calls, staff support for client survey completion, time for staff survey completion, post and follow-up phone calls to clients

Feedback from staff suggested future evaluation support needs as follows:

- Greater consultation with FDR staff in relation to the actual survey to be used
- Greater evidence of feedback being taken on board
- Adequate resourcing to manage or administer the evaluation
- Increased establishment phase for services to tailor and implement processes assist positive staff attitudes to the evaluation
- A consistent tool to track evaluation task completion
- Onsite training for all relevant staff to allow for tailoring of processes to different service models.

Feedback in relation to the redrafted outcomes measure and time-points for client survey administration highlighted the need for further staff involvement in finalisation of the redrafted FDR outcomes measure and processes to ensure buy-in and take-up by individual staff and services. One Advisory Group member noted the most useful outcome of the current project was moving staff and the sector to the point of inquiry, about what they are doing, whether it is helpful and how they know. They also highlighted the importance of building on this momentum, with staff knowing what they are measuring and why, going forward, and that engagement of all levels of the FRCs is critical for successful outcomes evaluation, including managers showing leadership and providing an 'authorising' environment, and intake/administration staff being able to take on coordination responsibilities and assist staff accountability.

Family law system changes and reviews

Recent and current reviews of the family law system and its components highlight the need for outcomes measurement which takes into account the following factors:

- universal and complex family cohorts;
- integrated service structures;
- the voice of children;
- culturally and linguistically diverse issues and needs, including those for Indigenous and CALD families;

- unique issues for families with entrenched high conflict and family violence dynamics, including use of systems and services to harm others, and child safety concerns.

Recommendations

Based on the comprehensive analyses and feedback gained, there are seen to be two primary options at this time:

1) Current project findings, including the re-drafted outcome measure and other recommendations are accepted for future FDR evaluation.
2) Further consultation with the sector for finalisation of measures and processes is undertaken.

Each of these options is spelt out below. The second option is preferred by the authors but requires additional funding, which may not be available. If Option one is chosen, CFRE will provide a suitable Client Information Sheet, Consent Form and Surveys, Service Instructions, as well as outcome measure Translation to SCORE, in a timely way.

Option 1 Recommendations

1. Measures and processes be implemented and trialled for a period of 6 months with data analyses to be undertaken at that time and evaluation report provided.
2. An establishment phase be provided to service to enable tailoring and embedding within service processes.
3. The new evaluation measure and processes to be introduced to FDR service staff in a positive and timely way by Managers and senior staff, building on trial learnings and processes and staff motivation to engage.
4. Senior Administration Staff, FDR Service Team Leaders and Senior FDRPs to
    a. tailor evaluation processes to their service processes
    b. develop a tool and processes to effectively track survey completion, coding and matching, and
    c. manage staff accountability issues.
5. FDR service Managers to providing an authorising environment which emphasises the importance of completion of evaluation processes and manages staff engagement with processes.
6. Service contracts to allow for resourcing required to undertake evaluation, which may involve reduced targets or increased funding.
7. Development of a practitioner/staff and client FDR Evaluation Advisory Group to monitor and progress FDR outcomes evaluation across the sector.
8. Participating organisations enter a Data Exchange Partnership Approach and collect and provide to DSS the extended data set, including client outcome SCOREs for individual clients who consented and participated in evaluation.
9. New DEX categories to include:
    - Session information
        - Shuttle FDR (i.e. separate rooms)

- Presence of a support person
- Presence of an interpreter

- Service types
  - Distinguish 'Intake' and 'Assessment'
  - 'Pre-mediation/preparation sessions'
  - Advocacy/Support to include 'Liaison' (with other workers /services /case-managers) (or 'Liaison' be added as a new service type)
  - Child-inclusive practice
  - Legally-assisted FDR session
- Time (in hours) spent on each session
- Referral service types to include: specialist family violence services; child protection services; police; adult counselling/psychological treatment; child counselling/psychological treatment; disability or development support service; housing service; financial counselling service; mental health service; substance use service; DSS Child support program; Family Law Counselling; Children's Contact Services; Parenting Orders Program; Family Relationship Advice Line; Children and Parenting support; Intensive family Support Services; and other.
- Parenting agreement reached to also include 'Interim' and 'Not applicable'
- 'Financial (including property and child support) agreements' to be added (Not reached, Partial, Full, Interim, Not applicable)
- Clarify meaning of issuing of Certificates and add additional categories **in bold**:
  - Attended genuine effort
    - sufficient assistance/agreement/progress achieved at this time
    - agreement/progress not achieved at this time
  - Attended - no genuine effort
    - by one party
    - by both parties
  - FDR began – considered inappropriate to continue
    - Reasons given: Safety issues; Disability, impairment, condition (e.g. Mental illness); Other
  - Matter inappropriate for resolution
  - Not held due to refusal or failure of other person to attend

10. DEX records to be updated by FDRP at two time-points:
    a. After the individual assessment session
    b. At case closure
11. Staff/services receive education regarding
    a. the importance of accurate DEX reporting (e.g. service components)
    b. protocols regarding issuing and data records relating to certificates.
12. Information provided by clients to FDR service staff at the follow-up time-point to be included as a case-note on client/case file/DEX and suitable response be provided (e.g. referral).

13. The re-drafted 26 item measure be retained as the client outcome measure with recommended wording changes and re-phrasing:
    a. remove item 3 "Is the other parent a good parent"
    b. make phrasing consistent and positive
    c. make response options more consistent.
14. Client surveys to be administered at three time-points:
    a. Pre Survey prior to or upon arrival at the first face-to-face session
    b. Within one week of the final joint FDR session (Post)
    c. Two months after the final joint FDR or other final contact if joint FDR session does not take place (Follow-up).
15. With consent and agreement with client on method, Client Surveys (including all domains) to be administered using the following methods:
    a. Pre-By electronic link emailed to client and/or upon arrival for first face-to-face session using tablet provided by service or paper form (i.e. if link not completed prior, then complete at the centre on arrival)
    b. Post- By electronic link emailed to client or phone call to complete over the phone based on client preference
    c. Follow-up- By electronic link emailed to client or phone call to complete over the phone based on client preference
    d. Text or phone call reminders to be used to assist client participation and completion of surveys
    e. Posting paper forms (and providing reply paid and addressed envelopes) to be an option based on client need.
16. Evaluation of the impacts of the evaluation tools and processes on clients, and suitability for special groups such as clients/families who identify as Indigenous, CALD and families with complex issues (e.g. child abuse/neglect family violence mental illness and/or substance use).
17. Future FDR evaluation development/change to involve:
    a. Direct early consultation and ongoing with FDRPs, senior FDRPs, FDR Team Leaders and Administration Coordinators
    b. Involvement of clients in co-production (planning, design, implementation and review) processes
    c. Suitable time for establishment so services can tailor and implement processes and effectively manage change process with staff
    d. All FDR service staff to be involved in training processes and where possible, onsite training for all relevant staff to allow for tailoring of processes to different service models
    e. Repeat training sessions be provided for new staff
    f. Easy to access online instructions and Frequently Asked Questions (FAQ) forums
    g. Data collection to be for a period longer than 6 months, to allow for sufficient data collection and client completion of FDR interventions.

Option 2 Recommendations

To enable staff and service to perceive and experience participation in finalisation of the tool, the following is recommended:

1. One full day and one half day workshop (1-2 weeks apart) for 2-3 key staff from each Centre:
    - Attendees would need to be those FDRPs/Senior FDRPs/FDR Team Leaders directly involved in FDR interventions, passionate and vocal about the measure, and willing to be actively involved in a constructive mediated and democratic process to achieve a level of consensus or compromise on the final tool.
    - The use of two sessions allows further consideration/consolidation of ideas between workshops and sufficient time to address decisions regarding the client outcomes measure (in the full day), and evaluation processes (e.g. family safety items within assessment rather than client outcome measure) and any additional DEX categories (in the half day).
2. Workshops to be facilitated by respected FDR Managers/leaders in the sector, in order to provide the authorizing environment for the staff, and to be able to continue the implementation beyond CFRE involvement.
3. At the workshops, CFRE clearly articulating the processes and rationale for the re-drafted measure and options regarding additional categories for DEX.
4. Workshop participants being provided an opportunity to work in small groups (across services) to improve wording and priority of items for the client outcomes measure, and any additional categories for DEX, with a democratic/consensus process (e.g. voting) used to finalise decisions.
5. An additional half-day workshop for 1-3 staff from each centre who are responsible for administration and coordination of evaluation processes at the centre (i.e. administration coordinators and team leaders/senior FDRPs). At this workshop, administration coordinators and team leaders/senior FDRPs form centres who have managed the evaluation implementation most effectively will share their approaches (in collaboration with CFRE) regarding administration processes for survey tracking and completion
6. Data collection for a 3-6 month period, with pre client surveys to be collected for all consenting new clients for one month, with Post and Follow-up surveys collected for these clients. Ideally if a shorter survey is used and processes clear, collection rates can be slightly higher than the trial already undertaken.
7. When sufficient data is collated, CFRE (or other service) to analyse the data and provide brief findings of the measure reliability and validity, and provide sector feedback via a webinar.
8. Evaluation implementation to proceed largely as for the first option.

About this report

This evaluation report is provided for the purposes of the Australian Federal Department of Social Services (DSS), the Attorney General's Department (AGD), and the Victorian Partnership of Family Relationship Centres (VPFRC).

Project Background

Over the last few years, the Australian federal Department of Social Services (DSS) has placed increasing emphasis on outcomes evaluation of their funded programs across all streams of work, including Family Law Services (a sub-activity of DSS' Families and Children Activity within their Families and Communities Programme). Responding to this increased emphasis on outcome measurement, the Partnership of Victorian Family Relationship Centres (PVFRC) identified a gap in suitable outcomes measures for Family Dispute Resolution (FDR). PVFRC requested DSS support a project to develop and trial a suitable FDR outcomes measurement tool. DSS commissioned CFRE to work as an evaluation provider with PVFRC, AGD and DSS to develop and trial an FDR outcomes measurement tool within Victorian Family Relationship Centre (FRC) FDR services.

Project objectives:

The agreed project objectives were:

- To develop a robust and evidence based outcomes measurement tool to assess client outcomes resulting from FDR processes.
- To trial this tool with a range of FRC FDR providers.
- To provide DSS with the results of the trial and recommendations for future development and rollout, including a recommended translation matrix for the DSS Standardised Client Outcomes Reporting (SCORE) system.

Evaluation provider

The Centre for Family Research and Evaluation (CFRE), is a collaboration between drummond street services and Deakin University. CFRE aims to promote the health and wellbeing of all Australian families by contributing to the evidence-base of family based interventions, and to build sector capacity to strengthen evidence-based programs through expertise and collaboration.

CFRE has been a member of the DSS Expert Panel since 2015, providing training and support in program planning, implementation and evaluation to over 50 Family and Children funded organisations nationally, within metropolitan, rural, remote, CALD and Aboriginal communities.

CFRE was contracted to assist the providers and AGD with development and trial of an evaluation framework, methods and an outcome measurement tool, training, implementation support, data analysis and reporting.

Project methodology and timelines

The project involved a sequential approach as outlined below.

Stage 1: Information Gathering *June 2016 – October 2016*

The first stage of the project focused on gathering data and information regarding the FDR service system, key outcome and process domains and recommendations for implementation. This included a literature review, interviews with key academics and stakeholders, online surveys for FDR staff and workshop with senior practitioners and Managers.

Stage 2: Tool development and rollout *October 2016 – January 2017*

Information sourced in Stage 1 was gathered and synthesised to inform the development of an evaluation framework and evaluation tools, including client and staff survey measures, for implementation. Ethics approval was sought and granted in December 2016 through Deakin University Human Research Ethics Committee (DUHREC, Reference 2016-380). Practitioner training was developed, with 4 sessions provided (2 metropolitan sessions in Melbourne CBD, 1 in Ballarat and 1 in Shepparton) for FRC staff to attend and learn about the trial and their role in its implementation.

Stage 3: Trial of evaluation tool *February – September 2017*

The formal trial commenced as of 1 February 2017, and ran until 30th September 2017 (8 months) across 14 FRC sites in Victoria. Over the trial period, monitoring and support for the implementation was provided by CFRE in conjunction with the Project Advisory Group and VPFRC Management Group.

Stage 4: Analysis *September -November 2017*

Following completion of the data collection, the client survey data was collated and analysed. Focus groups were conducted with FDR service staff (two metropolitan sessions, one in Ballarat and 1 teleconference for administration and Intake staff specifically) to gather feedback on the trial, including the evaluation tools, process learnings and recommendations for future FDR evaluation. An online survey was also made available for practitioners to provide feedback around the pilot measures and processes, and their recommendations.

Stage 5: Final report and dissemination *November 2017*

A final report (this document) was prepared for DSS, AGD and PVFRC, to inform all parties about the results of the project. Preliminary results were presented at the AIFS conference

in Melbourne in November 2017, which also provided an opportunity for further consultation and finalisation of the report. A peer-reviewed publication is planned for 2018.

Project management

The project was managed by CFRE, with Elizabeth Clancy and Reima Pryor as project leads. An Advisory Group was convened, consisting of VPFRC staff, AGD and DSS staff and CFRE, which met via teleconference over the course of the project. The Advisory Group included:

- Andrew Bickerdike (Relationships Australia)
- Fiona Harley (Previously Mallee Family Care, also FRC Data Governance Group)
- Karen Horley (Family Life)
- Toni Williams (EACH)
- Sue Harris (AGD)
- Machiko Hodge (AGD)
- Nerissa Stewart (DSS)
- Kerstin Weber (DSS)
- Elizabeth Clancy
- Karen Field (CFRE)
- Reima Pryor (CFRE)

Terms of Reference for the Advisory Group were developed, with a copy provided in Appendix A.

In addition to the regular Advisory Group meetings, CFRE staff engaged in regular teleconferences with DSS and AGD to provide project updates and reporting. CFRE staff also attended FRC Management Group meetings at least quarterly, to provide project updates and information, to identify and troubleshoot issues and to manage the project engagement.

About the Family Law System and Family Dispute Resolution

The Australian Family Law system includes relevant laws, courts, legal services and support services. The federal government funded Family Law Services (FLS) is a sub-activity of DSS' Families and Children Activity and comprises a suite of out-of-court services. FLS are funded by the AGD and administered by DSS. They aim to assist families to manage relationship, co-parenting and financial issues and disputes during or following separation, in the best interests of the children.

FLS include: Family Relationship Centres; Children's Contact Services (e.g. supervising children's contact with others where needed); Supporting Children after Separation (e.g. individual and group support for children, child-inclusive practice for FDR services); Parenting Orders Program (post-separation co-operative parenting support services for those in high conflict (a range of interventions to reduce conflict, assist safety and promote

the children's best interests); Family Dispute Resolution (FDR, and Regional FDR for families in regional areas); the Family Relationship Advice Line (FRAL– national telephone and online information, referral and support and non-face-to-face FDR and legal advice services); and Family Law Counselling to prevent family breakdown and support separating families.

Significant Family Law system reforms took place in 2006. These reforms aimed to bring about a cultural shift 'away from litigation and towards cooperative parenting' in the best interests of the children (Family Law Amendment (Shared Parental Responsibility) Bill, 2005). Reforms included changes to laws, and the establishment of 65 Family Relationship Centres (FRCs) nationally. These were intended to provide a visible entry point to the family law/post–separation service system and pathways to the full range of community services, including other FLS, legal, child protection, family violence, mental health and substance abuse support services.

Importantly, FRCs were designed to provide early access to Family Dispute Resolution (FDR) to help separating and separated couples, parents and families (including grandparents and other family members) resolve disputes regarding parenting and finances, and avoid adversarial and expensive court processes. FDR services are also provided outside FRCs, including by private practitioners. To be recognised under the Family Law Act 1975, FDR practitioners are required be accredited under the Family Law (Family Dispute Resolution Practitioners) Regulations 2008.

The FDR intervention varies across services and practitioners, but common elements include: individual assessment interviews with all adult parties; information provision and referrals based on identified needs; individual or group-based psycho-education regarding, for example, the needs and best interests of the children following separation and resources to support the safety and wellbeing of children and parents; and where deemed suitable, joint FDR sessions which involve both/all parties and a mediated discussion to resolve issues of disputes regarding parenting arrangements and/or financial support for children following separation. Some services offer child-inclusive practice (CIP) for suitable families. This involves a child consultant seeing children individually and/or as a sibling group, and providing carefully constructed feedback to each adult parent/party individually, to support their insight regarding the developmental, health and wellbeing needs of the children in relation to the dispute/s at hand.

The continuum of family need

According to Qu, Weston, Moloney & Dunstan (2014), a majority (70%) of families are able to manage separation amicably and make parenting and financial decisions cooperatively following separation, without involvement of services. Other families benefit from information such as that provided by FRCs within individual assessment or group information sessions, and are able to manage on their own without further service or court involvement at that time. Other families require one or more facilitated FDR session/s to reach agreement/s and plans. And others are unable to reach agreement despite participation in FDR or may be deemed unsuitable for FDR.

Following revisions to the Family Law Act introduced in 2005, where families are unable to resolve disputes regarding children they must attempt FDR prior to making application in the court. In order to proceed to court, parties must be issued with a Section 601 Certificate by an FDRP. The Certificate may be issued on one of five grounds: the other party refused/did not attend FDR; the FDRP considered it not appropriate to conduct FDR with this case; all parties attended and made a genuine effort to resolve issues; attended FDR but (specified) party/parties did not make a genuine effort to resolve issue/s in dispute; and, began attending but the FDRP considered it not appropriate to continue.

In their evaluation of the impacts of the Family Law reforms of 2006, Qu et al (2014) considered three waves of data regarding families that separated after the reforms (Wave 1= 15 months, Wave 2= 2 years and Wave 3= 5 years after separation, respectively):

- 31% of separating/separated families attended FDR in Wave 1 and 15% in Wave 3
- 4 of 10 families who attempted FDR reached agreement in each wave
- 2 out of 10 families had Section 60I Certificates issued in Wave 1 compared to 4 out of 10 families in Wave 3
- 54% of those who had an agreement at Wave 1, remained 'sorted' across all 3 waves
- 23% of those issued with a Certificate at Wave 1 remained 'sorted' across all 3 waves
- 8% of families had 'nothing sorted' across 3 Waves, with half of these saying no agreements had been developed since separation (i.e. within 5 years of separation)

There was a 25% decrease in court filings for applications involving children from 2006 to 2015 (Kaspiew, Moloney, Dunstan, & De Maio, 2015).

A small minority of families remain in high conflict and dispute or in family violence dynamics for years after separation, despite involvement of services such as FDR (Qu et al., 2014). For a small number of families these dynamics continue even after court orders are finalised, with one or both parties making subsequent applications for new orders or contraventions regarding non-compliance with existing orders. For some families, it is appropriate to return to FDR or court to alter agreements or orders according to the changing issues and needs of their children and family over time. Returns are not always an indication of high conflict or violence, although ideally families get to the stage they can cooperate and manage changes needed without use of courts.

Qu et al (2014) found that 17% of families were in high conflict or family violence dynamics at two of three time-points over a five-year period following separation (with equal numbers showing improvement and deterioration across time-points), and 4% of families were in high conflict or family violence dynamics at all three time-points over the five-year period following separation. Those showing cooperative relationships at one time-point in five years may be considered to have some capacity and experience to be drawn on in order to regain cooperative dynamics.

Those showing high conflict and/or family violence dynamics over the three time-points in 5 years may be considered the most vulnerable and high-risk cohort with entrenched and complex issues. Recent findings indicate family violence dynamics is the only variable to distinguish the two cohorts mentioned above, and 'fear' is predominately reported by

females. Analysis of these families (Qu et al, 2014; Qu, Moloney & Kaspiew, 2016) reported persistent high conflict and/or fear in families was associated with: severe violence/abuse before/during separation (i.e. multiple forms of emotional abuse, especially controlling and isolating behaviours and/or physical injury); having been married; having school-age children; mother seen as the initiator of the separation and having left the home; less able to reach agreement thru FDR; and more likely to use courts.

FDR outcomes measurement needs to take into account the issues and needs of these high-risk families and assist FDR services to identify effective service responses which are able to address safety and wellbeing of children and parents, reduce violence and/or conflict, and achieve workable and sustainable parenting and financial arrangements.

Risk issues commonly co-occur so families with high conflict and/or family violence dynamics also commonly experience substance abuse, mental health issues and/or also child abuse issues. Often these issues were present to some degree prior to separation, although for some, these issues arise with the stress and trauma of separation. FRCs and FDR services are in contact with an extensive number of separating and separated families who fit across the continuum from the majority who are friendly or cooperative and able to manage arrangements amicably, to a minority in high conflict or family violence dynamics who without effective intervention may remain in serious difficulty for years to come.

Victorian FDR services

Victorian FRC FDR services provide the following key processes:

- An Intake process is completed upon phone calls from each party
- Prior to a joint FDR session each party is to attend an Information session and an Individual Assessment session (services differ in which comes first)
- A child-consultation session (and feedback to parents) (CIP) may be provided as needed by some services
- A joint FDR session is held with two or more parties and further joint FDR sessions may be provided as needed
- At any point, clients may be provided with referrals, or asked to follow-up on other matters during the process (e.g. to seek legal advice)
- At any point, a S 601 Certificate may be issued by the FDRP indicating the case is not suitable for FDR, which allows the parties to proceed to make application in the court if they wish to.

The information session is generally a group-based psycho-education session of 1-2 hours provided by an FDRP or Family Counsellor. These often incorporate a brief video to raise awareness of the needs of children following separation and the impacts of inter-parental conflict on children, and information about family violence and accessing specialist support services. Victorian FRCs vary in whether they provide information sessions before or after individual assessment sessions and whether or not they offer CIP. Victorian FRCs vary in their fee scales for clients but generally offer each case three FDR service hours for free, with additional hours involving a fee based on the client's assessed income and/or capacity

to pay. Services also vary in the number of commonly attended joint FDR sessions, however a majority of families attend only one session.

A process map for a typical FDR service provided within the FRC context is providing in Figure 1.

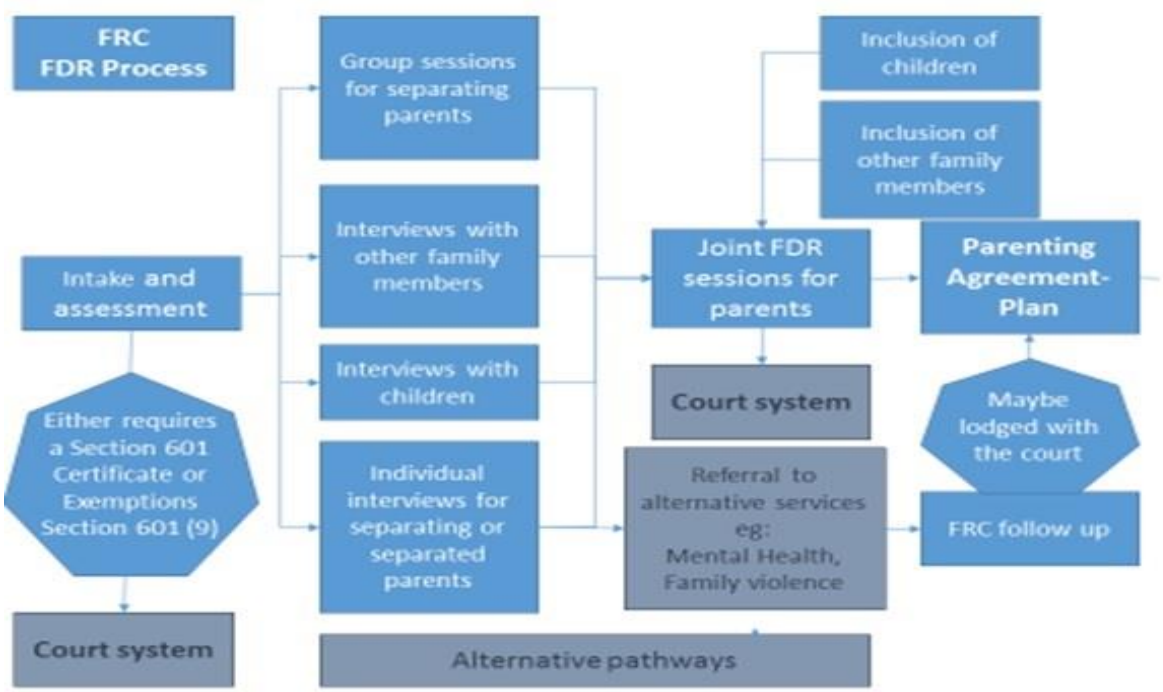


Figure 1: Typical FRC FDR Process Map

Project Outputs

Stage 1 outputs

As indicated earlier, the first stage of the project involved gathering information to inform the development of the evaluation tool and framework through a literature review, interviews, surveys and a workshop. The outputs of these processes are summarized below.

Literature Review

A systematic literature search and review was conducted to identify suitable outcome domains and potential evaluation tools used in previous research. The review focused on national and international evaluations of alternative, non-court family dispute processes, examining the range of outcomes arising from participation in family dispute resolution (FDR) programs and services. A systematic literature search identified internationally published studies reporting on associations between participation in FDR programs and services and family-based outcomes, including coping behaviour, conflict management, parenting and co-parenting skills and behaviours (e.g. communication) and child, parent

and/or family wellbeing and adjustment. Inclusion criteria, defined prior to searching, defined eligible studies as:

(1) reporting on family dispute resolution programs and services,
(2) published in English (no restrictions on country of origin)
(3) including an available study abstract
(4) published between 1990 and 2016 in peer reviewed journals, and
(5) reporting findings for a program or service evaluation.

The search identified 427 records, which were screened for suitability, at which point 402 studies were excluded. Twenty-five full-text articles were reviewed, with 10 included in the final synthesis. Of these 10 studies, five used established or standardised measures within survey tools, with the key identified outcome domains being:

- Contact with non-residential parents;
- Non-residential parent involvement in the child's life;
- Co-parenting capacity (e.g. responsibilities, conflict, acrimony, parent concerns, decision-making);
- Quality of the mother- and father-child relationship; and
- Child- and parent-health and mental health (e.g. coping, depressive and anxiety symptoms).

Outcomes of FDR-type services were evaluated as generally being beneficial. However, findings varied across reviewed studies and constructs measured. Overall, the review showed that prior evaluations of FDR programs and services have generally examined participant (i.e. client) outcomes (including the quality of parent-child contact and relationships, inter-parental relationships and parent and child health) rather than the delivery of FDR programs and services (i.e. process outcomes). The review generally showed FDR programs and services positively influenced these parent and child outcomes and lowered the incidence of further litigation and re-litigation. Some barriers to FDR program and service implementation and participation were also identified. Overall, the review found that FDR program and service participation may be important in improving post-separation parent and child relationship and family functioning. The full literature review is provided in Appendix B of this document.

Outcomes measures identified in this Literature Review were considered during development of the FDR outcome measurement tool.

Expert interviews

In conjunction with the above literature review, in July-August 2016 interviews were conducted with five key Australian academics who have undertaken substantial research on the needs of separating and separated families, and the pathways and outcomes relating to the Australian Family Law system, and post–separation family and relationship support system and services, more broadly. The academic interviews focused on identifying key client and process outcomes of interest in evaluating FDR services, key issues of concern for families and our system, and potential outcomes measurement tools for consideration.

These interviews and additional references made a significant contribution to the report authors' understanding of the complexities of outcomes measurement of FDR services.

FDR Service Online Surveys

In relation to project processes, input was also sought from FDR services in relation to their conceptualisation of FDR service objectives, processes, key outcome domains and approaches to outcome measurement, to inform development of an outcomes evaluation framework, program logic, methods and measurement. An online survey was provided to all Managers of participating FRC FDR services, for a service response. Surveys were completed by Managers and/or senior FDRPs. For more detailed information, including the survey questions and a summary of responses, please refer to Appendix C. Key FDR objectives identified in surveys were:

- To provide an efficient, timely, inexpensive alternative to legal processes for resolving parenting arrangements post separation
- To facilitate safe and respectful discussion about parenting arrangements and responsibilities.
- To provide information, education and support that helps parents focus on the best interests of their children
- To enhance co-parenting relationships and positive parenting alliance, and to reduce or minimise parental conflict
- To support meaningful relationships for children with both parents and extended family members where possible, safe and in their best interests
- To link clients to other necessary services through referrals.

The online survey asked about existing FDR processes. There was broad consensus that the FDR process map (Figure 1) reflected the general FDR service intervention within FRC's, including typical variations and service exit points. The five most common barriers to reaching agreement were identified as language and cultural issues, income minimisation, involvement of legal practitioners, drug and alcohol usage and mental illness, and the involvement of other interested parties.

When asked about current outcome measurement, most respondents (67%) reported some current form of outcome measurement, or previous methods (20%), whilst 13% reported not having undertaken FDR outcome measurement. Where outcome measurement had been/was being undertaken, the most common five domains of measurement were:

- Client satisfaction with the outcomes of FDR
- Level of perceived fairness of FDR
- Level of parental conflict
- Level of parental cooperation
- Capacity of parents to focus on the best interests of the child.

Respondents were asked to consider what they considered to be the most important outcome and process domains to measure. The top five **client outcomes** were:

(1) Capacity to focus on interests of child / parental alliance
(2) Levels of parental conflict/cooperation

(3) Safety concerns for self/children
(4) Perceived satisfaction
(5) Perceived fairness/ power imbalances

Process outcomes of importance included: the actual childcare arrangements agreed; and the sustainability and flexibility of those arrangements.

Other potential outcome domains of interest identified were: usage of alcohol and/or other drugs; the mental health or distress of children and adults; and communication skills.

Workshop- FDR program Logic development

To consolidate findings from the literature review, academic interviews and FDR service online surveys, a workshop was held in September 2016. Attendees included FDR Managers and Senior FDR Practitioners. The workshop outline is provided in Appendix D. This focused on summarising the data gained, gaining agreement on an FDR Program Logics, including the key objectives, outcome domains and constructs of interest, evaluation methods and measures for a pilot outcomes evaluation.

The FDR Program Logic developed and consolidated within the workshop included five key client outcome domains and two key process outcome domains, and their respective constructs. These are outlined, along with their respective measures, in the section below, *Key outcome domains and their measures*.

Stage 2: Key outcome domains and their measurement

Key outcome domains and their constructs for measurement were identified during the above workshop. Key outcomes included five ***client outcomes***, or changes for clients resulting from the service experience, and two key ***process outcomes***, which captures the intervention experienced by clients and client satisfaction with the service received. The literature review identified several existing standardised outcomes measures some of which considered during the workshop. Subsequent to the workshop, CFRE considered all known existing measures against the identified outcome domains and their constructs, and identified suitable relevant ones and constructed new items where needed, for piloting.

The FDR outcome measurement tools developed included both client and staff surveys. Each measured both client and process outcomes, using existing relevant standardised measures where these existed and newly constructed items where needed. Items are generally quantitative, asking respondents to choose/rate their response from options provided. Within client surveys, are two qualitative items which ask clients to use their own words to describe any benefits resulting from their involvement with the service and any suggestions for service improvements. Within staff surveys, qualitative items include recording of reasons why a client declined participation in the evaluation, reasons for any variations to the usual FDR service or evaluation process, and any special issues regarding the client/case.

A repeated measures evaluation design with three time points (pre-intervention, post-intervention and an 8-week follow up) was chosen to measure short-term client outcomes resulting from their involvement with the FDR service. The process outcome of client

satisfaction with the FDR service was also measured within Client surveys, at Post and Follow-Up time-points. A staff survey was developed to capture service components utilised by clients and other client and process outcomes.

