

# Let's Start

A program for Territory parents and children



the centre for *child* development & education



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# Background and Acknowledgements

This booklet summarises the research evidence and understandings that have come from the Let's Start Project in remote Aboriginal communities and in Darwin since 1999. Let's Start includes a process of community engagement and education, a 10-week parent child group intervention (the Let's Start Program) and a research and evaluation process. The aim of this booklet is to outline the strengths of this project and the benefits it delivers to children, families, schools and communities and to summarise what has been learned through working in partnership with many agencies in different community settings over the last decade.



The Tiwi Health Board implemented the Exploring Together Program on the Tiwi Islands from 1999-2004 as the early intervention component of its response to suicide on the Islands. This was followed by Let's Start: Exploring Together for Indigenous Preschools from 2006-2011. Let's Start was implemented in Darwin/Palmerston and on the Tiwi Islands until 2009. It is now implemented in all communities on the Tiwi Islands and four communities of the Victoria-Daly Rivers Shire.

The Let's Start Project began at Charles Darwin University in 2006 and in 2010 relocated to become part of a research program in the Centre for Child Development and Education (CCDE) at the Menzies School of Health Research. CCDE aims to build sustainable evidence-based programs suitable for the NT's families and children in all community settings.

Funding has been provided by the Northern Territory Department of Health (NTDH) and the Department of Education and Training (NTDET); the NT Research and Innovation Fund (NTRIF); the Australian Government Department of Families, and Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Education, Employment and Workplace Relations (DEEWR); the Cooperative Research Centre for Aboriginal Health (CRAH) and the Australian Research Council (ARC). The current programs on the Tiwi Islands and in the Vic-Daly Shire are funded by FaHCSIA and DEEWR, respectively.

School and community partners include NT DET's Top End Group Schools & Palmerston



# Background and Acknowledgements

and Rural Cluster Schools; Murrupurtiyanuwu Catholic School & Catholic Education Office; Top End Remote Health Services (Tiwi); Tiwi Islands Shire Council, the Tiwi Education Board and the Tiwi Land Council; Nauiyu Nambiyu Inc., Deewin Kurim and the Vic-Daly Shire Council. The Let's Start team is grateful for the cooperation and support of principals and staff of over 40 schools and preschools in Darwin, Palmerston, Victoria-Daly Rivers Shire and the Tiwi Islands.

The Let's Start research team is Associate Professor Gary Robinson, Professor Sven

Silburn and Dr Sarah Mares, a Child Psychiatrist and Senior Research Fellow. Professor Steve Zubrick from the Telethon Institute of Child Health Research was a member of the research team until 2010. Dr Bill Tyler, Honorary Principal Research Fellow at the Centre for Child Development and Education has been responsible for statistical analysis and continues to work with the research team in this capacity.

Current members of the Let's Start team are Yomei Jones, Carolin Stock, Birgit Hallenstein, Virginie Branchut, Cherie Mackley, Kaylene Puruntatameri, Roger Tipungwuti, Rickiesha Hodson and Marie Marrar.

*"I learnt a lot actually ..... we talked about how kids react at school, how kids react at home, do they listen and how it is different...we sit together, yarn about children sitting together with other parents... at first I notice parents feel shame finding the words about their children but now we are just going ahead... when we go home we don't gossip about people to our families ..... they (Let's Start) talk to us a lot and encourage us more and I started putting my head up." L., Parent, Milikapiti, 2008.*



# Introduction

Let's Start is the only parenting program delivered to Aboriginal children and families in a range of contexts, for which there is evidence of effectiveness.

Let's Start is unique: it focuses directly on the parent-child relationship within a multi-group format that addresses parents and children both separately and together.



Early childhood is a period of rapid growth and change across physical, cognitive social, emotional and cultural domains. Developments during this time impact on a child's future health and learning and their capacity for relationships and social engagement. A significant challenge during the preschool period is the transition to school. School readiness and school attendance are affected by many interacting factors within the child and their family and social context. A family's capacity to support their child during this transition is crucial.

