

Integrated Client Service Delivery

featuring
Mental Health Support

FINAL REPORT
A Family Law Courts' Skilling and
Client Support Program



JANUARY 2009



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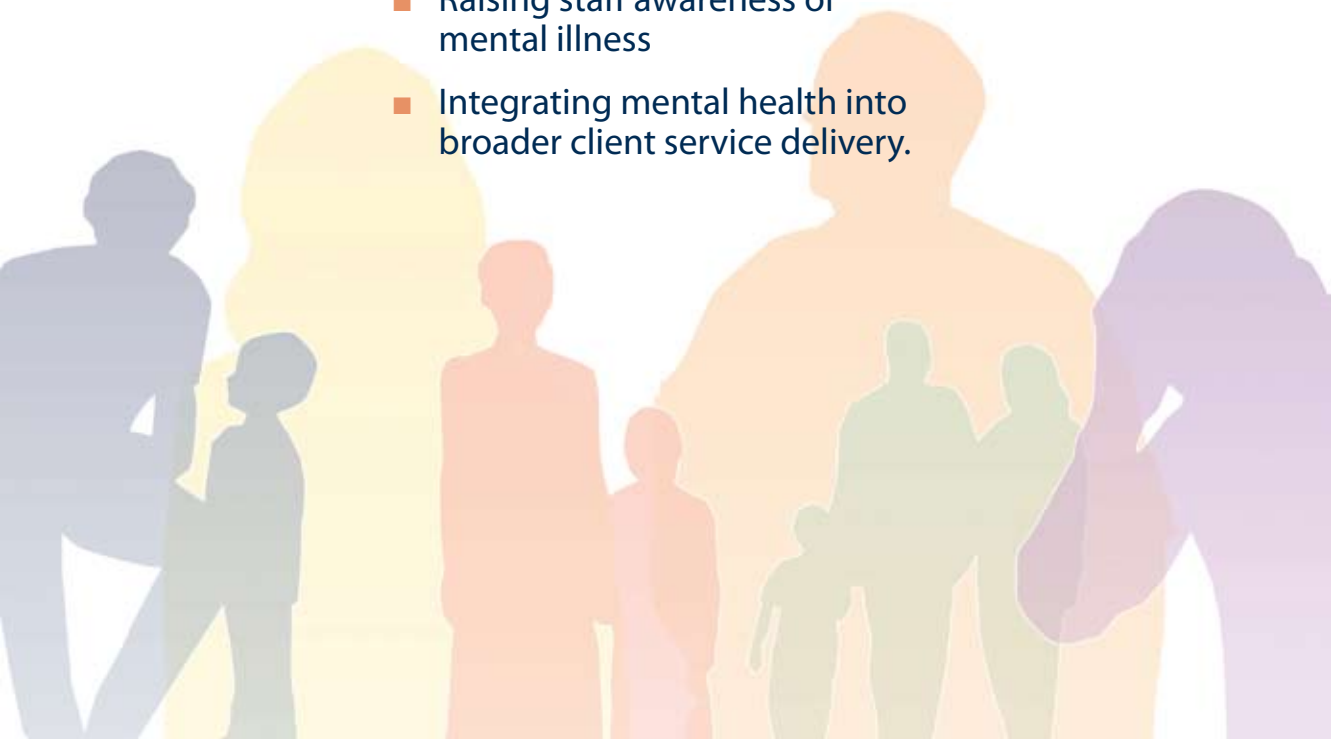
Integrated Client Service Delivery

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FINAL REPORT A Family Law Courts' Skilling and Client Support Program

- Developing partnerships with mental health service providers
- Raising staff awareness of mental illness
- Integrating mental health into broader client service delivery.



JANUARY 2009



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Centacare Sandhurst

Drummond Street Relationship Centre

Family Life

Lifeworks

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Victorian Department of Human Services and Area Mental Health Services

Companion CD



With this report is a companion CD that contains program resources including training slides and notes and a series of training scenarios. These were developed after the Integrated Client Service Delivery Program was completed, as part of the Courts' ongoing commitment to improved integrated service delivery.



Foreword

Family breakdown is one of the most distressing events people can experience. Couples who need to use court services because they cannot resolve their differences by way of community-based dispute resolution can find it to be even more so. The reality is that by the time people reach the Family Law Courts (the Family Court of Australia and the Federal Magistrates Court) stress, despair, anxiety, depression and other forms of mental illness are common, along with anger and frustration, and frequently a sense of powerlessness.



While it is not the role of the Courts to provide professional mental health services, Court staff members are very aware of the stress family breakdown places on clients. Through the Integrated Client Service Delivery (ICSD) program we are able support people's mental health and general wellbeing by working directly with organisations that do provide professional services.

In addition, staff members are trained to communicate more effectively with clients requiring support, to prepare personal safety plans for clients who need them, to recognise signs of possible family violence and to respond sensitively to the needs of Indigenous or culturally and linguistically diverse clients.

The ICSD program aims to ensure that best practice client-focussed principles are incorporated into the Courts' service delivery and is the first of its kind in an Australian court.

It was structured to build on work the Courts have been doing to improve service delivery. The forerunner of the program, the Mental Health Support Project, won a silver award in the 2008 Australia and New Zealand Mental Health Service Achievement Awards. The Court is proud of this recognition for what I believe is an excellent example of the improvement in service delivery to this group.

The Courts give their sincere thanks to the Department of Health and Ageing. It supported and funded the Mental Health Support Project and then the Integrated Client Service Delivery Program under the Department's National Suicide Prevention Strategy.

Today there is a referral network of agencies able to provide support to the Family Law Courts clients, in circumstances ranging from helping people feeling stressed to helping people experiencing mental health emergencies. Courts' staff members are better skilled and equipped in general communications and mental health topics and able to offer clients referrals to expert agencies.

Although the program was developed for a court environment, I commend it to any organisation that is keen to improve its client service, with particular emphasis on improved mental health support.

The Hon. Diana Bryant, Chief Justice
Family Court of Australia

Background

The Family Law Courts (the Courts) comprises the Family Court of Australia and the Federal Magistrates Court of Australia. Both Courts have jurisdiction in family law throughout Australia, except Western Australia which has its own Family Court.¹

The Courts recognise that separation and divorce contribute to three-fold and four-fold increases in suicide rates for men and women respectively. Overall, men remain at the highest risk of suicide accounting for almost 80 per cent of all suicide deaths in Australia.

General population studies report a consistently greater prevalence of a range of mental health problems in divorced and separated people, including generalised psychological distress and heavy alcohol consumption.²

Mental Health Support Project

It was within this context that in October 2004 the Department of Health and Ageing and the Family Law Courts initiated the Mental Health Support Project in the Courts. A Memorandum of Agreement was signed between the Department and the Courts on 12 October 2004 for the Mental Health Support Project to run a pilot program at the Courts' Darwin and Adelaide registries. The pilot tested a variety of approaches to improving mental health support for Family Law Courts clients. Independent evaluation of the pilot found:

- significantly improved staff skills for providing mental health support to clients
- clients feeling respected as an individual with specific needs rather than as a number in a process
- reduced staff stress because staff were able to offer viable options to distressed clients
- a sustainable referral system with the capacity to link clients in need to appropriate counselling support
- protocols to guide staff through different levels of response to clients, from situations of immediate threat of harm to preventative measures, and
- the availability of basic mental health literacy (a mental health brochure and key information in all relevant brochures and pamphlets of the Courts) increased client and staff awareness of mental health issues.



The Mental Health Support Project pilot report is available on the resources CD inside the back cover of this report at www.familycourt.gov.au.

1 Australian Bureau of Statistics, 2009, *Suicides Australia, 2005*, Cat. no. 3309.0 . viewed 21 January 2009, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3309.0Main+Features12005?OpenDocument>>

2 Australian Bureau of Statistics, 2009, *Mental Health in Australia, A Snapshot, 2004-2005*, Cat. No. 4824.0.55.001, viewed 21 January 2009, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4824.0.55.001>>



Integrated Client Service Delivery Program

As the Mental Health Support Project pilot was completed, so too several other client service initiatives of the Courts were reaching their conclusion. The learnings from all of these initiatives were gathered together into a new program to be implemented nationally, the Integrated Client Service Delivery Program. This Program started in 2006. It was jointly funded under an agreement between the Courts and the Department of Health and Ageing's National Suicide Prevention Strategy.

The funding agreement required these key outcomes:

- Families and individuals identified as 'at risk' with mental health needs must receive services that are accepting, confidential, supportive and appropriate to their needs while they are in the court system.
- Courts' staff need to have gained greater confidence and competence to identify, respectfully and appropriately respond to and refer individuals who are showing signs of mental health needs.
- A comprehensive and timely evaluation of the program is undertaken.
- Information and methodologies are disseminated to other relevant agencies and organisations.

This report is a summary of the Courts' Integrated Client Service Delivery Program, with a particular emphasis on the mental health benefits of the Program. The report draws extensively on the evaluations undertaken as part of the Program.

While the Program is complete, the benefits continue to flow to the Courts' clients and staff, as this report shows.