Three time-points for administration of Client surveys were agreed within the Workshop and Advisory Group meetings to include:

- a Pre/Baseline survey prior to the first face-to-face session at the FDR service
- a Post survey at the end of the first joint FDR session (based on data which indicated this was the most common number of FDR sessions FDR service clients participate in)(or at the time of closure of the case, whichever came first)
- A Follow-up survey, eight weeks after the first joint FDR session (or eight weeks after the closure of the case if that came first).

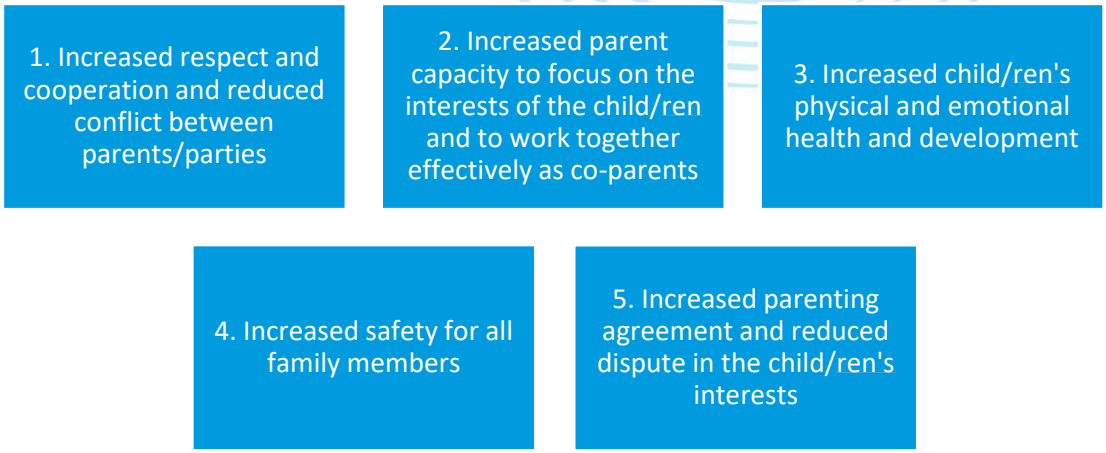
Six time-points for completion of sections of the Staff survey were agreed within Advisory Group meetings to include:

A summary of existing and constructed measures and items used to measure each of the seven key outcome domains is provided in the next section.

Client Outcomes

Five key client outcome domains were identified and conceptualised, and suitable existing outcomes measures identified and new items constructed, to create the FDR outcome measurement client and staff survey tools for piloting. These domains and their constructs and measures are outlined in the following section.

Key FDR objectives relating to client outcomes were determined as being:



The five key client outcome domains, their conceptualisations and measures were:

1. **Relationship with other parent/party**

- Refers to the level of respect, cooperation and conflict between separated parents/parties
- Measurement of this domain included the 25 items of the Parental Acrimony Scale (Shaw & Emery, 1982), four intra-couple respect items adapted from Smyth (unpublished) and one item from the Longitudinal Study of Separated Families (LSSF) Wave 3 Survey (Qu et. al., 2014).

2. **Co-Parenting capacity**

- Refers to parent capacity to focus on interests of child and to work together effectively as co-parents
- Measurement of this domain included 6 items from the Co-Parenting Relationship Scale (Feinberg, Brown & Kan, 2012), 8 constructed items about parental understanding and ability to focus on the needs of the child/ren, 2 items about respectful behaviour in front of the children, adapted from Smyth (unpublished), and 7 items from the Caught in the Middle Scale (Buchanan, Maccoby & Dornbusch, 1991).

3. **Child Health and Wellbeing**

- Refers to child physical and emotional health and development
- Measurement of this domain included nine items from the Longitudinal Study of Separated Families' (LSSF) Wave 3 Survey (Qu et. al, 2014), one of which was adapted from the SF-36 (Ware & Sherbourne, 1992). Parents were asked to complete the child wellbeing measure in relation to their child (if there was only one) or their child of most concern to them at the baseline survey time-point, and they were asked to complete subsequent Post and Follow-Up surveys in relation to this same child.

4. **Family Safety**

- Refers to perceived safety of family members
- Measurement of this domain included 8 items adapted from the LSSF Wave 3 Survey (Qu et. al, 2014), (which were adapted from the Australian Bureau of Statistics'

Personal Safety Survey) and 4 constructed items: two about exposure of children to violence (threats and assaults), and two about the effectiveness and safety of current arrangements ("If there are safety concerns for me or my children, then the current arrangements take these into account" and "If there are safety concerns for me or my children, I have the information, support and skills to manage any safety concerns.")

5. **Parenting agreement in the child/ren's interests**

- Refers to achievement of parenting agreements outside court, extent to which arrangements are sorted, and perception as to who arrangements are working for in the family.
- Measurement comprised 4 items from the LSSF Wave 3 Survey and 1 constructed item (and 1 item in the Staff Survey).

It was noted on the survey that the term 'parent' also referred to 'parties' in other parenting arrangements.

Process Outcomes

Two key process outcome domains were identified and conceptualised, and suitable outcomes measures identified or new items constructed, to go into the FDR outcome measurement client and staff survey tools. These domains and their constructs and measures are outlined below.

Key FDR objectives relating to process outcomes were identified as:

The two key process outcome domains, their conceptualisations and measures were:

1. **Client satisfaction with the service received**
   - Refers to client satisfaction with FDR service processes and outcomes experienced
   - Comprises 18 constructed quantitative items, 2 constructed qualitative items, and 1 item from LSSF Wave 3 Survey.
2. **FDR service components and other services received by client**
   - Refers to FDR service components and other services received by a client or their family (to understand possible influences on any outcomes observed)
   - Comprises 1 item adapted from LSSF Wave 3 Survey for clients regarding other services used, and several constructed items for staff regarding FDR service components experiences by the client.

Evaluation documents

Along with the client and staff outcome tools or surveys, an Evaluation framework and process was developed and Staff Instructions to support the trial of these outcome tools. Copies of the all the relevant documents are provided in Appendix E, including:

- Evaluation Framework
- Staff Instructions
- Client information sheet and consent form
- Client surveys: Pre, Post and Follow-Up
- Staff Survey (to be updated at six time-points outlined above)

Once all relevant documents were finalised, the full study design was submitted to Deakin University's Human Research Ethics Committee (DUHREC) for ethical approval to conduct the research trial. Formal approval was granted in December 2016 (Reference # 2016-380), with minor amendments sought and approved in February 2017, based on practitioner feedback and refinement.

To support rollout of the pilot tool, four practitioner training workshops were delivered in late January 2017. This included two metropolitan sessions in Melbourne CBD, one in Ballarat and one in Shepparton. Each participating FRC was asked to send at least 2 staff to training, with the intent for these staff to then take the materials back to their FRC and become process 'champions' during the trial. Of the 15 FRC sites in Victoria, 14 agreed to participate in this trial, with Traralgon declining due to engagement in their own FDR evaluation project.

Full copies of all relevant documents were provided via email and USB to each centre attending training, to support local implementation. A summary of the training workshop is provided in Appendix F.

Stage 3: Trial and Implementation support

In order to maximise opportunities for feedback and engagement, in addition to the Advisory Group, CFRE staff provided implementation support through a range of mechanisms. This included attendance at several FRC Management Group meetings, where CFRE provided updates on project progress. CFRE also sought feedback about successes and challenges in implementation, and encouraged shared learnings about what was working to overcome barriers. These meetings also offered the opportunity to understand in-field challenges, obtain real-time feedback, refine and reinforce the trial processes and share learnings between centres.

The most common feedback received at these meetings was that practitioners and clients reported that the outcome tools were too long, and excessively demanding on clients, both in regards to literacy requirements and the emotional labour of completing surveys about their separation and relationship with the other parent. There were also significant challenges in engaging clients to participate with evaluation following FDR services, and re-engaging with clients at the follow-up time point 8 weeks following the first FDR session, particularly where there had been no further engagement from the FRC in the interim period. Regular emails providing updates on project progress, including numbers of surveys received, were also

provided to the FRC Management group.

Staff feedback in relation to the evaluation processes and measures was also gained via four staff focus groups undertaken towards the end of the data collection period (one regional, two Melbourne metro, and one teleconference for Intake and administration staff), and via an online survey. Results from these are summarised in qualitative results, below.

To provide information to the broader practitioner network, CFRE also presented at FDR Practitioner Forums in October 2016 and October 2017. The October2016 presentation focussed on providing an overview of the information gathered through Stage 1, and summarised the key Client and Process outcomes to be developed in the tool. The October 2017 presentation provided a summary of the project trial period, as well as the feedback gathered from staff focus groups about the trial process, key outcome domains and recommendations for future outcome measurement. In both these sessions, feedback was also sought around areas of concern or interest, which were addressed either in the sessions or via email.

Results

Quantitative analysis of client surveys

Analysis methodology

All surveys completed by clients and staff were provided to CFRE for data entry and analysis. Qualtrics was used for data entry, and data was then downloaded to a data analysis package (SPSS Statistics 25) for analysis. Following data cleaning to remove incomplete entries, there were 327 completed baseline surveys (although some had missing data), with 54 clients having matched completed measures at the post-intervention (of a total of 81 completed surveys), and 25 at the follow-up time point. Analysis was conducted in relation to the pre-determined client outcome and process domains.

Client outcomes

- **Relationship with the other parent/party** (includes respect, cooperation and conflict between separated parents/parties, measured via Parental Acrimony Scale, 4 intra-couple Respect items and single LSSF item
- **Co-Parenting capacity** (includes parental capacity to focus on interests of child and to work together effectively as co-parents, measured via 5 items from Co-Parenting Relationship Scale, 8 constructed items about parental understanding, 2 adapted Respect items and 7 Caught in the Middle items
- **Child Health and Wellbeing** (includes child physical and emotional health and development), measured via 9 items from the LSSF Survey
- **Family Safety (**perceived safety of family members, via 8 adapted items from LSSF Survey, and 4 constructed client items (and 1 constructed item in the Staff Survey)
- **Parenting agreement in the child/ren's interests** (Measures perception as to the extent parenting and financial arrangements are sorted/working, and extent

arrangements were working for different family members (self, other parent, and/or children) via 4 LSSF items and 1 constructed item (also 1 in the Staff Survey).

Process outcomes

- **Client satisfaction with the service** (Includes satisfaction with FDR service experience, processes and outcomes, comprising 18 constructed quantitative items and 2 constructed qualitative items)
- **FDR service components and other services received by client** (includes services received by clients or family, measured via 1 item adapted from the LSSF for clients regarding other services used, and several constructed items for staff regarding FDR service components experiences by the client)

Baseline Descriptives

Based on available data, it is estimated that the 327 clients surveyed at baseline represent up to 25% of the overall service population[1]. Due to the nature of processes adopted in this pilot, it is likely that this sample is biased towards those with the following characteristics:

- English as first language (as translated versions were not available)
- Those with strong written English comprehension (given the survey length and complexity)
- Those who were not experiencing severe distress at the time of initial assessment (who were screened out by intake staff)

A review of data provided by 12 of the 14 participating FRC centres (covering 92.7% of completed surveys) provides the following characteristics of clients who completed the baseline, post and follow-up surveys (Table 1). This information was not available for the balance of surveys.

[1] *This estimate is based on data provided from 7 centres regarding the number of clients who consented to participate compared to the total clients seen by the service. For these centres, which included both rural and metropolitan centres, the average uptake was 40%. However, as these centres were more likely to have clients participate overall, it is likely that the actual representative proportion is lower.*

Table 1. Demographics of Clients at Baseline

Grouping	Classes	Baseline	Post	Follow Up
Gender	Female	175	47	28
	Male	127	28	16
	Not specified	1		
Age group	18-21	6	1	0
	22-29	41	7	3
	30-39	120	34	16
	40-49	112	27	21
	50-59	16	2	4
	60+	2	2	
	Unspecified	6	2	
ATSI	Y	5	1	
CALD	Client identifies as 'Australian'	241	61	35
HCC Holder	Y	75	22	15
	N	89	26	16
	Unknown / Unspecified	139	27	13
TOTALS		**303**	**75**	**44**

Table 1: Demographics of clients at baseline

Client surveys were reviewed to identify the following characteristics of clients prior to the FDR intervention. Most (80.8 %) clients reported having been separated for up to 3 years, as indicated in Figure 2.

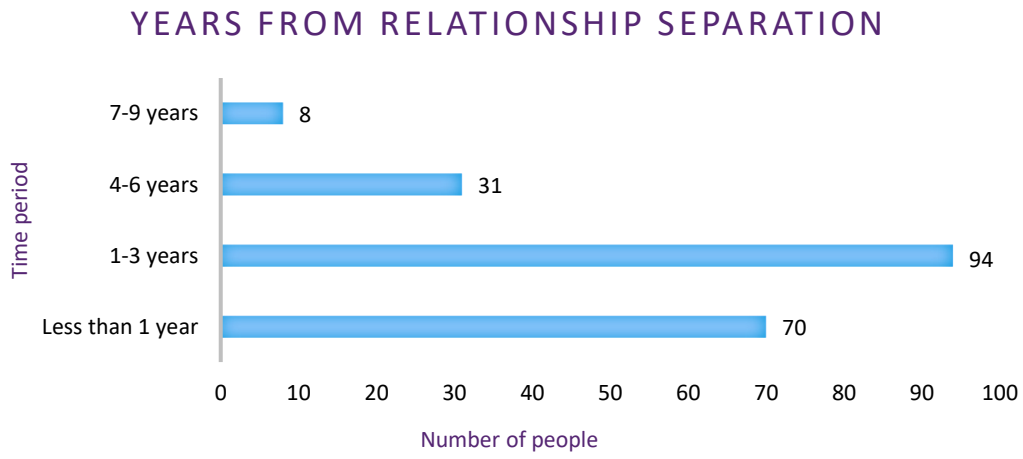


Figure 2: Years since separation

Clients were asked whether they had a current parenting order in place, and around 81.5 % indicated there was no current parenting order. Where orders were in place, it was more likely a final order, but these were both less frequent.

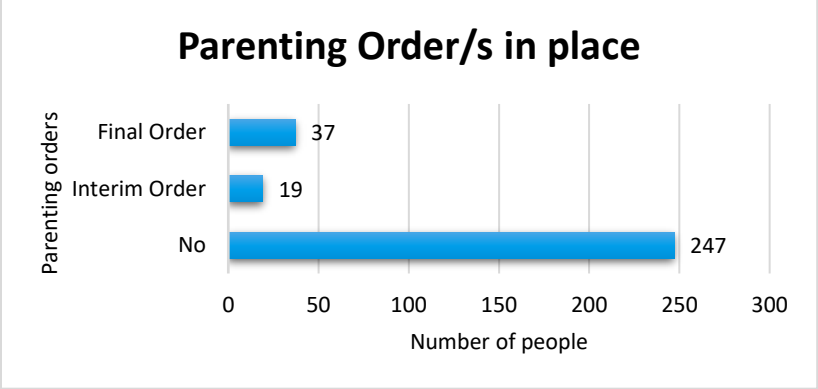


Figure 3: Parenting Orders

For those without parenting orders, they were asked if there was a parenting agreement in place. 64.9% indicated there was either a partial or full agreement in place, whist 35.1% had no agreement.

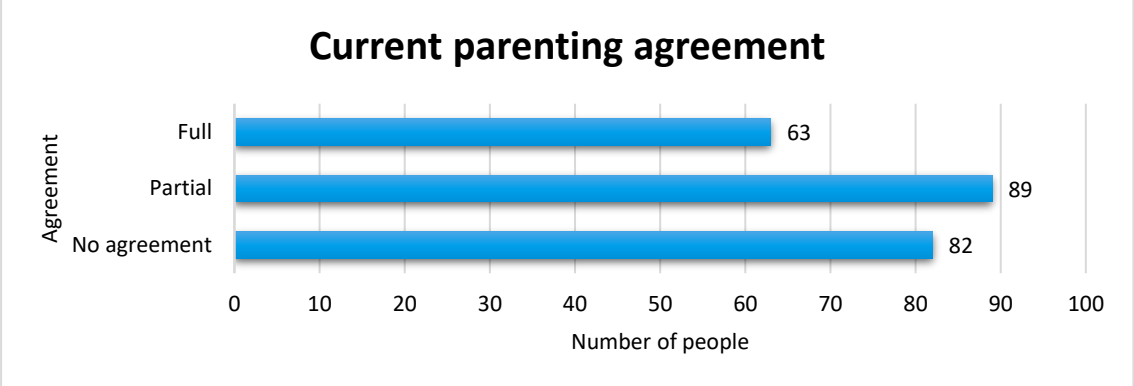


Figure 4: Current parenting agreements

Where there was an agreement, this was more likely to be verbal only (65.7%), as opposed to being written or signed (Figure 5).

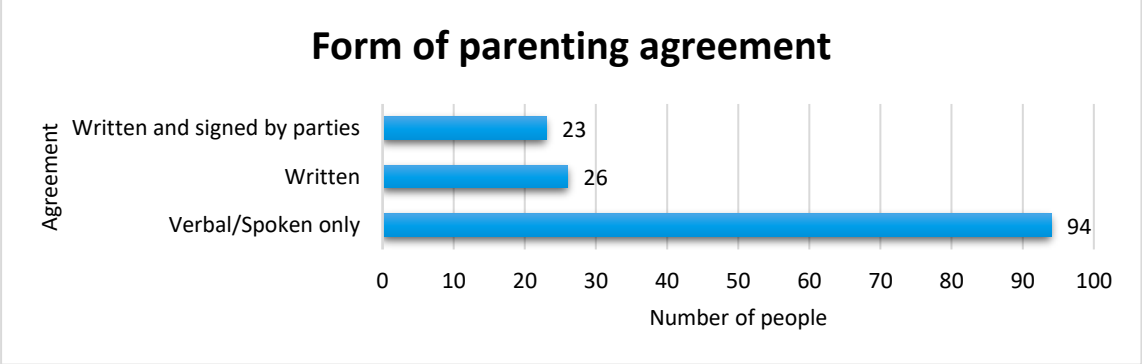


Figure 5: Form of parenting agreements

In most cases, clients reported that agreement had been mainly achieved through discussion with the other parent. More formal processes, including FDR, the courts and lawyers were all less than half as likely, although when considered overall these processes are just as probable (Figure 6).

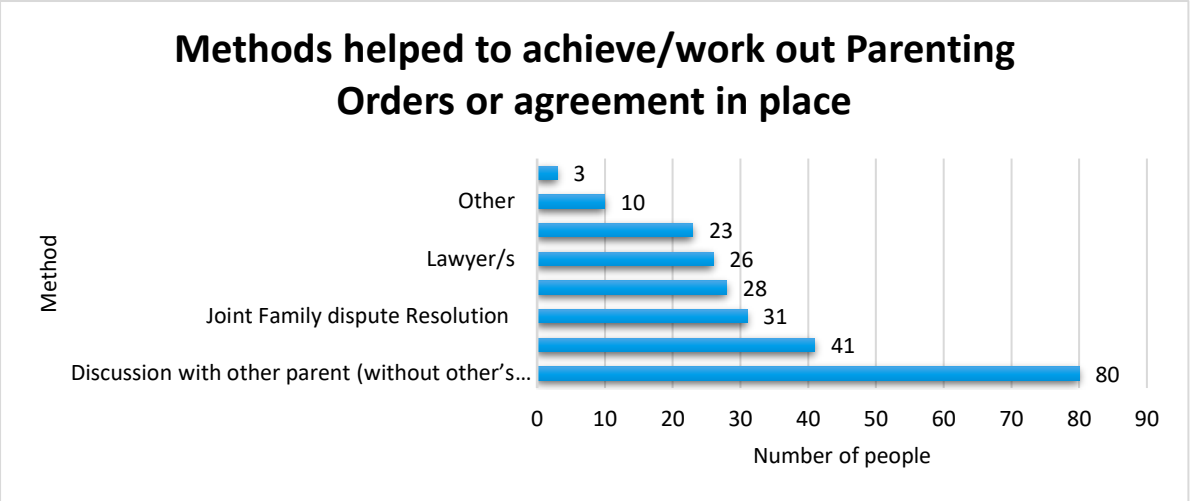


Figure 6: Methods used to achieve parenting orders or agreements

When asked about how they had come to the service, there was a range of responses. Most commonly people found out about the service independently (26.2%), from lawyers (20%), friends and family (18%), or their ex-partner (15%), as indicated in Figure 7.

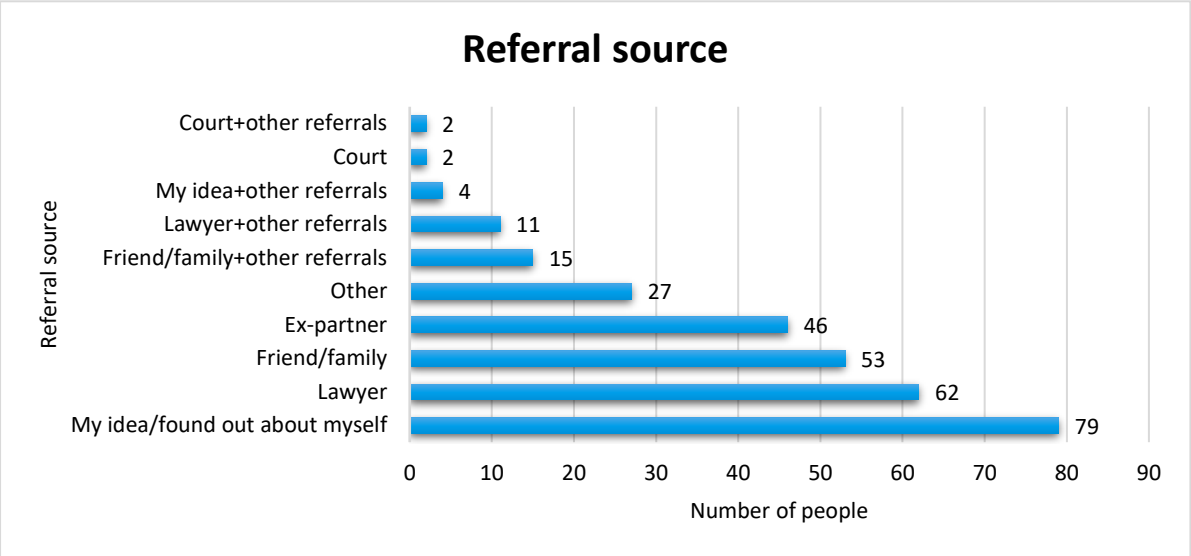


Figure 7: Referral sources

Clients were asked to indicate other services they had previously accessed, or were using currently (shown in Figure 8). Around 20% are not and have not previously accessed services. The most common previous services were FDR and private lawyers, with individual adult counselling accessed by 10%, and police in around 7% of cases. Concurrent services

were similar, but there was greater utilisation of police, mental health services, child counselling, family violence and child protection services and legal aid funding.

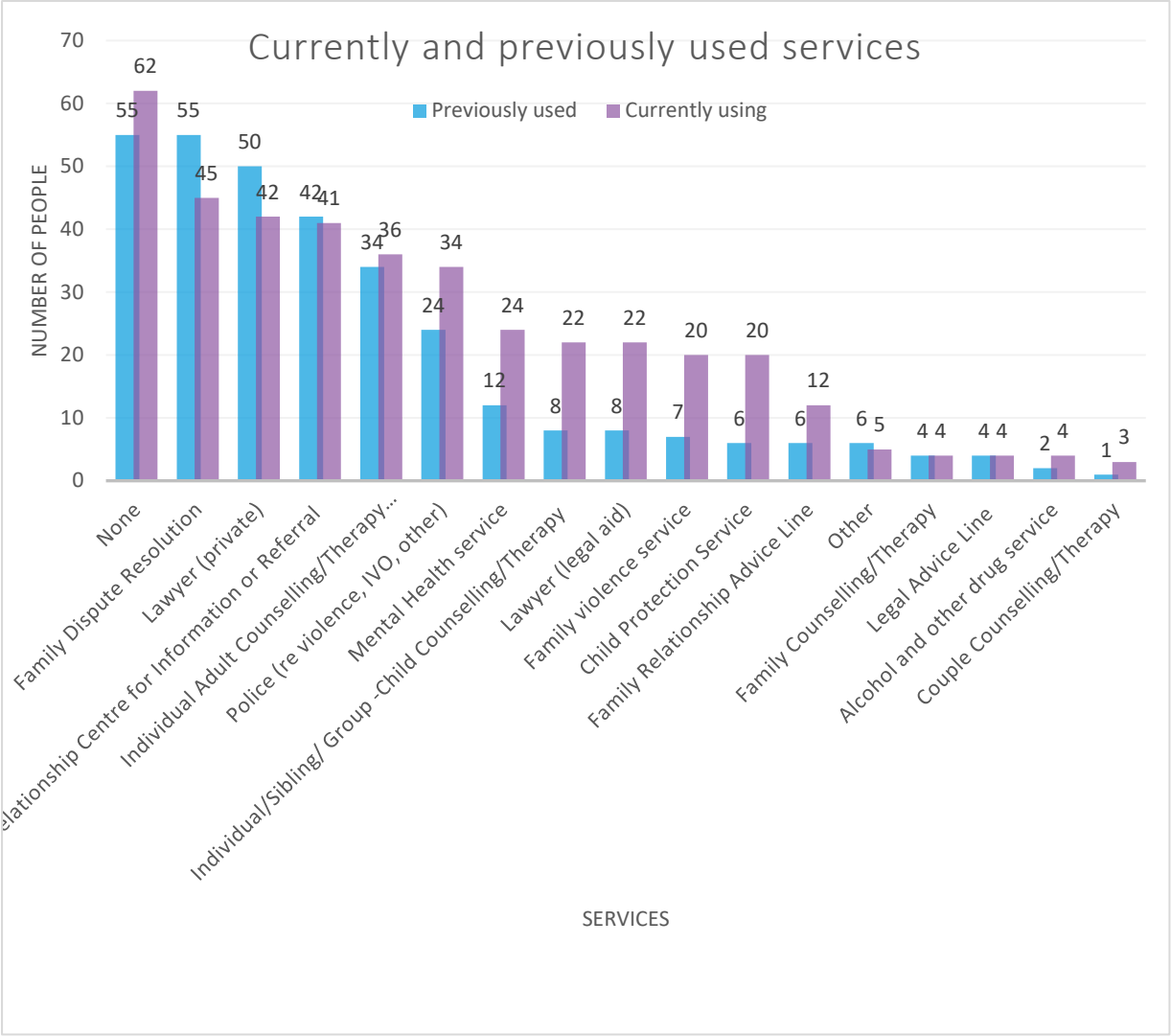


Figure 8: Concurrent and previously used services

Clients were asked to indicate whether they had any safety concerns for themselves, children or others in relation to the separation, and around 70% report some level of concern. For those with concerns, they were asked about the nature of these concerns. Most commonly, emotional anger or abuse issues were cited (60%), with mental health (40%), neglect or lack of supervision (30%), alcohol of substance use (24%) and violence or dangerous behaviour (22%) all relatively common, as shown in Figure 9.

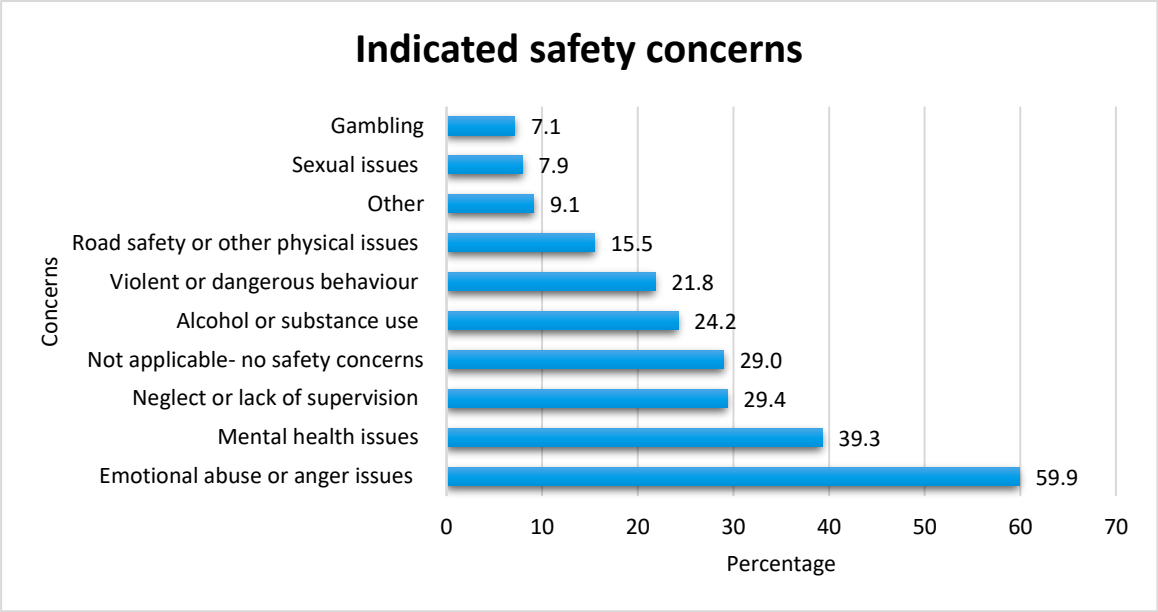


Figure 9: Indicated safety concerns

Analytical approaches

Linear Mixed Methods

Linear Mixed Methods (LMM) analysis was used to identify significant change across the measures of key client and process domains. Linear mixed effects modelling was used to see if measures were sensitive to change across the full intervention, using all available pre, post and follow-up data, and the pattern of any change, which is provided in graphical form. LMM was then used to analyse individual survey items and overall subscales for each domain. This was based on matching client surveys at baseline and post-intervention, with up to 54 sets of data included in the analysis (although individual numbers vary where specific items were not completed). LMM and mixed effects help to determine whether there are significant differences between results before and after an intervention, such as FDR, and can help identify if the questions or scales are able to detect change within the time period.

Factor analysis

For each domain and subscale, factor analysis was then used to determine which items were most predictive of the total outcome. This technique is applicable to dimension reduction, or reduction of the length of a scale. While dimension reduction shouldn't be conducted based upon statistical grounds alone, factor analysis provides an excellent grounding position to remove or adjust underperforming survey items. Factor analysis produces a factor loading between 0-1, which is equivalent to the correlation between scores on that item and scores on the overall scale. Values close to 1 indicate that the item is consistently answered similarly to the overall scale result, and can be considered a strong indicator of the overall scale result.

Relationship with other parent

The *Relationship with other parent* domain of the FDR survey consisted of 30 items, including the 25-item Parental Acrimony Scale (PAS). The total domain score can be summarised simply as the sum of each item in the domain.

Parental Acrimony Scale (PAS)

The PAS is rated on a 4 point Likert scale, with some items reverse coded so that higher values indicate greater levels of negative communication and reported conflict. As such, positive differences over time indicate improvement. Overall PAS scores showed improvement at the post-intervention time point, but some regression at follow-up, as shown in Table 2.

