

Family Dispute Resolution (FDR) - Client PRE Survey

Introduction

Thank-you for agreeing to participate in evaluation of this FDR Program. You are helping us to know if the services being provided are of benefit to you and your family, and any ways the service may be improved.

Participation in the evaluation is voluntary and your decision about whether you take part or not will not affect the FDR service you receive in any way. You are able to withdraw your consent at any time by notifying your practitioner.

Your responses to this survey are strictly confidential. A confidential client number and no identifying information about you is provided to the researchers. All findings to do with the study will be presented as group findings and not individual findings.

- We would like you to complete this survey now, before your first face-to-face session. It will take about 15-20 minutes.
- You will also be asked to complete a survey immediately after your first joint FDR session (or when you finish with the service if this comes first), to see how you and your family are and how you experienced the service. The second survey is very similar to the first. It also takes around 15-20 minutes.
- The third survey is completed approximately 2 months after your first FDR session (or when you finished with the service, whichever comes first). With your consent, a service staff member (**not your FDR practitioner**) will contact you by phone to complete this survey. This survey is very similar to the second survey. It also asks about what services you are currently using, and takes around 15-20 minutes.
- Your FDR practitioner will also be asked to complete a brief survey about processes they used with you and outcomes they noted.

The survey uses a mix of well researched and new measures to try to capture the outcomes of participating, and so the survey format varies somewhat. There are no right or wrong answers to the survey questions. Please answer the questions as best you can and without help from family or friends.

If you are upset or distressed by any of the questions or while completing this survey, please discuss this with a program staff member as soon as possible, so they can provide you with support. Your practitioner will also be made aware of any of your responses which may indicate risk and will discuss these with you to offer support. We also encourage you to speak with your GP or health practitioner. If you need support out of work hours, please contact Lifeline for support on 13 11 14 or if you have any concerns for your safety or the children's safety, please contact the Family Violence hotline on 1800 RESPECT (1800 737 732). There are limits to confidentiality for your practitioner under their Duty of Care, so that if they have immediate concerns about your or your child's safety, as well as discussing this with you, they may need to discuss this with another service to ensure your/their safety.

When you have finished the survey, please give it to a program staff member. If there are any concerns about your wellbeing or anyone else in your family, your practitioner will discuss this with you individually in private.

Thank you for your time.

PRE Client Survey

To be completed by staff member: Client number:

FDR Service Organisation: Ringwood FRC

FDR Service Location: 68 Charter St, Ringwood

Section A: Your family situation

In this survey we ask questions about you and your family. The other party to this dispute (who may be the other parent or another adult involved in the care of your children) is referred to as 'other parent' throughout this survey.

When a question asks you about 'your child', if you have more than one child, please complete the questions with regard to *the child of most concern to you*. And please complete later surveys in relation to this child also.

1. **Date survey completed:** ____/____/____

2. **Estimated date of relationship separation (Month/Year):** ____/____ **Not applicable**

3. **Who suggested you come to FDR?**

- | | |
|--|--|
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> My idea/found out about it myself |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Ex-partner |
| <input type="checkbox"/> Court | <input type="checkbox"/> Other. Please specify: _____ |

4. **Which services are you and your family currently using / have you previously used?**

(Please tick any that apply)

Service	Currently	Previously
None		
Family Relationship Centre for Information or Referral		
Family Dispute Resolution		
Individual Adult Counselling/Therapy		
Individual/Sibling/Group -Child Counselling/Therapy		
Couple Counselling/Therapy		
Family Counselling/Therapy		
Lawyer. If yes, please specify: <input type="checkbox"/> Private <input type="checkbox"/> Community/Women's/ATSI Legal Service <input type="checkbox"/> Legal Aid Commission		
Family Relationship Advice Line <input type="checkbox"/> Legal Advice line		
Family violence service		
Alcohol and other drug service		
Mental health service: <input type="checkbox"/> Adult and/or <input type="checkbox"/> Child		
Child Protection Service		
Police (re violence, IVO, other)		
Other. Please specify: _____		

The following questions ask about your current parenting arrangements, agreements and orders and to what extent you think the parenting arrangements are sorted out and how they are working for different family members.