The Courts have made fundamental shifts in the way they deliver services to clients. The changes are ongoing. New client service staff will undergo the type of training outlined in this report as part of their induction. Existing staff will continue to receive support and training to ensure they maintain their knowledge, skills and commitment to the approaches developed under the Integrated Client Service Delivery Program (see section [Building Long Term Capability](#) on page 44 for current initiatives that are a direct result of feedback to this Program).

The training will improve further over time as a direct result of feedback and evaluation. This recognises the dynamic nature of the environment of the Courts.

The program in brief

What the Courts planned to do

The Courts planned to improve services for clients by:

- providing them with access to resources, counselling and support that is not provided in the Courts but which is necessary to ensure their mental health and overall wellbeing
- ensuring all clients are treated with respect and without judgment by staff – particularly clients who may be mentally ill or distressed, and
- ensuring services are tailored to specific needs, with particular attention paid to the needs of culturally and linguistically diverse clients and clients with fears for their safety.

What the Courts did

The Courts developed and delivered the Integrated Client Service Delivery Program through four streams (see page 7) that incorporated these main aspects:

- The development of a referral network, involving partnerships with more than 30 service providers so that counselling and mental health support services could be provided to clients. This gave clients immediate and ongoing access to services not available in the Courts.
- Making self-help brochures widely available. They contained information on services that clients could independently access and therefore take self-directed actions.
- Introducing protocols that clearly set out the Courts' expectations of staff in a range of client service situations, including emergencies when clients threatened to harm themselves or others.
- Implementing a national integrated client service training program for staff encompassing mental health, family violence, diversity, special client needs and non-judgmental communication.
- In addition to the training, improving registry support so that staff better understood what was expected of them in client service provision and, in turn, understood the support available to them during and after difficult interactions with clients.

Evaluation of the Program was comprehensive and ongoing, with feedback received iteratively, allowing changes to be made as the Program's products and approaches developed.



The results

Evaluation feedback indicates that the Program has fundamentally shifted how the Courts respond to and support clients who need counselling and other support services not available in the Courts but which impact on their capacities to interact with the Courts and manage their cases in the Courts.

It has significantly increased the capacities and confidence of staff to deal with people in most stressful or difficult situations. At the outset and as the Program developed, some staff were concerned that the Courts would expect them to diagnose mental illnesses and/or be mental health experts at the end of the training. The Courts took every opportunity to allay such concerns before, during and after the training: to affirm that the Program was about equipping staff with referral networks, tools and knowledge to better support and interact with clients, especially difficult clients or clients with mental health and other issues.

An unintended but welcome consequence of the training was the creation of a more supportive and less judgmental workplace.

Awards

The project has attracted national and international interest and recognition. These awards have been received:

- **2008 Achievement Award**
– Australia and New Zealand Mental Health Service Achievement Awards.
- **2007 Honourable Mention**
– Living is For Everyone LiFE Awards, public sector category. This is an award under the National Suicide Prevention Strategy.



Julie Greig, Operations Manager in Adelaide, pictured with the silver award for the Mental Health Support Program at the Australia and New Zealand Mental Health Service Achievement Awards

The Integrated Client Service Delivery Program

Context

The Family Law Courts recognise that separation and divorce can lead to increases in depression, anxiety, substance use,³ and increased suicide risk. The Courts also understand that individuals with serious mental disorders have higher future rates of divorce.

In addition to these issues and the overall stress of separation and divorce, the Courts' clients may also experience additional challenges, such as:

- English being their second language
- identifying with a different culture and different values
- being visually or hearing impaired
- experiencing family violence, and/or
- low levels of literacy.

When developing the Integrated Client Service Delivery Program, the Courts asked *'how can we better support our clients given the challenges they face?'* To answer this question the Courts drew on experts in mental health, communication, client service and client diversity, as well as the extensive knowledge and experience of their staff.

Program aims

With funding support from the National Suicide Prevention Strategy, the primary goal of the Program was to contribute to Australia's suicide prevention effort by better supporting the mental health and emotional wellbeing of the Courts' clients. A secondary goal, in recognition of the many challenges and stresses people experience in family law situations at the Courts, was to provide better client service overall.

Specifically, the Program wanted to meet these objectives:

- to provide clients with access to the resources, counselling and support they needed to look after their mental health and overall wellbeing (these are services that are not available within the Courts)

3 Rodgers, B. (1995). Separation, divorce and mental health. In *Men and Mental Health* (ed. A. F. Jorm), pp. 105-115. National Health and Medical Research Council: Canberra.



- to ensure clients, particularly those who may be mentally ill or distressed, were treated with respect and without judgment by staff, and
- to ensure clients received services tailored to their particular needs, with particular attention paid to the needs of culturally and linguistically diverse clients and clients with fears for their safety.

Meeting the aims

The Courts delivered the Program through four major streams. The streams covered the development of a referral network, making protocols available to staff, skilling staff and an comprehensive independent evaluation.

1 Referrals

A referral network with organisations able to provide counselling and mental health support services to clients, gave clients immediate access to services not available in the Courts, and ongoing support.

Self-help brochures with information on services that clients could independently access help (so take self-directed actions) were made widely available.

2 Protocols

Nine protocols clearly set out the Courts' expectations of staff in a range of client service situations, including emergencies when clients threaten to harm themselves or others.

3 Staff skilling and support

A national, integrated client service training program for staff encompassing mental health, family violence, diversity, special client needs and non-judgmental communication. The program incorporated the protocols and new referral processes.

Improved registry support so that staff had better client support information and appropriate guidelines and standards; and knew that they were working in a supportive environment, with specific support mechanisms there to assist them after difficult interactions with clients.

4 Evaluation

Evaluation to provide evidence on progress against intended outcomes to inform continuous improvement processes in the Program and in the Courts, and also to provide helpful information for similar projects in other courts and agencies.

During the Program the Courts:

- talked to more than 150 community and government-based providers of mental health services
- signed more than 30 partnerships with mental health support providers
- trained more than 500 staff across Australia (excluding Western Australia) between April 2007 and June 2008
- developed nine best practice protocols and made them available to all staff, and
- distributed more than 100,000 self-help brochures to clients.



Benefits

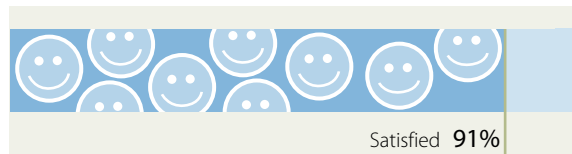
From the outset the Courts believed that an approach delivering tailored, supportive and respectful client service would deliver benefits not only to clients but also to community-based organisations, government and the Courts' staff. That proved to be so.

The following are highlights of what was achieved.

Benefits for clients

An independent survey of more than 500 clients undertaken after the Program was implemented found that:

- **Ninety-one per cent** were satisfied with the service they received.
- Clients were served by staff who had significantly higher levels of knowledge about mental illness, cultural diversity and safety; also the staff were supported by protocols that were leading practice.
- Clients were given information that was tailored to their particular situation, better preparing them for the court environment and the processes for their case. This led to clients experiencing less stress and angst at the Courts.
- Clients who were distressed or mentally unwell were able to access confidential counselling outside the Courts. Of those who accessed referral services, 81 per cent were satisfied with the organisation to which they were referred and the majority reported that their privacy had been respected.

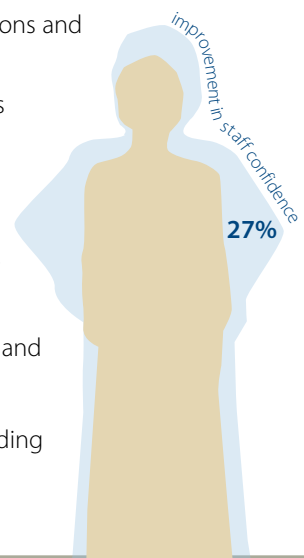


Benefits for staff

While the primary aim of the Program was to provide services for clients, there were also positive benefits for staff. In particular, the evaluation found:

- a sustained **27 per cent improvement in staff confidence**, across all locations of the Courts, to deal with a range of complex situations and difficult clients
- staff had increased and sustained confidence in helping clients requiring referrals
- a 90 per cent rating on confidence to empathise with clients
- a sustained capacity to understand and know how to apply safety and emergency protocols, as measured six months after training
- improved perceptions of management support for their work, and
- reduced job stress.

Further, the increased knowledge and understanding of staff regarding



mental health and emotional wellbeing (necessary to look out for and respond to signals from clients) led to a much greater awareness and understanding of fellow employees experiencing similar difficulties. This noticeably improved the Courts' workplace.

“It's also good for me, you know, in my personal life. It helps me cope with my life better as well.”

“It's (mental health issues) more prevalent than I thought...it's everywhere in society. You really can't make a judgment by looking at people.”

COURTS' STAFF – COLMAR BRUNTON EVALUATION

*“Everyone suffers from mental health issues at some point in their lives, even all of us so called **normal** people here.”*

Benefits for the community sector

Before the Program, community agencies reported minimal knowledge of the Courts despite many of their clients being involved in Court processes. The partnerships that developed improved their knowledge (particularly through site visits) and provided insights into what their clients might experience at court.