Time	N	Mean	Std. Deviation
1	327	63.5566	14.87749
2	54	44.7963	12.04141
3	25	54.5200	6.11773

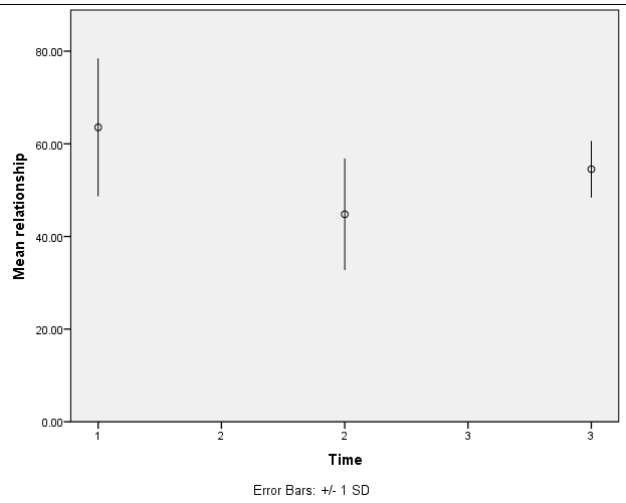


Table 2: PAS over three time points

Using matched pairs analysis, this change was significant, as indicated in Table 3.

Estimates of Fixed Effects[a]							
						95% Confidence Interval	
Parameter	Estimate	Std. Error	df	t	Sig.	Lower Bound	Upper Bound
Intercept	59.962572	.722897	325.037	82.948	.000	58.540423	61.384720
a. Dependent Variable: relationship.							

Table 3: PAS - estimate of fixed effects

Examining individual items using LMM analysis between baseline and post-intervention for matched pairs of data (that is, the same individual at two time points), the PAS scale showed strong sensitivity to change, with statistically significant improvement in the overall measure, and all except for 6 of the 25 items, as shown in Table 4 below (2 tailed significance < 0.05), suggesting that this scale is highly sensitive to change.

		Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Deviation	95% Confidence Interval of the Difference				
				Lower	Upper			
PAS 1	Do you feel friendly towards your child/ren's other parent	-0.12	1.69	-0.61	0.36	-0.51	48.00	0.62
PAS 2	Do your children feel friendly toward the other parent	1.10	1.19	0.76	1.45	6.43	47.00	0.00
PAS 3	Are gifts to the children a problem between you and the other parent	2.08	1.41	1.68	2.48	10.42	49.00	0.00
PAS 4	Is the parenting time schedule a problem between you and the other parent	0.71	1.78	0.21	1.21	2.83	50.00	0.01
PAS 5	Do you have friendly talks with the other parent	0.38	1.61	-0.09	0.84	1.62	47.00	0.11
PAS 6	Is the other parent a good parent	0.91	1.60	0.44	1.39	3.86	45.00	0.00
PAS 7	Do your children see	1.79	1.47	1.36	2.22	8.43	47.00	0.00

	the other parent as often as you would like							
	Do your children see the other parent as often as he/she would like	1.70	1.53	1.24	2.15	7.50	45.00	0.00
PAS 9	Do you and the other parent agree on discipline for the children	0.30	1.78	-0.23	0.82	1.15	46.00	0.26
PAS 10	Are your children harder to handle after spending time with the other parent	0.89	1.93	0.33	1.46	3.18	46.00	0.00
PAS 11	Do you and the other parent disagree in front of the children	1.75	1.14	1.42	2.08	10.64	47.00	0.00
PAS 12	Do the children take sides in disagreements between you and the other parent	2.30	1.17	1.94	2.65	12.98	43.00	0.00
PAS 13	Are spousal or child support payments a problem between you and the other parent	1.29	1.98	0.72	1.87	4.52	47.00	0.00

PAS 14	Do your children feel hostile toward the other parent	2.47	0.88	2.21	2.73	19.21	46.00	0.00
PAS 15	Does the other parent say things about you to the children that you don't want them to hear?	0.84	1.91	0.27	1.42	2.97	44.00	0.01
PAS 16	Do you say things about the other parent to the children that he/she wouldn't want them to hear?	2.60	0.68	2.40	2.80	26.14	46.00	0.00
PAS 17	Do you have angry disagreements with the other parent	1.35	1.18	1.01	1.69	7.97	48.00	0.00
PAS 18	Do you feel hostile toward the other parent	0.94	1.77	0.43	1.45	3.71	48.00	0.00
PAS 19	Does the other parent feel hostile toward you	0.42	1.60	-0.06	0.90	1.77	44.00	0.08
PAS 20	Can you talk to the other parent about problems with the children	-0.10	1.94	-0.67	0.46	-0.37	47.00	0.71
PAS 21	Do you have a friendly	-0.38	1.75	-0.90	0.15	-1.45	44.00	0.15

	separation/divorce							
PAS 22	Are pick-ups and drop-offs of the children between you and the other parent a difficult time	1.57	1.52	1.12	2.02	7.01	45.00	0.00
PAS 23	Does the other parent encourage your children to live with him/her	0.66	1.68	0.15	1.17	2.60	43.00	0.01
PAS 24	Have you adjusted to being separated/divorced from the other parent	1.47	1.57	1.02	1.92	6.55	48.00	0.00
PAS 25	Has the other parent adjusted to being separated/divorced from you	1.12	1.74	0.58	1.66	4.16	41.00	0.00
PAS overall		25.77	21.75	19.78	31.77	8.63	52.00	0.00

Table 4: Parental acrimony scale (LMM analysis)

Dimension reduction

Factor analysis of the PAS showed that most items loaded on to a single factor (though at least 6 smaller factors were possible). With the exception of items 5 and 21, all items were individually factorised. Due to this dispersion, individual items were examined for improved predictability. A critical cut-off of .70 was used, with all factor loadings exceeding this level being included for consideration, resulting in five items being identified as meeting this criterion, as shown in Table 5.

Item	Wording	Factor loading
PAS 8	Do your children see the other parent as often as he/she would like?	0.80
PAS 11	Do you and the other parent disagree in front of the children?	0.78
PAS 14	Do your children feel hostile towards the other parent?	0.88
PAS 18	Do you feel hostile toward the other parent	0.76
PAS 21	Do you have a friendly separation/divorce?	0.80

Table 5: Conflict and Communication items for factor analysis

Overall, these 5 items have a correlation (R) of 0.83 with the overall score, explaining 68% of the variance in the overall scale score (R square), as indicated in Table 6Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.828[a]	.686	.685	1.70642
a. Predictors: (Constant), PAS Total Score				
b. Dependent Variable: PAS 5 items				

Table 6: Correlation model summary for Conflict and communication factor analysis where cut off is 0.700

Using a stricter measure of factor loading higher than 0.80, only 1 item loaded strongly, being Item 14 (=0.88) "Do your children feel hostile towards the other parent?". As a single item, this explained only 19% of the variance in the overall scale score, as indicated in Table 7, and would not be a suitable single itemTable 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.439[a]	.193	.190	.76728
a. Predictors: (Constant), PAS Total Score				
b. Dependent Variable: PAS 1 item				

Table 7: Correlation model summary for Conflict and communication factor analysis where cut off is 0.800

Intra-couple respect

Participants were asked to rate intra-couple respect across four items (Respect 1-Respect 4), as shown in Table 8. For these items, higher values are positive indicators of respect and

therefore negative differences indicate improvement. Individual items showed no significant change from pre-intervention to post-intervention (2-tailed significance > 0.05).

Item #	Question	Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Deviation	95% Confidence Interval of the Difference				
				Lower	Upper			
Respect 1	I respect the other parent as a parent	-0.08	1.29	-0.44	0.29	-0.43	50.00	0.67
Respect 2	I respect the other parent as a person	0.22	1.13	-0.10	0.54	1.38	49.00	0.18
Respect 3	I think the other parent has respect for me as a parent	-0.18	1.01	-0.46	0.11	-1.24	50.00	0.22
Respect 4	I think the other parent has respect for me as a person	-0.14	1.22	-0.48	0.21	-0.81	50.00	0.42

Table 8: Intra-couple respect – comparison of items

However, as an overall scale and using all responses, this measure of intra-couple respect showed improvement at post-intervention, which was sustained at follow-up, as shown in Table 9.

Time	N	Mean	Std. Deviation
1	326	11.4479	4.11699
2	54	13.0370	4.43810
3	25	13.4000	4.49073

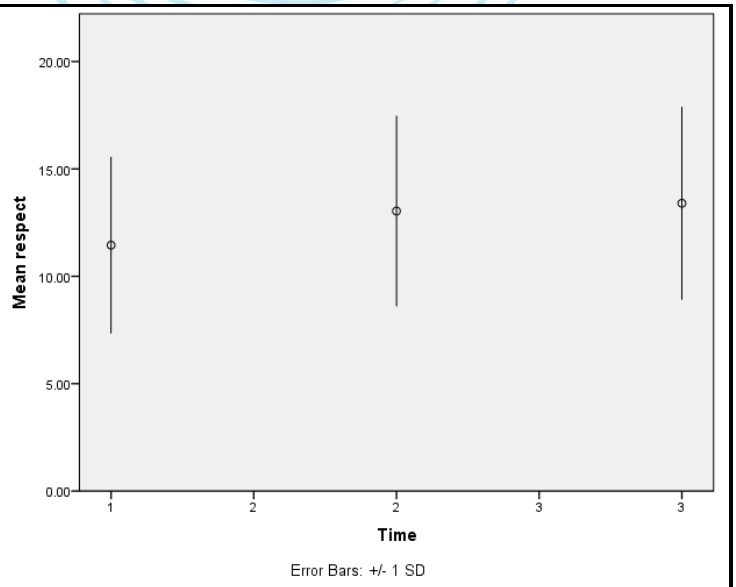


Table 9: Intra-couple respect - mean scores at three time points

Comparing responses for intra-couple respect overall from baseline to post and follow-up for matched data pairs (i.e. the same individual), this change was significant as shown in Table 10.

Estimates of Fixed Effects[a]							
Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	11.569190	.224165	334.603	51.610	.000	11.128240	12.010141
a. Dependent Variable: Respect.							

Table 10: Intra-couple respect - estimate of fixed effects

Description of Relationship

Participants were also asked to choose one descriptor (friendly, cooperative, distant, lots of conflict, fearful) to describe their relationship with the other parent (Table 11). For this item, higher values indicate greater levels of conflict and/or fear, therefore positive change indicates improvement.

Item #	Question	Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Deviation	95% Confidence Interval of the Difference				
				Lower	Upper			

Relationship description	LSSF single item (describe your relationship)	0.30	1.74	-0.20	0.80	1.22	49.00	0.23

Table 11: Intra-couple respect – comparison of items

Whilst testing paired measures at pre and post intervention did not show significant change (Table 11), this item did show overall significant improvement when all data was included, with an improvement at post-intervention, of which around 50% was retained at follow-up, as shown in Table 12.

Time	N	Mean	Std. Deviation
1	326	3.9632	1.41808
2	51	3.0000	1.34164
3	22	3.4091	1.50108

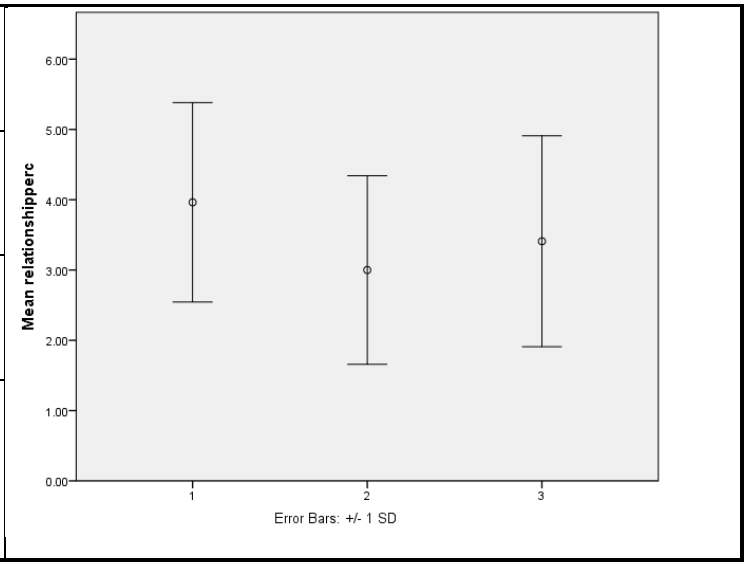


Table 12: Description of relationship - mean scores at three time points

When matched pairs were reviewed, the change over time was significant (Table 13).

Estimates of Fixed Effects[a]							
						95% Confidence Interval	
Parameter	Estimate	Std. Error	df	t	Sig.	Lower Bound	Upper Bound
Intercept	3.865912	.075642	329.287	51.108	.000	3.717109	4.014714
a. Dependent Variable: Relationship description							

Table 13: Description of relationship - estimate of fixed effects

Co-Parenting Capacity

Parenting capacity was measured via six items drawn from the Co-Parenting Relationship Scale (CRS), 8 constructed items about parental understanding, 2 adapted Respect items and the 7-item Caught in the Middle scale (CitM).

An overall measure for this domain was created by summing the values of all scales (and transforming so that higher scores are indicators of enhanced co-parenting and

understanding, hence negative differences are desirable. Overall, the Co-parenting measure showed minimal change at the post-intervention time point, but improvement at follow-up, as shown in Table 14.

Time	N	Mean	Std. Deviation
1	327	70.4159	20.37376
2	54	69.5926	13.18449
3	25	104.5200	14.76234

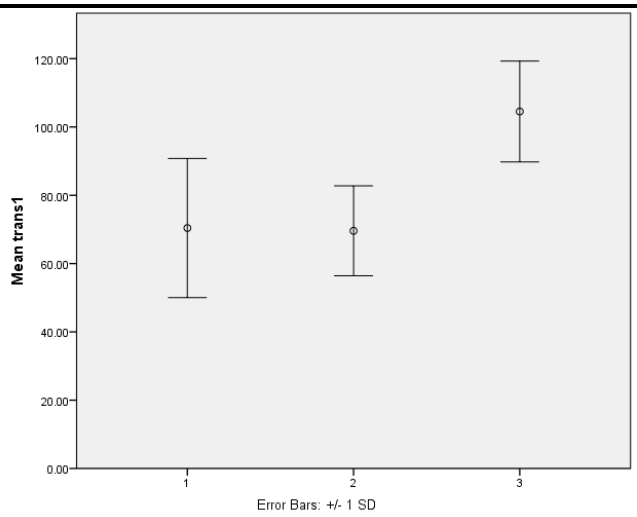


Table 14: Coparenting - scores over three time points

This difference at follow-up was significant, as shown in Table 15.

Estimates of Fixed Effects[a]							
Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	72.372703	1.041494	294.991	69.489	.000	70.323004	74.422403
a. Dependent Variable: Co-parenting overall measure							

Table 15: Co-parenting - analysis of fixed effects

The component scales were also analysed separately, to identify their sensitivity and suitability.

Co-parenting Relationship Scale and Constructed items

Participants rated their levels of conflict and understanding about the impact of conflict using the CRS (6 items, rated on a 7-point Likert scale) and 8 constructed items, rated on a 5-point Likert scale. For all items, higher values are positive and therefore negative values indicate improvement. All CRS items showed sensitivity to change, as demonstrated in Table 16 (2-tailed significance < 0.05), whilst none of the constructed items showed sensitivity to change.

Item #	Question	Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Dev'n	95% Confidence Interval of the Difference				
				Lower	Upper			
CRS 1	How often in a typical fortnight are you and the other parent/party physically present together with your child/ren	-0.31	1.10	-0.62	0.01	-1.94	48.00	0.06
CRS 2	How often do you … find yourself in a mildly tense or sarcastic interchange with the other parent/party?	0.83	2.08	0.11	1.54	2.36	34.00	0.02
CRS 3	Argue with the other parent/party about your child/ren, in the child/ren's presence?	1.21	1.62	0.64	1.79	4.31	32.00	0.00
CRS 4	Argue about your relationship or marital issues unrelated to your child/ren, in the child's presence?	0.82	1.68	0.24	1.41	2.86	33.00	0.01
CRS 5	One or both of you say cruel or hurtful things to each other in front of the child/ren?	0.79	1.93	0.10	1.47	2.34	32.00	0.03
CRS 6	Yell at each other within earshot of the child/ren?	1.15	1.35	0.67	1.63	4.90	32.00	0.00
Cons 1	I have a good understanding of the emotional and developmental needs of the children	-0.02	0.48	-0.16	0.12	-0.30	48.00	0.77

Cons 2	The child/ren's other parent/party has a good understanding of the emotional and developmental needs of the children	-0.16	1.06	-0.46	0.14	-1.07	49.00	0.29
Cons 3	I have a good understanding of the effect of separation on children	-0.06	0.62	-0.24	0.12	-0.69	49.00	0.50
Cons 4	The child/ren's other parent/party has a good understanding of the effect of separation on children	-0.02	1.12	-0.34	0.30	-0.13	49.00	0.90
Cons 5	I have a good understanding of the effect on children of seeing, hearing, or knowing about conflict between parents/parties	-0.16	0.74	-0.37	0.05	-1.53	49.00	0.13
Cons 6	The child/ren's other parent/party has a good understanding of the effect on children of seeing, hearing, or knowing about conflict between parents/parties	0.02	1.30	-0.35	0.39	0.11	49.00	0.91
Cons 7	I have a good understanding of the impact of disrupted or changing routines on children	0.00	0.62	-0.18	0.18	0.00	47.00	1.00
Cons 8	The child/ren's other parent/party has a good understanding of the impact of disrupted to changing routines on children	0.02	1.52	-0.41	0.45	0.09	49.00	0.93
CRS/Cons overall		2.06	17.39	-2.69	6.80	0.87	53.00	0.39

Table 16: Coparenting scales, LMM analysis

Dimension reduction

Using PAF and considering the CRS and the constructed items overall, a factor loading cut-off of 0.700 was used to identify the most predictive items of overall scores. Using this criterion, ten items loaded strongly into factors, including four items from the CRS items and six of the constructed items, as indicated in Table 17. It is noted that with respect to these constructed items, a common response pattern was observed, whereby respondents would rate their own understanding as good or very good in general, whilst rating the other parent as very poor or poor. As the response pattern was highly consistent in this way, there was little variability in the overall scale, and as such, factor loadings for most items were high, as scores were consistent with the overall result. This is a limitation of factor analysis where there is a consistent response pattern, but highlights a weakness in these items in regard to their usefulness in outcome measurement.

Item	Wording	Factor loading
CRS 2	How often do you argue with the other parent/party about your child/ren, in the child/ren's presence?	0.78
CRS 3	How often do you argue about your relationship or marital issues unrelated to your child/ren, in the child's presence?"	0.80
CRS 4	How often do one or both of you say cruel or hurtful things to each other in front of the child/ren?	0.82
CRS 5	How often do you yell at each other within earshot of the child/ren?	0.801
Cons 7	The child/ren's other parent/party has a good understanding of the emotional and developmental needs of the children	0.77
Cons 8	I have a good understanding of the effect of separation on children	0.80
Cons 9	The child/ren's other parent/party has a good understanding of the effect of separation on children	0.91
Cons 10	I have a good understanding of the effect on children of seeing, hearing, or knowing about conflict between parents/parties	0.74
Cons 12	I have a good understanding of the impact of disrupted or changing routines on children	0.81
Cons 13	The child/ren's other parent/party has a good understanding of the impact of disrupted to changing routines on children	0.83

Table 17: Co-parenting items for factor analysis

Overall, these ten items have a correlation of 0.993 with the overall score, explaining 98.7% of the variance in the overall scale score, as indicated in Table 18Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.993[a]	.987	.987	1.32486
a. Predictors: (Constant), CRS/Cons Total Score				
b. Dependent Variable: 10 CRS/Cons items				

Table 18: Correlation model summary for Coparenting factor analysis where cut off is 0.700

Using a stricter measure of factor loading higher than 0.800, four items loaded strongly (Items 4, 9, 12 and 13). As a very brief measure, this 4-item scale had a correlation of 0.91 with the overall scale score, explaining 83% of the variance in the overall scale score, as indicated in Table 19Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.911[a]	.830	.829	1.68178
a. Predictors: (Constant), CRS/Cons Total Score				
b. Dependent Variable: 4 4 CRS/Cons items				

Table 19: Correlation model summary for Coparenting scale factor analysis where cut off is 0.800

Respect and Caught in the Middle Scales

Participants rated the experience of their children in terms of being exposed to respectful behaviour between parents (2 adapted Respect items), and being 'caught in the middle' (7 items). For all items, higher values are worse, and therefore positive values indicate improvement. One Respect item, six CITM items, and the combined Respect and CitM measure showed strong sensitivity to change and significant improvement at Post, as demonstrated in Table 20 (2-tailed significance < 0.05).

Item #	Question	Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Deviation	95% Confidence Interval of the Difference				
				Lower	Upper			
Respect 1	a. The other parent is respectful of me in front of our child/ren	0.48	2.34	-0.	1.16	1.42	47.00	0.16

				20				
Respect 2	b. I am respectful of the other parent in front of our child/ren	2.36	1.52	1.91	2.81	10.62	46.00	0.00
CITM 1	c. Our child/ren feel caught in the middle	0.96	2.31	0.27	1.64	2.81	45.00	0.01
CITM 2	d. Our child/ren don't hesitate to talk about the other parent in front of me	-0.27	1.00	-0.55	0.02	-1.87	48.00	0.07
CITM 3	e. The children don't hesitate to talk about me in front of the other parent	-0.44	0.97	-0.72	-0.16	-3.20	49.00	0.00
CITM 4	f. I ask our child/ren to carry messages to the other parent	3.24	1.14	2.91	3.56	20.24	50.00	0.00
CITM 5	g. The other parent asks our child/ren to carry messages to me	2.04	2.20	1.42	2.66	6.62	50.00	0.00
CITM 6	h. The other parent asks our child/ren questions (about me/my family) that my child wishes they wouldn't ask.	1.06	1.80	0.55	1.57	4.16	49.00	0.00
CITM 7	i. I ask our child/ren questions (about the other parent/family) that my child wishes I wouldn't ask.	2.82	1.54	2.38	3.26	13.00	49.00	0.00
Overall Respect/CITM		10.94	9.35	8.34	13.55	8.44	51.00	0.00

Table 20: Respect and Caught in the Middle, LMM analysis

Dimension reduction

The 2 adapted Respect items and the 7-item Caught in the Middle scale (CitM), were combined to form a Co-Parental Capacity scale. Using PAF, and a critical cut-off of 0.700, four items were identified as meeting this criterion, as shown in Table 21.

Item	Wording	Factor loading
Respect 2	I am respectful of the other parent in front of our children	0.79
5 CITM 3	The children don't hesitate to talk about me in front of the other parent"	0.81
6 CITM 4	I ask our children to carry messages to the other parent	0.90
8 CITM 6	The other parent asks our children questions about me/my family that my child wishes they wouldn't ask	0.82

Table 21: Parenting capacity items for factor analysis

Overall, these 4 items have a correlation of 0.908 with the overall score, explaining 82.5% of the variance in the overall scale score, as indicated in Table 22Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.908[a]	.825	.825	1.25913
a. Predictors: (Constant), Respect/CITM Total Score				
b. Dependent Variable: Respect/CITM 4 items				

Table 22: Correlation model summary for Parental Capacity factor analysis where cut off is 0.699

Using a stricter measure of factor loading higher than 0.800, 3 items loaded strongly (Items 5, 6 and 8). This briefer measure had a correlation of 0.89, explaining 79.7% of variance in overall scale scores, as indicated in Table 23Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.893[a]	.797	.796	1.45
a. Predictors: (Constant), Respect/CITM Total Score				
b. Dependent Variable: Respect/CITM 3 item				

Table 23: Correlation model summary for Parental Capacity factor analysis where cut off is 0.800

Child health and wellbeing

Child wellbeing was rated using eight items, adapted from the LSSF. For these items, higher values indicating greater levels of concern around the child's wellbeing, so positive differences indicate improvement. This measure was not included at the post-intervention point, as it was not anticipated that child wellbeing would have shifted, but was asked at

baseline and follow-up. The overall scale showed deterioration from baseline to follow-up, as indicated in Table 24. For matched pairs, this change was statistically significant, as shown in Table 25. It is possible this deterioration represents increased insight into the impacts of parental conflict on children at follow-up.

Time	N	Mean	Std. Deviation
1	314	20.8400	4.84493
3	25	26.6146	5.11415

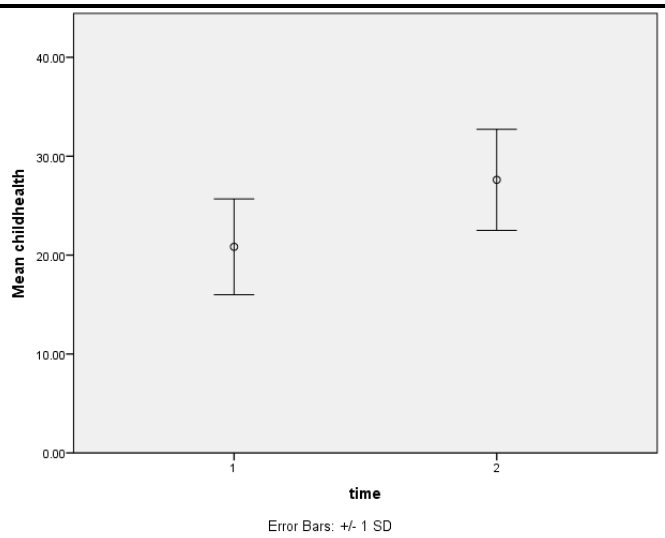


Table 24: Child wellbeing at two time points (not asked at post-intervention)

Estimates of Fixed Effects[a]							
Parameter	Estimate	Std. Error	df	T	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	27.135296	.293511	311.743	92.451	.000	26.557783	27.712808
a. Dependent Variable: Child health and wellbeing total.							

Table 25: Child health and wellbeing - estimate of fixed effects

Analysis of individual items using LMM between baseline and post-intervention for matched pairs of data (that is, the same individual at two time points) showed overall sensitivity to change, with significant change for three of eight items (Items 4, 5 and 7), as shown in Table 26 (2-tailed significance < 0.05).

Item #	Question	Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Dev'n	95% Confidence Interval of the Difference				
				Lower	Upper			

CHW 1	How would you say that the child is doing with his/her learning (or school work, academic achievement)	-0.32	2.01	-1.21	0.57	-0.74	21.0	0.47
CHW 2	Getting along with other children/people his/her own age	-0.16	1.75	-0.88	0.56	-0.46	24.0	0.65
CHW 3	Doing in most areas of his/her life?	-0.12	1.45	-0.72	0.48	-0.41	24.0	0.68
CHW 4	Would you say that the child Is a happy child/person	-1.92	0.93	-2.31	-1.52	-10.11	23.0	0.00
CHW 5	Is a confident child/person	-1.42	1.21	-1.93	-0.90	-5.72	23.0	0.00
CHW 6	Tends to get anxious or worried about things	-0.08	0.78	-0.41	0.24	-0.53	23.0	0.60

CHW 7	Behaves in a sensible or mature manner	-1.28	1.21	-1.78	-0.78	-5.30	24.0	0.00
CHW 8	Loses his/her temper	0.04	0.68	-0.24	0.32	0.30	24.0	0.77
Overall CHW		-5.84	6.55	-8.54	-3.14	-4.46	24.0	0.00

Table 26: Child wellbeing - individual items

Dimension reduction

When the Child Health and Wellbeing items were combined into an overall scale, five items were found to load strongly into factors based on a cut-off of 0.700, as indicated in Table 27.

Item	Wording	Factor loading
CHW 1	Compared with other children of the same age, how would you say the child is ... doing with his/her learning (or school work, academic achievement	0.80
CHW 2	Getting along with other children/people his/her own age	0.84
CHW 3	Doing in most areas of his/her life?	0.83
CHW 4	Compared with other children of the same age, how would you say the child ... is a happy child/person	0.77
CHW 5	Is a confident child/person	0.72

Table 27: Child health and wellbeing items for factor analysis

Overall, these five items have a correlation of 0.92 with the overall score, explaining 84.3% of the variance in the overall scale score, as indicated in Table 28Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.918[a]	.843	.843	1.60486
a. Predictors: (Constant), Child Health and Wellbeing Total Score				
b. Dependent Variable: CHW 5 items				

Table 28: Correlation model summary for Child Health and Wellbeing factor analysis where cut off is 0.700

Using the higher criterion of factor loading exceeding 0.80, two items were found to load strongly (Items 2 and 3), and these items had a correlation of .80 and explained 64.4% of variance in overall scale scores (Table 29).

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.803[a]	.644	.643	1.16964
a. Predictors: (Constant), Child Health and Wellbeing Total Score				
b. Dependent Variable: CHW 2 items				

Table 29: Correlation model summary for Child Health and Wellbeing factor analysis where cut off is 0.800

Family Safety

LSSF items

Participants rated their concerns about exposure to family violence, using seven items adapted from the LSSF, rated on a 5-point Likert scale. Higher values indicate greater concern, and so positive differences suggest improvement. The overall scale showed little movement between baseline and post-intervention but improvement at follow-up, as indicated in Table 30. This change was significant, as noted in Table 31.

Time	N	Mean	Std. Deviation
1	318	29.3522	6.71421
2	54	27.2963	5.72525
3	25	17.6400	2.81188

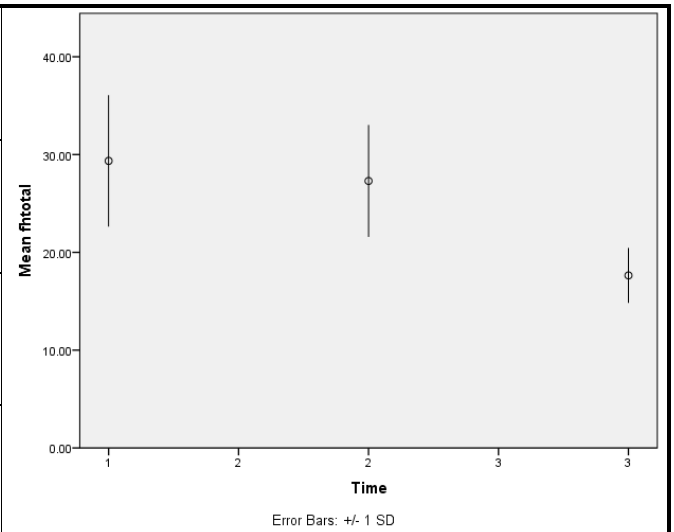


Table 30: Family safety over three time points

Estimates of Fixed Effects[a]							
Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	28.335109	.350909	299.938	80.748	.000	27.644554	29.025665

a. Dependent Variable: LSSF Family Safety Total.

Table 31: Family safety - estimate of fixed effects

Examining individual items (Table 32), most showed significant improvement between pre-intervention to post-intervention (2-tailed significance < 0.05), although it was noted that Item 6 ("My child/ren are concerned about my safety as a result of ongoing contact with the other parent") showed no change on average. It is possible the lack of change for this item represents remaining safety concerns based on past exposure, regardless of whether current safety has changed.

		Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Dev'n	95% Confidence Interval of the Difference				
				Lower	Upper			
Section E (Family Safety)								
LSSF 1	I am concerned about my safety as a result of ongoing contact with the other parent	-0.46	0.94	-0.73	-0.18	-3.31	45.00	0.00
LSSF 2	I am concerned about my child/ren's safety as a result of ongoing contact with the other parent.	-0.83	0.94	-1.19	-0.46	-4.54	45.00	0.00

LSSF 3	I am concerned about the safety of the other parent	2.72	1.24	2.20	3.24	10.62	42.00	0.00
LSSF 4	I am concerned about the safety of another person or animal from the other parent	1.55	1.68	0.71	2.38	3.73	43.00	0.00
LSSF 5	I am concerned about damage or destruction of property by the other parent	0.30	2.75	-0.02	0.62	1.91	49.00	0.06
LSSF 6	My child/ren are concerned about my safety as a result of ongoing contact with the other parent	0.00	1.11	-0.27	0.27	0.00	48.00	1.00

LSSF 7	My child/ren are concerned about their safety as a result of ongoing contact with the other parent	0.14	0.94	-0.14	0.43	1.00	48.00	0.32
LSSF items overall		4.23	1.00	1.91	6.55	3.6	50	0.001

Table 32: Family safety - individual items

Adapted/Constructed items

Participants also rated their children's exposure to violence, and their capacity to address concerns, in two adapted LSSF items and two constructed items as shown in Table 33. For Items 1 and 2, higher scores indicate greater danger, hence positive differences indicate improvement. For Items 3 and 4, the inverse is the case, with higher values showing greater ability to address concerns, so negative differences indicate improvement at the post-intervention time point. As can be seen in the Table below, significant positive improvement was seen for 3 of the 4 items (2 tailed significance < 0.05).

