

Anglicare WA Parent Wellbeing Checklist

A review of the current literature and tools

September 2012

Project Context

Anglicare WA is developing a parent screening tool designed to help identify key indicators of risk in new parents. The tool would ultimately help in the prevention of child abuse and neglect. It is anticipated that Anglicare WA's screening tool will be used as an early intervention tool looking at risk factors such as domestic violence, mental health, sexual abuse and abuse of alcohol and other drugs. It would be used by services operating at a grass roots level and those that are the first point of contact for people transitioning into parenthood (e.g. child health workers, GP's, youth and family support workers, ante-natal carers, hospital services and family centres).

Experience and anecdotal reports indicate the need for a more generalist screening mechanism, to support front-line workers to identify parents who may have complex and compounding support needs. It is felt that most of the tools and research are focussed on specialist screening tools, tailored to their specific sector and not adaptable to a generalist setting.

In the lead-up to developing the screening tool, Anglicare WA has conducted a literature review of key academic and professional literature to ascertain whether this impression is accurate, and to identify the strengths and weaknesses of the current screening tools. The review included an analysis of a range of the most commonly available screening tools used by specialists and practitioners who interface with parents exhibiting at-risk behaviours. Below is an overview of the documents and tools reviewed.

Literature Review

Domestic Violence

Document location: http://www.socialrelations.edu.au/en/Resources_Research/cald-dv/Professionals/screening.aspx

Author: The Australian Institute of Social Relationship and the Australian Attorney General's Department.

Title: Avert Family Violence, Screening, Risk Assessment and Safety Planning

Date: 2010

Focus: Domestic Violence

Summary

This paper discusses the importance of the screening processes and procedures for parents, in particular women, who are involved in family law services. It outlines how these processes can help to minimise risk and increase safety for children and their families. It also notes that screening is a relatively new practice in family law and dispute resolution services; however it describes that these processes are now seen as imperative to ensuring accurate detection of risk factors of domestic and family violence and potential child abuse.

The paper discusses at length the processes of effective screening, benefits of screening, and the protocols and practice required when screening potential clients.

The paper outlines key risk factors of domestic violence and abusive relationships, such as low academic achievement, low income, social disadvantage and isolation, exposure to, or involvement in, aggressive or delinquent behaviour as an adolescent, drug and alcohol misuse, amongst many others. The screening process can often assist in identifying cumulative risk factors (i.e. multiple smaller factors) when a single and more apparent risk factor is not present.

Screening for and identifying family violence and child abuse is often difficult as research has shown many victims choose not to disclose abuse. What is agreed in the literature is that effective screening for family violence and child abuse requires a high level of skill and knowledge derived from experience and/or specialised training. The paper relates the screening process to a critical safety procedure that helps with identification of risk and also potential early intervention supports and referrals.

The paper cites several examples of screening questions that have proven appropriate for screening for family violence; these are short, simple and direct.

The paper cites a NSW Health's pilot study of women's responses to domestic violence screening by health centres. They report that of women screened:

- 97% felt OK or relieved to be asked about violence
- 94% agreed the health service should screen.

The article describes the requirements that need to be set out prior to screening; including clarity of purpose, protocols for when violence/abuse is disclosed, and the need for continual practice/process improvement.

Document location: http://www.austdvclearinghouse.unsw.edu.au/issues_Papers.htm

Author: Rochelle Braaf and Clare Sneddon

Title: Family Law Act Reform: the potential for screening and risk assessment for family violence.

Date: 2007

Focus: Domestic Violence

Summary

This paper examines the strengths, weaknesses and good practices of family violence screening and risk assessment approaches, which are designed to identify victims and to help consider future risk of harm. The paper has a specific focus on applying screening within the family law process; however learning's from the review are applicable beyond this focus.

The paper notes that embedding screening as a process in understanding a potential client's situation is a way to highlight the existence or threat of violence at a time when victims are likely to be particularly vulnerable.

The definition of screening used in the paper focuses on its applicability to identifying victim of violence or abuse. "It states that screening is a process by which an organisation or professional attempts to identify victims of violence or abuse in order to take further action or refer for intervention."

The paper outlines many of the strengths and benefits of screening and states that "screening can increase the rate of disclosure" of violence and/or abuse and therefore is a useful process in reducing risk for current of potential victims. This statement is supported by substantial research from the United States and Australian Health sectors. This research advocates for routine screening for family violence in the health sector along with other fields such as criminal justice. In addition, the paper notes that screening specifically for child abuse remains underdeveloped. However, there is clear evidence that suggests family violence is a risk indicator for children of the family.