There is a substantial body of evidence indicating the increased risk of poor developmental outcomes faced by many Aboriginal children, particularly those in remote community contexts, highlighting the need for interventions that are accessible and effective in addressing and ameliorating these risks for young Aboriginal children and their families. It is important that programs for Aboriginal parents and children acknowledge the distinctive and diverse nature of Aboriginal family relationships and values today.

The Let's Start Parent-Child Project includes four components:

1. A therapeutically oriented group work program (the Let's Start Program) for children and families, which focuses on supporting children's social-emotional development during the period of transition to school
2. A program of community and family engagement and a commitment to working in partnership
3. Training and professional development for group and community leaders

## 4. Research and evaluation

Let's Start is fun. It uses play and expressive activities to engage parents and children, while promoting ongoing reflection about how they relate to each other.

Let's Start is non-judgemental. It creates a secure environment that enables parents to reflect on the difficult sides of being a parent, of having a family, while learning to acknowledge their personal strengths and to enjoy being with their children.

Evaluation of the program (Robinson et al, 2009) and learning from experience indicate that:

- Participation in Let's Start increased parental confidence and assertiveness and stronger parent-child relationships
- Participation in Let's Start led to significant improvement in children's behaviour and social skills, as reported by teachers and parents, at program completion and at six month follow up
- Let's Start can support the transition to school for many children
- Let's Start helps build communication between teachers and parents
- Let's Start can support improvements in parental mental health
- Post-program follow-up can help parents to access other services



# Introduction

- The program collaborates with childcare, health, education and child protection programs in remote communities

Since 2005, Let's Start has worked with many families who have experienced many complex stresses including the impact of suicide and suicidal behaviour, or violence and substance misuse on the part of family members and

in the communities. Many families have attended the program more than once, in some cases with three of their children over the years. The program is now accepted as an important community in these communities.

Let's Start works towards an integrated approach to supporting high risk young children and their families and links with other health and developmental services to support children during the crucial

time of transition to school.

This booklet is divided into two main sections: the first describes the program, participants and communities, how it is run and what it aims to do. The second describes its rationale in terms of the structure of the program, its aims and the strategies developed for integration in the NT service delivery context.



# 1. What is Let's Start?

## 1.1 A brief history of the project

The Tiwi Health Board implemented the Exploring Together Program on the Tiwi Islands from 1999-2004 as part of its response to concerns about the dramatic rise in suicides and about the quality of parenting in families under stress. The program had the name, "Ngaripirliga'ajirri", which means "Clearing a path for the future". It worked with children aged from 6-11 years and their parents in the three Tiwi primary schools. Over the first 3 years, around 60 children completed the program with their parents. The evaluation described strong improvements in children's behaviour at school and at home (Robinson & Tyler, 2006). Equally importantly, this first phase of the program's development provided many lessons in effective engagement with Tiwi parents and children; in how to understand both children's behaviour and styles of parenting in the context of Tiwi family relationships, and how to train team members to guide group work for Indigenous parents and children.

After the success of Ngaripirliga'ajirri, the next stage was implemented for younger children from 4-6 years. This program was named, Let's Start: Exploring Together for Indigenous Preschools, and was run from 2006-2010. It was widened in reach to include both Tiwi schools and schools in Darwin and Palmerston.

By the end of 2009, Let's Start had been delivered at over 7 sites, including the Tiwi Islands, Darwin, Palmerston, Jabiru and Palumpa (Nganmarriyanga), with over 40 schools referring children to the program at different times.

Based on ten years of experience delivering and evaluating Ngaripirliga'ajirri and Let's Start: Exploring Together (Robinson & Tyler, 2006; Robinson et al, 2009), the program has been adapted and redeveloped as the Let's Start Parent-Child Program. A new manual has been produced to support the updated program, including background and rationale, detailed instructions on implementation, information and resources on building relationships within communities, and an overview of the training for Let's Start group leaders.

## 1.2 How the Program is Run

The Let's Start aim is for all parents to take pleasure in their children, to enjoy being with them and to feel able to help them to learn and to explore their world.