The partnership model proved popular with community organisations. Statements made during the evaluation included:

“The set up is quite simple and it seems to work well”

“The knowledge of the people we are dealing with is better than it used to be”

A COMMUNITY-BASED ORGANISATION

Community-based organisations also reported on the effectiveness of the warm linking service⁴ and the immediacy it provided.

“We are not losing people and they are finding it a more comfortable transition”

“Most people get support on the spot rather than having to wait”

COMMUNITY-BASED ORGANISATION SURVEYED IN THE COLMAR BRUNTON EVALUATION

Further, they believed the Courts to be at forefront of developing innovative services for people with mental health problems. The partnership/referral model was one of the keys. All partner organisations believe the Courts have a role in referring stressed, anxious or depressed people to community-based organisations.

Benefits for government

⁴ Warm linking is the direct and immediate connecting of clients to external services by staff.



Improving the Courts' client service helped improve public perceptions about family law, an area often seen as difficult by the public. This improvement has benefits beyond the Courts given the range of government agencies dealing with separating or divorcing people.

The benefits can be extended further. The Courts now offer:

- An independently evaluated and award-winning skilling program that is transferable to other agencies.
- A model for developing partnerships with community-based organisations that can be used by other agencies.

The Program has demonstrated the advantages of government and community partnerships delivering better services for clients. Further, when clients are better prepared and better able to participate in court processes the Courts also benefit, with reduced rework, happier staff and reduced complexity in client interactions.

Knowledge reduces ignorance

Close to one in five Australian adults has experienced a common mental health problem at some time during the last year. Given this, it is likely that about 180 of the Family Law Courts' staff (there are 900 in total) will have suffered from depression, anxiety or substance use disorder over the past 12 months. Many will also have close family members or friends with a mental illness.

One of the unexpected benefits of the Program was a change in attitude among staff toward common mental health issues. Staff stopped using language such as 'crazy', and began to treat each other with more respect and empathy. Several team leaders and managers reported the shift in attitude in the workplace.

"Before I just didn't know what to say. Now I feel like I know what to say and how to behave when someone is upset or depressed."

STAFF MEMBER IN FOCUS GROUP

"I can't believe the change in the way people treat each other after the training."

TEAM LEADER IN A FOCUS GROUP

5 Australian Bureau of Statistics, 2008, *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*, Cat. No. 4326.0, viewed 21 January 2009, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>>

Reflections from the project manager

Making significant change to the culture of any organisation has its challenges. Staff often feel they 'have been through it all before'. They can be cynical for various reasons: memories of previous experiences, they feel management has little concept of what it is to be providing direct client service, day-in, day-out; they suspect there is a hidden agenda, etc.

In the case of the Family Law Courts' Integrated Client Service Delivery Program the challenges of the work environment were (and are) many. Staff consistently provide services to people who are recognised to be experiencing high levels of stress as the Courts' responsibilities are now confined to the 'complex' end of the family law services spectrum. In addition to this, the Integrated Client Service Delivery Program had, as its main focus, the aim of improving the experiences for clients who presented at the Courts with mental illnesses.

Some staff were suspicious that the Courts would expect them to diagnose mental illnesses and/or be mental health experts at the end of the training even though that was not the case. Put this concern along side the fact that there were entrenched beliefs and attitudes toward mental illness, particularly suicide (reflecting views held more broadly in society) and it made for a challenging change management program. It was most certainly not a simple matter of re-engineering processes!

The challenges ranged from:

- achieving an acceptance of the need for external subject matter expertise at all levels
- to breaking down deep seated prejudices
- to dealing with subjects that may be traumatic for some staff who have been associated with suicide or depression among family or friends
- to overcoming fears of staff that they were being asked to act as clinicians
- to developing partnerships with external organisations that operated differently, and
- to changing operational procedures.

New doors were opened and existing relationships extended.

This required a significant amount of project time on people management (as well as project management) – managing perceptions, debunking myths, and building trust. But if there are two concluding observations to be made it is these:

- firstly, the passion and commitment of client service staff to serving the clients of the Courts to their best ability
- secondly, the leadership that was shown not just by those in leadership roles but also by individuals who became advocates and leaders of change with their peers.

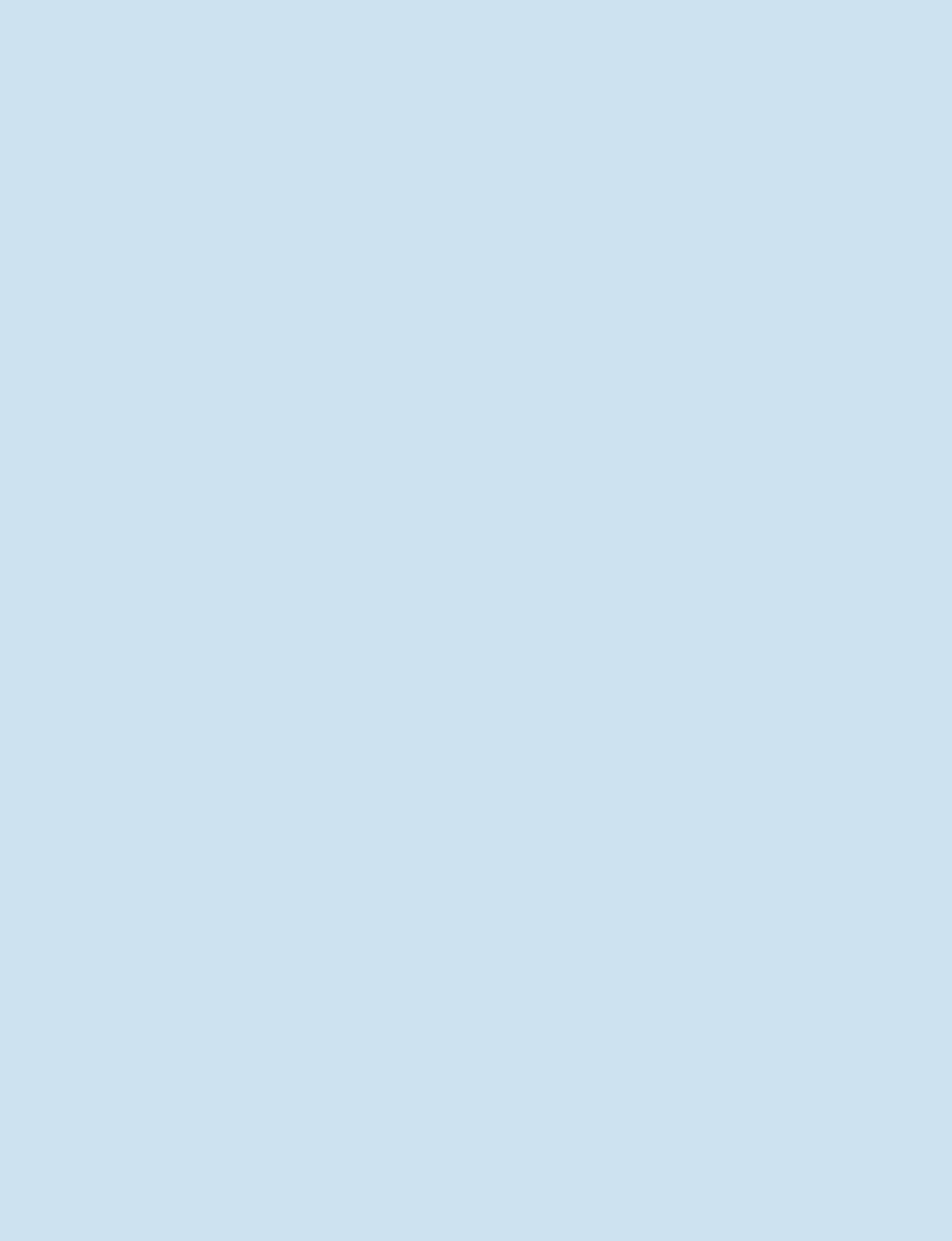
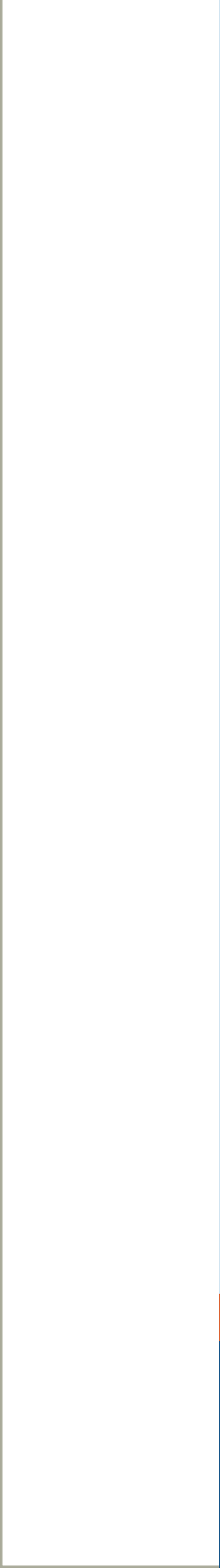
Over the life of the Program there were some extraordinary shifts in staff attitudes and fundamental improvements for clients and staff. There were unforeseen benefits in the workplace as staff developed much improved understanding of mental illness, and with it greater compassion.