Note: *Parenting Orders* are made in a court. *Parenting agreements* might be informal (made between you and the other parent/party) or more formal (e.g. written and signed, a Parenting Plan). You may have no parenting order/s or agreement in place, yet parenting *arrangements* are still taking place in some way. Even if you have parenting order/s or agreement in place, you may still feel it's not all sorted out or not working well for all family members. Financial arrangements include property/financial settlement and Child Support arrangements.

5. a. Do you have current *Parenting Order/s* in place? (Tick which applies)

- No Yes, Interim Order Yes, Final Order

If No, please go to Q6

b. If Yes, what is the estimated date of the most recent order (Month/Year): ____/____

(Now go to Q7)

6. b. If you don't have Parenting Orders in place, would you say you have a current parenting *agreement* (regardless of how you feel about that agreement)? (Tick one that applies)

- No Partial Full

If no, please go to Q8

b. If yes, is the agreement: (Tick one that applies)

- Verbal/Spoken only Written Written and signed by parties

7. If you have Parenting Order/s or agreement in place, please indicate the MAIN method that helped you achieve this/work this out (tick one only):	Main method that helped
Not applicable- no agreement or orders	
Discussion with other parent (without other's assistance)	
Counselling	
Joint Family dispute Resolution	
Lawyer/s	
The courts	
Nothing specific, it just happened	
Something else. Please specify: _____	

8. If you have current Parenting Order/s or agreement in place, please indicate if you or the other party have tried to change this? (Please tick one that applies)

- Not applicable- no Parenting Order or agreement in place
 I tried to change the arrangements
 The other parent tried to change the arrangements
 We both tried change the arrangements
 The child tried to change the arrangements
 No one tried to change the arrangements
 We are in the process of trying to change the arrangements

9. **Regardless of current orders or agreements, to what extent do you think the current parenting arrangements, and property and financial arrangements, are sorted out/working overall?**
(Please circle one option for each row):

In reality,	Nothing sorted out/ nothing working		In process of being sorted out / partly working		Sorted out /working well
a. The extent to which our parenting arrangements are sorted out /working overall	1	2	3	4	5
b. The extent to which our financial arrangements are sorted out/ working overall	1	2	3	4	5

10. **Regardless of current parenting orders or agreements, or the extent to which the parenting arrangements are sorted out, please indicate the extent the current parenting arrangements are working well for different family members?**

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	2	3	4	5

(Please circle one number for each row)

a. The current parenting arrangements are working well for me	1	2	3	4	5
b. The current parenting arrangements are working well for the other parent	1	2	3	4	5
c. The current parenting arrangements are working well for the child/ren	1	2	3	4	5

Section B: Your Relationship with Other Parent/Party

1. **For the following questions, please indicate the response that best indicates your relationship with the child/ren's other parent/party. (Please circle one number each row)**

- (1) if the answer is almost never (2) if the answer is some of the time
(3) if the answer is much of the time (4) if the answer is almost always

	almost never	some of the time	much of the time	almost always
a. Do you feel friendly towards your child/ren's other parent	1	2	3	4
b. Do your children feel friendly toward the other parent	1	2	3	4
c. Are gifts to the children a problem between you and the other parent	1	2	3	4
d. Is the parenting time schedule a problem between you and the other parent	1	2	3	4