### What is unique about Let's Start?

1. Let's Start is committed to community engagement and partnership
2. It is a therapeutically oriented group program which supports children's social-emotional development during the transition to school
3. It is a parenting program that has been adapted for Indigenous families and developed for delivery in remote and urban communities

4. It has a unique structure with both a parent-child group and a parent group
5. It provides for development of skills for parents and children
6. It integrates systemic, attachment-based and behavioural approaches
7. It uses expressive techniques (songs, games, drawing, stories, role plays)
8. There is evidence of its effectiveness: Let's Start works

### Weekly sessions

Let's Start consists of weekly two hour sessions over ten weeks of a school term.

These are delivered by two professionally trained group leaders who work with two or more group leaders from the local community. Five to eight children participate in each group program, attending with one parent. The weekly sessions run for two and a half hours, starting with a *Parents' group* for one hour, followed by a *Parent-child interactive group*. Children are picked up from school or preschool classes and brought to the program for this second hour. Sessions end with a shared meal and children are either returned to class or go home with their parent.

In the *Parents' Group*, Let's Start helps parents to develop their strengths and capacities in managing children's behaviour by promoting reflection on their children's needs. Let's Start builds parents' awareness of their importance to their



# What is Let's Start?

C., Parent, 2011:  
“Security means being  
held and not dropped.”

D., Parent, 2010: “She  
used to have that cap  
pulled down over her  
eyes. After Let's Start,  
she doesn't wear it, we  
see her face!”



children by stimulating their curiosity about their children's behaviour and factors that might influence children's development. Parents' own stories about children are used to explore these themes.

Parenting doesn't happen in isolation: there is a focus on identifying strengths and resources in the parents' family and social network. Relationships within the family may be a source of strength. However, they can also hinder a parent who is trying to deal with parenting or family challenges. A strategy of the parents' group is to reflect on families, the child's and the parent's presence in the family and the roles of other members, including relatives in other households who may be important sources of support for children and parents. It may be important to consider how to draw on family strengths and how to limit or channel some influences on children's behaviour.

The parents' group provides a context for support for parents. It identifies common problems experienced by all, enabling parents to talk about their own problems without shame and guilt. Learning about the different experiences of others also helps individuals to think about their problems and challenges in a new way.

The *Interactive group* involves parents and children joining together in a structured sequence of play-based activities. There is a focus on modelling behaviour management in a small group – more typical of a classroom than at home. These structured group activities are fun. They provide the chance to deal with behavioural challenges and to

discuss responses to children's behaviour collaboratively while rewarding children's efforts with fun and positive attention.

For group leaders, the interactive group provides important opportunities to observe how parents and children sometimes 'miscue', that is, misread each other's intentions, get angry or frustrated and show an inability to focus together on common tasks. The group leaders may then take gentle steps to direct a parent's attention to some things she might not have noticed, to reinforce collaborative achievements with praise, to help a child to refocus when his parent is unsure how to get him involved. The group leaders subtly support the interaction between parent and child. Sometimes the frustrations and challenges, or the pleasure in doing a task well can be discussed with the parent in the next group. The interactive group supports parents directly without relying on talk.

## Themes running through the program

1. *Thinking about our kids* (understanding what kids need and why they do what they do). We draw out stories to illustrate children's development, needs for exploration and needs for security through the many contexts of learning from early care at home through to school.

# What is Let's Start?

## Talking about social and emotional problems

Challenging behaviours identified at referral include aggression, hyperactivity or impulsivity, oppositional behaviour, distractibility or attention difficulties, impulsivity, poor peer relationships, separation anxiety, phobias, school avoidance, social withdrawal, significant sibling rivalry or difficulties in the parent-child relationship.

These are not useful words. We listen to parents' stories. We draw, doodle and play games. We explore what is hard and easy for parents to do. We translate "problems" into meaningful experiences that can be reflected on.

This means being able to visualise the contexts in which "problems" occur. We turn these words into stories.