A strength of the Program was that it had a clear evidence base. This was important for building the case for change with staff and for ensuring best practices were implemented. The Courts collected and used evidence from external experts, client survey data, focus group data, data from an external project evaluator and pilot results and experiences to build a firm evidence base. Plus there was opportunity for significant contribution from staff as the products and approaches were built. This was essential for achieving overall staff buy-in.

The Courts were met with enthusiasm by the government and community sectors when approached to work in partnership to better support clients. New doors were opened and existing relationships extended.

The Program has shown that where there is a will, and the resources to support a change process, there truly is a way. In this case, there was organisational support at the highest level based on a clear acknowledgement that separation and divorce has affects on people's health and wellbeing far beyond the Courts' responsibilities to them. Further, that when organisations, in this case two courts, can find ways to work in partnerships with other service providers, then the benefits – to individuals, the courts, the community and governments – are multiplied beyond the investment. And for staff, where they are supported appropriately, it is possible to make substantial organisational change over a relatively short time frame.

Project manager



Project in detail

The following sections of this report discuss the aims, achievement and challenges of the project in more detail. It is structured by the four project delivery streams:

- protocols
- referrals
- staff skilling and support, and
- evaluation.



Protocols

Client service staff are increasingly asked to tailor services for clients with specific needs. For example, people may need interpreters, hearing or reading assistance or special arrangements because they have fears about their safety at court. This adds client service complexity. Further, the Courts are increasingly dealing with only the most difficult cases.⁶ Consequently by the time clients reach the Courts, they are often frustrated, emotional, angry, distressed, sad and/or suffering from mental health issues. Each of these factors adds to the challenges of providing consistent, high quality supportive services.

During development of the Program staff expressed a wish to have more clearly documented guidance, particularly for the situations when clients are threatening harm to themselves or others or fear for their safety.

The aims

As well as providing clear statements of what was expected of staff in extreme situations, the Courts recognised the need to increase confidence and competence of existing and new or less experienced staff to deal with the full range of common and complex client service situations. Staff needed reliable, tested and best practice resources.

⁶ Clients only enter the court system when they have exhausted a range of alternative dispute resolution options including visiting a Family Relationship Centre.



Meeting the aims

Eight protocols were developed. Each contains steps that client service staff should follow when providing client services and supporting information, such as tips and scripts. These are the protocols:

- 1 Aboriginal and/or Torres Strait Islander protocol** – to guide service to people who identify as Aboriginal and/or Torres Strait Islander.
- 2 Diversity protocol** – to guide service for clients who are from a different cultural or linguistic background or have low literacy levels.
- 3 Preventative protocol** – a guide to offering counselling support to all new clients in recognition that separation and divorce is difficult.
- 4 Responsive protocol** – to guide service when a client is showing signs of distress, depression or mental illness.
- 5 Emergency protocol: suicide threat** – a guide to situations where clients threaten to harm themselves.
- 6 Emergency protocol: threat of harm to others** – a guide to dealing with threats of harm to others, including staff.
- 7 New client protocol** – a guide to dealing with new clients.
- 8 Safety at court protocol** – a guide for providing service to people who fear for their safety while at court.

The protocols:

- are client centric
- clearly communicate expectations
- are evidence based, nationally consistent and consistent with policy
- cover a wide and complex array of client service situations, and
- are easy to use, particularly in emergency situations (eg. they are NOT a procedures manual).

The protocols apply to all staff, however they are particularly useful to new, less experienced staff or staff under pressure who are unsure of what to do or say. More experienced staff also refer to them as a checklist or in more complex or stressful situations.

The protocols:

are limited to one page of steps

contain step-by-step approaches

are colour coded (making for instant recognition) and available on both the intranet and in flip folders to support different ways staff work

include tips and scripts

tell the 'why' of doing each step so the client service officers understand what they are trying to accomplish

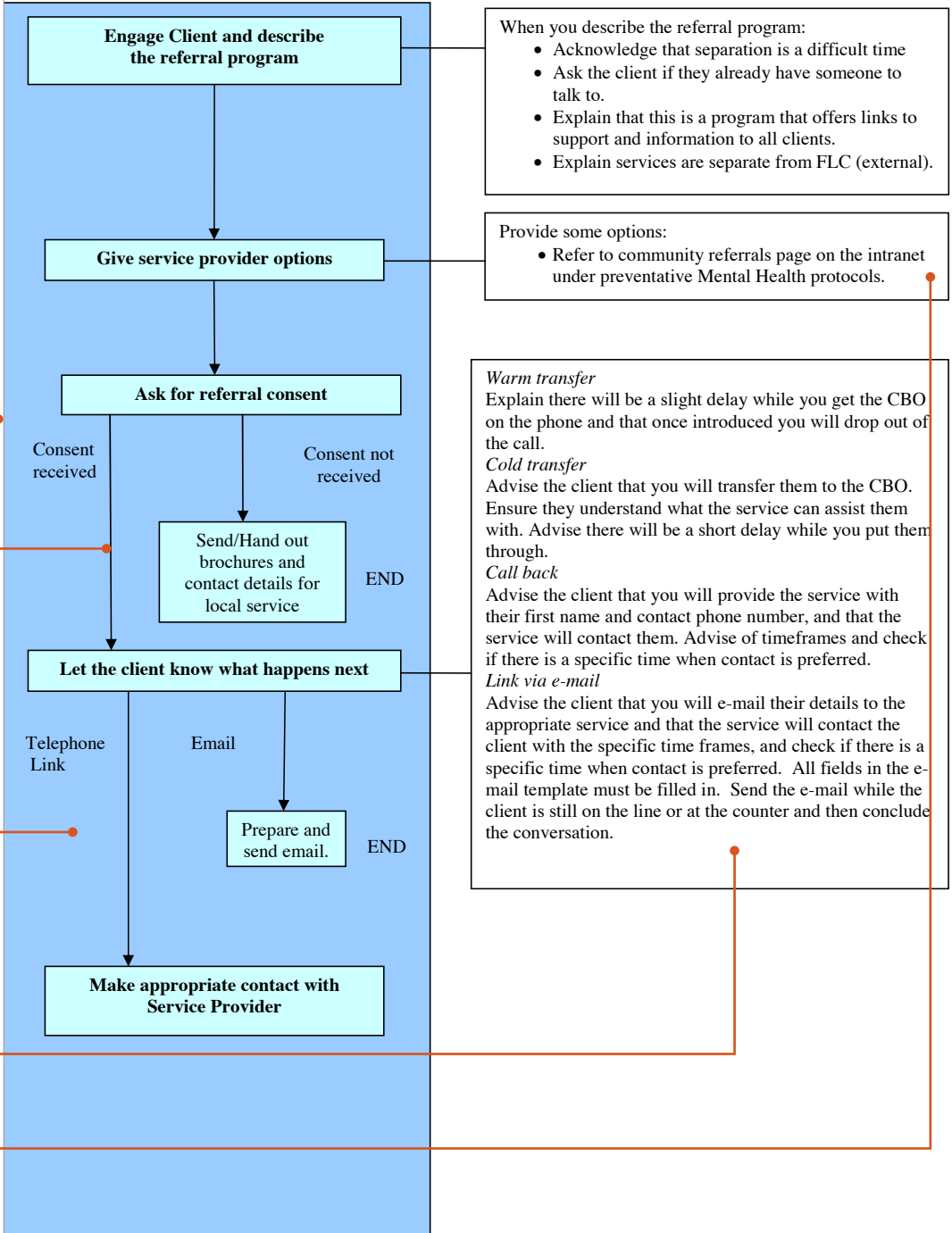


Copies of all protocols are available on the attached resource CD.

Sample protocol

Preventative referral protocol

These steps must be followed for all clients of the Courts.



Developing the protocols

Five primary steps were used to develop the protocols.

1 Developing a first draft of the protocols in partnership with subject experts

This helped ensure the steps were correct and accompanying dialogue (script) was consistent with current evidence. The experts covered:

- mental health
- Aboriginal and/or Torres Strait Islanders
- culturally diverse clients
- communication techniques.

Their input gave the protocols credibility in the eyes of staff, thus the confidence to use the protocols in difficult situations.

2 Adapting the protocols to the workplace by using highly-regarded client service staff from each region and function

A staff reference group tested the protocols, refining them as necessary for the Courts' environment. This involvement by respected local staff encouraged broader buy-in.

3 Testing, retesting and refining the protocols

Reference group members tested and refined the draft protocols repeatedly using role plays, consultation, and trials in local registries. This not only improved the quality of the protocols but also encouraged further staff buy-in.

4 Integrating the protocols into training

The skilling program (see **Staff Skilling and Support** on page 31) was used to implement the protocols. This included providing staff a 'safe' environment in which to test the protocols.

5 Making the protocols available in the workplace

Concurrently with the delivery of the training, the protocols were made available to staff in hardcopy flip folders and on the intranet to encourage immediate use.

During the staged national roll-out of the skilling program, the Courts continued to refine the protocols based on feedback from training forums and staff in the workplace. The challenge was to keep the protocols current in such a dynamic environment.