The paper outlines peer-reviewed screening questions and the process, protocols, and procedures that practitioners should follow in completing the screening.

There are however clear challenges and limitations to screening for violence and abuse. Key limitations:

- Screening is still new and needs greater evaluation and research
- Screening in its nature is short and brief and does not produce sophisticated diagnostic information.
- Implementation of screening requires staff time, increased workload and effective training.

Finally, the paper outlines key points on 'good practice' in implementing screening for family violence, such asking questions on family violence as a routine practice in all screening, be aware of factors impeding disclosure of family violence, ask questions in private, and emphasise not only physical violence but also other factors, such as harassment, intimidation, threats, financial abuse, emotional abuse, animal abuse, and child abuse, amongst others. The paper closes by cautioning screening practices on family violence by practitioners, unless there is strong adherence to good practice.

Document location: <http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf>

Author: WA Department for Child Protection

Title: The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework

Date: 2011

Focus: Domestic Violence

Summary

The Common Risk Assessment and Risk Management Framework is intended to improve support for and consistency in the integrated response to family and domestic violence in WA.

The framework reiterates that there is evidence that in some settings, routine screening for family violence carried in initial assessments results in victims being identified who have not previously been identified as, or recognised themselves to be victims of family and domestic violence.

The framework sets out clear minimum standards for screening for family violence as a part of their standard intake procedures, which are to be taken on board and utilised by all agencies in Western Australia (government, non-government, mainstream or specialist). It also outlines the appropriate process for transitioning into the risk assessment process whether it is completed internal or referred to another agency.

The framework defines screening as a systematic process that:

- enables early identification of people who are affected by family and domestic violence, often before the situation has escalated and before they (and/or their children) have suffered serious physical or psychological harm
- provides an opportunity for further action to be taken to assist them to be safe.

The framework has found that screening is important because often violence is often not disclosed, for various reasons, and may or may not be known to the individual that they are experiencing family violence. Additionally, indicators of violence are often hidden amongst other issues such as health issues, financial difficulties, or legal issues, which can be more easily covered in a screening process.

The Guide provides the following information for agencies conducting family and domestic violence screening assessments as part of their routine intake/initial assessment interview:

- Who should be screened?
- Possible indicators of family and domestic violence
- Perpetrators of family and domestic violence
- Conducting a screening interview
- Referral

Tool location: <http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf>

Author: WA Department for Child Protection

Title: The Western Australian Family and Domestic Violence Common Screening Tool

Date: 2011

Focus: Domestic Violence

Summary

The Western Australian Family and Domestic Violence Common Screening Tool sits at the beginning of a longer response continuum, which is followed by a risk assessment, risk management planning and risk monitoring. The Family and Domestic Violence Common Screening Tool can be used by all government, non-government, specialist or general practice organisations as a best practice guide to screening for family and domestic violence. The Guide suggests that any screening should be completed under the minimum standards set out in the Framework and be a precursor to a more comprehensive risk assessment process or appropriate referral.

The tool asks four simple questions:

1. Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?
2. Has someone in your family or household ever hurt or threatened to hurt you?
3. Are you worried about the safety of your children or someone else in your family or your household?
4. Would you like help with any of this now?

Other tools provided within the Framework include a Risk Assessment and a Referral Form.

Tool location:

<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fits-services.org.uk%2Fsilos%2Ffiles%2Fstar--salford-tool-for-assessment-of-risk.doc&ei=FoaYUImOPOuciAeH14GYCA&usq=AFQjCNF8se6IDJt068aNhroA7IZP0Calhg>

Author: Risk Assessment Group, Salford Services

Title: STAR – Salford Tool for Assessment of Risk

Date: 2003

Focus: Domestic Violence

Summary

Screening tool used as an initial risk screen at the time of admission to a service or medical facility. A subsequent detailed Risk assessment would follow the screen, if warranted.

The Screening tool covers four domains:

1. Self-harm / suicide
2. Violence
3. Serious self-neglect
4. Exploitation / Vulnerability

Across the domains the topics of alcohol and drug misuse, violence, and mental health are pervasive.

Tool location: http://ac.els-cdn.com/S0749379709000907/1-s2.0-S0749379709000907-main.pdf?_tid=ffba1964-27c1-11e2-b9df-00000aab0f6c&acdnat=1352172674_0ee2bb262ab60d663e2940f8e4cac2f8

Author: Rebecca Rabin, Jacky Jennings, Jacquelyn Campbell, Megan Bair-Merritt

Title: Intimate Partner Violence Screening Tools:

- HITS – Hurt, Insult, Threaten and Scream
- WAST – Woman Abuse Screening Tool
- PVS – Partner Violence Screen
- AAS – Abuse Assessment Screen

Date: 2009

Focus: Domestic Violence

Summary

This paper reviewed four of the most studied tools in screening for “Intimate Partner Violence” (IPV). These tools have been assessed in their application within the healthcare setting. The paper reviews the current social and political context of IPV and implications of screening. It is stated that “there is insufficient evidence to recommend for or against screening” in particular to detection and prevention of violence amongst partners.