2. *Thinking about ourselves as parents* (understand why parents are important). What is hard for parents to do? What is good enough?
3. *Managing feelings and behaviour* (in parents and in kids). Containing excitement, dealing with frustration, exploring skills and strategies used by parents and alternatives
4. *Enjoying time together* (in the *Interactive Group*). Taking turns, waiting, joining in, doing something special, noticing what is good.

Parents and children have the opportunity to enjoy each other's company in a positive and friendly environment. For some, having fun is not always easy to do. Children learn about rules and cooperation and are encouraged to recognise their own feelings and the feelings of others. There are games and activities that promote positive learning. Almost all children find the group exciting and fun, especially because – unlike at school – there is a parent joining in the activity and playing and learning with them.

Parents are able to spend some special time with one child. This is not always easy to do in their busy home lives and can be a very powerful experience for both parent and child. The experience helps some parents to see that there may be opportunities to be more involved with their child at school, or to enquire of the teachers about what is happening at school and why.

## Outcomes

- Participation in Let's Start increases parental confidence, assertiveness and wellbeing
- Let's Start increases responsiveness and reduces tension in parent-child relationships
- Participation in Let's Start leads to significant improvement in children's behaviour and social skills, as reported by teachers and parents, at program completion and at six months follow up
- Many parents seek to attend the program for two or more of their children
- Let's Start enhances parental engagement with school and teachers' readiness to talk with parents: it helps build communication between parents and schools
- Let's Start can support improvements in parents' mental health

### 1.3 Building Community Partnerships

Our aim is for Let's Start to help build capacity in early childhood services and resources in NT communities. Let's Start invests time and effort into forming links in all communities: with schools, preschools, childcare centres, health centres and the various agencies that have input into the communities through visiting services or through coordination and management. We facilitate the formation of networks of early childhood providers,



# What is Let's Start?

K., Parent, 2010: "What I learnt about was the power of me!"

by holding information and training workshops for their personnel, including Aboriginal Health, Education and Childcare Workers.

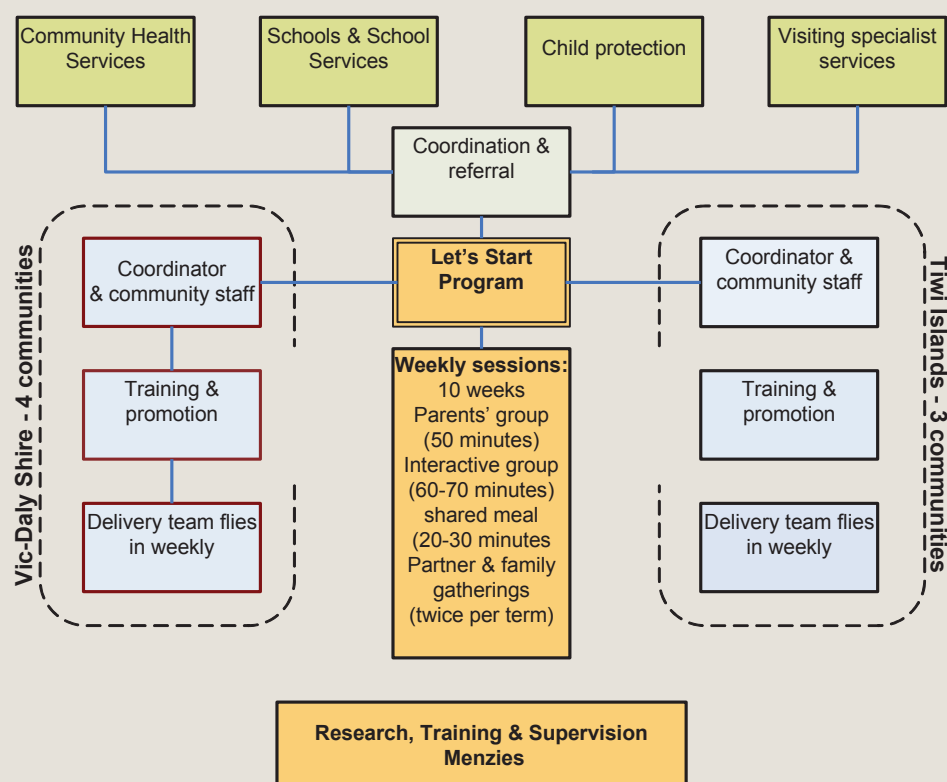
Let's Start creates a framework for partnerships, for example between the school and the local Council, to contribute people, resources, time and space for delivering the 10