		Paired Differences				t	df	Sig. (2-tailed)
		Mean	Std. Deviation	95% Confidence Interval of the Difference				
				Lower	Upper			
FS 1	The child/ren has seen or heard the other parent threaten me with violence	0.45	1.42	0.06	0.85	2.32	52.00	0.02

FS 2	The child/ren has seen or heard the other parent try to assault me	0.55	1.34	0.18	0.92	2.98	52.00	0.00
FS 3	If there are safety concerns for me or the children, the current arrangement/agreement takes into account those adequately	-1.87	1.82	-2.41	-1.32	-6.89	44.00	0.00
FS 4	If there are safety concerns for me or the children, I have the resources and skills to manage the safety concerns.	0.36	1.79	-0.16	0.89	1.39	46.00	0.17

Table 33: Family danger and ability to respond - individual items

Dimension reduction

The family safety domain included 12 items (one of which Item 8 was qualitative and not included in this analysis). When combined into an overall scale, six items were found to load strongly into factors based on a cut-off of 0.70, as indicated in Table 34.

Item	Wording	Factor loading
LSSF4	I am concerned about the safety of another person or animal from the other parent	0.71
LSSF6	My child/ren are concerned about my safety as a result of ongoing contact with the other parent	0.71
LSSF7	My child/ren are concerned about their safety as a result of ongoing contact with the other parent	0.79
FS 1	The child/ren have seen or heard the other parent threaten me with violence	0.82
FS 2	The child/ren have seen or heard the other parent try to assault me	0.78

FS 4	If there are safety concerns for me or the children, I have the resources and skills to manage the safety concerns	0.75

Table 34: Family Safety items for factor analysis

Overall, these six items have a correlation of 0.943 with the overall score, explaining 89.0% of the variance in the overall scale score, as indicated in Table 35Table 6.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.943[a]	.890	.889	1.93614
a. Predictors: (Constant), Family Safety Total Score				
b. Dependent Variable: FS 6 items				

Table 35: Correlation model summary for Family Safety factor analysis where cut off is 0.699

Using a stricter measure of factor loading higher than 0.80, only one item loaded strongly (Item 9/FS 2 above), and this item had a correlation of 0.53 and explained 27.8% of the variance in the overall scale score, as indicated in Table 36.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.527[a]	.278	.276	1.00851
a. Predictors: (Constant), Family Safety Total Score				
b. Dependent Variable: FS 1 item				

Table 36: Correlation model summary for Family Safety factor analysis where cut off is 0.800

The extent to which parenting arrangements are sorted and satisfaction with arrangements

The extent to which parenting and financial arrangements are sorted and who in the family these are working well for were measured via five items for an overall satisfaction with arrangements measure, as indicated in Table 37 below. For this measure, higher scores indicate greater satisfaction, therefore negative differences indicate improvement at Post. LMM analysis for matched data pairs showed significant improvement from baseline to post for only one item (SA3: "The current parenting arrangements are working well for me"), while three others showed non-significant improvement. There was no overall significant movement for the items as a scale, as shown in Table 37 below, suggesting that this scale was not sensitive to change, at least within this timeframe.

Item	Question	Paired Differences			t	df	Sig. (2-

								tailed)
		Mean	Std. Dev'n	95% Confidence Interval of the Difference				
				Lower	Upper			
SA1	The extent to which our parenting arrangements are sorted out /working overall	-0.31	1.42	-0.70	0.09	-1.56	51.00	0.13
SA2	The extent to which our financial arrangements are sorted out/ working overall	-0.04	1.62	-0.52	0.44	-0.18	45.00	0.86
SA3	The current parenting arrangements are working well for me	-0.54	1.64	-1.01	-0.07	-2.32	49.00	0.02
SA4	The current parenting arrangements are working well for the other parent	0.04	1.37	-0.36	0.44	0.21	46.00	0.83
SA5	The current parenting arrangements are working well for the child/ren	-0.33	1.51	-0.77	0.10	-1.53	47.00	0.13
	Satisfaction with arrangements overall	-1.29	5.88	-2.93	0.35	-1.58	51.00	0.12

Table 37: Satisfaction with arrangements

When all responses were taken into account, satisfaction with arrangements did show improvement at post which was sustained at follow-up, as indicated in Table 38.

Satisfaction with arrangements

Time	N	Mean	Std. Deviation
1	326	13.1840	4.67167
2	53	15.9811	4.80180
3	25	15.4800	4.69148

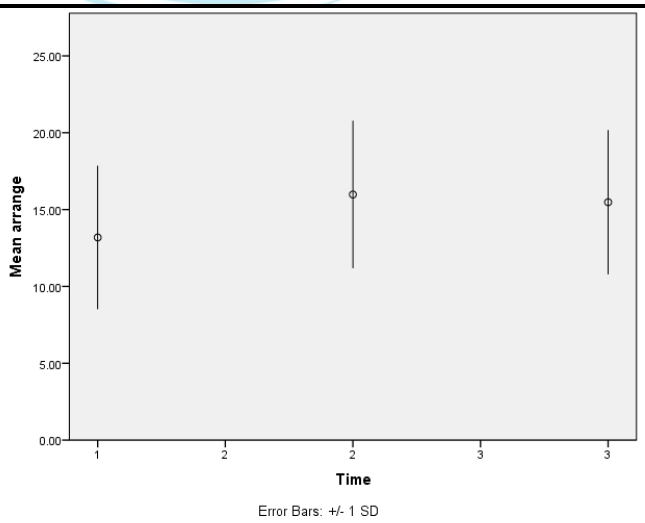


Table 38: Satisfaction with arrangements over three time points

Using matched pairs of data, this change from baseline to post and follow-up) was significant, as indicated in Table 39.

Estimates of Fixed Effects[a]							
Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	13.536460	.249545	320.706	54.245	.000	13.045509	14.027411
a. Dependent Variable: arrange.							

Table 39: Satisfaction with arrangements - LMM analysis

Satisfaction with service

As a process measure, respondents were asked at Post and Follow-up about their satisfaction with the service provided, in a series of 18 constructed items using a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=not sure, 4= agree, 5=strongly agree). The average scores post-intervention are provided in Table 40**Error! Reference source not found.** below. Overall, respondents indicated strong satisfaction with the service provided, with an average satisfaction rating overall of 4.28 of a possible 5, or 85.6%. The highest ratings were for Items 2 ("I felt heard by the practitioner/service and was treated with respect") and 8 ("Confidentiality was handled appropriately"), with the lowest average ratings for Items 7 ("We saved on legal fees and court costs as a result of participating in the service" and 17 ("I didn't have to compromise beyond what I felt was acceptable").

Descriptive Statistics – Satisfaction with service

Item	Question	N	Minimum	Maximum	Mean	Std. Deviation
SAT1	The program communicated with me and provided services in a timely manner	54.00	2.00	5.00	4.41	0.71
SAT 2	I felt heard by the practitioner/service and was treated with respect	54.00	2.00	5.00	4.63	0.62
SAT3	My needs were taken into account in processes (e.g. shuttle, culture/religion)	54.00	2.00	5.00	4.48	0.72
SAT 4	I gained more understanding of the child/ren's rights	54.00	1.00	5.00	4.09	0.98
SAT5	I gained more understanding of my responsibilities and those of the other parent	54.00	1.00	5.00	4.07	0.99
SAT6	I gained a more realistic idea of what to expect and what is possible in these circumstances	54.00	1.00	5.00	4.17	0.89
SAT7	We saved on legal fees and court costs as a result of participating in the service	54.00	1.00	5.00	3.96	1.26

SAT8	Confidentiality was handled appropriately	54.00	3.00	5.00	4.65	0.56
SAT9	I would use this service again to assist with future issues	54.00	1.00	5.00	4.43	0.92
SAT10	I would recommend this service to others	54.00	1.00	5.00	4.43	0.94
SAT11	The practitioner was impartial and/or neutral	54.00	2.00	5.00	4.54	0.72
SAT12	I had an adequate opportunity to put my side forward	53.00	2.00	5.00	4.47	0.82
SAT13	The other parent had an adequate opportunity to put their side forward	53.00	3.00	5.00	4.49	0.72
SAT14	The child/ren's needs were adequately considered in the process	53.00	1.00	5.00	4.32	0.89
SAT15	I felt I had a say in the decision-making	53.00	1.00	5.00	4.19	1.00
SAT16	I was able to negotiate without feeling coerced	53.00	1.00	5.00	4.17	1.03
SAT17	I didn't have to compromise beyond what I felt was acceptable	51.00	1.00	5.00	3.96	1.06
SAT18	The service was helpful to me	53.00	2.00	5.00	4.32	0.92

Sat Total		54.00	53.00	90.00	77.09	10.86

Table 40: Satisfaction with service: individual items

Summary Table of Client Survey Quantitative Results

(Note: n= 327 at baseline, 81 Post (54 matched to baseline) and 25 matched Follow-up surveys)

Domain	No. of items	Domain measure sensitive overall	Sensitive items	Sig. improve at Post	Sig. improve at F/up	No of items loading > 0.70	No of items loading > 0.80
1 Relationship with other parent	25 PAS + 4 Respect + 1 LSSF = 30 items	Overall PAS- highly sensitive to change Respect (4)	19 PAS items No individual respect items LSSF item	PAS overall and 19 items Respect overall (not individual items) LSSF item	PAS (although reduced from post level) Respect overall sustained LSSF sustained 50% of improvement gained at post	5 (0.83 correlation, 68% var)	1 (19% var)
2 Co-Parenting	6 CRS + 8 constructed + 2 adapted Respect + 7 CITM = 22	Overall showed sensitivity to change	All 6 CRS items No constructed items 1 Respect items 6 of 7 CITM items	Overall CRS/Constructed measure showed minimal improvement at Post Overall Respect/CITM measure showed significant improvement	Overall CRS/Constructed measure showed signif improvement at Follow-up	10 items (4 CRS and 6 constructed) (0.993 correlation, 98.7% var) 4 items (Respect /CITM)(0.908 correlation, 82.5% var)	4 items (1 CRS and 3 constructed) (correlation 0.91, 83% var) 3 items (Respect /CITM)(0.89 correlation, 79.7% var)

3 Child health and wellbeing	9 LSSF re one child only = 9	Yes	3 items	(Measured at baseline and follow-up only)	Overall signif *deterioration*	5 items (0.918 correlation, 84.3% var)	2 items (0.80 correlation, 64.4 % var)
4 Family safety	7 LSSF + 4 constructed= 11 items (+1 category item from LSSF)	Yes LSSF items overall	5 of 7 LSSF items 3 of 4 adapted/ Constructed =10 of 11 items	LSSF measure- no change at post 3 of 4 constructed items showed significant improvement	LSSF measure- significant improvement	Overall measure -6 items (3 LSSF, 2 adapted LSSF, 1 new item)(0.943 correlation, 89.0% var)	Overall measure- 1 adapted LSSF item (0.53 correlation, 27.8 var)
5 Parenting agreement	4 LSSF + 1 constructed= 5	Not overall in this timeframe		1 item only (not overall) Overall measure showed significant improvement at post	Overall showed some regression in improvement at follow-up but still significant improvement from baseline		
6 Service satisfaction	18 constructed items (+2 constructed qualitative items)			Overall mean satisfaction total of 4.28 (of possible 5) = 85.6%			
7 Service components undertaken	1 LSSF item and constructed items	N/A					

Qualitative analysis: Client feedback

Clients were offered the opportunity in both the post-FDR and Follow-up surveys to provide feedback in relation to their experiences of the FDR service. At the post-FDR session, 49 participants provided information as to what was most valuable about the service, with 16 participants also offering suggestions for improvement. The most commonly endorsed valuable aspects were:

- Support to negotiate and reach agreement (14)
- Able to reach agreement without children being involved (3)
- Able to discuss issues (11)
- A neutral space / third party who was not biased (10)
- Open communication (11)
- Of great benefit (10)
- Information and alignment about what best helps children / their needs (6)
- More positive about the future (4)
- Shift in understanding on the part of the other parent (3)
- Access to court (3)
- Clarity about rights / expectations / processes (3)
- More time with children (2)
- Other aspects endorsed by single respondents were: Improved ability to co-parent, increased stability for children, increased access to parents, ability to resolve complex issues, referrals, empowerment to protect themselves and children, individual time with the mediator and professional strong practitioners, ability to assess likelihood of proceeding to court.

Suggestions for improvement included:

- Shorter waiting times for initial and follow up appointments (6)
- Amenities and support at centre (child care, after hours appointments, coffee machine) (3)
- Compulsory mediation / more involvement from mediators / ability to enforce orders (3)
- Improvements to evaluation tool (shorter, and different timing) (2)
- Suggestions provided by single respondents included: less pressure to compromise, more funding, less time pressure, smoother links to other services including financial counselling, ensuring the same mediator throughout, more skill building in negotiation as part of the group session, interviews post mediation with individuals to provide genuine feedback and addressing systemic biases against fathers.

At the follow-up survey point, approximately 8 weeks following the first FDR session, 27

participants provided information about what they found most valuable, whilst 16 participants also offering suggestions for improvement. The most commonly endorsed valuable aspects were:

- That it was very beneficial (11)
- Increased knowledge / provision of information and advice (7)
- More information exchanged / increase in open communication between parents, ability to be assertive about needs (7)
- The support and skills of the staff (6)
- Prioritising the needs of the children (3)
- More time with children (2)
- Neutral third party (2)
- Helping parents move on (2)
- Other areas of value endorsed by single respondents included: a certificate and access to court, increased positivity about the future, able to avoid court and reduce impact on children and dealing with issues.

Suggestions for improvement included:

- Better explanations: confidentiality and its limits, why FDR may not be proceeding, purpose of the sessions (4)
- More power to mandate FDR, contact OP, get address (3)
- Changes to the evaluation survey (shorter, and clearer questions) (3)
- Too much time/power to OP (2)
- More sessions available (but not longer sessions) (2)
- Process issues (confirming address details, and providing a range of appointment times) (2)
- Suggestions provided by single respondents included: Reduced pressure to compromise, more promotion of the service and skills of the staff, a firmer hand when discussion goes "off-track", follow through on post FDR communications and more funding, particularly for child support and psychology support for children.

For more detailed information, refer to Appendix G.

Quantitative results: Staff surveys

In addition to client surveys, staff were asked to complete a survey which indicated what components of the FDR intervention had been delivered for each client and other client outcomes. In total, 170 staff surveys were provided, for 12 of the participating centres, as indicated in Figure 10. Respondents included 52% mothers, 43% fathers, and 5% other relationships, generally grandparents.

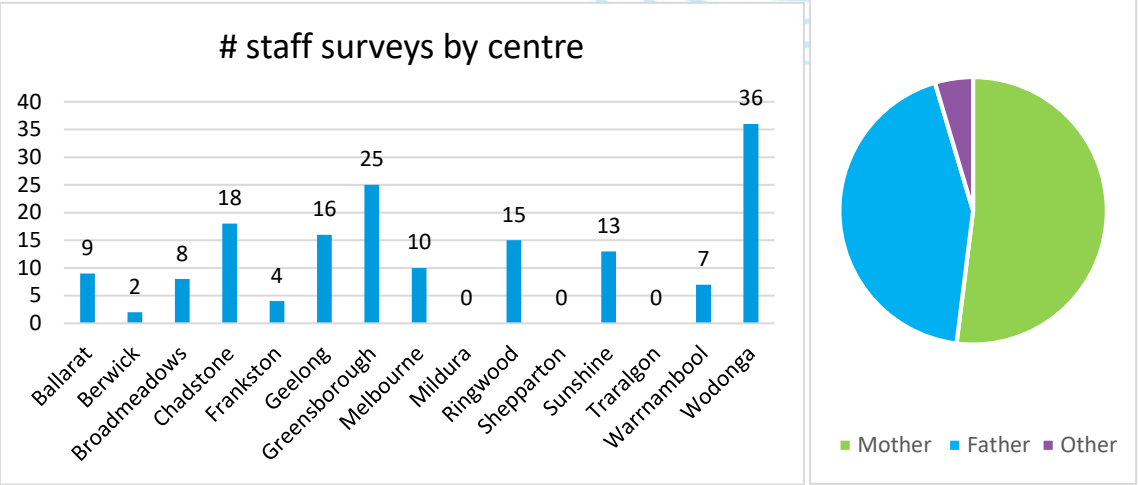


Figure 10: Staff surveys by centre and gender

FDR process outcomes

- Of 170 baseline surveys, 160 confirmed consent to participate in the research (94%), hence only these results are used.
- Of those consenting to participate in the evaluation, 60 clients (37.5%) attended a group information session, with 2% indicating that they had previously attended a session and it was not required with this process, and two having individual information sessions. The length of the session varied between 30 to 180 minutes, with an average length of 84 minutes.
- Individual assessment appointments were more common, with 116 clients attending (72.5%), and only one noted non-attendance. The length of the session ranged from 40 to 165 minutes, with an average duration of 77 minutes.
- Child consultant sessions were only recorded for one client, with 2 sessions provided, of 1 hour each, and a feedback session provided for the parents. It was noted that in general, CIP is more frequently used in non-FRC FDR services which account for around one third of FDR services delivered nationally.
- FDR sessions were provided for 54 of the recorded cases (33.7%), with a second FDR for 11 cases and a third FDR session in 3 cases.
- The most common process variation was shuttle FDR, used in 21% of cases. Legally assisted and interpreter supported FDR processes were used in 5% of cases.

Some cases had noted variations in FDR process as indicated below:

- Use of private or pre-FDR individual sessions (5 cases) to discuss FDR, work with pre-existing mental health concerns or clarify goals, given major differences between parental proposals
- No certificate as the parent has commenced court processes x2
- Process aborted due to high levels of client agitation and threats of harm from one party, hence case determined as inappropriate for mediation
- Use of child-inclusive practice

- Involvement of Roundtable Dispute Management service offered by Victorian Legal Aid
- Case transferred to different FDR service
- Post info session P1 withdrawal, agreed to supervised visits via Children's contact service
- Progress from shuttle to direct FDR during mediation
- Client "triggered" by survey, raised frustration with family court over 5 years
- Interim plan commenced. Couple remain living together. Intend to live separately in approx. 6 months. Will review plan then and put into place

Service/s the client was referred to by the FDR service

Practitioners were asked to record referrals made during the FDR service. Most common referrals targets were Lawyer, Individual Adult Counselling and Other, followed by family violence and mental health services, as noted in Figure 11.

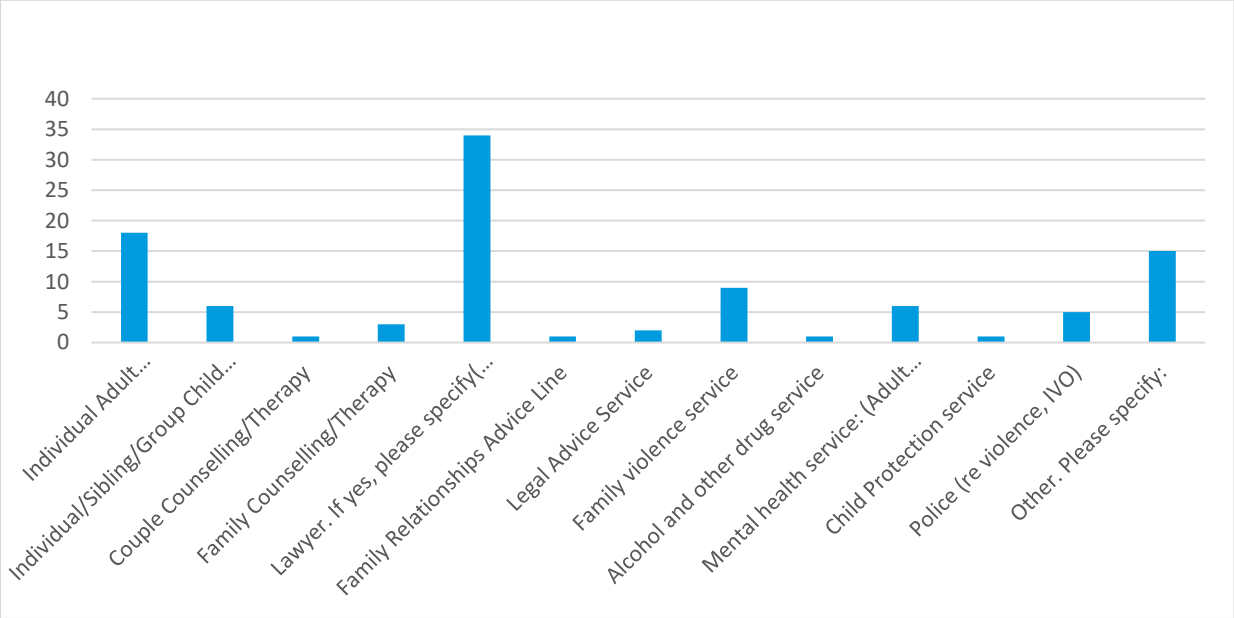


Figure 11: Referrals made by FDR services

For those referred to a Lawyer, types were as follows:

- Legal Aid - 7
- Community- 18
- Women's legal services - 6
- Private- 11

For those referred to a mental health service (Adult and/or Child), referrals were as follows:

- Adult -3
- Child -1

For those who indicated 'Other' referrals, this included:

- Family Safety Practitioner (2)
- Referral to police to monitor the father's threats to society
- Legally assisted mediation through VLA
- Financial counselling
- Women's centre for wellbeing
- Suicide Line
- Department of Education, child's school
- Parenting and legal information
- Children's contact service
- Child First

FDR client outcomes

Staff surveys indicated:

- S60(i) certificates were recorded as having been issued in 47 cases (29.3%), where this information was provided. It is noted that there is significant variation in processes around issuing certificates, with some centres providing certificates only on request, whilst others provide certificates even when FDR has been successful in resolving disputes.
- When asked about grounds for issuing certificates, most frequently certificates were issued under S60(i)C where parties had attended FDR and made a genuine effort to resolve the issue (51%), where at least one party did not attend FDR (29%), or where FDR was not considered appropriate (25%).

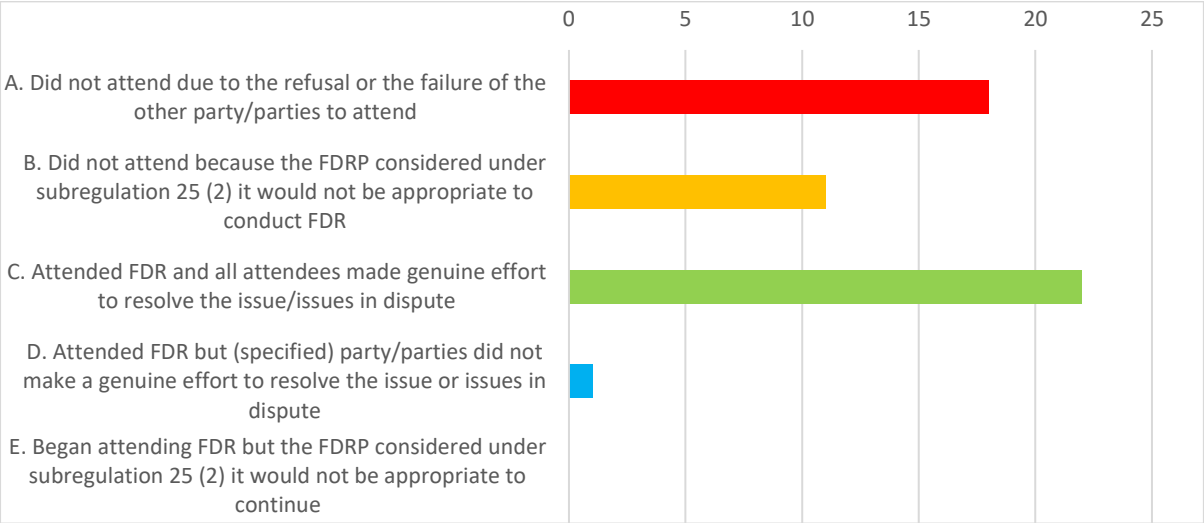


Figure 12: Grounds for issuing certificates

Please note: These figures should be interpreted with caution as there are variations in protocols around provision of certificates between centres. Some centres provide

certificates only when requested, whilst others issue certificates even when FDR has been successful in resolving issues. Section 60iC in particular is ambiguous as to whether the dispute itself was actually resolved, and whether parties have an active intention to proceed to court.

Nature and level of risk issues in family

Practitioners were asked to rate the presence of risk issues in the family at the post and follow up time points where possible. Whilst completion rates of these items were low, it was noted that high conflict between parents and emotional forms of family violence were the most common risk issues at both time points followed by significant power imbalance, which did reduce somewhat at follow-up.

Area of risk	POST			FOLLOW UP		
	Total rating	# ratings	Average rating	Total rating	# ratings	Average rating
High conflict between parents	90	56	1.61	33	22	1.50
Family violence – emotional	68	56	1.21	24	20	1.20
Significant power imbalance between parents	61	55	1.11	16	19	0.84
Parent mental health issue/illness	42	55	0.76	15	18	0.83
Financial hardship/stress	41	55	0.75	19	18	1.06
Minimisation of finances/income by parent	34	53	0.64	16	16	1.00
Avoidance of Child Support responsibility by parent	26	54	0.48	18	19	0.95
Significant loss/trauma in family	26	54	0.48	8	18	0.44

Parental problematic alcohol or other drug use	26	56	0.46	15	20	0.75
Child mental health issue/illness	22	54	0.41	11	19	0.58
Parental unemployment	21	55	0.38	11	18	0.61
Family violence – physical	20	56	0.36	12	20	0.60
Abuse/neglect of child/ren by parent	19	56	0.34	10	21	0.48
Child/physical health issue	14	54	0.26	6	18	0.33
Parent disability/physical health issue	9	55	0.16	5	18	0.28
Parental problematic gambling	9	55	0.16	11	19	0.58
High risk behaviours by child/young person in family	7	56	0.13	4	19	0.21

Qualitative results: Staff Feedback

Staff Focus Groups

Four Focus groups were held with FRC service staff involved in FDR evaluation processes:

- Ballarat (5th Sep) - 8 attendees
- Melbourne x 2 (7th and 13th Sep) – 9 + 11 attendees
- Webinar for Intake/Admin staff (20th Sep) - 8 attendees

A total of 36 staff attended, from a variety of roles including FDR Practitioners/Senior Practitioners, FDR Service Managers, Administration Coordinators and staff, and

Intake/Duty Staff. The focus groups provided opportunities to gather feedback in relation to the following areas:

- Key client outcome domain constructs
- their measurement (i.e. wording of client survey items)
- staff surveys
- process measurement
- evaluation processes
- resourcing required for evaluation
- support needed for future evaluations

FRC staff were invited to provide team responses to broader questions relating to FDR services and the Family Law (i.e. post-separation) service system, however despite expressed interest to do so, no team responses were received. Additional written feedback was provided by 4 centres (Ringwood, Geelong, Sunshine and Greensborough) regarding their experience of the evaluation, recommendations for items, and/or processes which assisted implementation. Further detail regarding these focus groups is provided in Appendix H, with examples of evaluation processes which assisted implementation provided in Appendix I.

Client outcome domains

Participants were asked to consider the wording of the seven key outcome domains, their conceptualisation and their measurement. Each domain is considered separately below.

Client outcome domain 1: Increased respect and cooperation and reduced conflict between parents/parties

Conceptually, there was agreement on this domain being a high priority. *Effective communication* and *the ability to cooperate* were felt to be important, as being in the children's interests and actively targeted in FDR interventions. Overall FDR practitioners felt that changes in intra-couple *respect* was not targeted in the FDR intervention, may not need to change and may be a longer-term change. If respect items were to be included, these should relate to the extent of respect as a parent, not as a person.

If parents communicate without conflict and achieve workable agreements, this is positive for the children and promotes effective co-parenting. It was suggested that this domain be re-titled **Improved communication and reduced conflict.** It was noted that reduction in *conflict* behaviour may be hard to measure after the first joint FDR session, but may be seen at follow-up, whilst *communication* would be likely to change in a shorter time-frame. Staff considered that *cooperation*, seen as the desire and/or ability to co-parent, was more related to the co-parenting domain.

In the trial, this domain was measured via the Parental Acrimony Scale (PAS), 4 respect items and the single LSSF item describing the relationship. Practitioners found the PAS to be repetitive, with some specific items potentially increasing acrimony or conflict. As indicated

above, intra-couple respect was not felt to be appropriate as a focal point, although respect for the role of the other parent *as a parent* might be relevant. Asking about the other parent's views was seen as not appropriate. The single item descriptor of the relationship was felt to be a good question, which provided helpful information about the dynamics of the relationship. It was noted a number of clients come to FDR to document their agreements and are not in high conflict, so many of the measured outcomes, including changes to cooperation would not be expected.

Alternative suggested items included:

How would you rate the current level of conflict between yourself and the other parent? (1-10, where 1 = no conflict, and 10 = extreme conflict)

How would you rate the impact of the conflict on your children? (1-10, where 1 = no impact, and 10 = very problematic)

What are the triggers for conflict?

Changeover arrangements	□	Finances	□
New partners	□	Children's wellbeing	□
Discipline	□	Children's routine	□
Other	□		

- The other parent and I can manage respectful communication
- Respect for the role of the other parent
- Do you think this person is a capable parent?
- Do you respect the child's right to have a relationship with the other parent? (the question as an intervention itself).

Client outcome domain 2: Increased parent capacity to focus on the interests of the child/ren and to work together effectively as co-parents

Feedback in relation to this domain was varied, with some considering this was the major focus of the intervention, whilst others felt that it was too subjective and difficult for parents to self-assess ("of course I'm focussed on the best interests of the child" or "I like to think I am"). This may be better assessed by the practitioner. There was feedback that changes in relation to parental capacity to focus on the best interests of the children can be rapid. Information session presentations of videos such as "Through the eyes of the child" and "Remember me" can trigger emotional responses and insight, which can drive rapid behavioural change (*"I just saw what I do and am going to stop that").* Some parents are able to alter their own behaviour, even where the other parent doesn't change, and others decide they can negotiate without FDR assistance. Overall it was considered that this domain could be effectively measured earlier, either after the information session or after the first joint FDR session.