e. Do you have friendly talks with the other parent	1	2	3	4
f. Is the other parent a good parent	1	2	3	4
g. Do your children see the other parent as often as you would like	1	2	3	4
h. Do your children see the other parent as often as he/she would like	1	2	3	4
i. Do you and the other parent agree on discipline for the children	1	2	3	4
j. Are your children harder to handle after spending time with the other parent	1	2	3	4
k. Do you and the other parent disagree in front of the children	1	2	3	4
l. Do the children take sides in disagreements between you and the other parent	1	2	3	4
m. Are spousal or child support payments a problem between you and the other parent	1	2	3	4
n. Do your children feel hostile toward the other parent	1	2	3	4
o. Does the other parent say things about you to the children that you don't want them to hear?	1	2	3	4
p. Do you say things about the other parent to the children that he/she wouldn't want them to hear?	1	2	3	4
q. Do you have angry disagreements with the other parent	1	2	3	4
r. Do you feel hostile toward the other parent	1	2	3	4
s. Does the other parent feel hostile toward you	1	2	3	4
t. Can you talk to the other parent about problems with the children	1	2	3	4
u. Do you have a friendly separation/divorce	1	2	3	4
v. Are pick-ups and drop-offs of the children between you and the other parent a difficult time	1	2	3	4
w. Does the other parent encourage your children to live with him/her	1	2	3	4
x. Have you adjusted to being separated/divorced from the other parent	1	2	3	4
y. Has the other parent adjusted to being separated/divorced from you	1	2	3	4

2. Please indicate your agreement/disagreement with the following statements

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	2	3	4	5

Please circle one number each row:

a. I respect the other parent as a parent	1	2	3	4	5
b. I respect the other parent as a person	1	2	3	4	5
c. I think the other parent has respect for me as a parent	1	2	3	4	5
d. I think the other parent has respect for me as a person	1	2	3	4	5

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

- | | |
|---|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Don't know/Can't say |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Lots of conflict | |

Section C: Co-Parenting

These questions ask about how you and the other parent/party are able to work together in parenting the child/ren.

1. How often in a typical fortnight are you and the other parent/party physically present together with your child/ren? (i.e. in the same room, in the car, on outings).

1	2	3	4	5	6
Never	Once or twice a fortnight	Once or twice a week	Often/ Several times a week	Once or twice a day	Very often/ several times a day

If never, please go to Q3.

2. If you and the other parent/party are physically present together with your child/ren (even if this is just a couple of hours per week), please indicate how often you or the other parent/party do any of the following behaviours. (Please circle one number each row)

0	1	2	3	4	5	6
Never	Rarely	Occasionally	Sometimes	A lot	Often	Very often

How often do you:

a. Find yourself in a mildly tense or sarcastic interchange with the other parent/party?	0	1	2	3	4	5	6
b. Argue with the other parent/party <u>about your child/ren</u> , in the child/ren's presence?	0	1	2	3	4	5	6

c. Argue about your relationship or marital issues <u>unrelated to your child/ren</u> , in the child's presence?	0	1	2	3	4	5	6
d. One or both of you say cruel or hurtful things to each other in front of the child/ren?	0	1	2	3	4	5	6
e. Yell at each other within earshot of the child/ren?	0	1	2	3	4	5	6

3. These questions relate to the ability of both parents to focus on the needs of the children and to be flexible with arrangements. (Please circle one number each row)

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	2	3	4	5

a. I have a good understanding of the emotional and developmental needs of the children	1	2	3	4	5
b. The child/ren's other parent/party has a good understanding of the emotional and developmental needs of the children	1	2	3	4	5
c. I have a good understanding of the effect of separation on children	1	2	3	4	5
d. The child/ren's other parent/party has a good understanding of the effect of separation on children	1	2	3	4	5
e. I have a good understanding of the effect on children of seeing, hearing, or knowing about conflict between parents/parties	1	2	3	4	5
f. 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	1	2	3	4	5
g. I have a good understanding of the impact of disrupted or changing routines on children	1	2	3	4	5
h. The child/ren's other parent/party has a good understanding of the impact of disrupted or changing routines on children	1	2	3	4	5

4. The statements below relate to what your children experience in relation to exchanges between you and your child/ren's other parent/party. (Please circle one number each row)

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	2	3	4	5

a. The other parent is respectful of me in front of our child/ren	1	2	3	4	5
b. I am respectful of the other parent in front of our child/ren	1	2	3	4	5
c. Our child/ren feel caught in the middle	1	2	3	4	5

d. Our child/ren don't hesitate to talk about the other parent in front of me	1	2	3	4	5
e. The children don't hesitate to talk about me in front of the other parent	1	2	3	4	5
f. I ask our child/ren to carry messages to the other parent	1	2	3	4	5
g. The other parent asks our child/ren to carry messages to me	1	2	3	4	5
h. The other parent asks our child/ren questions (about me/my family) that my child wishes they wouldn't ask.	1	2	3	4	5
i. I ask our child/ren questions (about the other parent/family) that my child wishes I wouldn't ask.	1	2	3	4	5

Section D: Child Health and Wellbeing

In the following section, if there is more than one child, please answer in relation to *the child of most concern to you*. You will also be asked to complete later surveys in relation to this same child.