The review determined that IPV screening tool must include psychometric properties, which help to determine how reliable that tool measures, based on its intended purpose.

The study reviewed two key elements of each tool, including their sensitivity and specificity to screening for IPV, the four tools and their results are:

- Hurt, Insult, Threaten, and Scream (HITS, sensitivity 30%–100%, specificity 86%–99%)

- Woman Abuse Screening Tool (WAST, sensitivity 47%, specificity 96%)
- Partner Violence Screen (PVS, sensitivity 35%–71%, specificity 80%–94%)
- Abuse Assessment Screen (AAS, sensitivity 93%–94%, specificity 55%–99%).

The end result of the study is that there is currently no screening tool that is well established enough to ensure its validity and reliability and that greater research needs to be completed on this topic.

Mental Health

Document location: <http://www.fremantlemedicarelocal.com.au/wp-content/uploads/2012/05/Postnatal-Depression-Scale-guide-for-health-professionals.pdf>

Author: Beyond Blue

Title: Edinburgh Post Natal Depression Scale – A Guide for Health Professionals

Date: 2009

Focus: Postnatal Mental Health

Summary

This Guide provides a concise description of why screening for depression is important during pregnancy and early parenthood, an overview of the EPDS, guidelines for administering the EPDS and an overview of research results from numerous studies on the EPDS.

The guide notes that emotional disturbances during pregnancy and early parenthood are common and complex and that postnatal depression is one of the most prevalent mood disorders associated with childbirth. Therefore it's important for front-line workers such as child and maternal health workers and GPs to be aware of appropriate screening tools and protocols.

The EPDS is known for being the most widely accepted postnatal depression scale. The EPDS does have limitation though, including only being able to determine the current mood or the participant and assess the previous immediate- term (7 days) period and it does not provide a clinical diagnosis or an appropriate psychiatric assessment.

The greatest value of the EPDS has been that it is simple and easy to complete and has been found acceptable by previous participants.

Tool location: <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

Author: Cox, J.L., Holden, J.M., and Sagovsky, R.

Title: Edinburgh Postnatal Depression Scale (EPDS)

Date: 1987

Focus: Postnatal Mental Health

Summary

Devised in 1987 the Edinburgh Postnatal Depression Scale (EPDS) is widely used in the Australian context. The tool has been translated into many languages and is also used throughout the world.

The scale is a 10 item self-rating post-natal depression scale. It has been suggested that the scale actually measures two separate domains of maternal wellbeing, one of depressive feelings and the other of levels of anxiety.

The scale asks the respondent to self-complete a 10 questions survey and focus on how they have felt over the past 7 days when responding to the following statements:

1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no very good reason
6. Things have been getting on top of me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me

The scale is accompanied by sophisticated and simple scoring systems, which clearly state if mothers score above 13 they are likely to be suffering from a depressive illness to some degree.

Document location: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1513211/pdf/1471-244X-6-28.pdf>

Author: Julie F Pallant, Renée L Miller and Alan Tennant.

Title: Evaluation of the Edinburgh Post Natal Depression Scale using Rasch analysis.

Date: 2006

Focus: Postnatal Mental Health

Summary

This research study evaluated the validity of the Edinburgh Postnatal Depression Scale and its 10 question scale to determine postnatal depressions. The paper outlines the methods and detailed technical results of the study. In short, it found that the EPDS, in its original 10 item form is not a viable scale for the unidimensional measurement of depression. In fact the tool measured two separate aspects, one of depressive feeling and the other of anxiety.