It was noted that for other parties, further support is needed to shift parental capacity to focus on children's best interests, including referrals for individual counselling. There was discussion as to whether this domain should focus on individual parent capacities (which is not addressed specifically within FDR), or the *capacity to work together effectively as co-parents* (which is the focus of FDR). Whilst some services offer individual parenting capacity-building programs, this is not universal and cannot be assumed. It was also noted that both parents may have legitimate best interests and be insightful but have very different ideas about how to co-parent due to differences in parenting style and ideologies. Drawing on this discussion, it was proposed to alter the domain name to ***Increased cooperation to work together effectively as co-parents.***

Measurement of this domain included items from the Co-parenting Relationship Scale (CRS), two adapted Respect items, eight constructed items about parent understandings, and the Caught in the Middle scale (CitM). Whilst most parents are having regular contact with each other (e.g. at handovers), it was noted that items regarding exposure to conflict (e.g. CRS and Respect items) need to capture both overt conflict in front of children and covert conflict, which also impacts children, such as undermining the other parent or the children's contact with them. Practitioners also reported that the nuance of the adapted Respect items (regarding covert conflict in front of the children) was not picked up, and respondent parents found this repetitive. 'Carrying messages' is one example where semantics are important, for example "let the parent know" versus "tell the parent".

Parents were unable or unwilling to respond about the other parent ("can't answer for them" or "don't want to think about them"). Feedback indicated increased level of insight or reduced defensiveness resulting from the intervention may also appear as deterioration in outcomes. The preferred item here was *'I have a good understanding of the effect on children of seeing, hearing, or knowing about conflict between parents/parties'.* Practitioners felt that what needed to be captured was, *"Are the children feeling free to have a relationship with both parents?"*.

With regard to the CitM items, these were broadly accepted, particularly those items that relate to what the child is exposed to, and it was thought grouping items could help reduce the number of items. For example, *Use c. 'Our child/ren feel caught in the middle'* and give examples (*e.g. passing messages, probing the children, pressing the children about the other parent).*

Suggestions of alternative items, included:

- We do a good job of protecting our children from our conflict
- The children are able to speak their concerns to each parent
- The child/ren feel free to have a relationship with both parents
- *How often do you argue or say hurtful or nasty things to each other in front of the children?* (high conflict at one end, sarcastic comments in middle, 0= children see no visible conflicts/we are amicable in front of the children).

Client outcome domain 3: Increased child/ren's physical and emotional health and development

This domain elicited mixed feedback. Some respondents felt that the FDR intervention can have a rapid impact on child wellbeing in some cases. For example, for families in high conflict, if a parent is able to tell their child the separation or conflict is not their fault, or if both parents are able to attend a parent-teacher night or basketball game together, the child's wellbeing may improve quickly. Others felt that child wellbeing was outside the scope of the FDR intervention or a longer-term bi-product. It was noted that child wellbeing may result from parent behaviour changes, which may take longer to show effects. In particular where there is a history of trauma child wellbeing changes may be longer-term (e.g. 6-12 months) and attributable to additional interventions such as counselling.

> Some considered child *physical* health may be impacted by FDR. For example, if parents are better able to understand and meet their child's needs such as sleep routines, consistency with medication, physiotherapy exercises, consistent and regular diet etc., this can contribute to improved physical as well as emotional wellbeing. It was acknowledged psycho-somatic issues may reduce with reduced conflict and stress and increased emotional wellbeing. Others identified that a range of child health and wellbeing issues do not relate to separation and will not be affected by the FDR intervention (e.g. allergies, developmental issues, disabilities, adolescent behaviours, which may or may not relate to separation), and some parents may struggle to distinguish what is and is not related to separation.

Measurement was also problematic. It was felt difficult to measure this after 2-3 contacts with parents and no direct child contact. Whilst parents may initially not acknowledge/deny the impact of conflict on the children, if their awareness is raised, this may again appear as a deterioration via responses.

The questions asked parents to focus on one child, which was difficult for some parents to do, and questions did not relate well to infants. Overall, it was suggested that if retained, a child wellbeing measure should be more closely linked to the separation, and reduced in length.

There was discussion around the merits of measuring adult wellbeing. It was noted that provision of information and referrals (e.g. to counselling) was often critical for parent wellbeing, but the impacts may take longer to show effect. Whilst adult wellbeing is anticipated to flow on to child wellbeing, this was also likely to take time to show effect. Some considered adult wellbeing may be more suitable to measure as it is more proximal to the intervention, there is direct contact with adults, and there are suitable, population-wide, brief standardised measures (e.g. GHQ-12, K-10, DASS). Others indicated this may not be a desired outcome of FDR either and may not show at the end of an FDR session.

Suggested alternative items included:

- An overall health and wellbeing item regarding each child or items for each child in each area of wellbeing (i.e. educational, emotional/mental, physical, social) 1-10 (e.g. 10= very good)
- Since coming to FDR, have you seen any difference in the children? (e.g. more settled)

- (re timing, could ask this 6 months later)
- Is your parenting relationship impacting on the children's wellbeing?
- Are your children affected by your dispute with the other parent (not at all, a little, a lot)
- How are the child/ren coping/adjusting in relation to the separation/being part of a separated family (0-10 badly to well) (for each child).
- How is/are your child/ren coping with issues in dispute/post separation arrangements?

Specific suggestions for items were emailed by one practitioner from one centre, as follows:

How would you rate the following issues for your child at the moment? (additional scales if more than one child) e.g. from eldest - child 1, child 2, etc. (Scored on scale of 1-10)

Anxiety

1 2 3 4 5 6 7 8 9 10

Not an issue concerned Very

Anger issues

1 2 3 4 5 6 7 8 9 10

Not an issue concerned Very

Challenging behaviour

1 2 3 4 5 6 7 8 9 10

Not an issue concerned Very

School – social

1 2 3 4 5 6 7 8 9 10

Not an issue concerned Very

School – academic

1 2 3 4 5 6 7 8 9 10

Not an issue concerned Very

Client outcome domain 4: Increased family safety

Again, there was mixed feedback in relation to this domain. Some felt it was imperative to measure safety although the FDR intervention may not directly impact this. Staff reported that the FDR intervention provides information, assesses safety, involves safety planning, and makes referrals and notifications as required, but cannot directly impact compliance with these suggestions, referrals or agreements, or ensure safety outside the FDR service setting, especially where parents are agreeing to arrangements, or court orders require contact which is deemed unsafe. Internal Family Safety Practitioners were being trialled in some centres, however are not part of the typical FDR service at this time.

Participants indicated it is difficult to assess safety where there is no external or objective evidence as to whether concerns are genuine, and there can be challenge in differentiating malicious reports of safety concerns as opposed to genuine ones, particularly within an outcomes measure. Staff reported that many families are not suitable for FDR due to high conflict and safety issues and they are screened out from these services.

When considering measurement of safety as an outcome, there was discussion that items may not show change resulting from the FDR intervention, especially if there has been violence in the past, as concerns or worries are likely to remain even if there has been no further incidents. It was considered important to separate 'parent safety' from 'child safety'. For example, an Intervention Order (IVO) may keep a parent safe but the child may be still having contact with an unsafe parent. There was discussion around Child Protection notifications, which are not included but are anecdotally becoming more common. FDRPs only know if these have been made by others if parents or others tell them, within Assessment information.

When considering measurement of safety, it was considered that if asking about these concerns at Post or Follow-Up time-points by phone, additional responses from staff may be required. Staff also reported that some clients were emotionally impacted by these questions, with more numbers of items triggering greater distress. Items could take clients back or lead them to think about things they may not want to at the time.

There was also discussion about situations where parents are excluded from seeing their children, or anxious about children not being returned, which is not covered by current safety items. Overall, there was a preference for safety questions to be part of assessment, rather than outcomes measures. The domain was suggested to be reworded to: ***Increased ability to understand safety concerns and plan safe parenting arrangements.***

There was a view that parents can comment if they feel increased safety, but it was not useful to ask about past behaviours, as past behaviours cannot be changed. Overall, there was agreement that the last two items which related more directly to the FDR intervention were suitable (although some staff still queried whether they were a priority):

- If there are safety concerns for me or the children, the current/new arrangement/agreement takes into account those adequately

- If there are safety concerns for me or the children, I currently have the resources and skills to manage the safety concerns.

Suggestions regarding new items included the following:

- How confident do you feel that safe parenting arrangements can be negotiated and provided in the future? (1-10)
- I'm concerned about my present/current safety in relation to the other party (i.e. temporal element included)
- I'm concerned about the safety of my child/ren in relation to the other party
- How safe do you feel at handover/during contact with the other parent?
- Do you feel you are safe at handover with the other parent?
- Do you ever feel scared at handover?
- Did you feel safe in the FDR process? If not, why not? (as a service satisfaction item)

Specific suggestions for safety items were also provided (from the same practitioner noted in the above domain), as follows:

- Are you concerned for your own safety? Scale of 1-10

1 2 3 4 5 6 7 8 9 10

Not an issue Very concerned

- Are you concerned for your children's safety? Scale 1-10

1 2 3 4 5 6 7 8 9 10

Not an issue Very concerned

- Do you have adequate supports/resources to manage these concerns?

Yes □ No □ Unsure □

Client outcome domain 5: Increased parenting agreement and reduced dispute in the child/ren's interests

Whilst achievement of agreement was considered to be important, there was considerable discussion around nuances of wording. Achievement of agreement within an FDR session may not represent the ability to negotiate agreements in the future. For example, some parents who reach agreement within FDR may walk away and not be able to follow-through with the agreement, and ultimately go to court. Others who have not reached agreement within FDR may walk away and yet due to improved communication be able to negotiate and follow their own agreements and avoid court. Many parents who attend have lost their ability to work together and FDR encourages and teachers them to do that on their own.

Possible outcomes include those families that "disappear", where there is no agreement reached, but no court proceedings are issued, and one parent doesn't see the children. Other

outcomes include parents 'agree to disagree', for example, over matters such as routines being different in different homes. Imperfect agreements may be reached, and there are also potentially unsafe agreements made, with FDRPs having limited scope to influence these.

Sometimes due to the level of conflict, just sitting in the room together is a big step, and the first session can be working on the agenda. The value of discussion was noted, whether or not agreement is reached.

However, most staff indicated that achieving an agreement within FDR is one of the intended possible outputs, and these need to be 'workable'. Agreements are usually written on a whiteboard and printed off. Some services type up the notes and keep them on file or post them out. If signed and dated, these notes are considered to be *Parenting Plans* under the Act. FDR Practitioners may not be aware whether or not printed agreements are later signed and dated. Other agreements may be verbal, written, partial or interim.

There was discussion that outcomes relating to changes to the number or level of disputes would be suitable, with the option of a list of categories in dispute at baseline and post intervention. It was noted some issues in dispute at the outset are no longer relevant/applicable at post.

Overall, it was viewed items should capture *future capacity to resolve disputes independently*, which is a skill that FDR teaches and encourages. There was discussion over the interaction between this domain and Domain 1, which could also capture '**cooperation which increases parents' capacity to make agreements/resolve disputes in the future'**.

Overall, it was considered many of the items related to this domain in the client survey can be removed, as they provide context, but are not useful for outcome measurement (e.g. legal costs so far). In addition, several are already captured during assessment and reported in existing DEX systems (e.g. date of separation and referral source). It was suggested to retain an item regarding the extent to which parenting arrangements are sorted and/or whether they are working for the children, as the most important elements. It was suggested to omit the items regarding the extent to which financial arrangements are sorted and whether either party had tried to change the current arrangement. If retained, it was suggested that items about agreements and orders are asked in staff surveys as clients may not understand these questions, and they form part of assessment anyway.

Suggestions for wording of items:

- Increased ability/confidence in resolving future disputes and/or revising future parenting arrangements
- Reached agreement on the issues in dispute (i.e. verbal, written partial or interim)
- Have the numbers of disputes reduced?
- Is there more agreement or reduced dispute overall?
- Achievement of Parenting arrangements that address the children's best interests (as the hoped-for outcome rather than agreements)
    - Property settlement: yes □ no □ n/a □

- Are finances an ongoing cause of conflict between parents?
- Do you have a useful parenting agreement?
- Has your involvement with FRC/FDR prevented you from returning to court?
- Do you envisage you will be returning to court?
- Have you reduced your list of disputes or level of disputes on these issues as a result of coming to FRC/FDR?
- Have you increased parenting agreement/reduced parenting disputes in the children's interests as a result of coming to FRC/FDR?
- How likely are you to go to court within the next 3 months (or across 3 time-points)(1=very unlikely, 10= extremely likely to go)

Process outcome domains

Process outcome domain 1: Client satisfaction with their FDR service experience

It was agreed that client satisfaction was important to measure, but that around 12 items were not suitable and could be removed. There was discussion that clients may be unhappy with the outcome of FDR, while still being happy with the service received, and it was also noted that some clients may try to dominate sessions and need containment, which can impact their perceptions, for example regarding 'whether or not they felt listened to'.

Process outcome domain 2: FDR service components received by client

In addition to the variety of issues and complexity brought by clients, there is considerable variation in the 'usual' FDR service across centres, including the duration, order and number of sessions, fee structures, and approach to defining 'return' clients. Approaches to certificates also varied, with some only providing certificates when asked, and others providing certificates even when FDR was successful. Feedback indicated in every session, the focus is on working towards a workable plan with parents about the issues that have brought them to FDR.

Measurement of service components is currently captured through DEX reporting systems (e.g. referrals made, FDR sessions, certificates), as well as internal client management systems for some organisations. However, in order to monitor the nature and extent of interventions received by different clients, and evaluate what combination of services is required to achieve change, it will be necessary to find a way to record this information consistently, to allow for extraction and analysis.

It was noted that in some cases, there is significant additional time spent with one or more adult clients, for example during phone calls between sessions, and/or 'pre-mediation' sessions to help prepare parents for FDR, and that these conversations can assist change. Some centres acknowledge every phone call is an opportunity to impact clients. However, this additional time outside the standard FDR service components is not currently being captured for DEX reporting purposes. Some centres track time manually, or via case notes, and coding may vary. Given its significance in terms of resourcing and impact on outcomes,

time spent on individual clients could be captured more accurately to fully represent the intervention received.

Overall, focus group participants indicated they generally know when an FDR session is going to be the last for the case. If further sessions/ are booked, clients usually attend. In the case of review sessions, clients may withdraw if things are going well and they don't need to return.

Participants thought it was worth asking if clients had attended FDR before (e.g. "*Have you done FDR before?"),* although they noted some may say no although they had. Some thought it worthwhile to ask how many times they had attended FDR, or if more than once, or the years FDR was attended. In general, participants suggested to remove items asking about prior or current service use, and also item regarding the main method that helped them achieve their current arrangement.

Additional clarification in relation to the FDR interventions included:

- If one parent decides not to continue, the other has the option to go ahead with the process (i.e. the group) ("you're welcome to, but don't need to if not doing FDR") but most don't.
- FDRPs don't tell a party the reasons the other party is withdrawing (e.g. if one parent goes to the info session and thinks they can work it out from there).

One participant made the point that higher conflict families need more pre-mediation 'preparation' sessions prior to joint FDR. The main barrier to participating in these is time constraints**.** Things don't get less complicated over time for separated families, they can get more complicated e.g. when parents re-partner, there are step-children etc.

General feedback regarding Client Surveys

In addition to specific feedback in relation to outcome domains, concepts and measurement, there was general feedback offered in relation to the client surveys. This related to simplifying information sheets and instructions, standardising response sets, and improving formatting and layout, including use of colour coding. It was suggested by a couple of participants that one item per domain and a survey of 10 items or less would be more suitable as an outcome measure. Some items were found distressing for those who have experienced trauma, and in future, for efficiency, the survey should be designed to be completed independently in a waiting room, without the need for staff support.

Some centres reported negative feedback from clients around the length and complexity of the survey, which impacted return rates and continuation in the evaluation, and there were some questions that clients found difficult to answer. A 'Not applicable' response option (e.g. for grandparents) would be helpful. A shorter, more user-friendly survey would promote greater engagement. One service noted they received no negative feedback from clients and had no issues with the measure or processes, despite having a high CALD client group.

General feedback regarding Staff Survey

Overall, practitioners found the survey format confusing, and a poor fit with service processes, and instructions were not clear. They would prefer a more simplified form, without dates and initials, and if required, separate pages for different staff to complete. It was noted that much of this information is already collected for DEX reporting, and some aspects (e.g. parenting arrangements, agreements etc.) are better captured by staff than clients, to the best of their knowledge. A court case is unlikely to have taken place within eight weeks and this item should be removed. It was considered useful to capture reasons why cases did not proceed to FDR in addition.

Assessment of risk was a component of the staff surveys. However, as these are not asked at baseline, there is no comparison, and these items may not be raised after individual assessments, so it is hard to respond to these at Post and Follow-up, especially where there has been no intervening contact with clients (e.g. at Follow-up). These items are also not the target of the FDR intervention. There was discussion around the suitability of FDR Practitioners making risk judgements, which may impact their perceived neutrality. Whilst there are judgements made, these should be based on what they are told and observe (i.e. factual information) and it was preferred that items within the evaluation should not ask for subjective judgements and should be 'tick a box' rather than qualitative in nature. Potential areas for practitioner judgement included:

- Level of conflict
- Level of insight
- Ability to meet in the middle/negotiability (i.e. some parents are not able to shift in some areas)
- Willingness to negotiate within safe limits
- Parent capacity to be child-focussed
- Parent understanding of the child/ren's right to have a relationship with the other parent
- Parent capacity to reflect, empathise etc.
- Level of cooperation/politeness with staff/FDRPs
- Behaviour to other party/to staff are observable rather than guessing
- Level of power imbalance is observable when the pressure is on
- Can observe the attitude to the other party (e.g. acknowledging the other's point of view)

General comments about evaluation

There was concern about bias of the sample participating in this trial. In particular:

- High conflict/family violence/complex cases were harder to engage in the evaluation due to being distressed/overwhelmed, and were often selected out by intake staff
- The sample may include two extremes

- those invested in conflict who wish to see or portray the other parent negatively
- those with less conflict/more insight- how to distinguish?

- More Party 1 clients than Party 2 agreed to participate, which may reflect a more motivated client group
- CALD clients were excluded if their written English comprehension was poor.

There was also concern about the use of outcomes evaluation to justify service funding cuts.

Evaluation processes

Practitioners were asked about the evaluation processes. For engagement of clients in evaluation, it was important to 'sell' the evaluation well at the outset in Intake/Duty calls. Follow up with reminders (e.g. by SMS mobile texts) also assisted, and ideally in the future this would be embedded into FDR service processes. Most clients consented initially to participate in the survey, but there was a low translation to survey completion, particularly at Post and Follow-Up. Some clients found the length intimidating or questions confusing, whilst others were emotionally distressed and unable to commence or complete the survey. However other clients found it valuable, and some practitioners found value from the information prior to initial assessments. There were also systemic barriers to client participation in the evaluation, such as outreach cases, which impacted completion rates.

It was generally felt electronic links would be much easier for clients and services to administer. Emails addresses are currently collected by some services but not all. Providing time and a comfortable space/hot drink helped to settle clients, and it was easier where the first session was an individual appointment (rather than Information sessions). On arrival, clients could be offered a hot drink and asked to complete the survey.

For Pre/Baseline surveys, some services posted information and surveys out as an introduction. Some brought them completed (particularly if they had to wait 3-4 weeks for an appointment), while others forgot to bring them so hard copies needed to be available at reception on arrival. Barriers with posting surveys out included postage times and costs, and clients needing printers. Some clients arrived late, or were anxious and unable to complete the survey. Services differed in whether or not they required clients to complete surveys prior to their appointment even if they were running late.

For the post and follow-up surveys, there was significant decline in participation, particularly for those who did not proceed to FDR, but also others put off by the long Pre survey. Surveys generally took longer than 20 minutes to complete. Staff agreed that clients (and staff) are exhausted after a (2 hour) FDR session, and often emotional and not in a state to complete outcome measures. It was considered preferable to follow up with clients later, rather than asking them to complete the survey straight after the session, unless it is **very** brief. Immediately after the FDR session could also be complicated where it is necessary to stagger departure times (e.g. for parties with violence issues). It was also noted that changes may take 1-2 weeks to take effect. Overall, there was agreement that the post-intervention survey should be given within 1-2 weeks of session, or 3-4 weeks later to give

even more opportunity for change to take place (or to make their own agreements if not achieved within the session).

There was an idea that process outcomes regarding service satisfaction could be assessed at the end of the first joint FDR session. In relation to timing of the last FDR session, staff indicated that this is generally clear, and it would be preferable to complete the post-intervention survey at this point to reflect the full intervention, rather than specifying completion after a finite number of sessions. Practitioners noted that where clients request a further joint FDR session (i.e. to complete agreements), these sessions often take place within a 2-week timeframe and it is rare that clients cancel or fail to attend. Only occasionally a client won't return due to being upset. It is more common for a party/parties to say they won't return to the service, but then they do. Some parties reach agreements which they intend to trial, and a review session is planned in 3-6 months. Some of these cases withdraw as things are going well, and these sessions are harder to predict attendance.

It was suggested that a brief set of questions (e.g. 4 items) around understanding of the 'best interests of the children' could be administered after the information session. Other staff felt that more time is required to digest this information and change behaviours. It was generally agreed that the post-intervention survey could be after the last session (i.e. at case closure), but should be completed within 1-2 weeks of the session, rather than directly at the end of the session.

There was discussion about skipping the immediate post-intervention survey, or only measuring service satisfaction at this point, and using a delayed 3-month follow-up to determine outcomes. However, there was general agreement that there are both quick and longer-term changes, and therefore value in both the Post and Follow-Up surveys. However, to reduce client and staff burden, one may be preferred, and it was noted that follow-up at eight weeks was harder to obtain when clients had finished with the service.

In general, it was agreed that follow-up measurement should occur 2-3 months after the first joint FDR session (with a second FDR session most likely to have also occurred by then). If both post and follow-up measures are to be used, it was felt that the post should be administered in close proximity to the first FDR session.

To obtain follow-up measures, phone calls were the most successful method, with mailed surveys resulting in fewer returns. Whilst they are resource intensive, phone calls offer the opportunity to hear what the client thought of the service (e.g. even though the other party didn't attend/didn't shift- they got something out of the service/felt much better themselves), and to provide education and support including referrals for clients, including reaffirming that they can return if required and don't have to do the information session again etc.

Overall, an electronic survey link via emails or a Smart Phone App was considered likely to work reasonably well, given the pervasiveness of internet-enabled phones in the community/their client group. There was variation in available technology and internet coverage at centres, which could impact completion of surveys via tablet/iPad devices.

Some practitioners discussed the use of incentives, such as a monthly draw for a prize deemed valuable, or free legal consultation, but this could be problematic.

Overall, there was agreement that if the survey is VERY brief, clients are more able to complete the survey in the waiting room (even after first joint FDR session "*while I photocopy this for you*"). A brief survey would also facilitate easier capture of post-intervention data by phone, given the brevity of the call duration. If printed (paper form) copies are provided, SMS phone text reminders offered an efficient mechanism for follow up.

Administration of the survey implementation was managed in various ways. Having a dedicated staff member tracking survey completion and following up with staff assisted coordination and accountability. Tracking survey completion via spreadsheets and colour coding of evaluation clients on electronic diaries were effective for this trial. The evaluation data collection timelines were also challenging. From intake, it could typically take 3 weeks to secure an initial appointment, then up to 8-10 weeks to the first joint FDR session, and then 8 weeks to the follow-up time-point, resulting in a total timeframe of 5 months, hence many clients fell outside the evaluation timelines for this pilot. A longer timeframe is recommended for evaluation data collection in the future.

Resourcing and support for evaluation

It was noted that establishing evaluation processes and embedding them within service processes was time-consuming, but critical to success. Additional evaluation resourcing included:

- Extended Intake calls to discuss the evaluation (5-20 minutes)
- Additional processing after calls (estimated 5 minutes/client)
- Ongoing administrative tracking of surveys could take 1 hour per day, or ½ day per week.
- Time was not allocated to discuss survey responses with clients in session.

To meet these demands, student placements assisted in completing follow-up calls at some services, and one service specifically employed an administrator for 1 day/week to manage the evaluation. Use of trained volunteers was another option considered by services.

When considering future evaluation support, it was noted that this process required significant input from services to establish their own evaluation processes, and there was a large increase in required resources with minimal notice. Services require more support and training in managing this type of project, including ensuring accurate client, case and Party (1, 2 or 3) numbers are provide on surveys, to support matching of surveys for analysis, and systems to support tracking. It was noted that all staff needed to attend the training, which would ideally be delivered at each centre to support local tailing of processes, and repeat sessions offered for staff who commence later. Simpler access to instructions either online or via a Smart Phone App, and direct access to a forum for *Frequently Asked Questions* (FAQ) would have been helpful. It was also noted that direct communication by evaluators with staff would have been preferred, rather than through managers as information could be lost.

Where processes were changed during the project, this was disruptive and there was some remaining confusion about some elements, including whether post-intervention surveys were to be collected if a party withdraw before the FDR session.

Participants at focus groups were offered an opportunity to provide feedback about FDR interventions and the Family Law System more broadly, in relation to the effectiveness of the intervention and how it interacts with other elements of the system, drawing on themes from the discussions that occurred. Whilst there was interest in this idea, no formal responses were received in relation to this.

However, in discussions, it was noted that FDR was intended to reduce the demand to resolve disputes at court. Participants noted anecdotally, there is some evidence for reduced dispute/case lists at courts since FDR commenced. For example, it was understood Dandenong court case lists have reduced by 30-40%. There was also discussion that FDR may be creating a stream of people going to court, through requiring people go to FDR and issuing certificates, so families who may otherwise have not accessed court are channelled that way. It was noted that most services don't mention certificates and are not offering them unless asked for them. It was also considered important for services to 'reality check' with clients about wait times to attend court and costs, in order to manage expectations. It was considered helpful to review FDR agreements after a pre-determined period of time for some families. There was also some discussion about the role of legally –assisted or other forms of FDR or additional pre-mediation support sessions for families experiencing high conflict and/or violence, who might be otherwise be diverted directly to court where existing power imbalances can be replicated. It was agreed further consideration was needed in relation to FDR models and use of Certificates for these families.

Staff Online Survey

An opportunity was provided for staff through an online survey to give their say about the current evaluation of outcome measures and processes for FDR services in Australia. Detailed results are provided in Appendix J. A total of 24 respondents completed the survey from a total of 8 organisations: Wodonga (6); Frankston (4); Warrnambool (4); Berwick (4); Geelong (3); Ballarat (1); Broadmeadows (1); and Chadstone (1). The roles of respondents consisted of; FDR Practitioner (15), FDR Manager (2), Intake (4), Administration (2), Group facilitator (2), and Other (4). Three respondents held three roles of Administration, Intake, Group facilitator and/or FDRP. Nineteen respondents indicated they were not a 'Manager'. Three respondents indicated they were.

Thirteen respondents indicated their participation in the FDR outcome measurement development process, as follows (no. of respondents in brackets):

- Project Advisory Group (1)
- FRC Management Group (4)
- Workshop (Program Logic Development, Sept 2016)(0)
- FDR Practitioner Forum - Project presentation (Oct 2016)(6)

- Evaluation Training for staff (Jan 2017)(5)
- Staff feedback Focus Group (Sept 2017)(3)

Outcome domain suitability and wording

Respondents were asked their overall satisfaction with the wording and constructs of the seven outcome domains (0= unknown/not involved/not applicable, 1= not at all satisfied/inadequate, 10= extremely satisfied/extremely good). Overall satisfaction levels for each outcome domain were below five, indicating a lack of satisfaction and/or need for improvement. All domains show great variability however in perceptions of respondents regarding the suitability and wording of the seven domains. An example is provided in Figure 13, relating to client domain 1 which has a mean of 4.38, range of 0-9 and mode (most common response) of 5:

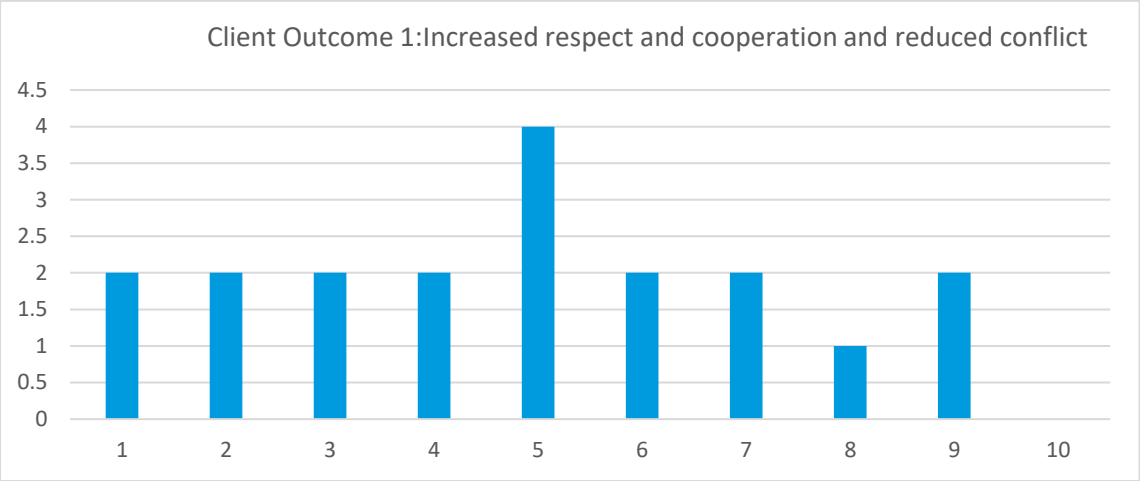


Figure 13: Practitioner satisfaction with Client Outcome Domain 1

Graphs for all seven domains are provided in Appendix J.

Respondents were asked for suggestions to improve constructs or wording and these included:

- Client domain 1 is better without the word 'respect'
- Client domain 3 should use the term *wellbeing* as it is *broader*
- Client domain 5 could be broadened to include extended family members.

Client Survey satisfaction and priority of domains

Respondents were asked overall how satisfied they were with the client surveys (0= don't know/not involved, 1= not at all satisfied, 10= extremely satisfied). Twenty-one respondents indicated a range of satisfaction from 0 to 10, with a mean of 4.10 and mode (most common response) of 1. Six respondents provided a score of 1 indicating they were *not at all satisfied* with the client surveys.

To inform reducing the client survey length, respondents were asked to rank order the client survey outcome domains from 1 (most important to retain) to 6 (least important to retain). As process domain 2 (FDR service components experienced) is required by an evaluation to understand the interventions associated with any resulting outcomes seen, it was not included for ranking. A summary of the responses for each domain is provided in Figure 14.

(Note: Ranked 1 = the number of respondents ranking this domain as most important; Ranked 6 = the number of respondents rank ordering this domain as least important).