The achievements and benefits

The evaluation found the introduction of the protocols, combined with the skilling program, led to a 31 per cent increase in staff confidence when dealing with the Courts' most challenging clients, particularly clients with mental health problems (eg. schizophrenia) and clients with drug and alcohol problems.

Staff confidence to produce safety plans (for individual clients) rose from 67 per cent to 86 per cent as a result of the protocols and training.

Confidence ratings also rose significantly with the introduction of the protocols and training for interacting with Aboriginal and/or Torres Strait Islander clients, culturally and linguistically diverse clients, those with low literacy and clients with safety fears. The confidence ratings remained at more than 86 per cent in each area.

Across the Courts staff were satisfied with the protocols, particularly the safety at court and mental health protocols.

The emergency protocols have quite possibly saved lives (see letter at right). In a sample month at the end of 2008, the National Enquiry Centre alone had taken 11 calls where clients threatened self-harm and the emergency protocol was applied.

98 per cent of staff surveyed were confident in applying emergency and safety at court processes.

Julie Greg
Client Services Manager
Family Court,

Dear Julie,

Thank you so much for your help on the morning of 8 November. Your tact & kindness is something I will never forget. As well, it wasn't a very easy situation but you managed everything so that I could have maximum physical & emotional support. I was very ill subsequently & I do believe it was a help that you phoned my case manager, [redacted]. She too did mountains of work to help me. You are very well thought of - I can't remember which Social Worker it was but when I mentioned your name, she had the highest praise for you. I enclose a post card as a token of thanks

A grateful client

Challenging myths and changing approaches

The Program has helped debunk myths and given client service staff the skills to know how to more effectively engage with clients.

Myth If you ask a client if they are thinking of harming themselves they are more likely to do it.

FACT Asking a suicidal person if they have a plan to do self-harm does not increase the suicide risk. In fact, speaking to them may calm the person and allow the staff member to refer them to help, and/or allow the client service officer time to give critical information to police.

The mental health emergency protocol for suicide guides staff to keep the person talking, alert a colleague or supervisor and ask the person directly if they have a plan.

“She [the client] said that she had done everything [asked of her] and just wanted this matter behind her, and after speaking a bit longer she said that she ‘may as well just hang myself’.

“I asked her ‘Are you really thinking of doing that?’ and she replied ‘Yes’. I asked her ‘Do you have a plan for doing this?’ to which she also replied ‘Yes’.

“At this point I alerted my supervisor via a written note that I had a client on the phone threatening suicide.” The staff member went on to follow the protocol, alerting a supervisor and trying to get details of the caller, pressing the trace button and alerting police.”

INCIDENT REPORT FROM THE COURTS' NATIONAL ENQUIRY CENTRE



The mental health responsive protocol for possible mental illness requires staff to try and calm the person down, determine what type of referral they may need, warm link the client (if they agree) and then take the action recommended by the mental health professional.

“Having calmed the client, I then informed the [judicial officer’s] associate of the client’s state of mind and advised that I would seek help for her. It was well and truly after 5pm, I took the client and her support people into the registry where I then explained to the client what I could do to assist her if she agreed.

“With her agreement I then contacted the Adelaide Mental Health Crisis team and spoke with the triage nurse who conducted an over the phone assessment with the client and then advised me that the client required hospitalisation.

“With the assistance of the client’s support people we were able to organise transport from the Registry and admit the client to the District Hospital’s mental health unit.

“I also arranged for her dog to be cared for – this was an issue of concern for the client as she lives alone.”

INCIDENT REPORT FROM THE ADELAIDE REGISTRY

Program observations

Preconceived beliefs of staff about suicide and mental illness were difficult to shift and required a prolonged and ongoing effort. Approaches that helped bring about a shift in attitude included:

- being clear that the protocols were developed by leading experts
- emphasising that the steps in the protocols were good practice, endorsed by the Courts and mental health support agencies, and that other approaches were not good practice
- running a two-day mental health training module to start to change attitudes
- hearing directly from crisis support teams that deal with suicide threats on a daily basis, with Courts staff being able to ask questions of them, and
- integrating the approach set out in the protocols into staff performance management tools.

Referrals

Separation is one of life's most stressful events. Only three life events – the death of a spouse, death of a child and imprisonment – are considered more distressing than divorce. Thus people going through the Courts are often emotionally charged. Much is at stake for both parties and signs of emotional distress and mental illness are common among the Courts' clients.

The Courts' client service staff are neither counsellors nor mental health experts yet daily they interact with people who are at a higher risk of emotional distress than the general population (and most likely could benefit from counselling support).

The aims

The Courts wanted to ensure:

- clients were aware of the services provided by community-based and government organisations
- clients were able to get help from appropriately skilled counsellors, and
- clients were able to access self-help information.

To achieve these goals the Courts:

- set up a referral network of community and government organisations willing to provide counselling and support services to clients and receive direct referrals from the Courts
- skilled and supported staff in offering and making referrals, and
- provided clients with
 - information on the services available, and
 - self-help tools related to mental health.

The referral network

The Courts recognised the importance of working across sectoral and organisational boundaries to ensure clients received mental health support as they moved through the family law system. This required the Courts to build partnerships with community and government providers of mental health services. With partnerships in place, the Courts could link clients to organisations able to support people under the emotional strain of separation or divorce.

When establishing the referral network, the Courts were guided by the following principles:

- all members of the network must have suitably qualified counselling staff
- it must be simple and attractive for community-based organisations to join the Courts' referral network
- the network as a whole must cover the needs of the Courts' diverse client groups and a wide range of mental health circumstances, and
- network members must be able to offer referrals that:
 - maintain client privacy
 - are completely independent of the Courts,⁷ and
 - can be anonymous if the client chooses.

More than 30 mental health support agencies across all states (except Western Australia) joined the referral network. Many of the agencies offer regional services. Two national telephone counselling service providers, Lifeline and Mensline, assured client's had access to some form of counselling service regardless of location.

⁷ During a pilot project clients expressed concern that admitting to requiring or using counselling would impact the outcome of their case



The types of services provided across the Network through email, telephone and face-to-face services included:

- short and long term counselling
- relationship programs
- linkages to local services
- call-back support services
- children's support
- women's and men's services
- youth counselling
- grandparent support programs
- AIDS/STD, drug and youth programs
- family counselling
- homeless and parenting programs
- suicide intervention programs
- mental health assessment and treatment if necessary
- attendance on site (ambulance, police and some State mental health services)
- domestic violence
- counselling for Australian veterans, peacekeepers and their families
- crisis intervention, medical assistance, housing and addiction management
- legal services
- Aboriginal and Torres Strait Islander support
- grief and loss counselling
- alcohol, drug and gambling help, and
- support for homelessness.

While the Courts' clients could be referred to the support network to receive counselling, many of the organisations offered broader services including financial, legal, parenting, housing and addiction support. Most organisations were also able to provide referrals to other specialist services where required.

Access to the Network, including 'warm-linked' referrals have continued beyond the Program.

Building the referral network

Relationship building was a key to establishing the referrals network. The Courts used these broad steps for building the network:

1 Identify potential referral network partners

This was done through a multitude of methods, including by drawing on existing networks and partnerships, nationally, regionally and locally, and other research techniques to identify candidate partners in each region.

2 Meet to gauge interest from both sides and introduce local staff

Explain the Program, clarify what the Courts would bring to the partnership and what potential partners might be able to offer.

3 Develop partnership agreements

Statements of Understanding set out how the Courts and their partners would work together (the services to be offered, etc). As community organisations often have minimal resources, the Courts normally took on administrative responsibility for developing the Statements of Understanding.

4 Celebrate the partnerships using a launch or formal signing

Partnership launches, including a formal signing and lunch or morning tea gave a sense of occasion and importance to the partnerships.

5 Foster the relationship with staff

Managers in the Courts' registries were expected to arrange reciprocal visits for staff and referral network partners, and manage the on-going relationship at the local level.



Offering and making referrals

Staff needed to know how to sensitively, confidentially and confidently offer and make referrals. There were three broad circumstances in which staff might make referrals:

- **preventative referrals** – when clients were new to the Courts. In recognition of the stress of separation and divorce, new clients were offered counselling support regardless of whether they were showing outward signs of distress.
- **responsive referrals** – when clients were showing signs of distress, anger or were visibly upset (this might have included threats about future suicide), and
- **emergency referrals** – when a client threatened imminent harm to themselves or others.

With the help of a mental health expert, the Courts developed a series of protocols documenting best-practice steps to making different referrals (see page 27). These protocols then became the basis for training modules on how to offer and make referrals.

The training also showed staff where to find information on the types of referrals each community/government organisation could accept. One of the advantages of developing the formal partnerships was having that information directly available to ensure clients were referred to the best organisation for their particular needs.

The Courts found staff more likely to offer and make referrals if they were familiar with a referral organisation and the services it offered. To increase familiarity the Courts:

- organised staff visits to local community organisations
- provided information about the referral network during the skilling program, and
- integrated information about community organisations into the protocols.