Tool location: www.blackdoginstitute.org.au/docs/ANRQclinicians.pdf

Author: Prof Marie-Paule Austin

Title: Antenatal Risk Questionnaire (ANRQ)

Date: 2010

Focus: Postnatal Mental Health

Summary

The Antenatal Risk Questionnaire (ANRQ) is designed help identify a potential risk factors that are specifically associated with postnatal depression. This questionnaire is most often used by medical personnel as part of their initial evaluation session and makes up part of the information, which guides clinicians as to what services a patient might need during your pregnancy

ANRQ Questionnaire components include:

- Past mental health history
- Past history of physical (including domestic violence), sexual or emotional abuse
- Current level of supports
- Relationship with mother and partner

- Anxiety and obsessionality levels
 - Stressors in the **last** year (including bereavement, separation etc.).
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Document location: <http://archive.ahrq.gov/clinic/epcsums/peridepsum.pdf>

Author: Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC

Title: Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes

Date: 2005

Focus: Perinatal Mental Health

Summary

This article aims to establish peer-reviewed best practice in understanding the prevalence of perinatal depression and the accuracy and outcomes of existing screening processes. To achieve this, the researchers asked three key questions:

1. What are the incidence and prevalence of depression (major and minor) during pregnancy and during the postpartum period? Are they increased during pregnancy and the postpartum period compared to non-childbearing periods?
1. What is the accuracy of different screening tools for detecting depression during pregnancy and the postpartum period?
2. Does prenatal or early postnatal screening for depressive symptoms with subsequent intervention lead to improved outcomes?

Their research found that depression is the leading cause of disease-related disability among women, in particular women of childbearing age. Additionally, perinatal depression often goes undetected or unrecognised as many of the discomforts of pregnancy are similar to symptoms of depression.

The results of the study suggest that various screening instruments are able to identify perinatal depression with major depression being the most accurate to detect. The study found that the screening mechanisms studied did not appear to be useful in accurately identifying minor depression.

Overall, the study identified that additional larger scale studies are needed to help practitioners understand the effectiveness of screening mechanisms for perinatal depression.

Tool location: <http://www.tonihorvath.com/forms.html>

Author: Beck, A. T.; Ward, C. H.; Mendelson, M.; Mock, J.; Erbaugh, J.

Title: Beck Depression Inventory

Date: 1961

Focus: Mental Health

Summary

The Beck Depression Inventory (BDI) is one of the most widely used instruments for measuring depression. The BDI is not used as an intake or screening tool, but rather an assessment tool designed to for mental health professionals to assess and measure changes in the behaviours and levels of depression in both adolescents and adults clients.

The BDI has 21 multiple choice questions, which assess specific symptoms of attitude associated with depression.

Tool location: <http://www.uni-landau.de/schmittmanfred/english/forschung/bdi/>

Author: Schmitt, M, Maes, J

Title: Simplification of the Beck-Depression-Inventory

Date: 2000

Focus: The Beck Depression Inventory (BDI; Beck, 1978; Beck & Steer, 1987) is one of the most widely used instruments for measuring depression

Summary

In order to improve Beck Depression Inventory, the number of questions was reduced from 84 to 20. Only one item is used for each symptom. Intensity/severity of symptoms was measured using six-point frequency rating scales.

The shorter scale has been reviewed and evaluated through a sample of 2500 participants. The results revealed a 'high reliability' of the shorter questionnaire.

Tool location: <http://www.blackdoginstitute.org.au/surveys/Temperament/index.html>

Author: Black Dog Institute

Title: Temperament and Personality Questionnaire

Date: Unknown

Focus: Mental Health

Summary

The Temperament and Personality Questionnaire was developed to assess people personality type. The questionnaire is available on the Black Dog Institute website and is available free to anyone. Its intended purpose is to help people understand their personality trait, in particular those that are predisposed to depression with the intention of assisting in identifying and developing stronger coping mechanisms.

The questionnaire consists of 109 questions and instantly produces a results page, when completed online that provides feedback on different personality areas.

Tool location: http://svc019.wic048p.server-web.com/AJP/vol_57/4/Clin.pdf

Author: David Goldberg

Title: The General Health Questionnaire – Appraisal

Date: 1978

Focus: Mental Health

Summary

The General Health Questionnaire (GHQ) is a screening tool for severe and persistent mental health issues. The tool is intended for use in medical settings, facilitated by health professionals, to assist in the detection of psychiatric disorders.

The tool consists of 28 questions that measure a client's current state of emotional distress and checks to see if this differs from their usual state.

The appraisal state that the “GHQ is one of the most widely used and validated questionnaires to screen for emotional distress and possible psychiatric morbidity.”

Substance Abuse

Document location: <http://www.ncbi.nlm.nih.gov/books/NBK83253/>

Author: Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment

Title: Substance Abuse Treatment: Addressing the Specific Needs of Women, Treatment Improvement Protocol (TIP) Series, No. 51, Chapter 4 – Screening and Assessment

Date: 2009

Focus: Substance abuse

Summary

This document outlines the best practice processes for screening and assessing the specific needs of woman who are experiencing substance use and how it interacts with other life areas, such as parenting. It highlights the importance of the screening process and how it helps to match the woman with appropriate treatment services.