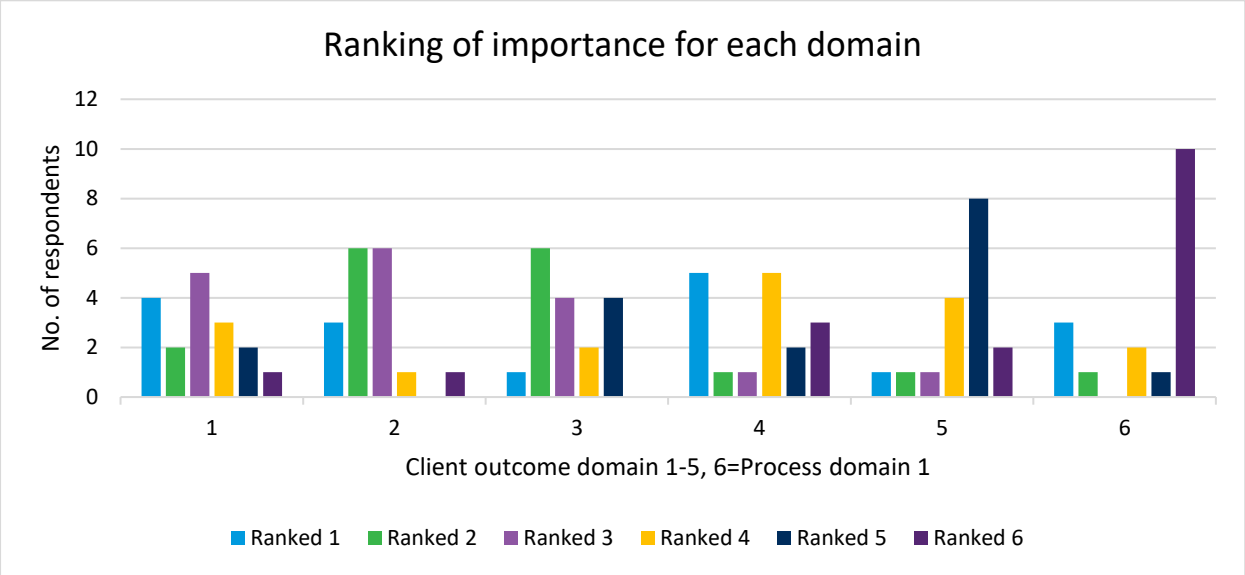


Figure 14: Ranking of importance of Client Outcome Domains 1-5, Process domain 1

There was substantial variability in responses for each domain, with all ranging from most to least important. Overall, 5 respondents indicated Client Domain 4 (Family Safety) was the highest priority domain, whilst 10 indicated Process Domain 1 (Service Satisfaction) was the lowest priority, with Client Domain 5 (agreements) also considered a low priority. Full details are provided in Appendix J.

Respondents were asked for any further comments in relation to the client surveys and/or specific items. Themes of responses are provided below (with number of respondents provided in brackets).

- Length of survey is too long and or questions are repetitive (8)
- Questions evoke negative responses and/or responses impacted by client emotionality (3)
- Timing of post surveys after FDR sessions affected response levels (3)
- Language and literacy skills need to be considered (2)
- Double-up with intake/assessment information (1)
- Most questions useful, relevant/well framed (2).

Examples of feedback are provided below.

- Many questions evoke negative responses from clients which actually hamper the FDR process
- A simpler quicker format, be client focused, and shorten time spent on answering questions to increase participation and engagement
- Quickly answered, engaging, meaningful, non-repetitive questions
- Too lengthy, use of language in the survey - consider client group with more limited educational backgrounds, timing of completing a survey after FDR is not ideal. Electronic format might overcome some of this, but if literacy levels are low and anxiety levels are high, it will be difficult to administer to the most vulnerable parents
- I think that these surveys could be an important opportunity for parents to reflect more thoughtfully and specifically about the conflict to which their children may be exposed.
- When reading/filling out the surveys I felt most questions were relative and well framed, however there were some that were ambiguous and some that were too subjective.

Staff Survey satisfaction and suggestions

Respondents were asked their overall satisfaction with the staff survey (not withstanding most of the content of the staff survey would be captured within their existing electronic client data bases) (0 = don't know/not involved, 1 = not at all satisfied, 10 = extremely satisfied). Eighteen respondents indicated a range of satisfaction from 0 to 8, with a mean of 2.87 and mode/s (most common response/s) of 0 and 4. Of note, a majority of respondents gave a score in the range 1-4 (n = 11) indicating lack of satisfaction. Four respondents gave a score of 0 (i.e. not involved in its completion).

Respondents were asked for suggestions as to how the staff survey may be reduced/simplified, with reference to specific sections or items where relevant. Seven respondents provided responses. Examples of feedback are provided below.

- As indicated a targeted outcome measurement with no more than 10 questions. Questions need to be sensitive of the process that is being undertaken. There was very little consultation with FDR staff prior to implementation and most comments were actually ignored.
- Did not use the survey, but looks ok to me - very thorough
- Not enough clarity. Format made it difficult to find question and information required. Too many entries required meant there were many points at which it could be missed. Much of this info could be gained from data collection (e.g., CMS)
- 6 time points to be required to fill in data was excessive

These suggestions provide clear feedback to reduce the length and simplify the format, which is consistent with feedback provided in Staff Focus Groups. Additionally, feedback points to the need for a greater level of direct practitioner consultation in the development of measures and direct communication with service staff and practitioners during evaluation implementation.

Evaluation Process satisfaction and suggestions

Respondents were asked their overall satisfaction with evaluation processes (as outlined in Staff Instructions) (0 = don't know/not involved, 1 = not at all satisfied, 10 = extremely satisfied).

Eighteen respondents indicated a range of satisfaction from 0 to 9, with a mean of 3.67 and mode (most common response) of 1. Of note, a majority of respondents gave a score in the range 1-4 (*n* = 9). Two respondents gave a score of 0 (don't know). Overall, this indicates quite low satisfaction with the evaluation processes, as shown in Figure 15. There was variability in overall satisfaction with evaluation processes, including six indicating reasonably high satisfaction (6 or more), while overall, more respondents indicated a lack of satisfaction, and for a number, a very low level of satisfaction. This may be seen to be consistent with feedback in Focus Groups if in relation to lack of satisfaction with the timing of the Post survey being straight after the first joint FDR session.

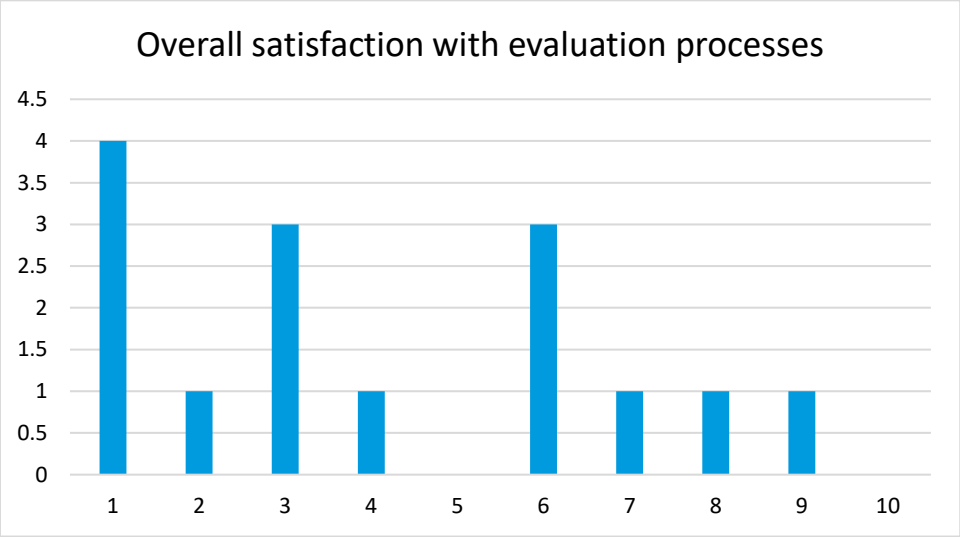


Figure 15: Overall satisfaction with evaluation processes

Respondents were asked suggestions about timing of a Post Client Survey, with examples given (e.g. within a week of the first joint FDR session, at the end of the FDR case according to the practitioner and/or approximately 1,2 or 3 months after the first FDR session). They were also asked to comment on whether both a post and follow up survey is suitable, or whether one single post survey was more suitable.

Twelve varied responses were provided, summarised below.

- 9 respondents indicated a single post measure time-point was suitable
- 3 respondents indicated two post/follow-up time-points were suitable

Examples of specific feedback are provided below.

Single time-point examples:

- One month after the first FDR session. Clients did not respond well to completing the survey 8 weeks after the FDR.

- A single post survey and approx. 2 months after FDR so that it has had time to work
- at the completion of the session
- 3 to 6 months from case closure or final FDR session by telephone
- A single post survey two to three months later when parents have had time to process the outcome of their FDR service experience - whether it be a Parenting Plan, Certificate or another outcome.

Two time-point examples:

- Within a week of first joint FDR session. It wasn't an issue to hand over surveys at the end of the mediation but within 1 week would be good. A follow up survey in 2 months would be good to see agreements are being followed.
- It would be good to have the initial survey at the end of the FDR case and then a follow up one 3 months later, but to have different questions addressed in each.

Overall, feedback is mixed, as it was within staff focus groups. Here there was a tendency for preference for one Post time-point only, presumably to reduce burden on clients and services. A range of timelines were suggested for this single time-point, from at the end of the first joint FDR session or within one week of this, at the time of case closure (i.e. Parenting Plan achieved, Certificate issued or other outcome), or 1-6 months after the first joint FDR session or the FDR case closure. There was an overall weighting towards 1-2 months after an intervention (whether it be the first joint FDR session or the completion of the FDR case), for changes to be seen. One respondent noted clients did not respond well to completing a survey 8 weeks after FDR completion and this was consistent with staff focus groups which noted it was harder to connect with clients for follow-up once they finished with the service and particularly as more time elapsed since their involvement.

Surprisingly, no respondents directly criticised the post survey being completely at the end of the first joint FDR session, which had been conveyed during staff focus groups. Two respondents suggested completion of the post survey at the end of the first joint FDR session or within one week.

Methods for survey completion

Respondents were asked to comment on the most effective mechanism to administer a client survey (e.g. in person, by email, by phone or in any other way). Seventeen responses were received, with responses summarised as follows:

- 8 –phone
- 3 - email/text/iPad/online
- 6 - 'in person'/ 'personal'
- 4 - a mixture of methods available with clients being able to choose/practitioner matching client preference.
- 1 - uncertain (didn't do enough to know)

Three suggested in person for the baseline or Pre-survey and phone calls for post/follow-up surveys, as was used in the current trial. One noted email, text and/or tablet (e.g. Ipad)

methods were preferred as paper-based forms do not work, whilst one noted that their service does not currently collect email addresses in regular practice. In relation to the baseline or Pre-survey, one response noted clients were not in a great place to complete surveys when they came in, and another, that it is not always practical to do this in person. One noted the benefit of phone follow-up method being able to provide support/referrals if required. The need for a personal and/or in person approach, and options of methods for client preference/matching were noted by several respondents.

Examples of specific feedback are provided below.

- clients came in and were not in a great place to be filling out survey questions, perhaps phone calls would be better
- By phone seems to be the most effective; can provide supports/referrals if need be
- Online or by 'phone
- Pre-survey is best done in person, when the client is coming to the centre anyway, however, it is not always practical to do the other surveys in person
- All should be available and clients indicate preference
- Depends on the personal style of each individual

Overall, feedback indicates that personal and/or phone approaches were preferred by respondents. This does note discount using electronic survey formats where practical for clients and services. Feedback also indicates the need for flexibility and options being available such as emailing of electronic links and posting of paper-form surveys, based on client preferences and/or needs. There is also the clear need for availability of staff support with client survey completion where indicated, and also staff monitoring and response to client indicated needs and risks in their survey responses.

Suggestions for addressing barriers to client participation in evaluation

Respondents were asked how their service addressed barriers and maximised client continued participation in the evaluation (e.g. survey length, not bringing completed Consent Form and Pre-Surveys to first sessions, emotional distress due to survey content or FDR sessions, delays or reluctance to participate in FDR especially after first joint FDR sessions). Thirteen responses were received. Five respondents outlined key barriers only, six outlined key strategies which assisted only, and two outlined both key barriers and strategies. Response themes are provided below (with number of respondents in brackets).

Key or common barriers to evaluation participation included:

- Length and comprehension of survey (e.g. for those with difficulty understanding English) contributed to low participation levels (4)
- Clients saying they had posted the survey back but it not being received (1)
- Clients not bringing completed pre-survey (1)
- Client disengaged from the evaluation after the FDR session completed (1)

- Client emotional distress impacted on survey completion (1)
- There was little the staff/service could do to address barriers (3).

Key strategies or solutions used to address barriers to participation included:

- Follow-up phone calls (by FDRP, Duty worker) improved participation (5)
- Support offered/provided to complete survey in person or via phone calls (2)
- Providing contact information regarding practitioner and/or senior staff member (2)
- Offered incentives (e.g. free FDR sessions) (1)
- Private comfortable space to complete (1)
- Clients given option of posting completed survey back or completing by phone (1)
- Clients provided with stamped self-addressed envelope to post back surveys (1)
- Advice or referral for counselling if required for any issues (1)
- Paper versions of consent forms and pre-surveys available on arrival for information session rather than rely on them bring completed copy (1)
- Employed one person one day a week to do this work (1)

Overall, it appears phone follow-up calls (repeated) was most used to assist post and follow-up survey completion, and offers of support with completion. Other strategies included a comfortable space to complete the survey while at the service, being given options for completing by phone or on paper (and posting back), and having paper surveys available on arrival at first session. Incentives for completion such as free FDR session and possibly further information and referral, appear to have been trialled. One service found employment of one person responsible for survey completion assisted, presumably in relation to follow-up phone calls and tracking survey completion.

Evaluation resourcing needs

Respondents were invited to comment on resources required to undertake an FDR evaluation and strategies to minimise resourcing burdens. Fourteen respondents provided comments regarding resourcing required to implement the evaluation and strategies to manage/reduce resourcing needs. Key themes are provided below (with number of respondents in brackets).

Key resourcing issues noted included:

- Administration or other designated staff to track and coordinate evaluation tasks using a spreadsheet and to keep staff accountable (rather than practitioners tracking this) (3)
- One person designated to do all follow-up with clients (3)
- Time needs to be allocated for practitioners to complete evaluation tasks (including helping clients with survey completion) (an additional 30-45 minutes per session) (2)
- Overall, a resource-heavy exercise/requires additional resourcing (2)

- With the survey in its current form, staff do not have time to respond to all identified needs identified (1)

Strategies to reduce resourcing required included:

- Non-paper-based process (i.e. online survey) and more suitable/less comprehensive survey (4)
- Designate 1-2 staff to support clients to complete surveys/take responsibility/provide consistency (3)
- Phone calls by research team (with consent) rather than service (1)
- Surveys completed as part of intake process (although they may not be fully supported) (1)
- Trained volunteers or students to complete post/follow-up surveys with clients (1)
- Clear roles for staff to monitor and implement. Keep staff accountable (1)

Client feedback regarding the evaluation

Respondents were asked about any positive or negative feedback they received from clients about the evaluation. Twelve responses were received in relation to positive feedback from clients. Eight indicated '*no*' positive feedback was received (one indicated "*no, but didn't do many*"). Four indicated positive comments regarding the evaluation had been received by clients. Comments regarding positive feedback from clients are provided below:

- Many clients mentioned they were pleased to be offered an opportunity to contribute to the improvement of this important family service.
- Had one very positive feedback from a client but the FDR they participated in was low level conflict
- Happy to help improve services.
- Several clients were happy to give their positive feedback about the service they received which (with their permission) was shared with staff. Great to hear good news!

Twelve responses commented on whether negative feedback was received from clients, with nine outlining negative comments, and three indicating no negative comments were received (one of these referring to no complaints being received at the FRC Manager level). Of the nine comments referring to negative experiences, one referred to clients not responding to messages left to complete Post surveys, and four referred to more than one issue. Key issues reported as problematic for clients included the following (with number of respondents raising this issue in brackets):

- Survey too long, arduous/difficult, repetitive (including regarding English literacy) (6)
- Questions evoked past difficult feelings/difficult to complete due to emotional state confronting (3)
- Distracted from the FDR process (1)
- Couldn't answer items on behalf of other party (1)

Any other key challenges or negative impacts for clients, staff or the service.

Respondents were asked about any other key challenges or negative impacts of the evaluation on service-users, staff or the service. Eight responses were received. Negative impacts for Service Users related to concerns about the length and complexity of the client survey, for example: *Whilst the premise of the survey is to be applauded it proved too time consuming, it was too detailed and required too heavy a commitment to clients.*

Comments regarding negative impacts for staff/the service reiterated concerns about the process being too complicated and the length of time involved for all, and the challenge chasing documents from clients. Additionally, it was noted: *the process was too complicated. There wasn't adequate resources to manage it, or a consistent tool to track it.*

Satisfaction with and suggestions for consultation, communication and support regarding evaluation development and implementation

Respondents were asked to indicate their overall satisfaction with the communication and support provided for the evaluation implementation (0 = don't know/not involved, 1 = not at all satisfied, 10 = extremely satisfied). Fourteen responses were received with a mean of 4.5, a range of 0 to 10, and most common responses (modes) being 1,2,4,7,8, and 10. Responses are summarised in Figure 16, and show great variation in perceived satisfaction with the communication and support provided in relation to evaluation implementation. It is noted that communication and support with implementation may refer to that provided by CFRE, or by individual services.

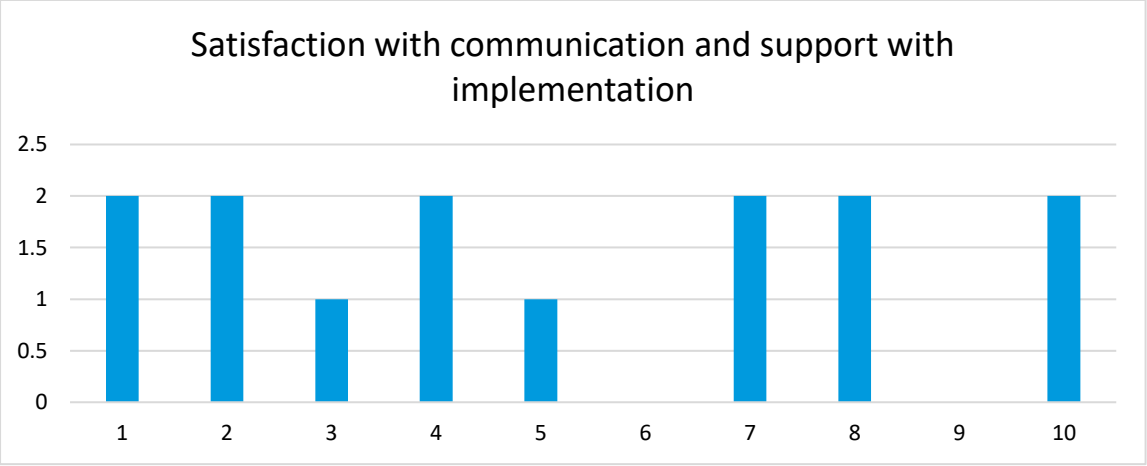


Figure 16: Satisfaction with communication and support for evaluation

Respondents were asked their overall satisfaction with the evaluation development processes, consultation, communication and support provided by CFRE to FDR services during this project (0 = don't know/not involved, 1 = not at all satisfied, 10 = extremely

satisfied). Only five responses were received (1, 2, 5, 7, 10; mean=5; range=1-10) and again show a wide range of views.

Respondents were asked for suggestions regarding future consultation, training, communication or implementation support for FDR evaluations. Four responses were received with suggestions summarised as follows:

- The need for greater consultation with FDR staff in relation to the actual survey to be used
- The need for greater evidence of feedback being taken on board
- Adequate resourcing to manage the evaluation
- A consistent tool to track evaluation task completion
- Increased establishment phase in services to support processes being developed and implemented and to assist positive staff attitudes to the evaluation
- Onsite training for all relevant staff to allow for tailoring of processes to different service models.

Discussion

Summary of project activities and outputs

This 17-month project (July 2016-November 2017) entailed a comprehensive range of consultation methods to develop an FDR outcome measure and processes for trial with 14 Victorian FRC FDR services. A Project Advisory group with AGD, DSS and VPFRC representatives participated in regular phone meetings to guide all stages of the project, including final decision-making regarding measures, items and processes for trial, and monitoring and managing evaluation implementation issues. Consultation with FRC Managers and FDR practitioners was undertaken via online survey and face-to-face workshop to consolidate Program Logic, client and process outcome domains and their conceptualisations, and key FDR service and evaluation processes to inform the evaluation framework and tool development. CFRE staff attended two FDR practitioner forums and several FRC Manager's Group meetings to update on project activities and gain feedback along the way.

A systematic international literature review identified relevant outcomes evaluation methods and measures for consideration. Interviews were conducted with academics with expertise regarding issues, pathways and outcomes relating to the Australian Family Law system, and post–separation family and relationship support system and services, regarding key issues to consider regarding FDR outcomes evaluation. Recent Australian Family Law sector reviews were also perused regarding implications for FDR service delivery and outcome measurement going forward.

Following Program Logic consolidation, existing standardised measures were reviewed and new items constructed to measure the domains identified. Measures and items and evaluation documents (including Client Information Sheets and Consent Forms, Client and Staff Surveys, Staff Instructions and an overarching Evaluation Framework document) were

finalised with the Advisory Group. These were submitted to the Deakin University HREC for approval, which was obtained in mid-December 2016. With the Christmas holiday period intervening, four evaluation implementation training sessions for FDR service staff were scheduled for late January 2017. Data collection commenced in February 2017 for nine months, ceasing in September 2017. Evaluation monitoring and support took place via the Advisory Group and FRC Manager's Group, and included emails from CFRE for dissemination to all relevant staff to clarify or refine key processes. One service provided written feedback 3 months into the evaluation regarding challenges, benefits and solutions regarding evaluation implementation.

Towards the end of the data collection period, four FDR service staff focus groups (36 staff) and an online survey (24 respondents) were undertaken to obtain comprehensive staff feedback from all participating services in relation to the outcomes measures and evaluation processes. Data from client and staff surveys was analysed via quantitative and qualitative methods. Findings were contrasted with other qualitative data collected via staff feedback forums. While qualitative feedback from staff via focus groups and online survey was largely consistent, there was significant variation between individual views, particularly regarding item wording and client outcome measurement time-points. Further, while quantitative data analyses was informative and promising, these results were in contrast to staff feedback in some areas.

Quantitative analyses provided evidence of the suitability of specific measures and items for use in an FDR outcomes measure. This was established through factor analysis to identify cohesive factors, and linear mixed methods analysis to determine sensitivity to change across the time-period of the FDR intervention. These analyses provided relatively clear directions for dimension reduction to a much briefer outcomes measurement tool, whilst maintaining statistical robustness. Statistical analyses regarding the reliability and sensitivity of measures and items should not be the basis of outcome measurement development alone, however, as validity of wording and constructs is of equal importance.

Qualitative staff feedback from focus groups and online survey responses gave guidance on wording of items considered problematic (or suitable) in terms of client experiences, and item face validity in representing intended issues or constructs. Alternative new items were suggested to better capture intended constructs, with staff providing feedback before quantitative analysis results were available. Staff feedback was largely consistent between online surveys and staff focus groups, and confirmed that the seven outcome domains selected were still largely relevant and were the priorities for outcomes measurement, while wording and constructs could be refined.

Quantitative analyses and staff feedback processes resulted in differing recommendations about measures and items to be kept or discarded. The CFRE project team endeavoured to integrate feedback from quantitative analyses and staff feedback (including alternative wording of new items) into a re-drafted brief FDR outcomes measure tool for further feedback.

A draft project report and the re-drafted brief FDR outcomes measure tool were disseminated to the Project Advisory Group and FDR staff via FRC managers for feedback, which has been incorporated into this final report. An additional sector consultation opportunity was provided at the Family Relationship Services Australia (FRSA) Conference Family Law Workshop in November 2017. CFRE staff presented on project processes and findings to around sixty attendees from across the national Family Law Services sector, and sought feedback on the re-drafted brief FDR outcomes measure and time-points for client survey administration.

The re-drafted FDR outcomes measure

The re-drafted FDR outcome domains and their objectives are as follows:

- Client outcome domain 1: Relationship with other parent: Improved communication and reduced conflict;
- Client outcome domain 2: Co-Parenting: Increased cooperation to work together effectively as co-parents and parent capacity to focus on the children's best interests;
- Client outcome domain 3: Child health and wellbeing: Increased child wellbeing in relation to the separation;
- Client outcome domain 4: Family Safety: Increased family safety;
- Client outcome domain 5: Satisfaction with parenting arrangements: Increased cooperation which increases parents' capacity to make agreements/resolve disputes in the future;
- Process outcome domain 1: Satisfaction with service;
- Process outcome domain 2: Participation in FDR service components- DEX reporting.

Staff feedback consistently highlighted the need for a more consistent format and response set of items, which has been incorporated in the re-drafted measure. For each domain, qualitative and quantitative results were considered to inform decisions in regard to retained items for the draft measure, as noted below.

Client outcome domain 1: Relationship with other parent/party

This domain was initially intended to measure respect, cooperation and conflict between separated parents or parties. Staff feedback clarified 'respect' was not a priority target for change and 'communication' would be more suitable as a short-term change target, and conflict behaviours, which may take longer to change. The term 'cooperation' was seen to sit more suitably within client domain 2: Co-parenting. In relation to specific items, staff indicated some items of the PAS were problematic (potentially increasing acrimony) and also repetitive. The single LSSF item was acknowledged to be useful to distinguish the nature of the relationship between parties, including identifying key cohorts of families with high conflict and family violence, and potentially monitoring long-term changes, according to large-scale Australian studies.

Quantitative analyses indicated the 25-item Parental Acrimony Scale (PAS) worked well statistically overall and for 19 individual items, and an abbreviated version comprising five items would be suitable. Two of these five items were problematic for staff (asking about other parent /children's wishes/feelings), and a further two were largely repetitive with the single LSSF item (i.e. "feel hostile towards the other parent", "a friendly separation/divorce"). The remaining item was not specified as problematic (or useful) by staff ("do you and the other parent disagree in front of the children"), so this was retained for the re-drafted measure. Three further items showing good sensitivity to change and being either endorsed or not identified as problematic by staff, and being seeing as useful constructs by CFRE staff, were selected to combine with the single LSSF item to form a 5-item measure recommended for this domain.

1. How would you describe your current relationship with the other parent? (Please tick one)(LSSF)

- ☐ Don't Know
- ☐ Friend
- ☐ Cooperative
- ☐ Distant
- ☐ Lots of conflict
- ☐ Fearful
- ☐ Can't say

	Almost Never	Some of the time	*	Much of the time	Almost always
Is the parenting time schedule a problem between you and the other parent (PAS)	1	2	3	4	5
Is the other parent a good parent (PAS)	1	2	3	4	5
Do you and the other parent disagree in front of the children (PAS)	1	2	3	4	5
Are pick-ups and drop-offs of the children between you and the other parent a difficult time (PAS)	1	2	3	4	5

Client outcome domain 2: Co-Parenting

This domain was initially intended to measure capacity to focus on the best interests of the children and to work together effectively as co-parents. Staff provided mixed feedback in relation to this domain. Some considered capacity to focus on the best interests of the

children an important focus for intervention and measurement, while others considered parenting capacity was highly subjective and difficult for parents to assess in themselves and in the other parent. Some staff considered the domain is seeking to ascertain that children 'feel free to have a relationship with both parents'.

It was able to be clarified and some consensus reached, that this domain should measure capacity of parents to work together cooperatively (in the children's best interests), rather than capacity of individual parents to focus on the children's best interests, and that the wording of the domain should be altered to reflect this.

In relation to measurement, staff noted clients' assessment of their own parenting could vary from underestimating to overestimating their capacity to parent in the children's best interests and their perception of their own capacities may reduce with increased insight rather than increase, at least for a period. Clients were also generally not comfortable to report in relation to the other parent's capacity to focus on the children's best interests. Staff items needed to cover children's exposure to 'covert' as well as 'overt' conflict between their parents.

Some referred to the rapid changes which can occur in parents, for example, as a result of participation in the psycho-education session, whereby they are able to better understand and address the needs of children post-separation and reduce children's exposure to parental conflict. Others referred to the time it takes for some parents to gain this insight and change behaviours, and that additional interventions such as individual adult counselling may be required to assist this.

Items from the Co-parenting Relationship Scale (CRS) and Caught in the middle Scale (CitM), used to measure this domain, were largely acceptable to staff, with the exceptions outlined above such as assessing own or other parent's parenting capacities, and there were concerns about the repetitiveness of the items.

Quantitative analyses indicated all six CRS items and six of the seven CitM items showed sensitivity to change and a shorter number (0.700=10 from combined CRS/constructed items and 4 from combined Respect and CITM items; 0.800=4 from combined CRS/constructed items and 3 from combined Respect/CITM items) were suitably predictive of the overall measure. The eight constructed items were found to be not sensitive to change. One of the two adapted Respect items ("I am respectful of the other parent in front of our children") was sensitive to change. The qualitative and quantitative results were combined to form a 7-item measure comprising three items from the CRS, one adapted Respect item and three CitM item.

Co-Parenting	Never	Rarely	Sometimes	Often	Very often
How often do you argue about your relationship or marital issues unrelated to your child/ren, in the child's presence? (CRS)	1	2	3	4	5

	How often do one or both of you say cruel or hurtful things to each other in front of the child/ren?" (CRS)	1	2	3	4	5
	How often do yell at each other within earshot of the child/ren? (CRS)	1	2	3	4	5
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
	I am respectful of the other parent in front of our children (Adapted Respect item)	1	2	3	4	5
	Our child/ren feel caught in the middle (CITM)	1	2	3	4	5
	Our child/ren don't hesitate to talk about the other parent in front of me (CITM)	1	2	3	4	5
	I ask our children to carry messages to the other parent (CITM)	1	2	3	4	5

Client outcome domain 3: Child health and wellbeing

This domain was initially intended to measure child/ren's physical and emotional health and development. Staff provided mixed feedback in relation to this domain. One staff member indicated preference for term child *wellbeing*. Some considered the FDR intervention can have a rapid impact on child wellbeing in some cases, while others thought child wellbeing was outside the scope of the

FDR intervention and may result from parent behaviour changes which may take longer to show effects. Particularly where there is a history of trauma changes may be more attributable to additional interventions such as counselling. It was noted some child physical health issues may be impacted by FDR while others do not relate to separation and will not be affected by the FDR intervention.

Measurement of child health and wellbeing based on 2-3 contacts with parents and no direct child contact was considered problematic. It was also noted parents may initially not be aware of or acknowledge the impact of conflict on the children, and if their awareness is raised during the intervention, this may appear as a deterioration. The questions asked parents to focus on one child, which was reported as difficult for parents, and questions did not relate well to infants. Overall, it was suggested that if retained, a child health and wellbeing measure should cover all children, be more closely linked to the separation, and reduced in length. Alternative items were provided.

Some staff considered adult wellbeing may be more suitable to measure as it is more proximal to the intervention, there is direct contact with adults, and there are suitable, population-wide, brief standardised measures. Others indicated this may not be a desired

outcome of FDR, may not show at the end of an FDR session, and may require additional interventions such as counselling.

The child health and wellbeing measure comprised eight items adapted from the LSSF and was not included at the post time-point, only at the follow-up time-point, on the basis child wellbeing would take longer to show. Quantitative analyses showed the overall measure and also three individual items were sensitive to change, and five or even two items would be largely representative of the measure. Significant deterioration in child wellbeing was found across time from baseline to follow-up. Reasons for this are unclear but may relate to increased insight and awareness resulting in lower wellbeing scores at that time.

To take into account staff feedback, the domain title was changed to *Child health and wellbeing*, and two new suggested items were selected to relate child health and wellbeing closely to the separation and to incorporate all children in the items rather than asking parents to select one child only. These two new items are yet to be trialled.

Child health and wellbeing	Not at all	Only a little	Some-what	Quite a lot	A great deal
Does your parenting relationship impact on the children's wellbeing? (untested item)	1	2	3	4	5
	Very poorly	Poorly	OK	Well	Very well
How well are your children adjusting /coping with the separation? (untested item)	1	2	3	4	5

Client outcome domain 4: Family safety

This domain was intended to measure changes to child and parent safety in relation to the other parent/party. Staff provided mixed feedback in relation to this domain. Some felt it was imperative to measure safety although the FDR intervention may not directly impact this. Some indicated it is difficult to assess safety where there is no external or objective evidence as to whether stated concerns are genuine, and there can be challenge in differentiating malicious reports of safety concerns within an outcomes measure. Some reported that many families are deemed not suitable for FDR due to high conflict and safety issues and are screened out. There was discussion that items may not show change resulting from the FDR intervention, especially if there has been violence in the past, as

concerns or worries are likely to remain even if there has been no further incidents. It was considered important to separate 'parent safety' from 'child safety'.