Providing information to clients

There are many reasons why clients do not accept, particularly in the first instance, a direct referral to counselling support. During the Program, the most commonly cited reasons were – ‘don’t need or want it at the time of offer’ (54 per cent) or ‘already had support’ (14 per cent). Some clients were concerned that a referral might affect their case at court, particularly where children were involved.

Mental health experts advising the program advised that people rarely take the first offer of a referral. In fact, the effect of being provided referral information is cumulative and a person will often not take-in or use the information until it has been offered multiple times.

To support the offers of direct referrals offers made by staff, the Courts developed a brochure titled *Feeling stressed?*. It provided practical tips and guidance to clients



on looking after their mental health during separation. The brochure included contact details of some key referral network members and was:

- handed out as part of an information pack for all new clients
- provided to clients over the counter if they display need, and
- available in registry waiting areas.

Some registries also provided clients with a list of local referral network members and had information brochures of referral network members available.

The achievements and benefits

Most commonly the Courts' new clients were made aware of the referral services when they first contacted the Courts, generally through the Courts' National Enquiry Centre. Information was given verbally and through the post.

While most clients felt they did not have an immediate need or want for the services at the time they were offered, they were appreciative of being offered the referral.

“There is a lot more information now about the courts, what to do, what the process is like, where to get help”

CLIENT FROM THE COLMAR BRUNTON SOCIAL RESEARCH EVALUATION

“The fact that they care enough to ask and offer that is good. Just to know there are places I can get extra support from is a good thing in itself”

CLIENT FROM THE COLMAR BRUNTON SOCIAL RESEARCH EVALUATION

“Staff of the Family Court...much more helpful. They used to just check forms and if you wanted any help you had to really work for it or hire a lawyer. Now they offer you help and assistance every time I call. People who are whingeing about the courts have no idea how lucky they are now”

CLIENT FROM THE COLMAR BRUNTON SOCIAL RESEARCH EVALUATION





The Courts' National Enquiry Centre is the first point of contact for almost all clients. Staff reported many clients (about 28 per cent) were emotionally distressed when they called. When offered a referral, staff reported no negative reactions. In fact many distressed clients were positive about being offered referral information and more than half (about 53 per cent) either received a direct phone link (a 'warm link') to a community organisation or agreed to receive contact information.

Of the clients that received counselling through such a referral, satisfaction with the services received was strong at 81 per cent. Further, the great majority of clients believed that their confidentiality was respected.

Staff appreciated having a network of professional mental health support to draw on, particularly in emergency situations and situations where clients displayed need for emotional support.

“Few clients stop to say thank you to the client service officers who have offered help and made a real difference in their lives. However, they were appreciative and very grateful for the help they have received.”

COLMAR BRUNTON SOCIAL RESEARCH EVALUATION

“In talking about a client service staff member one client said, ‘I often think of her and I’m so grateful’.”

CLIENT FROM THE COLMAR BRUNTON SOCIAL RESEARCH EVALUATION

Community-based organisations were positive about their involvement in the network:

“The fact that they’ve rolled out the Program last year is a positive sign that the Family Law Court is serious about actively supporting their clients in other areas of their lives...their clients are inevitably our clients too. So it helps us, helps them and the people who benefit the most are ultimately the clients, which are of course our primary priority and focus...”

COLMAR BRUNTON SOCIAL RESEARCH EVALUATION

Staff skilling and support

Rising community expectations about service quality, increasing case complexity (only the most complex cases reach the Courts)⁸ and ongoing Government requirements to deliver efficiency gains have each affected the Courts' client service environment. The Courts' national skilling program set out to enhance the confidence and competence of staff to meet the demand for quality, tailored and timely service.

The aims

The staff skilling program needed to give the staff the skills and support:

- to communicate effectively with a diverse range clients and in a wide range of situations
- to respectfully and appropriately respond to individuals who display signs of emotional or mental health distress, and
- to respectfully and appropriately respond to the particular needs of diverse client group, including those with fears for their safety, clients with English as a second language, Aboriginal and/or Torres Strait Islanders clients, and others with special needs.

General staff received five days of training, with shorter versions customised to the needs of specialist staff who had more grounding in some topics. There was also a program for the Courts' leadership group, recognising good client service starts with good leadership.

The skilling program was delivered in three stages, with deliberate gaps between each delivery. This was essential to achieve acceptance, for reinforcing learning, and maintaining knowledge and skills over time. The components were:

- pre-training awareness
- the five-day skilling program, and
- post-training reinforcement and support.

8 With the introduction of Family Relationship Centres, all cases must attempt alternative dispute resolution before coming to the Courts.



To help ensure quality assurance and continuous improvement, the Courts:

- used reputable subject matter experts to develop and deliver all training materials in specialist areas
- ensured all materials were consistent with Family Law Courts' policies
- through a reference group, tested all training components and refined them as necessary before implementation
- analysed data from post-training evaluation forms, evaluation surveys and focus groups to make improvements as the training was rolled out, and
- vetted any proposed changes to the Program through a senior trainer.

Pre-training awareness

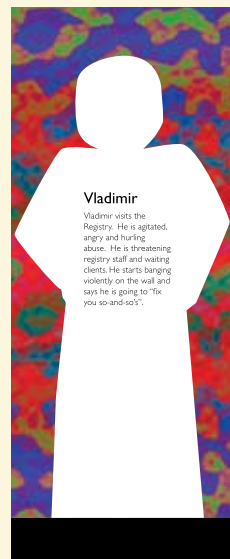
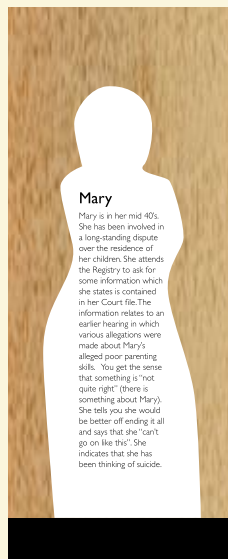
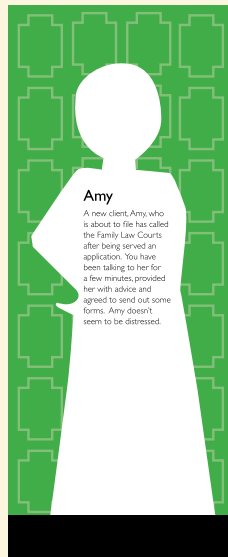
One of the challenges for the Courts was to get staff commitment to the Program given the size and nature of the change. Some staff felt they were being asked to perform functions and deal with clients beyond what should be expected of them, particularly in the area of mental health. The Courts initiated a comprehensive change management approach. Pre-training activities included:

- **Getting management support** – the project team worked with managers setting out the Courts' commitment to the Program at the highest level and detailing the need for the training program and the benefits it would deliver locally.
- **Raising staff awareness** – before training, awareness-raising presentations were made to all staff, explaining the need for change and allowing staff to ask questions and raise any concerns.
- **Providing further information** – a reference group, including senior client service staff from each region, was a key information source in the lead-up to training. Group members answered questions, listened to staff concerns, and attended team meetings to ensure people understood the Program and were ready for the training. Newsletters provided more information about the Program and the successes of the pilot project at the Adelaide and Darwin registries.
- **Arranging expert trainer visits** – in each region expert trainers went on-site to answer questions, familiarise themselves with the registry and get to know staff immediately before the training.



Training aides

Seven fictional clients were used during the training to represent realistic clients. Each had a relevant story and existed on a life sized banner in the training room. Using the same fictitious clients over the five days encouraged staff to integrate what they had learned across modules.





The five day training program

The general staff training covered communications, mental health support, making referrals, providing service to diverse client groups, safety at court, and using the protocols. Following is a summary of each module and its intent.

Days 1 & 2

Communications

The communications module aimed to improve trainees communications skills and confidence in a broad range of situations and with a diverse range of people.

At the end of this module trainees would:

- know how to effectively communicate in a range of situations, eg. with people who may be sad, angry, depressed or threatening harm
- be able to adapt their communication to different personality types
- know how to listen and communicate non-judgmentally, and
- be able to communicate more effectively with clients, judicial officers, colleagues and family/friends.

Topics covered included: types of questions, stages of interaction, using non-verbal signals, client service at the Courts, different types of communicators, personality profiles, and dealing with difficult behaviour types, including aggressive, passive, verbose and upset.

Days 3 & 4

Mental health

The mental health support module aimed to breakdown prejudices related to mental health and replace myths with evidence-based actions.

At the end of this module trainees would:

- have a better awareness of mental illnesses such as anxiety, depression, psychosis and substance use disorder
- have the skills to deal with clients who may be threatening harm
- be able to assess clients and know how, when and where to refer them, and
- know how to use the Courts' protocols in a range of situations, including emergencies.

Topics covered included: mental health; marriage and divorce; the impact of mental illnesses on ability to participate in court processes; understanding and communicating with someone with depression, anxiety disorders, panic attacks; psychotic disorder or substance use disorder; suicide and crisis situations; knowing external referral organisations; and knowing how to make a preventative, responsive and emergency referral.

Day 5

Safety and diversity

This module aimed to improve trainees skills for recognising and responding to the specific needs of clients, including needs that could not be met by the Courts.