The paper also delves into the importance of differentiating between the screening and assessment processes.

Screening differs from assessment in the following ways:

- Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.
- Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

The paper notes that the screening process should be based on a simple tool, which should require little to no training for the practitioner to appropriately complete the process with the client. It, however, also reviews many of the factors of influence that take bearing on the screening and assessment processes including, perceptions of the practitioner, cultural and ethnic barriers, jargon/technical language, socioeconomic differences, amongst others.

The paper notes that “screening must lead to appropriate referrals for further evaluation and treatment in order to be worthwhile.” It clarifies the importance of the screening process being a referral point into either alternative or additional services.

Included within the paper is a list of domains to consider screening for, including Substance abuse; Pregnancy considerations; Immediate risks related to serious intoxication or withdrawal; Immediate risks for self-harm, suicide, and violence; Past and present mental health concerns; Past and present history of violence and trauma; Health screenings

The paper reviews many of the best practice screening Instruments focused on alcohol and drug abuse and notes the importance of including these as screening questions when working with women, in particular with pregnant women and/or new mothers.

Document location:

[http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/63/68.pdf&siteID=1&str_title=Alcohol%20Screen%20\(AUDIT\)%20Tool.pdf](http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/63/68.pdf&siteID=1&str_title=Alcohol%20Screen%20(AUDIT)%20Tool.pdf)

Author: The World Health Organization

Title: Alcohol Screen (AUDIT)

Date: 2003

Focus: Alcohol

Summary

This tool was designed to test for attributes associated with alcohol abuse. The tool consists of 10 questions that focus on alcohol consumption and risky behaviours. The tool is based on The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT), which has had a variety of reviews and been assessed as a 'reliable' tool in screening for those that may be at risk of 'hazardous and harmful' drinking.

The questions are broken down as follows:

- Questions 1 to 3 focus on consumption and drinking behaviour and
- Questions 4 to 6 focus on alcohol dependence
- Questions 7 to 10 focus on the consequences or problems related to drinking, which may warrant further investigation and assessment.

Document location: http://o.b5z.net/i/u/6136340/i/Family_Focus_Toolkit.pdf

Author: Price, A.W., & Emshoff, J.G.

Title: The Family Cage: An Alcoholism Screening Test

Date: 1997

Focus: Alcohol

Summary

The Family Cage is an alcoholism screening test, which is part of a wider Family Focus Toolkit. As the tool is specifically focused on parents, the questions have been tailor to clients/users that are parents who may be experiencing substance abuse. The tool consists of four questions that identify potential concerns that the parent may have about their own substance use and drinking habits.

The tool reiterates that if the results of the screen are 'positive', meaning there may be further concerns of alcohol abuse, additional and more detailed assessment is required.

The Family CAGE consists of the following four questions:

1. Do you think your parent needs to CUT down on his/her drinking?
2. Does your parent get ANNOYED at comments about his/her drinking?
3. Does your parent ever feel GUILTY about his/her drinking?
4. Does your parent ever take a drink early in the morning as an EYE opener?]

Document location:

http://www.psychek.org.au/RESOURCES/DOCUMENT_PDFS/02_Psychek_user's_guide.pdf

Author: Lee, N., Jenner, L., Kay-Lambkin, F., Hall, K., Dann, F., Roeg, S., Hunt, S., Dingle, G., Baker, A., Hides, L., & Ritter, A

Title: PsyCheck Screening Tool

Date: 2007

Focus: Comorbidity of Alcohol & Drug use and Mental Health issues

Summary

This tool is intended for use by professionals working within the Alcohol and Drug support service sector that do not have specialist knowledge of mental health issues and/or treatment. As mental health issues are found to often coexist with individuals that have a tendency to alcohol and drug misuse this tool is recommended as a 'first step' process with all clients to increase the detection of latent mental health issues and support the development of a more comprehensive support plan.

The tool is not a diagnostic or assessment tool, and is rather a tool to assist specialist to detect potential mental health issues that may be missed in not otherwise identified by the client. It is designed to be used at any point in the client's engagement with an Alcohol and Drug support service. The tool's guide recommends that all clients experiencing substance abuse should be given the screen to assist in detection of additional mental health support needs.

The tool has three sections:

1. a General Mental Health Screen
2. Suicide/Self-Harm Risk Assessment
3. the Self Reporting Questionnaire that assesses current symptoms

Parenting, Families, Youth, and Children

Tool location: <http://www.outcomesstar.org.uk/>

Author: Sara Burns and Joy MacKeith, Triangle Consulting Social Enterprise Ltd

Title: Outcomes Star - Family Star

Date: 2010

Focus: Parenting

Summary

The Outcomes Star is comprised of a set of tools that are tailored for supporting and assessing change when working with people. There are a variety of versions of the tool that have been adapted for different client groups and services including older people, mental health, and families, amongst others.