Please provide the child's current age (in years): _____

1. In general, would you describe the child's health and wellbeing as: (Please tick one)

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

2. Compared with other children of the same age, how would you say the child is (circle one only):

a. Doing with his/her learning (or school work, academic achievement)	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>	<i>Somewhat worse</i>	<i>Much worse</i>
b. Getting along with other children/people his/her own age	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>	<i>Somewhat worse</i>	<i>Much worse</i>
c. Doing in most areas of his/her life?	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>	<i>Somewhat worse</i>	<i>Much worse</i>

3. Compared to other children of the same age, would you say that the child (circle one only):

a. Is a happy child/person	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
b. Is a confident child/person	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
c. Tends to get anxious or worried about things	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
d. Behaves in a sensible or mature manner	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
e. Loses his/her temper	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>

Section E: Family Safety

The following questions are about your safety and that of the children. If you have current concerns about your own or the child/ren's safety, please discuss this with your practitioner. You may also call the Family Violence hotline on ph. 1800 RESPECT (1800 737 732).

1. **The following questions are about your sense of safety and the safety of others around you.** Please rate your level of concern using the scale below.

Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Extremely concerned
1	2	3	4	5

(Please circle one number each row)	Not at all				Extremely concerned
a. I am concerned about my safety as a result of ongoing contact with the other parent	1	2	3	4	5
b. I am concerned about my child/ren's safety as a result of ongoing contact with the other parent.	1	2	3	4	5
c. I am concerned about the safety of the other parent	1	2	3	4	5
d. I am concerned about the safety of another person or animal from the other parent	1	2	3	4	5
e. I am concerned about damage or destruction of property by the other parent	1	2	3	4	5
f. My child/ren are concerned about my safety as a result of ongoing contact with the other parent	1	2	3	4	5
g. My child/ren are concerned about their safety as a result of ongoing contact with the other parent	1	2	3	4	5

2. If you indicated any of the above were a concern, do your concerns relate to any of the following:
(Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not applicable- no safety concerns | <input type="checkbox"/> Emotional abuse or anger issues |
| <input type="checkbox"/> Alcohol or substance use | <input type="checkbox"/> Neglect or lack of supervision |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Road safety or other physical issues |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Violent or dangerous behaviour | <input type="checkbox"/> Other. Please specify: _____ |

For the following questions please circle one number each row:

	Frequently	More than half the time	Less than half the time	Occasion- ally	Never
3. The child/ren has seen or heard the other parent threaten me with violence	1	2	3	4	5
4. The child/ren has seen or heard the other parent try to assault me	1	2	3	4	5

	Not at all		Somewhat		Completely
5. If there are safety concerns for me or the children, the current arrangement/agreement takes into account those adequately	1	2	3	4	5

	I don't have the support/ capacity				I have the support/ capacity
6. If there are safety concerns for me or the children, I have the resources and skills to manage the safety concerns.	1	2	3	4	5

YOU ARE FINISHED!

If you have any queries or concerns regarding your family wellbeing or this survey, please talk with your practitioner or group facilitator.

We also encourage you to speak with your GP or health practitioner, or you can contact Lifeline on 13 11 14. If you have any concerns for your safety or the children's safety, you can also call the Family Violence hotline on 1800 RESPECT (1800 737 732).

Your practitioner will be made aware of your responses which may indicate risk and will discuss these with you to offer support. In exceptional situations, under their Duty of Care they may need to discuss this with another service such as Child Protection.

Thank-you for completing this survey