At the end of this module trainees would:

- know how to recognise clients who need assistance and know how to provide that assistance
- understand how to contribute to the Courts' Family Violence Strategy
- have the skills to write a Safety at Court Plan, and
- be able to address the needs of diverse clients, including Aboriginal and/or Torres Strait Islander clients, culturally and linguistically diverse client and others with specific needs.

Topics covered included: Providing services to clients with culturally and linguistically diverse backgrounds, with disabilities and with low/no literacy; understanding the external services that can be drawn upon to assist; and preparing a safety plan.

Bringing it all together

At the end of this module trainees would:

- have the learning from the previous modules reinforced
- understand how communication skills, mental health first aid and safety and diversity fit together.

Topics covered included: Providing services to clients with culturally and linguistically diverse backgrounds, with disabilities and with low/no literacy; understanding the external services that can be drawn upon to assist; and preparing a safety plan.



For a comprehensive set of lessons learned, copies of the actual training materials used and more detail about the training program, see the attached resources CD.

Designing and delivering the program

The training program had these underlying characteristics:

- All modules were linked and the interrelationships between them made explicit during the training.
- Each module was developed by subject matter experts. Training modules were based on evidence and tested techniques, which increased staff confidence in the material.
- The training targeted staff at all levels across the Courts. In recognition of the different needs and skills of staff, customised versions of the training were delivered in addition to the five-day general staff training. Tailored versions included: a one-day mental health module for registrars, a one-day advanced mental health module for family consultants, a one-day management oriented leadership program, and a presentation to the judicial conference.
- Each module was delivered by two trainers – a subject matter expert delivered topic specific material and a senior staff member related the skills back to the Courts' environment.
- The five days of training were split into the above components with a break between each to prevent overload, allow information to sink in and give staff a respite after the potentially emotionally draining mental health modules. Staff in each region (spanning several registries) went to a central location to receive training. Classes were small, between 15 and 20 people, and contained a mix of staff across registries. This minimised the impact of absences on one registry; facilitated networking and allowed idea sharing across registries.
- Regional registry managers opened the training for each group demonstrating the highest level of support.
- During the training, the Courts recognised the importance of looking after the mental health and emotional wellbeing of staff as well as clients. (Given the nature of the work of the Courts' client service staff, where they regularly deal with clients who are emotionally distressed, showing signs of mental illness and/or are aggressive or conflictual in their behaviours, the need for support could reasonably be seen to be higher than in many other work environments.)

Follow up, reinforcement and support

After the training the Courts put strategies in place to reinforce and support the use of the skills. The Courts understood that client service staff would find it difficult to put some skills into practice, particularly those related to making mental health referrals, so it was essential to create an environment that encouraged the use of newly acquired skills. The strategies were in these categories:

Message reinforcement

- Staff from other registries, who had already tested and used the techniques, visited recently trained registries to share successes and erase myths.
- The Courts' expectations of staff were documented in a Service Expectations Tool, used to communicate expectations of staff and inform performance management. The tool assisted managers and staff with performance discussions, and provided managers with information about each registry's capacity to meet client service targets.
- Internal trainers (staff trainers at the training program) were available to registries for several weeks directly after training, to answer questions and reinforce skills.
- Team leaders were key for reinforcing important messages. They were trained early and were encouraged to ensure staff were using their new skills.

Leadership training

- A two-day forum was held for senior executives in client service roles within the Family Law Courts to:
 - promote understanding of the key messages given to staff during the training
 - promote broader understanding of emerging client service issues, and
 - provide an opportunity to develop supporting client strategies and the underlying service philosophy.

Information to support skills

- All protocols and referral information was made available on the intranet and in desk flip folders immediately after training. Likewise, information about services such as interpreter services, and Aboriginal and Torres Strait Islander services was made available on the intranet. Trainers ensured staff knew where to find different material.
- New brochures were developed in the areas of mental health self-help and safety at court. Registries were encouraged to develop information brochures for clients in conjunction with their local referral agencies, so that information about locally available mental health referral agencies was more readily available. This was particularly useful for staff not accustomed to offering mental health support.

A supportive work environment

By learning new skills to support the mental health of clients, staff became aware of how they could support the mental health of each other. However the Courts realised they needed to extend the support further. There needed to be specific support available to staff after difficult situations, such as when clients threatened self-harm and/or were particularly difficult with or aggressive to staff. Important aspects of this support were:

- The Peer-to-Peer Support Program. It was implemented in all registries and provided for skilled team leaders, managers and selected staff to support staff after difficult interactions.
- The Courts' Employee Assistance Program (EAP) offered short term solution-based counselling and could be used either face-to-face or by phone. During the skilling program all staff were made aware of the program, how it worked and how they could use it.

The achievements and benefits

More than 500 employees of the Court completed training:

- 430 certificates were presented to staff who completed the five day program (held at seven locations over 12 months)
- nearly 100 specialist staff received one of the three customised versions of the course, and
- about 40 judges received a presentation.

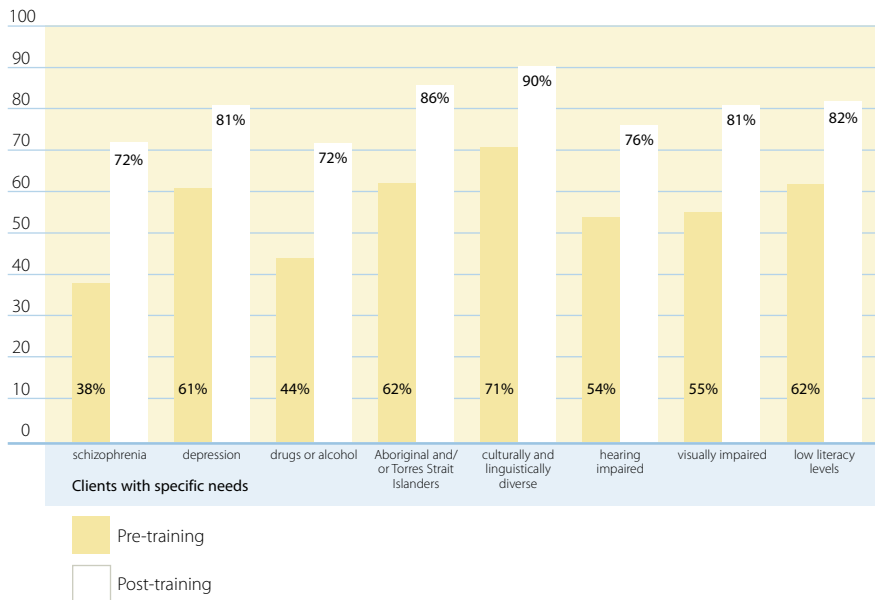
The training had a significant positive influence on staff understanding, knowledge and confidence in providing client service, with 97 per cent of the general staff rating the training as good to excellent.



Overall staff confidence in providing services to support a wide range of clients improved as a result of the training. Specifically, staff understanding, knowledge and confidence in providing support in areas of specific need improved as follows:

- clients with mental health problems, such as schizophrenia, from 38 per cent to 72 per cent
- clients who might be suffering with depression, anxiety or stress, from 61 per cent to 81 per cent
- clients with problems with drugs or alcohol, from 44 per cent to 72 per cent
- clients who identified as Aboriginal and/or Torres Strait Islanders, from 62 per cent to 86 per cent
- culturally and linguistically diverse clients, from 71 per cent to 90 per cent
- hearing impaired clients, from 54 per cent to 76 per cent
- visually impaired clients, from 55 per cent to 81 per cent, and
- clients with low literacy levels, from 62 per cent to 82 per cent.

Percentage improvement in staff understanding, knowledge and confidence in providing support





A series of true or false knowledge questions, that staff responded to both before and after the training indicated a significant increase in knowledge.

Question	True/False	Pre-training (per cent correct)	Post-training (per cent correct)
Summarising and paraphrasing are good methods of building rapport	✓	75	90
Exercise can assist with depressive and anxiety disorders	✓	73	90
People with psychosis usually come from dysfunctional families	✗	65	78
People who talk about suicide don't suicide	✗	64	81
A safety plan is not always necessary for clients who have concerns about their safety while at court	✗	59	83
Males suicide four times more frequently than females	✓	49	85
It is not a good idea to ask someone if they are suicidal in case you put the idea in their head	✗	40	84
It is best to get someone having a panic attack to breathe into a paper bag	✗	30	82
A client who has a 'promoting style' may need to vent their emotions	✓	44	60
You should confirm a person's delusions so that they feel more relaxed	✗	50	74
A first-aider can distinguish a panic attack from a heart attack	✗	33	72
Close-ended questions are useful to explore issues and problems when dealing with clients	✗	45	62
People with psychosis are more likely to be victims of violent crimes than the perpetrator	✓	16	54
Body language is 30 per cent of communication	✗	23	50

Evaluation

Evaluation was an essential part of the project.

The Courts and the Department of Health and Ageing agreed it was important to contribute to the evidence base for suicide prevention and to provide information as a starting point for similar initiatives in other organisations that may be funded under the National Suicide Prevention Strategy.

Feedback was also important to ensure any products provided under the arrangement were of a high standard. Finally, for public accountability the Courts needed to track progress against intended outcomes before investing more time and effort into the Integrated Client Service Delivery Program model.