The parenting version of the Outcomes Start is called the Family Star, which helps parents map out eight main key domains of effective parenting and asks them to rate themselves a score from 1-10 on each of those areas. The parent/s is then asked to complete an Action Plan. This tool is not intended to replace a risk assessment for children but can be used alongside tools like the Common Assessment Framework, which is often used by family practitioners.

The eight parenting domains assessed include:

1. Promoting good health
2. Meeting emotional needs
3. Keeping your child safe
4. Social networks
5. Supporting learning
6. Setting boundaries
7. Keeping family routine
8. Providing home and money

The tool is dynamic and allows its user to start at any point, based on their individual situation, and move forward or backwards as needed. It is intended to be used as a self-assessment; however it's recommended that the tool is completed with the guidance of a family support worker. The tool is accompanied by a detailed user's guide, which goes through each of the eight sections with clear scale rating guides and examples.

It is noted that training is vital to the process of being able to effectively administer the tool. The tool does come with a detailed Organisational Guide, which outlines the protocols for administrators/practitioners to keep in mind.

Document location: <http://www.outcomesstar.org.uk/storage/Development-of-Outcomes-Star-in-Housing-Care-and-Support.doc>

Author: Joy MacKeith, Triangle Consulting Social Enterprise

Title: The Development of the Outcomes Star: A Participatory Approach to Assessment and Outcome Measurement. Housing Care and Support (14)3.

Date: 2011

Focus: Parenting

Summary

This paper reviews the development of the Outcomes Star tools along with the theoretical and research foundations that sit behind the suite of tools. It describes the evolution of the tools and their current usage and potential social implications.

Overall the tools were aimed at measuring outcomes and supporting change when working with vulnerable people. Historically, most services spent time measuring the easier to measure (quantitative) outputs of their service rather than measuring the (qualitative) outcomes or impact the service had on the client. Measuring outcomes for vulnerable people has always been a challenge for service providers and this tool is aimed at filling a gap in outcomes measurement mechanisms for service providers.

The paper states that there has yet to be a formal research process to evaluate the Outcomes Star approach, however it also states that anecdotally, there has been widespread usage of the tool, implying its ability and usefulness amongst the sector.

Tool location: http://www.theaaceonline.com/MSI_R.pdf

Author: Douglas K Snyder, Ph.D

Title: Marital Satisfaction Inventory – Revised (MSI-R) Form

Date: 1997

Focus: Marital Wellbeing

Summary

Marital Satisfaction Inventory – Revised (MSI-R) measures levels for marital conflict amongst couples seeking relationship counselling. Overall it measures “positive and potentially problematic dimensions within a relationship”. The tool is widely used to support couples in communicating hard to express feelings, which can inform the counselling processes. It can also be used as a tool to measure strengths in a relationship.

To tool uses true and false questions to cover 12 domains of marital relationships, including:

1. Inconsistency
2. Conventionalization
3. Global Distress
4. Affective Communication
5. Problem-Solving Communication
6. Aggression
7. Time Together
8. Disagreement about Finances
9. Role Orientation
10. Family History of Distress
11. Dissatisfaction with Children
12. Conflict over Child Rearing

The MSI-R can be individually or group administered and can be completed and scored in approximately 25 minutes.

Document location: http://www.theaaceonline.com/MSI_R.pdf

Author: Laura Welfare, Ph.D

Title: Review of the Marital Satisfaction Inventory – Revised

Date: 1997

Focus: Marital Wellbeing

Summary

This paper reviews the validity of the MSI and summarises the outcomes of the research conducted on a normative sample of 1020 couples using clinically diverse samples between 1995 and 1996. The paper outlines evidence established that proves the reliability and validity of the MSI. Overall the evaluation and research showed that the MSI-R can be a valuable tool for professionals working with couples in marital counselling. One researcher stated that as of 1990 the MSI-R is the strongest measure of marital satisfaction available.

Tool location: <http://www.afterdeployment.org/sites/default/files/pdfs/assessment-tools/parenting-confidence-assessment.pdf>

Author: Johnston, C., & Mash, E.J

Title: Parent Sense of Competence Scale - PSOC

Date: 1989

Focus: Parenting

Summary

The Parenting Sense of Competence (PSOC) scale is a commonly used measure of parental self-efficacy. The PSOC consists of 16 questions that measures parents’ sense of confidence and satisfaction with their parenting based on a six scale rating from Strongly Agree to Strongly Disagree.