It was noted that asking about these issues at post and follow-up time-points was problematic as additional staff responses would be required. There was some concern that the nature of the questions provoked emotional or trauma reactions in some people, being taken back or made to think about things they may not want to at the time. There was discussion about situations where parents are excluded from seeing their children, or anxious about children not being returned, which is not covered by current safety items. There was a sense that parents can comment if they perceive increased safety, but it was not useful to ask about past behaviours, as past behaviours cannot be changed. Overall, there was agreement that the last two items which related more directly to the FDR intervention were suitable (although some staff still queried whether they were a priority).

Overall, there was a preference for safety questions to be part of assessment, rather than outcomes measures. Suggestions were made to reword the objective relating to this domain ("Increased ability to understand safety concerns and plan safe parenting arrangements") and a number of alternative items were provided.

Quantitative analyses indicated eight items of 11 (including five of seven from LSSF and three of the four adapted/constructed items) showed individual sensitivity to change and six were found to suitably represent the overall measure (3 LSSF and three of the four adapted/constructed items). Analyses further showed the LSSF items together showed significant improvement at follow-up, with five of seven individual items showing significant improvement between pre and post intervention time-points. The first three of the four adapted/constructed items showed significant improvements from baseline to post, and the fourth item showed non-significant deterioration.

Based on feedback from staff regarding specific items they endorsed and quantitative analyses re sensitivity of individual items, a decision was made to include two of the LSSF items and two of the adapted/constructed items in the recommended outcome measure.

Family Safety	Not at all				Very much
I am concerned about my safety as a result of ongoing contact with the other parent (LSSF)	1	2	3	4	5
I am concerned about my child/ren's safety as a result of ongoing contact with the other parent. (LSSF)	1	2	3	4	5
If there are safety concerns for me or the children, the current arrangement/agreement takes into account those adequately (constructed item)	1	2	3	4	5

	If there are safety concerns for me or the children, I have the resources and skills to manage the safety concerns. (constructed item)	1	2	3	4	5

Client outcome domain 5: Satisfaction with Parenting Arrangements

This domain was initially intended to measure increased parenting agreement and reduced dispute in the child/ren's interests. Staff indicated that achievement of agreement was an important outcome to retain, while there was considerable discussion around definitional nuances, in particular the need to take into account increased future capacity to develop parenting agreements together. Some parents who reach agreement within FDR may walk away and not be able to follow-through with the agreement, and ultimately go to court. Others who have not reached agreement within FDR may walk away and yet due to improved communication be able to subsequently negotiate and follow their own agreements and avoid court. This measure was therefore seen to need to capture the *future capacity to resolve disputes independently*, a skill that FDR teaches and encourages.

Other nuances were also noted. Agreements are usually written up on a whiteboard, printed off and given other, other times it is typed and posted out. If signed and dated agreements are considered to be *Parenting Plans* under the Act, however it was noted FDR Practitioners may not be aware if the printed agreements are later signed and dated. Agreements may also be verbal, partial, interim or full. There was discussion that outcomes relating to changes to the number or level of disputes would be suitable, with the option of a list of categories in dispute at baseline and post intervention, while it was noted some are no longer relevant/applicable at post.

There was discussion over the overlap between this domain and Domain 1, and staff noted this agreements domain could be worded 'cooperation which increases parents' capacity to make agreements/resolve disputes in the future'. Many of the items in this domain in the client survey were able to be removed as they provide context (e.g. legal costs) but are not useful for outcome measurement, and several items were already being captured during assessment and reported in existing DSS DEX client data systems.

Staff recommended to omit the (constructed) item referring to financial arrangements as this can trigger emotional reactions and conflict and is not directly relevant to parenting arrangements most common to FDR services. Staff also wished to omit the (LSSF) item seeking perception as to how the parenting arrangements are working for the other parent although they were comfortable that the (LSSF) items asking how the parenting arrangements are working for themselves (client) and the children were suitable, and in particular the one referring to the children.

Staff suggested to retain a sense of the extent to which arrangements are sorted (LSSF item), and whether they are working for the children (LSSF item), as the most important elements. Staff provided a number of new alternative items.

Quantitative analyses indicated only one of five items showed sensitivity to change ("the current parenting arrangements are working well for me").

On the basis of staff feedback combined with quantitative analyses, three items were retained for the recommended outcome measure and one new one added to capture parental capacity to resolve parenting disputes in the future.

Satisfaction with parenting arrangements	Not at all				Very much
The extent to which our parenting arrangements are sorted out /working overall (LSSF)	1	2	3	4	5
The current parenting arrangements are working well for me (LSSF)	1	2	3	4	5
The current parenting arrangements are working well for the child/ren (LSSF)	1	2	3	4	5
I feel confident that we can resolve our parenting disputes in the future (untested)	1	2	3	4	5

Process outcome domain 1: Client satisfaction with service

Staff indicated client satisfaction was important to measure, but some items were not suitable and could be removed. There was discussion that clients may be unhappy with the outcome of FDR, while still being happy with the service received.

It was recognised there is considerable variation in the 'usual' FDR service across centres, including the number, duration, and order of sessions, fee structures, and approach to defining 'return' clients. However, feedback indicated in every session, the focus is on working towards a workable plan with parents about the issues that have brought them to FDR.

Many of the components within this domain are already captured through DEX reporting systems (e.g. referrals made, FDR sessions provided, certificates). Reasons clients did not proceed to FDR was thought to be useful to collect. It was noted that in some cases, there is significant additional time spent with one or more adult clients, for example during phone calls between sessions, and/or 'pre-mediation' sessions to help prepare parents for FDR, and that these conversations can assist change and could be recorded as process outcomes.

Service satisfaction items were completed at Post and Follow-Up time-points, and not at baseline when clients had not yet experienced the service. Staff were relatively clear about which items were not suitable and which items were the best. Their feedback combined with the quantitative results resulted in four items being retained for the recommended outcome measure, with very slight amendments in line with staff feedback.

Satisfaction with service	Not at all				Very much

	My needs were taken into account in processes (e.g. shuttle, culture/religion)(constructed)	1	2	3	4	5
	I would use this service again to assist with future issues (constructed)	1	2	3	4	5
	The child/ren's needs were adequately considered in the process (constructed)	1	2	3	4	5
	The service helped with the concerns I had (constructed)	1	2	3	4	5

Process outcome domain 2: Participation in FDR service components

Staff were asked to complete a survey which indicated all FDR service components each client had participated in. In addition to the variety of issues and complexity brought by clients, there is considerable variation in the 'usual' FDR service across centres, including the number, duration and order of sessions, fee structures, and approach to defining 'return' clients. Approaches to certificates varied, with some only providing certificates when asked, and others providing certificates even when FDR was successful.

Staff feedback indicated in every session, the focus is on working towards a workable plan with parents about the issues that have brought them to FDR. For measurement of this domain, many of the components are already captured through DEX reporting systems (e.g. referrals made, FDR sessions, certificates).

It was noted that in some cases, there is significant additional time spent with one or more adult clients, for example during phone calls between sessions, and/or 'pre-mediation' sessions to help prepare parents for FDR, and that these conversations can assist change. Some centres acknowledge every phone call is an opportunity to impact clients. However, this additional time outside the standard FDR service components is not currently being captured for DEX reporting purposes. Some centres track time manually, or via case-notes, and coding may vary. Given its significance in terms of resourcing and impact on outcomes, time spent on individual clients could be captured more accurately to fully represent the intervention received.

Overall, participants indicated they generally know when an FDR session is going to be the last for the case. If further sessions/ are booked, clients usually attend. In the case of review sessions, clients may withdraw if things are going well and they don't need to return.

Participants thought it was worth asking if clients had attended FDR before (e.g. "*Have you done FDR before?"),* although they noted some may say no although they had. In general, participants suggested to remove items asking about prior or current service use, and also item regarding the main method that helped them achieve their current arrangement.

Advisory Group feedback highlighted the issue of under-reporting by services of what support is provided, for example which components are provided. This is an issue which needs further emphasis within FDR staff evaluation training forums.

The project has highlighted the need to incorporate process outcomes regarding the characteristics of the family attending for FDR, or the cohort the family may sit within, so that evaluation is able to report on *who* is receiving *what* service components and seeing what outcomes. The single LSSF item seeking the nature of the relationship with the other parent/party is useful to distinguish if a family sits within the cohort of families with friendly /cooperative, high conflict and/or fear/family violence dynamics. Additional information regarding risk issues presenting in families will also be important. This process outcome may be able to show for example, that friendly or cooperative families benefit/achieve outcomes from the standard (or even online or digital) FDR services, whereas other families with more complex issues need a greater 'dose' of intervention to achieve positive outcomes.

DEX data sets and outcomes measurement

Data Exchange (DEX) is an electronic client data reporting system for Australian Government funded services, including FDR services. There is a small data set of mandatory priority requirements that all service providers are to report to DSS via DEX, and there is a voluntary extended data set relating to outcomes which services are able to opt to share with DSS via DEX, in exchange for meaningful reports to help inform service delivery (the Partnership Approach).

Current DEX reporting categories were perused in relation to future FDR outcomes evaluation, specifically regarding any additional data which should be collected from FDR staff or clients during outcomes evaluation processes, to be able to relate key characteristics of each client/family receiving services, and key service components received by each client/family, with their respective client outcomes. For example, it is possible that parents with high conflict or fearful (i.e. family violence) relationships post-separation require a different type or 'dose' of service to achieve specific FDR outcomes such as increased cooperation or parenting agreements. So, for FDR outcomes evaluation it appears important to be able to capture *process outcomes* of key individual or family characteristics, and key service components received, as well as the *client outcomes* achieved. These process outcomes of individual or family characteristics and service components received may also be thought of as mediating or moderating variables which impact on outcomes achieved.

For future FDR outcomes evaluation, DEX data recorded for an individual client will be able to be integrated with their outcomes data via translation of their individual outcomes data into the DEX outcomes SCORE, as outlined below.

Current data collected by FDR services for DEX

DEX is hosted by DSS and their *Data Exchange Protocols* (2017) document provides operational guidance for services regarding data definitions and requirements, including strict privacy and consent protocols. Organisations commonly have their own client data management systems which relate to DEX and enable system-to-system transfer of data and which may be used to store and manage additional client data for the organisation's own

purposes. Service providers may alternatively enter client data on DEX either through the web-based portal or bulk uploading of files.

Priority data sets include information about client details and demographics, session details and consent to participate in research. Client details and demographic information includes: given (first) and family names; date of birth; gender; residential address; Indigenous status; culturally and linguistically diverse (CALD) indicators of country of birth and main language spoken at home; self-identified disability, impairment or condition (intellectual/learning, psychiatric, sensory/speech, physical/diverse). Priority information regarding session details includes: session date; service types (the main focus for the session); clients in attendance (or an aggregate number for group sessions).

Within DSS's Data Exchange Protocols (2017), *Service Type Matrices* outline service types applicable to each program area. Service types relevant to FDR are provided in Figure 17:

Program activity	Intake / assessment	Information / advice /	Education and Skills	Child / Youth focussed	Counselling	Dispute Resolution	Supervised change-	Advocacy / Support	Records search	Community Capacity	Outreach	Family Capacity Building	Facilitate Employment	Mentoring / Peer	Governance	Community Engagement	Service System
Family Dispute Resolution	Y	Y	Y	Y	N	Y	N	Y	N	N	Y	N	N	N	N	N	N

Figure 17: FDR Service types

Definitions of these service types are provided in Table 41.

Service Type	Example of service type use within this program activity
Intake and Assessment	Assessing a client in an initial session to determine needs, undertaking screening and risk assessment.
Information / Advice / Referral	Provision of referrals to another Family Law Service or other relevant Commonwealth or State family service.
Education and Skills training	Workshops and training to educate separating families about post separation parenting, conflict, dispute resolution and communication skills, and improving post-separation relationships.

Service Type	Example of service type use within this program activity
Child / Youth focussed groups	Group work to assist the children and youths of separating parents.
Dispute Resolution	Services helping parents affected by separation relationship issues sort out their disputes with each other especially post separation arrangements for children. May include financial arrangements or a child inclusive practice session.
Advocacy / Support	Advocating on a client's behalf to an entity such as a government body, or where support to the client was given in a particular circumstance such as a court appearance or to prepare court documents such as reports or responding to subpoenas.
Outreach	Sessions delivered away from an outlet such as a park, a client's home or other alternative venue.

Table 41: Definitions of DEX Service types

The Partnership Approach extended data set includes information about a client's presenting needs and circumstances, such as reason for seeking assistance, referrals (in and out), household composition and income status. 'Primary' (main) and 'reasons for seeking assistance' are recorded (and optionally 'secondary' reasons) from categories of: physical health; mental health, wellbeing and self-care; personal and family safety; age-appropriate developments; community participation and networks; family functioning; money management; employment, education and training; material wellbeing, and housing.

'Referral sources' include 'Agency/organisation' (Health agency, Community services agency, Educational agency, Internal, Legal agency, Employment/job placement agency, Centrelink/Department of Human Services (DHS), Other agency, My Aged Care Gateway, Linkages Program, CoS Program, Local Area Coordinator); and 'Non-agency' (Self, Family, Friends, General Medical Practitioner, Other party, Not stated/inadequately described).

'Referrals to other services' includes two types of categories (those 'internal' or 'external' to the organisation, and 'referral purposes' include the same 'reasons for seeking assistance' categories listed above. 'Household composition', 'Main source of income' and 'Approximate gross income' categories are provided. 'Expanded CALD indicators' include: date of first arrival in Australia; Migration visa category; and Ancestry.

A small number of funded activities require additional mandatory data items to be reported. For Family Law Service Activities, including FDR, mandatory fields are provided in Table 42.

Field	Description
Parenting Agreement Reached: Full	Providers should record any agreement reached, whether oral or written, where the parties have agreed all the matters in dispute. This can include a formal parenting plan, signed and

	dated by both parents in compliance with the Family Law Act section 63C. Agreements where the parties are in full agreement but do not sign and date it should also be included here.
Parenting Agreement Reached: Partial	A written or oral agreement between the parties of some of the matters in dispute. Can include a parenting plan, where some of the matters in dispute are agreed upon between the parties, but not all issues are resolved.
Parenting Agreement: Not reached	Where the matter/s in dispute are not resolved.
Date of agreement	The date when the parties signed either the full or partial agreement.
Did a legal practitioner assist with formalising agreement?	Where a legal practitioner is present and participates in the mediation sessions.
Section 60I certificate type	Please use the certificate categories in the Family Law (Family Dispute Resolution Practitioners) Regulations 2008 Regulation Schedule 1 (a) to (e).
Date of certificate issued	This item is related to the Section 60(I) certificate question and records the date the Section 60(I) certificate was issued.
Fees charged	Fees charged but not necessarily collected.

Table 42: Mandatory data fields

These mandatory data fields may be relevant to client outcomes rather than process outcomes, and are considered below.

DEX data and future FDR outcome evaluation

Family characteristics

For future FDR outcomes measurement, current DEX data useful to describe key characteristics of an individual/family attending FDR would include:

- *Priority data: Age; Gender; Post code; Indigenous status; CALD indicators; and* Self-identified disability, impairment or condition (intellectual/learning, psychiatric, sensory/speech, physical/diverse).
- Extended data: Household composition; Main source of income; approximate gross income categories; and broader CALD indicators including date of first arrival in Australia, Migration visa category, and Ancestry.

- Of particular relevance are the extended data of: Primary (main) and (and optional secondary) reasons for seeking assistance from categories of: physical health; mental health, wellbeing and self-care; personal and family safety; age-appropriate developments; community participation and networks; family functioning; money management; employment, education and training; material wellbeing, and housing.

The information already gathered, particularly within the Partnership Approach extended data set, is comprehensive and useful in terms of describing individual and families attending FDR, and helpful when linked to service components experienced and outcomes achieved.

The self-identified 'disability, impairment or condition' data, and 'reasons for seeking assistance' data sets are particularly relevant to understand the characteristics of families attending. The 'reasons for seeking assistance' categories would be more useful for process outcome purposes if services were able to indicate all risk issues which are present for an individual or family, rather than their main reasons for seeking assistance from their service.

It seems an additional question would work better, for example, asking staff to indicate risk issues present for an individual client or their children during the service involvement (and potentially those risk issues in the past which could recur, such as family violence or mental illness). These risk issues would be used for process outcome purposes and not client outcome purposes, so they would not need to be removed when addressed or reduced during the service involvement, but would instead show the types of issues that the family was facing at the time of (or prior to) involvement with the service.

Risk issues could include those identified as common risk factors for preventable health and social problems, including: child neglect/abuse; high inter-parental conflict; family violence (as victim or perpetrator); parental substance abuse; parental mental illness; financial stress and/or homelessness risk; and child or parent disability, impairment or condition (Toumbourou et al, 2017). It would be important to identify whether risk relates to the client or another party (e.g. whether the client is the *victim* or *perpetrator* of abuse/violence based on staff assessment, or alternatively if an allegation has been made but the practitioner is unsure of its validity).

Other risk factors specific to the FDR service context which may be suitable for staff to report were identified within staff focus groups as covered within usual FDR assessment. Such 'observable' behaviours could include:

- Parent willingness to negotiate within safe limits;
- Parent capacity to be child-focussed;
- Parent understanding of the child/ren's right to have a relationship with the other parent;
- Parent ability to reflect/empathise;
- Level of cooperation/politeness with other party;
- Level of cooperation/politeness with staff/FDRPs;
- Level of power imbalance observable when under pressure.

Others may include parent reports of the duration of periods of high conflict or the length of time of family violence dynamics.

Given staff feedback in relation to the complexity of the trialled staff survey, and the need to minimise complexity as the sector develops outcome measurement complexity, it is suggested additional DEX process outcomes be considered as a future initiative, rather than an immediate priority. However, the single LSSF item regarding the nature of relationship with the other parent/party (friendly, cooperative, distant, high conflict or fearful) could be used as the primary indicator of the type of family participating in FDR services for outcomes measurement purposes.

FDR service components utilised

For future FDR outcomes measurement, current DEX data useful to outline key service components or 'dose' of FDR service, includes:

- Priority data: Session numbers; Service types listed; Clients in attendance
- Extended data: Referral sources; Referrals to other services including those internal or external to the organisation, and referral purposes include the same reasons for seeking assistance categories listed above.

Suggestions regarding additional session information include common variations, such as:

- Shuttle FDR (i.e. separate rooms)
- Presence of a support person
- Presence of an interpreter

Suggestions regarding amendments to service types include:

- Distinguishing 'Intake' (i.e. brief, basic information gathered phone or face-to-face) and 'Assessment' (individual assessment session gathering more in-depth information)
- Pre-mediation sessions to prepare clients to participate in an FDR process (in person or by phone)
- Liaison with other workers /services /case-managers (i.e. for integrated practice)
- Child-inclusive practice (i.e. child consultations and parent feedback sessions)
- Legally-assisted FDR session (i.e. legal practitioner/s present in session with FDRPs and parents)

Staff may need to be educated regarding the importance of accurate reporting of service components, for example, including advocacy /support sessions which may not involve the client in the room or on the phone.

Time (in hours) spent on each session may be useful to record (currently collected for Commonwealth Home Support Program), to help represent the 'dose' of intervention utilised.

Suggestions regarding additional referral service types include other sectors and other Family Law Service Types, as follows: specialist family violence services; child protection

services; police; adult counselling/psychological treatment; child counselling/psychological treatment; disability or development support service; housing service; financial counselling service; mental health service; substance use service; DSS Child support program; Family Law Counselling; Children's Contact Services; Parenting Orders Program; Family Relationship Advice Line; Children and Parenting support; Intensive family Support Services; and other.

'Referral purposes' appear adequate at this time.

DEX data relating to client outcomes

As above, Family Law Service require additional mandatory data items to be reported, including:

- Parenting agreement reached: Not reached/ Partial/ Full
- Date of parenting agreement
- Did a legal practitioner assist with formalising the agreement: Yes/No
- Certificate type:
    a) Attended genuine effort
    b) Attended - no genuine effort
    c) FDR began – considered inappropriate to continue
    d) Matter inappropriate for resolution
    e) Not held due to refusal or failure of other person to attend
- Date certificate issued
- Fees charged

In terms of FDR outcomes measurement, these categories are of value as indicators of FDR client outcomes, in particular, whether a parenting agreement was reached or not. This was considered by staff to be an *important* FDR client outcome, although *not essential* to achieve for positive FDR effects. Capacity and confidence to negotiate parenting arrangements in the future was seen to be even more important.

Based on staff feedback, whether or not a parenting agreement was reached, could also include category of 'Interim' and also a 'not applicable' option. An additional suggestion is that it distinguishes between parenting and financial (including property and child support) agreements (Not reached, Partial, Full, Interim, Not applicable).

In relation to the issuing of Certificates and grounds for these, variation has been identified in how Certificates are used by FDR services. Some only provide Certificates when asked by clients, others issue Certificates even when FDR has been successful in assisting parents to reach agreements. Clarification and direction from DSS/AGD is required for this data to be accurate and meaningful. In relation to FDR outcome measurement, data regarding Certificates needs to clearly indicate whether or not the FDR was considered successful and the family eligible to go to court.

Certificate categories could be amended as follows (amendments in **bold**):

- Attended genuine effort
    a) sufficient assistance/agreement/progress achieved at this time
    b) agreement/progress not achieved at this time

- Attended - no genuine effort
    a) by one party
    b) by both parties
- FDR began: considered inappropriate to continue
    a) Reasons given: safety issues; Disability, impairment, condition (e.g. Mental illness); Other.
- Matter inappropriate for resolution
- Not held due to refusal or failure of other person to attend

These categories would need to be consistent with the Section 60I wording.

Capturing *client exit reasons* is another way to measure FDR service outcomes for individual clients. Reasons could include for example: Sufficient agreement reached at this time, parties to continue on their own; Sufficient agreement reached at this time, review session scheduled; Unable to progress agreement, certificate issued; Unable to progress agreement, certificate not issued; One party withdrew/did not engage; Both parties withdrew/did not engage; FDRP ceased service due to case not being appropriate, certificate issued; FDRP ceased service due to case not being appropriate, certificate not issued. As above, reasons for cases being considered by FDRPs as inappropriate to continue may include: safety issues; Disability, impairment, condition (e.g. Mental illness); Other.

Initial feedback on the re-drafted FDR outcome measure

As noted above, based on combined quantitative and qualitative findings, a brief 26-item measure was provided for final feedback and consultation. Feedback was specifically sought from the project Advisory Group and FDR staff via the FRC Managers Group. Three organisations/centres provided written feedback regarding the re-drafted measure. A sector consultation opportunity was provided at the Family Relationship Services Australia (FRSA) Conference Family Law Workshop. CFRE staff presented on project processes and findings to around sixty attendees from across the national Family Law Services sector, and sought feedback on re-drafted survey items and time-points for client survey administration. Of those attending the workshop, approximately 25% had been directly involved in the current project trial.

General comments about the survey, processes and resources

General comments written by organisations and individuals were largely critical of the measure or suggesting changes. Two general comments provided positive feedback (*"All fine as is", "this shortened version of the survey appears to be 'doable' by clients and will gather useful info"*). It is possible that those who were satisfied with the tool did not provide feedback or were not sufficiently concerned to do so.

Negative comments in relation to the re-drafted measure included: still being too long; requiring simpler language for most clients; needing more consistent response sets and phrasing; needing improved formatting (e.g. put scale titles on same page as question); recommendations for more positive and less inflammatory language; needs to put the child first; needs to be less repetitive. A typical quote is:

The questions are frequently negative and evoke a negative response from clients which can lead to a blocker for staff providing service delivery/disruptive to the process/ would not support parents working towards a positive mindset.

Additional comments indicated: to use 'party' rather than 'parent' to include 3rd parties; the need for evaluation evidence for CALD and complex clients; the need to evaluate impacts on clients and use client focus groups to evaluate tools; the need to better assess 'intervention' rather than 'parent' effectiveness; concern about the validity of the results due to the small sample size; a number of items (e.g. family violence items) should sit within the assessment and not evaluation processes.

One respondent indicated their service is building a culture of outcomes measurement and now uses the Feedback Informed Treatment (FIT) approach. This respondent indicated they would not use the re-drafted tool other than a snapshot at post due to having too many questions and hoped this tool would not become a compliance tool for staff and organisations.

Specific comments regarding survey items

Comments were received regarding all items in all domains. Twenty three of the twenty-six items had one or more respondent endorsed the item as suitable. Twelve items were endorsed by two respondents, and three items were endorsed by three respondents (in particular those relating to parenting arrangements and which were positively worded). One positive comment was received in relation to item 13 being a *good question to get parent to reflect*. Five endorsed items had no negative comments or suggestions to re-word the item (three items).

Nevertheless, a majority of comments raised concerns with item wording and suggestions for improved wording were provided for 16 items, including positively worded alternatives.

- Negative and constructive feedback was received as follows:
- Two respondents expressed concern about the first single LSSF item (regarding the nature of the relationship with the other parent).
- Around seven respondents indicated item 3 (is the other parent a good parent) was not suitable, considering it subjective, inflammatory and not useful.
- In relation to risk items, two comments asked what response is provided if risk is present and two comments raised concern that respondents may be left feeling responsible or hopeless by the items
- Two comments regarding current parenting arrangements suggested using these items for post intervention surveys only.

- Four comments referred to the need for positive wording of items (e.g. *not conducive to a positive frame of mind and good will in the process*).
- Five comments referred to the need for further clarity of item intentions and less complexity
- Three comments referred to repetition of items.
- Six comments referred to concerns about the meaning or interpretations of items
- Three comments questioned the relevance of items to the FRC intervention/impact
- One comment sought a reversed order of two items to put the children first

Summary of feedback received in relation to the re-drafted outcome measure

This initial feedback in relation to the re-drafted outcome measure was somewhat disappointing given the level of consultation and development work undertaken to arrive at this shortened version. While there are clearly some who are comfortable with the measure and the processes and see the potential and value, there are many services and practitioners with strong views that the measure is not worded and presented in a way which is user-friendly for clients and consistent with their service approach with clients.

The outcome measurement development process used in this project placed importance on understanding the FDR service program logic and intended constructs, trialing suitable existing standardised measures or new items developed in consultation with the Advisory Group, then combining findings of quantitative analyses and comprehensive staff feedback to inform item selection and reduction. Despite these efforts and explanation and rationales for the re-drafted measure being provided, there appears to be continued substantial dissatisfaction with the resulting re-drafted outcome measure.

The authors acknowledge clients have not been involved in the tool or process development, and greater practitioner involvement has come later in the process, so the approach has been more 'top down' than would be ideal. While difficult within the timelines and funding of the current project, given the continued dissatisfaction conveyed, in hindsight and a key learning of this project, is that greater practitioner and client engagement should be prioritised early in such work for future sector outcome measurement development.

While there has been a range of positive and negative feedback received, and some items of the re-drafted measure have been endorsed by some, overall feedback appears relatively negative. At the least, strong negative views give an impression of a wider spread dissatisfaction, and may affect service and sector willingness to embrace the new measure effectively. At least one respondent (who is not involved in the current trial and using another form of outcomes measurement in their service) has indicated they would not use the measure unless mandated to, and others may also hold that view. It is concerning if practitioners and services do not consider the re-drafted measure useful to understand if what they are doing is helpful to clients.

The level of concern, passion, and polarization of views, expressed by some staff has been somewhat surprising. This is a sector very experienced in assisting others with assertive communication and managing conflict. Vocal dissatisfaction seems to convey a desire for a highly client-friendly and valuable measure for their sector. Many have strong views on what is needed. There continues to be differing views expressed about wording of items.

In the authors' view, it would be ideal to harness this passion and interest in an effective measure, in further processes to finalise a measure which is more widely valued. Otherwise, there is the risk the work of the current project is lost through split views in teams and services. To gain a consensus on items and wording would appear to require time for facilitated negotiation between staff. Overall, the authors consider further work is needed to engage FRC/FDR Managers and staff in understanding and finalising the outcome measure, to ensure there is an FDR outcome measurement tool which is widely accepted and used within the sector. Consistency of outcome measures across the sector clearly assists meaningful and coherent program and system level outcome evaluation.

Any changes to wording/phrasing of items or response sets would require a second phase of trial and data analyses. A second phase could be for a shorter time period, such as three months. It could involve, for example, gathering baseline, pre and post data for clients commencing with the service within a one month period. There appears to be investment and willingness by participating Victorian FDR services to trial a re-drafted measure that they are more comfortable to use ongoing. Evaluation processes are largely in place, and the momentum for data collection can be maintained, particular with a shorter outcome measure and more clear and effective evaluation processes in place. Evaluation 'champions' in each centre (generally administration coordinators) will be in a better position to communicate with and coordinate staff in implementation processes than they were at the commencement of this project.

There seems to be a need by staff for increased perception and experience of consultation and involvement in decision-making. Staff appear to need to feel they are responsible for the decisions rather than an outside service such as CFRE.

It cannot be assumed further refinement of measure and processes would not be needed in the future, however the FDR service sector may be more amenable to use of a tool they feel they have had more say in developing and are more strongly invested in. It is acknowledged AGD/DSS have already provided substantial funding for the current project and may not be in a position to fund any further FDR outcome evaluation activities such as those outlined here.

Project findings in relation to evaluation processes

This section summarises feedback received in relation to evaluation processes (including client outcome measurement time-points) both during the project, and in the final consultation processes with project Advisory Group, participating staff through the FRC Manager's Group, and national sector staff at the FRSA pre-conference Family Law workshop. This section firstly summarises feedback received regarding evaluation

processes during the project, then feedback received during a final consultation, then overall findings in relation to evaluation processes.

Feedback in relation to evaluation processes during the project

Feedback from the online survey and staff focus groups was relatively consistent with both indicating a need for further consideration of time-points and methods for data collection. Feedback focussed on the challenge with gaining the post measure at the end of the first joint FDR session, and also with chasing clients for follow-up surveys 8 weeks later. Staff noted a significant drop off in the post survey completion after reasonable completion rates for the pre survey. Anecdotal feedback from Staff (and clients through staff) indicated the length of the survey was a significant barrier to completion at post and Follow-up in particular. Systemic barriers to client participation in the evaluation, such as outreach cases, which impacted completion rates were also noted.

It was reported that while a majority of clients attend up to one joint FDR session, a significant number attend more (data from this project suggested around 33% attend one session, and around 8% attend two or three sessions), and that usually FDRPs know when the last session will be with a client and case, and a post measure would suitably be offered at that time-point. Some staff indicated with the end point generally being known, it would be preferable to complete the post-intervention survey at this point to reflect the full intervention, rather than specifying completion after one session.

Overall, there was a preference to follow up with clients during the week after an FDR session rather than ask them to complete a survey at the end of the session. It was noted however if the survey was brief, this would be more possible, and would also likely reduce the time involved in 'chasing' clients for post and follow-up surveys by phone. It was also noted that changes may take 1-4 weeks to take effect.

There was a suggestion that a brief set of questions (e.g. 4 items) around the understanding of the 'best interests of the children' could be administered after the information session. Other staff felt that more time is required to digest this information and change behaviours. There was also suggestion the service satisfaction items could be suitably asked immediately after an FDR session.