Given the above, the evaluation was intended:

- to assess project results against agreed outcomes and performance measures
- to increase the evidence base for similar projects (consistent with the National Suicide Prevention Strategy) through which the funding was specifically provided.
- to provide the Courts' management and the Department of Health and Ageing with concrete information about the effectiveness of the Program
- to provide continuous improvement information as the project progressed, and
- to inform decisions on the future of the Program such as refreshment of skills and training for new employees.

The evaluation approach

The Courts used the following approach to evaluation:

- An independent evaluator, Colmar Brunton Social Research, conducted a major evaluation including telephone surveys and interviews with clients, staff and referral agencies to measure outcomes against key performance indicators up to six months after project delivery.
- Training evaluation was held after each major training module was presented.
- Staff focus groups were held in all major sites at critical points throughout the Program.

The key results of these different evaluation approaches are embedded in this report. The stages on page 42 give a brief overview of the evaluation components.

The overall evaluation

Colmar Brunton Social Research evaluation

	Staff	Clients	Community-based organisations
Stage 1 Scoping and planning			
Stage 2 Exploratory qualitative	10 focus groups	21 in-depth interviews	6 in-depth interviews
Stage 3 Pre-implementation (baseline) quantitative	133 telephone interviews	639 telephone interviews	21 telephone interviews
Stage 4 Post-implementation (follow up) quantitative	133 telephone interviews	536 telephone interviews	12 telephone interviews
Stage 5 Follow up qualitative	11 focus groups + 5 interviews with registrars/family consultants	33 in-depth interviews	5 in-depth interviews

The evaluation provided an independent assessment of progress against key performance measures and agreed outcomes. Colmar Brunton Social Research (CBSR) used both quantitative and qualitative methodologies. Key activities included:

- Agreeing Key Performance Measures (KPIs). These were developed by a reference group, comprising representatives of the Courts' client service management, referral agencies, the Department of Health and Ageing and an external mental health expert.
- Establishing baseline data for the KPIs before project started through interviews with clients, staff and referral agencies.
- Immediately after the training in each site, survey again to assess the impact of the training.
- Six months after training rollout in each site, survey staff and clients to measure skill retention in staff and the impact on clients.
- Follow-up qualitative research with staff, clients, and referral agencies to flesh out the quantitative findings and explore ways in which the Program could be improved.

Colmar Brunton Social Research provided interim reports throughout the project to monitor progress and then a series of reports at the end to both provide a report on results. Many of the key results are incorporated into this report.

Training evaluation

The main purpose of the training evaluation was to give immediate and direct feedback on the training as it was rolled out to both improve the Program and to ensure it was delivering the expected results. Major activities included:

- Attendees completed evaluation forms at the end of each module and at the end of their training, responding to questions about course content, time allowed, materials used, and trainers' knowledge and abilities.
- Compilation and analysis of the findings from the evaluation forms and results provided to trainers so they could make improvements for the next group.
- At the end of training in each region, trainers from that region met with trainers from the next region and, using the results, made improvements to the training program as required.

Focus group evaluation

The purpose of the focus groups was to gather on-going qualitative information directly from staff about the challenges they might be facing when using their new skills. Also sought were suggestions on how management and team leaders might better support staff in overcoming the challenges, and suggestions on refreshment activities that might assist them. Focus groups were run at two critical points in the Program, namely:

- At the half-way point, focus groups were held in Sydney, Parramatta, the National Enquiry Centre, Melbourne, Brisbane and Adelaide to highlight areas of the skilling program that staff found most challenging and to inform the Leadership Group about the support staff required. This was fed directly in to the Leadership Training.
- At the conclusion of training, focus groups were held in the same sites to inform future directions. Areas discussed included: aspects of the skilling program staff found most important and most challenging, areas they found least useful in their work based on their experience post training, and their preferred form for further refreshment of the important or challenging skills.

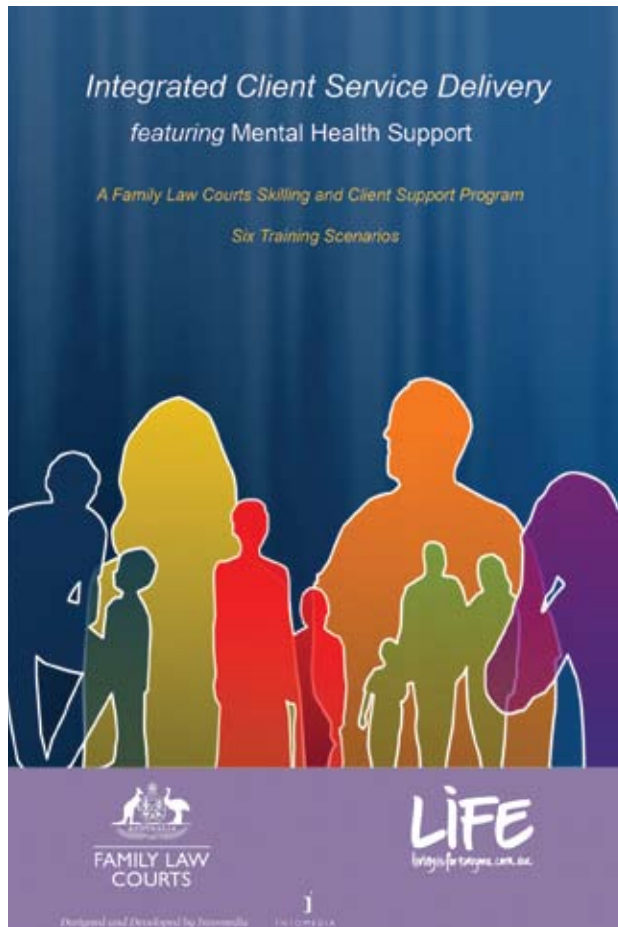
Building long-term capability

Although the Integrated Client Service Delivery Program has been completed, the skills and partnerships developed during it continue as part of the Family Law Courts client service delivery model.

Investment in longer-term strategies to refresh and reinforce skills reflects the Courts' intent to maintain and improve its client service skill base. Using information collected during focus groups and the evaluation, the Courts are progressing three extra refreshment activities:

- A DVD containing six training scenarios is available as a basis for different training and refreshment exercises. The six scenarios address areas staff nominated as most challenging and where scenarios material would be most helpful, namely:
 - for making preventative referrals and managing safety at court
 - for making responsive referrals
 - for dealing with a threat of self-harm
 - for handling an urgent matter
 - for dealing with irate clients, and
 - for helping clients from a different cultural background.
- Team leaders are being encouraged to use team meetings as a forum to share successful strategies for managing different client service events. Real life situations will be used as well as the above DVD.
- An e-learning package is being developed, also based on the DVD. Staff will be able to watch the DVD and then receive feedback on the most important points they should take in.

The Integrated Client Service Delivery skilling program has been integrated into inductee training so that in the future all new staff will receive training.



One of the outcomes from these focus groups is a DVD with six training scenarios. The DVD will be used for both refreshment training and the induction of new staff. It is available upon request from the Courts.

Glossary

Family Law Courts (the Courts) – comprising the Family Court of Australia and the Federal Magistrates Court of Australia.

Integrated Client Service Delivery Program (featuring mental health support) – an initiative of the Courts that brings together a range of earlier initiatives in support of the Courts' clients. This includes the mental health support scheme, services for Aboriginal and/or Torres Strait Islander clients, for culturally and linguistically diverse clients and for others with specific needs, including those with low literacy levels, experiencing family violence and with fears about their safety at court.

LiFE – the Commonwealth Department of Health and Ageing's 'Living is For Everyone' initiative. For more detail go to <http://www.livingisforeveryone.com.au/>

Mental Health Support Project – an initiative of the Family Law Courts funded by the Commonwealth Department of Health and Ageing (under the National Suicide Prevention Program). Under the Project, a pilot program was run at the Courts' Darwin and Adelaide registries, testing a variety of approaches to improving mental health support for Family Law Courts clients.

National Suicide Prevention Strategy – an initiative of the Commonwealth Department of Health and Ageing. The National Suicide Prevention Strategy is guided by the Living Is For Everyone (LiFE) Framework which sets out the national priorities for suicide and self-harm prevention.

National Enquiry Centre (NEC) – the central inquiry point for all calls to the Family Law Courts.

Referral network – a network formed by the Family Law Courts in each State and Territory (except Western Australia) to better support clients of the Courts. The organisations within the network are able to provide counselling and mental health support services to clients, providing immediate access to services not available in the Courts, and ongoing support.

Registry – the locations through which the Courts deliver services in each State and Territory, except Western Australia which has its own family court.

Safety Plans – individual plans to support clients of the Courts who fear for their safety while at the courts.

Skilling program – the training and development program for staff of the Courts, as part of the Integrated Client Service Delivery Program.

Warm links – where a client of the Court accepts an offer of referral to a network organisation for counselling and/or other mental health support and the client agrees for the Courts to telephone a network agency to make the client's appointment with the agency.

Further information

Project resources and documents are available on the companion CD to this report. If you would like further information about this award-winning initiative of the Family Law Courts, please contact:

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www.familycourt.gov.au