Document location: <http://eprints.qut.edu.au/17084/1/c17084.pdf>

Author: Gilmore, Linda A. and Cuskelly, Monica

Title: Factor structure of the parenting sense of competence scale using a normative sample.

Date: 2008

Focus: Parenting

Summary

This paper sets out to review and evaluate the Parenting Sense of Competence Scale (PSOC) to determine if this tool accurately measure parenting self-efficacy and competence. The paper makes the argument that parenting self-efficacy is intrinsically linked to parenting competence and therefore child development outcomes. It also outlines research that has shown parenting self-efficacy to be a critical factor in managing risks of family and parenting challenges such as antenatal depression and more widely in increasing family resilience in disadvantaged situations. The paper states that *“given the importance of both identifying at-risk families and evaluating the effectiveness of parenting interventions, it is essential to have a reliable and valid measure of self-efficacy”*(p.4)

In previously reviews of the PSOC have not been successful at proving the legitimacy and accuracy of the scale to provide analysis of parenting self-efficacy. Despite this, practitioners have *“identified the PSOC scale as the most commonly used tool for measuring parental self-efficacy ”*(p.4)

The paper clearly presents new research that provides evidence to the extent that the PSOC does produce three useful aspects of parenting, which include reflecting satisfaction in the parental role, parenting efficacy and interest in parenting.

Tool location: http://www.aracy.org.au/index.cfm?pageName=the_CAARS_project

Author: Allen Consulting Group on behalf of the Australian Research Alliance for Children and Youth

Title: CAARS (Common Approach to Assessment, Referral & Support)

Date: 2011

Focus: Parenting, Youth, and Young People

Summary

The Common Approach was designed to be a tool to assist service providers in understanding the needs of children, youth and their families. Most commonly used by universal service providers and/or child and family service providers, it is not intended on being a universal screening and/or assessment tool. The Common Approach is positioned to value-add to the tools/services/and knowledge a service has in place to assist practitioners to be able to detect as early as possible additional needs of their clients. The Common Approach uses a “needs identification mechanism” otherwise known as “The Wheel” to assist practitioners when they detect that there may be additional needs before problems escalate into a crisis situation.

The wheel is based on the ecological and holistic approach which views a life through three spheres, the child, the family, and the community; and is based on six domains:

1. Safety
2. Physical Health
3. Mental Health and Emotional Wellbeing
4. Relationship
5. Maternal Wellbeing
6. Learning and Development

The Wheel takes both the needs and strengths of each of the three spheres into account

In addition to the needs identification the Common Approach aims to unify language and referral pathways for children and their families, working to build stronger collaboration between services to provide more holistic support structures. The tool includes detailed guides for practitioners, including prompting questions for practitioners and guides for assessing responses. The tool notes that the Common Approach is by no way intended to replace screening, assessment or risk analysis tools.

Maternal Health

Tool location: <http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-PrenatalCombinedAssessmentReassessmentTool.pdf>

Author: Comprehensive Perinatal Services Program

Title: Prenatal Combined Assessment/Reassessment Tool - Comprehensive Perinatal Services Program

Date: 1998

Focus:

Summary

The Prenatal Combined Assessment/Reassessment Tool is a detailed 107 question Assessment tool which focuses on the perinatal period of childbearing and birth. In addition to the standard personal information, the tool covers eight key domains of a woman's life during the prenatal periods, which include:

1. Economic Resources
2. Housing
3. Transportation
4. Current Health Practices
5. Pregnancy Care
6. Educational Interests
7. Nutrition
8. Coping Skills

Trauma

Document location: <http://www.nus.edu.sg/uhc/cps/resources/selfhelp/TSQ.pdf>

Author: Brewin, Rose, Andrews, Green, Tata, McEvedy, Turner, and Foa

Title: Trauma Screening Questionnaire (TSQ)

Date: 2002

Focus: Post Traumatic Stress Disorder

Summary

This tool is designed specifically for those that have experience a traumatic event/s; and helps to detect symptoms of post-traumatic stress disorder (PTSD).

The tool is a screen only and any positive results should be followed up further with a more detailed assessment and recovery program.

The tool consists of 10 questions that are universally applicable to most traumatic situations. Five of the questions are geared towards understanding if the person has issues 're-experiencing' the traumatic event and the other five are designed to elicit any additional reactions from the event.