There was discussion about skipping the immediate post-intervention survey (or only measuring service satisfaction at this point) and using a delayed 3-month follow-up to determine outcomes. However, there was general agreement that there are both quick and longer-term changes, and therefore value in both the Post and Follow-Up surveys. However, to reduce client and staff burden, one may be preferred, and it was noted that follow-up at eight weeks was harder to obtain when clients had finished with the service. In general, it was agreed that follow-up measurement should occur 2-3 months after the first joint FDR session (with a second FDR session most likely to have also occurred by then). If both post and follow-up measures are to be used, it was felt that the post should be administered in close proximity to the first FDR session (e.g. 1-2 weeks after).

Online surveys highlighted the need for 'in person'/personalised survey completion. This is understood to refer to warm introductions and approach with clients in relation to surveys, as well as staff being available to support completion if needed. It might also refer to Pre surveys being completed when at the centre, and possibly, family safety items being asked within individual interview settings rather than an outcomes measure, as was suggested by some. Overall, feedback indicated the in-person and/or phone approach was preferred by respondents rather than use of paper forms posted out. There was some interest in the use of electronic survey formats where this is practical for clients and services. Feedback also indicated the need for flexibility and options being available such as emailing of electronic links and posting of paper-form surveys, based on client preferences and/or needs.

The need for staff monitoring and response to client indicated needs and risks in their survey responses was highlighted, for example at follow-up when new risks may have arisen or earlier ones were still of concern. To reduce barriers to survey completion, respondents noted repeat follow-up calls and texts assisted, and surveys being available for completion on arrival even if clients planned to bring completed surveys, as commonly they did not. Both online surveys and staff focus groups indicated phone follow-up was the most effective method for gaining Post and Follow-Up surveys and had additional benefits of being able to hear feedback about their experience and benefits and to address any concerns with clients.

Use of electronic survey links via phone texts or emails, or on tablets within services were considered to have merit as a first option for clients and services in terms of ease of completion for clients, and data collection and tracking, with paper forms available where needed.

Overall, feedback indicated the following evaluation processes were likely to be most effective:

- using technology as the first option (i.e. emailing/texting survey link)
- where this is not suitable or not completed prior to arriving at the first session, 'in person' completion at the service using technology such as tablets to complete electronic survey link
- emailing/texting electronic survey links to be completed at post and/or follow-up, or by phone where requested/indicated
- use of SMS text reminders and phone calls to remind clients and assist completion rates
- where electronic completion is not available and phone completion is not preferred by clients, paper-based forms being completed at the service or posted back by clients (in provided stamped replied paid envelopes).

A final consultation on evaluation processes

The Project Advisory Group and FDR services were invited to provide written feedback in response to the draft project report findings and recommendations and the redrafted client outcomes measure, and an additional consultation opportunity was provided at the FRSA pre-conference Family Law workshop in November 2017. At this workshop, CFRE staff

outlined project findings and then asked attendees asked to raise their hands to show their preferences in relation to a number of questions regarding time-points of administration of client surveys. Of note, around 25% attendees were involved in the current project trial, and the rest worked within the national family law service sector either in Victoria or interstate.

Written feedback regarding evaluation processes indicated: concern that clients completing the form on their own did not prevent or address distress; evaluation time-point needs to be not too far away from the end of the episode of care so they are not taken back to past feelings; evaluation time-point in excess of 12 months would involve too many changes in circumstances.

Written feedback regarding evaluation documents indicated the outcomes tool needs infrastructure and communication about what items are measuring, and the information sheet and consent form need to be combined/shortened (if retained).

Around sixty attendees of the FRSA pre-conference were asked to indicate preferences in relation to the following questions: 1) Their preference for Post only, Follow-up only OR both Post and Follow-up Client Surveys (they were not asked about Pre survey as this would need to be administered to show any changes resulting from FDR); 2) Their preference for the client survey being administered after the first FDR session (i.e. not immediately after the session) OR after the last FDR session; 3) their preference for the timing of a Post measure to pick up on short-term effects; and 4) their preference for the timing of a Follow-up measure to pick up on longer-term or sustained changes. The questions were somewhat difficult to formulate and there was some confusion at points, particularly in relation to questions 3) and 4). Some attendees shared their views with the group.

Preferences expressed and feedback indicated the following:

- no one preferred *only* a Post Client Survey
- nine preferred *only* a follow-up survey
- around 30 preferred both post and follow-up client surveys
- no one preferred the Post client survey to be administered after the *first* joint FDR session
- around 40 preferred for the Post client survey to be administered after the *last* FDR session
- in relation to timing of the Post client survey, there was no endorsement of the option of one to six weeks
- around 20 preferred six weeks for Post client survey administration and around 20 preferred 3 months or more
- regarding follow-up, most preferred six months or more.

When CFRE staff highlighted immediate changes had been found after the first joint FDR session, and survey completion was harder to achieve as time lapsed from involvement with the service, attendees maintained their preference for measurement of changes in the short-, medium- and longer-term, rather than immediate effects soon after the last FDR session. It is clear this group hope for and want to capture meaningful and sustainable

changes they hope their intervention achieves with families. This longer-term follow-up with clients is something for the sector to consider. The challenge of attrition rates as time lapses is something to note, and staff stated concerned about clients being 'taken back' clinically.

An Advisory group member suggested evaluation burden on staff and resourcing could be reduced by services to undertaking outcomes measurement for:

- only 10% of FDR service clients;
- all clients who attend an FDR service in a given month per year; or
- another set time period every 2 or 3 years.

Summary of feedback received in relation to evaluation processes

Overall, feedback in relation to evaluation processes agrees the Pre client survey is needed, and the Post client survey should be administered after the last joint FDR session (not the first). Further, feedback indicated rather than the Post survey be administered immediately after any FDR session, instead a follow-up call be made to the client within a week of the session, to complete the survey with them by phone, or to provide an electronic link for completion. There was a preference for the same method to be used to gain the Follow-up survey, if this was to be collected. Texts reminders and phone calls could be used effectively to remind clients to complete surveys or to arrange phone calls.

There was varied response in relation to time-points for Post and Follow-up client surveys, with a seeming majority seeing benefits of gathering short- and longer-term changes, and with a preference for allowing time for establishment of longer-term and sustained changes, in order to allow for real and meaningful changes to take place. If both Post and Follow-up client surveys are to be administered, there was a preference for Post to be administered soon after the last FDR session, and again, around 3 to 6 months later (or longer), despite evidence it is harder to collect surveys as time lapses since involvement with the service, and understanding that other interventions or changed circumstances may confound effects resulting from the FDR intervention and would need to be asked about.

Despite the quantitative findings of the project showing changes (i.e. outcomes) at the time-point immediately after the first joint FDR session, a majority of staff have appeared sceptical about what this change represented, suggesting it is measuring the *process*, or at best an *intention* to change behaviours rather than actual behaviour change. Measurement at this time-point did not allow for trial, let alone consolidation, of changes in behaviour or arrangements. Some thought measurement at this time-point interfered with the FDR process, or could be impacted by the process (i.e. due to their emotional state at the time of completion). It was noted by an Advisory Group member that having the Post client survey administered at the end of an FDR session may exclude more clients from the evaluation due to them being tired or emotional at the end of the session, and bias the sample. There was some agreement service satisfaction items may be suitably asked at the end of an FDR intervention. Some staff indicated a preference for Safety items to be covered within individual assessment processes rather than client surveys. The authors consider this would

add complexity to data collection and may result in some data not being collected or uploaded, but overall consider this could be an issue for consideration with a further workshop.

Around sixty attendees present at the FRSA pre-conference Family Law workshop were advised of quantitative changes at the end of the first joint FDR session, and the challenge with gaining post and follow-up data as time elapsed after involvement with an FDR service or intervention. As a group, they still clearly indicated a strong preference for a post time-point of around 3 months after the final FDR session, and a follow-up time-point 6 months after the final FDR session. This shows a clear preference by the sector for more meaningful and longer-term outcomes measurement.

Integrating all the feedback received, the authors consider it preferable to gain a Post client outcome measure after the last joint FDR session, to capture immediate/short-term changes, and a Follow-up measure 2-3 months after the FDR intervention has finished. This is based on findings that completion of client surveys is harder to achieve as time lapses from client involvement in the service, and that other circumstances and interventions are more likely to come into play also. Therefore, while staff at the FRSA conference indicate a preference for Post at 6 weeks or more and follow-up at 3 months or more, the authors and feedback during the project indicates earlier time-points would be more effective for capturing outcomes from the FDR intervention. A future alternative would be to take a more integrated approach which captures outcomes for families across multiple services at longer time-points and this is certainly a direction the family law sector may move towards, particular for families with more complex issues present who may need increased dose and multiple services to achieve desired outcomes.

Overall, the staff survey used in the current project was deemed too complex and cumbersome, and it is acknowledged a lot of the data is already being captured within assessment and DEX reporting processes to DSS. A simplified version may be suitable for future evaluation, potentially completed at the time of individual assessment, at case closure, and potentially at the time of Follow-up client survey completion (e.g. regarding referrals made etc.). Some items from the client surveys were deemed more suitable for the staff survey, for example, questions about existing orders or agreements and potentially professional judgement on key issues such as genuine willingness to negotiate, or power differences between parties. Feedback suggests incorporation of staff survey items into DEX categories would be the preferred method for capturing required process and client outcomes.

Evaluation administration and resourcing

Staff feedback via focus groups and online survey towards the end of the data collection period highlighted a designated administrative role/s for coordinating and tracking evaluation processes was essential for effective implementation and staff accountability. This was particularly necessary due to the fact that two parties had to be tracked and the data collection was being completed manually and was not linked to a database. Additionally, survey responses had to be matched to de-identified demographic information.

Instructions, spreadsheets, flagging of clients who need surveys administered on electronic diaries, and prompting of staff to complete surveys were strategies which assisted with effective tracking and completion. Two services provided written documentation of their administration processes as examples to assist services in the future (provided in Appendix I). Time to tailor and embed evaluation processes to fit with existing service processes for evaluation establishment, as well as ongoing administration of evaluation in the service (approximately a few hours per week) were a significant resource provided by services and critical to its success.

Other resourcing entailed additional time spent on Intake calls, staff support for client survey completion, time for staff survey completion. Post and follow-up phone calls to clients were also time-consuming, particularly the time spent leaving or responding to messages before connecting with a client, as well as the time spent to go through the survey. Benefits of these calls were they offer the opportunity to hear what the client thought of the service (e.g. even though the other party didn't attend/didn't shift- they got something out of the service/felt much better themselves), and to provide education and support including referrals for clients. These also provide opportunity to reaffirm that they can return if required and don't have to do the information session again etc. Student placements and training of volunteers were considered useful options to assist with post and follow-up survey completion. As above, SMS phone text reminders offered an efficient mechanism to arrange survey completion with clients. Use of incentives for clients to complete surveys, such as a monthly draw for a prize deemed valuable, is an option but requires further consideration.

Written feedback provided in the final consultation regarding evaluation resourcing indicated administration processes need resourcing.

Evaluation training and implementation support

Feedback from the staff online survey provided suggestions for future evaluation support needs as follows:

- The need for greater consultation with FDR staff in relation to the actual survey to be used
- The need for greater evidence of feedback being taken on board
- Adequate resourcing to manage or administer the evaluation
- Increased establishment phase for services to tailor and implement processes assist positive staff attitudes to the evaluation
- A consistent tool to track evaluation task completion
- Onsite training for all relevant staff to allow for tailoring of processes to different service models.

This feedback was largely consistent with focus groups. Participants of focus groups indicated services require more support and training in tailoring evaluation processes to their service and ensuring accurate client, case and Party (1, 2 or 3) numbers are provide on surveys, to support matching of surveys for analysis. It was noted that all staff needed to

attend the training, which would ideally be delivered at each centre, and repeat sessions should be offered for staff who commence later. It was considered these strategies would assist with clarity regarding processes (e.g. post and Follow-up surveys to be sought from clients regardless whether or not they proceeded to joint FDR), and also assist staff motivation to achieve the evaluation. Easy access to instructions (e.g. online), and direct access to a forum for Frequently Asked Questions (FAQ) were considered important for the future. It was also noted that direct communication by evaluators with FDR service staff would have been preferred, rather than through managers as information could be potentially lost in translation. However, it was also noted that it was critically important to have Managers drive the process within their organisations, troubleshoot and agree on shared approaches to deployment and manage consistency of practice.

A refinement of processes during the project based on issues and concerns raised was noted by one service as disruptive and confusing. A longer timeframe was recommended for evaluation data collection in the future given even a brief FDR service intervention may take around 5 months to be completed. A greater level of direct practitioner consultation in the development of measures and direct communication with service staff and practitioners during evaluation implementation is clearly indicated.

Overall, project methods and consultation were comprehensive and suitable given the tight timeframes of the project in terms of developing an outcomes measurement tool and trialling it. Ideally, there would have been a longer timeframe prior to submission for Ethics approval, for FDR staff to be directly consulted about the outcome domain wording and conceptualisations, standardised measures and items selected and wording of newly constructed items. Rich and important staff feedback was gained towards the end of the data collection period which unearthed understanding of the nuances of words and constructs which are important for this very specific and brief post-separation/family law service intervention and which informed the re-developed outcomes measure.

Feedback in relation to the redrafted outcomes measure and time-points for client survey administration highlighted the need for further staff involvement in the finalisation of the redrafted FDR outcomes measure and processes to ensure buy-in and take-up by individual staff and services.

One Advisory Group member indicated the most useful outcome of the current project was moving staff and the sector to the point of inquiry, about what they are doing, whether it is helpful and how they know. This member highlighted the importance of building on this momentum, with staff knowing what they are measuring and why, going forward. They also highlighted the engagement of all levels of the FRCs is critical for successful outcomes evaluation, including managers showing leadership and providing an 'authorising' environment, and intake/administration staff being able to take on coordination responsibilities and assist staff accountability.

Recent Australian family law sector reviews

Recent Australian family law sector reviews have been perused in relation to FDR outcomes measurement going forward. Among a range of issues, the reviews point to the need for enhanced service models which are able to address increased need, involve children, and cater to the needs of varied cohorts of separated families. Changes to service models has implications for FDR process outcome measurement (i.e. FDR service components captured) and timing and methods of client outcome measurement going forward. The client outcome domains identified and defined in the current project appear to continue to be relevant and key going forward. The possibility of direct involvement of children in outcomes measurement in the future has been noted in FRC staff feedback. A summary of the findings of three recent reviews are provided below.

The Attorney General's Department commissioned a report from KPMG (2016) to identify "how the future needs of the Australian community for family law services (FLS) can be best met over the long term and in a sustainable way". Their findings highlighted the benefits of outcomes evaluation of the Family Law (out-of-court) Services: to capture the full benefit of services to community; and to ensure accountability regarding client outcomes achieved. They noted the challenge of outcome measurement with increasingly complex client needs, and the associated lengthy periods of intervention and range of services required to achieve client outcomes. The likely under-representation of at-risk cohorts within registered data bases was noted as limiting capacities of funders to target services to specific groups.

Directions for enhanced service models included:

- based on projected population increases and increased client complexity, the need for doing more with less, that is, having an increasingly efficient service delivery system and the need for innovative solutions to meet client need;
- the tension between provision of specialised care to at-risk cohorts and the provision of universal service;
- the importance of effective collaboration initiatives between local FLS providers and across local sectors including courts, lawyers, police, child protection, family violence, community groups for ATSI and CALD clients, alcohol and other drug, and mental health services (and suitable management of confidentiality issues);
- consideration of information provision remotely and digitally while still offering a personalised service;
- high throughput is not necessarily an indicator of provider efficiency or success in meeting client need;
- culturally appropriate models for ATSI and CALD clients;
- management of service waiting lists including for clients in distress.
- These findings acknowledge the complexity of outcomes measurement for an FDR intervention which services both 'universal' low-risk cohorts (who may have cooperative post separation co-parenting arrangement) and 'at-risk/'high risk'/complex cohorts (who may be involved with a range of services over a length of

time and be at risk of entrenched and high conflict and/or family violence combined with other risk issues such as substance abuse and mental illness). The findings point to the need for data collection in relation to the risk issues present in families, and consideration of evaluation across time and multiple service interventions.

Based on the findings of this report, future FDR evaluation should consider:

- evaluation needs of both brief (and potentially remotely or digitally delivered) interventions for low-risk cohorts, and more complex and multiple service interventions for at-risk cohorts;
- longer-term follow-up with clients to monitor sustained dispute resolution and other client outcomes;
- client outcome measurement for specific groups including ATSI and CALD;
- consideration of process outcome of timeliness of interventions, particularly with clients in distress;
- evaluation of partnership initiatives across services and sectors.

A recent (2016) *Family Law Council Report* addressing families with complex needs is also relevant, with recommendations including: the need for greater cross-sector integration of services that support families with complex needs (including courts, Family Relationship Centres and family violence services); an early whole-of-family risk assessment process that is non-confidential/admissible; a more systematic approach to responding to the needs of parents and children with safety concerns identified during screening for FDR (including preparation of safety plans and referrals when assessment is made that FDR should not proceed or risk is identified); expansion of models of co-located and integrated services (including enhanced information sharing such as observational assessment reports by post-separation parenting programs and FDR intake assessments, embedding workers from specialist family violence services in the family courts and Family Relationship Centres and development of collaborative case-management models); increased child-centred family law services; tailored culturally safe family law services for ATSI and CALD (including families recently arrived and with refugee backgrounds); research regarding the misuse of legal processes, systems and services to maintain a campaign of harassment against a former partner; and research regarding the nature of parenting arrangements made by consent where child safety concerns have been raised.

Based on the findings of this review, future FDR outcomes evaluation should consider:

- outcomes evaluations of integrated multi-service interventions;
- the interconnection of risk assessment (regarding for example, family/domestic violence and child safety concerns) and response and client and process outcomes measurement;
- child involvement in services and outcomes evaluation;

- culturally safe and suitable services and outcomes evaluations for families identifying as ATSI and/or CALD;
- consideration of service processes and outcomes measurement requirements for families which involve a member/s' intentional misuse of processes, systems and services to maintain harassment against another family member.

In September 2017, the Attorney General (2017) announced that the Australian Law Reform Commission would undertake the first extensive review of the family law system in its forty year history. The terms of reference of the commission refer to the need for the system to: ensure the best interests of children; best address safety in terms of family violence and child abuse; and support families, including those with complex needs to resolve their family law disputes early, quickly and safely while minimising financial burden. Its terms of reference included review of legal decision-making reviews and appeals and, more relevant to the current report, consideration of: pressure on courts; finality of resolutions of disputes and compliance with orders; the view held by children; collaboration, coordination and integration between the family law and other systems and services; whether courts are the best option for resolving disputes in the interests of children and families, including those with complex needs.

These terms of reference and the review intentions are consistent with the broad aims and objectives of FDR services as understood within the current project in terms of ensuring the best interests of the children, addressing safety concerns and resolving disputes outside courts where possible. In relation to outcomes measurement, they also point to consideration of: the need for sustainability and compliance in relation to parenting agreements; including children in feedback; outcomes measurement across integrated services; and outcomes for families with complex needs, including court outcomes.

Overall, these reviews highlighted the need for outcomes measurement which takes into account: both universal and complex family cohorts; integrated service structures; the voice of children; culturally and linguistically diverse issues and needs, including those for Indigenous and CALD families; unique issues for families with entrenched high conflict and family violence dynamics, including use of systems and services to harm others, and child safety concerns.

In relation to FDR outcomes measurement at this time, being able to capture the types of family or cohort the family sits within, and service components being utilised within the FDR services and beyond (via referrals or integration of services) seem important directions to try to incorporate at this time. Evaluation of the needs of Indigenous and CALD families in relation to FDR outcomes measurement is also indicated. Ongoing consideration of client outcomes that FDR services are able to achieve in relation power and control dynamics and emotional abuse issues (by either males or females, in contrast to the traditional and most severe form of family violence with males the predominant perpetrators), including undermining of parent-child relationships and contact, warrants further consideration. Involvement of children within services and evaluations could be a longer-term consideration for FDR outcomes evaluation.

Translation to SCORE

Background to SCORE

This section is based on information provided in DSS' *Data Exchange Protocols* (2017) document and should be read in conjunction with that document. (Note: Words in *italics* are taken directly from this document).

For Australian Government funded services there has been a shift in focus from performance measurement and reporting on 'outputs', to reporting more meaningful information about 'outcomes'. The main focus of the Partnership Approach extended data set is collecting information about client and community outcomes achieved for individuals accessing funded activities. The SCORE approach allows service providers to measure outcomes using standardised or developed tools such as the re-drafted FDR outcomes measurement tool, but report them through SCORE to enable service outcomes to be captured in a consistent and comparable way across sectors. Generic Scales are provided for each SCORE area and AIFS has developed translation matrices for some common standardised outcome measurement tools. Use of a Client Survey will also be mandatory for service in the future, to give clients an opportunity to provide independent feedback on their satisfaction with services they use.

There are four types of outcomes measured through SCORE; three for individual clients (changes in their circumstances, progress in achieving specific goals and satisfaction with the service) and one for a group/community (changes in capacity to address identified needs). SCOREs are captured at the session level and reported using a five-point scale, and recorded towards the beginning of the service (Pre) and at the end of the service delivery (Post) or at regular interventions to track a client's progress. Satisfaction is only captured and recorded at Post.

A SCORE may be determined by a practitioner's professional assessment, a client's self-assessment, or a joint assessment between the client and a staff member. Based on the current project, FDR services will be able to provide a client self-assessment based on the FDR client outcome measure developed and translated to SCORE, in the section below.

Service providers who volunteer to participate in the Partnership Approach agree to report both pre and post client Circumstances SCOREs for the majority of their clients (over 50%). While it would be valuable to have pre and post SCOREs for all clients, it is recognised that there are a range of situations where this may not be possible. Despite best endeavours, there are occasions where post-SCORES may not be able to be recorded due to clients unexpectedly exiting a service. (p. 31)

To record a client SCORE, service providers need to record a rating between 1 and 5 against a relevant domain. Service providers can choose to record outcomes against any domains that are relevant for the client. For the FDR program activity, the following SCORE areas have been identified by DSS as most relevant

Circumstances:

1. **Family functioning** is selected where the funded activity is seeking to improve family functioning and change its impact so it enhances the family's independence, participation and wellbeing.
2. **Mental health, wellbeing and self-care** is selected where the funded activity is seeking to change the impact of mental health issues on client's self-care, to improve their independence, participation and wellbeing.
3. **Personal and family safety** is selected where the funded activity is seeking to change the impact of personal and family safety issues to improve the client's independence, participation and wellbeing. (p.31).

(Please Note: Clients should be achieving improvements in Family Functioning).

Goals

All six Goal outcomes are relevant for this program activity.

1. **Changed knowledge and access to information** is selected where the funded activity is seeking to change a client's knowledge and understanding of issues to improve their independence, participation and wellbeing or to improve their access to relevant information about these issues.
2. **Changed skills** are selected where the funded activity is seeking to enhance a client's skills set to improve their independence, participation and wellbeing.
3. **Changed behaviours** are selected where the funded activity is seeking to change a client's behaviours to improve their independence, participation and wellbeing.
4. **Changed confidence to make own decisions** is selected where the funded activity is seeking to enhance a client's confidence to make their own decisions and take action on issues that impact on their independence, participation and wellbeing.
5. **Changed engagement with relevant support services** is selected where the funded activity is seeking to improve a client's engagement with services to support their independence, participation and wellbeing.
6. **Changed impact of immediate crisis** is selected where the funded activity is seeking to address or reduce the impact of an immediate crisis to improve the client's independence, participation and wellbeing." (p.36)

Satisfaction

All three Satisfaction outcomes are relevant for this program activity.

1. The service listened to me and understood my issues
2. I am satisfied with the services I have received
3. I am better able to deal with issues that I sought help with.

Community

Group / community knowledge, skills, behaviours to better address their own needs.

Changed knowledge, skills and behaviours for a group of clients or community members participating in the service (where it is not feasible to record the changes for individual members of the group or community). (p. 34-35).

Translation of the FDR outcomes measure into SCORE

To be completed immediately if Recommendation option 1 is chosen.

Recommendations

Based on the comprehensive analyses and feedback gained, there are seen to be two primary options at this time:

1) Current project findings, including the re-drafted outcome measure and other recommendations, are accepted for ongoing FDR evaluation.
2) Further consultation processes are undertaken with the sector to finalise measures and processes going forward.

Each of these options is spelt out below. The second option is preferred by the authors but requires additional funding, which may not be available. If Option one is chosen, CFRE will provide a suitable Client Information Sheet, Consent Form and Surveys, Service Instructions, as well as outcome measure Translation to SCORE, in a timely way.

Option 1 recommendations

1. Measures and processes be implemented and trialled for a period of 6 months with data analyses to be undertaken at that time and evaluation report provided.
2. An establishment phase be provided to service to enable tailoring and embedding within service processes.
3. The new evaluation measure and processes to be introduced to FDR service staff in a positive and timely way by Managers and senior staff, building on trial learnings and processes and staff motivation to engage.
4. Senior Administration Staff, FDR Service Team Leaders and Senior FDRPs to
    a. tailor evaluation processes to their service processes
    b. develop a tool and processes to effectively track survey completion, coding and matching, and
    c. manage staff accountability issues.
5. FDR service Managers to providing an authorising environment which emphasises the importance of completion of evaluation processes and manages staff engagement with processes.
6. Service contracts to allow for resourcing required to undertake evaluation, which may involve reduced targets or increased funding.
7. Development of a practitioner/staff and client FDR Evaluation Advisory Group to monitor and progress FDR outcomes evaluation across the sector.

8. Participating organisations enter a Data Exchange Partnership Approach and collect and provide to DSS the extended data set, including client outcome SCOREs for individual clients who consented and participated in evaluation.
9. New DEX categories to include:
    - Session information
        - Shuttle FDR (i.e. separate rooms)
        - Presence of a support person
        - Presence of an interpreter
    - Service types
        - Distinguish 'Intake' and 'Assessment'
        - 'Pre-mediation/preparation sessions'
        - Advocacy/Support to include 'Liaison' (with other workers /services /case-managers) (or 'Liaison' be added as a new service type)
        - Child-inclusive practice
        - Legally-assisted FDR session
    - Time (in hours) spent on each session
    - Referral service types to include: specialist family violence services; child protection services; police; adult counselling/psychological treatment; child counselling/psychological treatment; disability or development support service; housing service; financial counselling service; mental health service; substance use service; DSS Child support program; Family Law Counselling; Children's Contact Services; Parenting Orders Program; Family Relationship Advice Line; Children and Parenting support; Intensive family Support Services; and other.
    - Parenting agreement reached to also include 'Interim' and 'Not applicable'
    - 'Financial (including property and child support) agreements' to be added (Not reached, Partial, Full, Interim, Not applicable)
    - Clarify meaning of issuing of Certificates and add additional categories **in bold**:
        - Attended genuine effort
            - sufficient assistance/agreement/progress achieved at this time
            - agreement/progress not achieved at this time
        - Attended - no genuine effort
            - by one party
            - by both parties
        - FDR began – considered inappropriate to continue
            - Reasons given: safety issues; Disability, impairment, condition (e.g. Mental illness); Other.
        - Matter inappropriate for resolution
        - Not held due to refusal or failure of other person to attend
10. DEX records to be updated by FDRP at two time-points:
    a. After the individual assessment session
    b. At case closure

11. Staff/services receive education regarding
    a. the importance of accurate DEX reporting (e.g. service components)
    b. protocols regarding issuing and data records relating to certificates.
12. Information provided by clients to FDR service staff at the follow-up time-point to be included as a case-note on client/case file/DEX and suitable response be provided (e.g. referral).

13. The re-drafted 26 item measure be retained as the client outcome measure with recommended wording changes and re-phrasing:
    a. remove item 3 "Is the other parent a good parent"
    b. make phrasing consistent and positive
    c. make response options more consistent.
14. Client surveys to be administered at three time-points:
    a. Pre Survey prior to or upon arrival at the first face-to-face session
    b. Within one week of the final joint FDR session (Post)
    c. Two months after the final joint FDR or other final contact if joint FDR session does not take place (Follow-up).
15. With consent and agreement with client on method, Client Surveys (including all domains) to be administered using the following methods:
    a. Pre-By electronic link emailed to client and/or upon arrival for first face-to-face session using tablet provided by service or paper form (i.e. if link not completed prior, then complete at the centre on arrival)
    b. Post- By electronic link emailed to client or phone call to complete over the phone based on client preference
    c. Follow-up- By electronic link emailed to client or phone call to complete over the phone based on client preference
    d. Text or phone call reminders to be used to assist client participation and completion of surveys
    e. Posting paper forms (and providing reply paid and addressed envelopes) to be an option based on client need.
16. Evaluation of the impacts of the evaluation tools and processes on clients, and suitability for special groups such as clients/families who identify as Indigenous, CALD and families with complex issues (e.g. child abuse/neglect family violence mental illness and/or substance use).
17. Future FDR evaluation development/change to involve:
    a. Direct early consultation and ongoing with FDRPs, senior FDRPs, FDR Team Leaders and Administration Coordinators
    b. Involvement of clients in co-production (planning, design, implementation and review) processes
    c. Suitable time for establishment so services can tailor and implement processes and effectively manage change process with staff

d. All FDR service staff to be involved in training processes and where possible, onsite training for all relevant staff to allow for tailoring of processes to different service models
e. Repeat training sessions be provided for new staff
f. Easy to access online instructions and Frequently Asked Questions (FAQ) forums
g. Data collection to be for a period longer than 6 months, to allow for sufficient data collection and client completion of FDR interventions.

Option 2 recommendations

To enable staff and service to perceive and experience participation in finalisation of the tool, the following is recommended:

1. One full day and one half day workshop (1-2 weeks apart) for 2-3 key staff from each Centre:
    - Attendees would need to be those FDRPs/Senior FDRPs/FDR Team Leaders directly involved in FDR interventions, passionate and vocal about the measure, and willing to be actively involved in a constructive mediated and democratic process to achieve a level of consensus or compromise on the final tool.
    - The use of two sessions allows further consideration/consolidation of ideas between workshops and sufficient time to address decisions regarding the client outcomes measure (in the full day), and evaluation processes (e.g. family safety items within assessment rather than client outcome measure) and any additional DEX categories (in the half day).
2. Workshops to be facilitated by respected FDR Managers/leaders in the sector, in order to provide the authorizing environment for the staff, and to be able to continue the implementation beyond CFRE involvement.
3. At the workshops, CFRE clearly articulating the processes and rationale for the re-drafted measure and options regarding additional categories for DEX.
4. Workshop participants being provided an opportunity to work in small groups (across services) to improve wording and priority of items for the client outcomes measure, and any additional categories for DEX, with a democratic/consensus process (e.g. voting) used to finalise decisions.
5. An additional half-day workshop for 1-3 staff from each centre who are responsible for administration and coordination of evaluation processes at the centre (i.e. administration coordinators and team leaders/senior FDRPs). At this workshop, administration coordinators and team leaders/senior FDRPs form centres who have managed the evaluation implementation most effectively will share their approaches (in collaboration with CFRE) regarding administration processes for survey tracking and completion
6. Data collection for a 3-6 month period, with pre client surveys to be collected for all consenting new clients for one month, with Post and Follow-up surveys collected for these clients. Ideally if a shorter survey is used and processes clear, collection rates can be slightly higher than the trial already undertaken.

7. When sufficient data is collated, CFRE (or other service) to analyse the data and provide brief findings of the measure reliability and validity, and provide sector feedback via a webinar.
8. Evaluation implementation to proceed largely as for the first option.

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Appendices listing