Initial findings

A review of the literature and available screening tools identified and confirmed the following gaps and barriers in relation to screening for parental wellbeing:

- Most tools are specialist and/or industry specific and are not universally available.
- Most tools are focused on medical, therapeutic and/or case-management professionals and there is a need for more simple tools that are able to be used also by more generalist front line staff.
- Capacity building is needed with front-line and specialist practitioners on the role and importance of screening tools.
- There is more of a focus on detailed assessment tools rather than initial screening, which may deter a services ability to detect issues early.
- Additional research is needed into the importance of screening tools for families entering parenthood.
- The existing tools and studies provide some experience as to which questions will elicit helpful and relevant information and the manner in which they should or should not be asked.

Based on the results of this literature review, in order for the Anglicare WA to establish a more universal tool which allows for early detection of issues in parental wellbeing, it will need to take the following approaches to the identifying parental wellbeing:

- Be developed specifically for people transitioning into parenthood.
- Be designed to develop a clearer picture of additional and potentially complex needs that may exist for a parent.
- Cover the 10 key domains researched and developed by Drummond St Services that have shown to be important in understanding parental risk-factors, including: Adjustment to the parenting role; Managing relationships; Coping processes and emotional wellbeing; Handling feelings of irritability or anger; Tobacco, alcohol or other drug use; Financial wellbeing, Effect of past experiences; Relationships with other family members; Level of support and connection to the community; Knowledge of community support services
- Take a flexible and integrated approach so that it can be used across community service areas.
- Be aimed to be used at a grassroots level.
- Be designed as a screening tool only and not for the purpose of diagnosis, with no advice or counselling during the process of completing the tool.
- Use basic language and be designed to look non bureaucratic to suit the intended client group.

Tools collected and considered by Anglicare but not reviewed by CCA:

Tool location: Hard copy provided by Kwinana Community Health Centre

Title: Being a Mother (BaM-13)

Tool location: Hard Copy provided by Janice Butler, Rockingham office of DHS.

Title: Department of Human Services screening tool for Supporting Jobless Families.

Tool location: <http://www.daodas.state.sc.us/documents/SBIRT%20Integrated%20Screening%20Tool.pdf> :

Title: Integrated Screening Tool – Institute for Health and Recovery

Tool location: <http://fasttrackproject.org/techrept/i/ipe/>

Title: Inventory of Parent's Experiences

Tool location: <http://chipts.ucla.edu/wp-content/uploads/downloads/2012/02/McMaster-FAD-Subscales.pdf>

Title: McMasters Family Assessment Device

Tool location:

<https://docs.google.com/viewer?a=v&q=cache:0b1oEyrIJEYJ:https://www.myctb.org/wst/projectconnect/nash/Shared%2520Documents/PSOC%2520Documents/Parenting%2520Sense%2520of%2520Competence%2520Scale%2520->

[%2520UNCG%252020110726.docx+&hl=en&gl=au&pid=bl&srcid=ADGEEShdolcmPQYtxMWmtLWYKd3FdSD_3XWO6o1dKHuoJBU7frpqbets_w8hH8YI5nHQ2D4LoX2N7YbzcRB_Q8h5gSgq_3rc996n8qwH1_I5R8wbx0RyQsd14rV0LQPcnj8A92v9pCaH&sig=AHIEtbRseikf8DSziynlZt2Zu8L16rXANw](#)

Title: Parenting Sense of Competence Scale

Tool location: Drummond St Services document.

Title: Questionnaire for Adults – Just Families

Tool location: <http://www.blackdoginstitute.org.au/public/bipolardisorder/self-test.cfm>

Title: Bipolar Self-Test (Mood Swings Questionnaire – MSQ)

Tool location: <http://www.tonihorvath.com/forms.html>

Title: Burn's Anxiety Inventory

Tool location: <http://www2.psy.unsw.edu.au/DASS/down.htm>

Title: DASS – Depression Anxiety Stress Scales

Tool location: <http://www.blackdoginstitute.org.au/public/depression/self-test.cfm>

Title: Self-testing for depression

Tool location: <http://www.blackdoginstitute.org.au/surveys/Temperament/index.html>

Title: Work Wellbeing Questionnaire

Tool location: Hard copy Anglicare in-house document

Title: Abuse Behaviour Inventory – Perpetrator and Survivor Form

Tool location: http://www.health.wa.gov.au/smokefree/docs/Fagerstrom_Test.pdf

Title: Fagerstrom Test for Nicotine Dependence

OTHER AOD Screening Tools

http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&sqi=2&ved=0CCsQFjAB&url=http%3A%2F%2F64.140.51.235%2Fdocs%2Fresources%2FSDfSC_Sample_AOD_Screening_Tools.doc&ei=tIeYUMLvEMqXiAe9xoDQBg&usq=AFQjCNF4L3HmnsFV2HRwYTHBgVRRjbXwbA