week program and providing group leader training. Fitting the processes of program delivery between timelines of work, school, availability of childcare, paydays and local ceremonies and customs is essential to successful delivery of the program.

Communities may differ in culture, language and values and in the resources available to support families. The varied contexts of the Northern Territory require strategies for engaging families that are appropriate for each place. Many of the families referred to Let's Start deal with multiple sources of stress and instability, which impact on their ability to participate in any programs. Contact with parents to

explain Let's Start may need to occur in numerous, non-threatening ways, before a parent is willing to show interest in participating. Let's Start works with a high proportion of families who are not active users of services, despite having many difficulties, and who may be shy or reluctant to seek outside help. Some may have past experiences of feeling pressured or judged. Individuals are contacted through home visits and later follow-up. This helps families to stay in touch with the program and, for those not able to attend, to consider attending when circumstances change.

Figure 1: Structure and support for delivery of Let's Start in remote communities



# What is Let's Start?

Parents and children don't have to be experiencing problems to benefit from the Let's Start program: it enables all parents to learn from each other and to have time to think about their children while having fun with them.



Let's Start is a structured program that requires advanced skills to ensure delivery to high professional and ethical standards. Community organizations lack the resources and capacity to host such a program. Over the years, a model has been developed that overcomes the barriers to implementing such an approach in remote communities. The Let's Start team is based at the Centre for Child Development and Education at the Menzies School of Health Research in Darwin. The team consists of program coordinators who spend at least 3 days a week in the communities where programs are being delivered. Other team members travel to communities for one to two days each week to deliver the program, gather data or follow-up with families. Members of the local community work with the Menzies-based team. They enhance engagement of families with the program and help the "external" leaders to understand issues relating to culture and kinship, conflicts involving families and matters of community significance. A number of them are experienced early childhood workers in their own right. Few Aboriginal communities are linguistically homogeneous and the language of program delivery is local Aboriginal English. Language differences between group members and leaders are accommodated with the help of the local community-based co-leaders who assist with the inclusion of songs and stories in local language. Groups are run with a flow in and out of variants of local language.

The team is led by an anthropologist with many years experience of work in the Northern Territory and includes people with backgrounds in social work, allied health, early

education and psychology along with Indigenous community members. A child and family psychiatrist acts as clinical consultant and is currently involved in program development, training and practice supervision. Program group leaders receive ongoing training and mentorship in the Let's Start approach.

## ***1.4 Accessing Let's Start: Referral and Intake***

**Let's Start is open to all children from 4 – 6 years**

In communities where Let's Start is delivered, the Let's Start team works with the school and health centre to inform families about the program. Parents of all children enrolled in preschool, transition or grade 1 are provided with information individually or in a Let's Start workshop and invited to attend Let's Start during the year. Parents, grandparents and other caregivers are encouraged to contact the team at any time for information about Let's Start. Many parents and grandparents approach the coordinator and team about joining the program.

## **Referral by Schools and Agencies: Common problems at entry**

The Let's Start team works with community services, health centres and other agencies. Information and briefings are provided to practitioners at meetings and workshops and on request. Each school term, teachers at preschool



# What is Let's Start?

and school are approached for information about children whose behaviour suggests that they need support. Both teachers and practitioners in other services are consulted to identify children suitable for referral to Let's Start.

Sometimes referrals are made because a family and child are experiencing acute, severe problems. Referrals in these circumstances need careful assessment. Acute crises often mean that a family may be functioning poorly or that a parent is very unwell and may therefore find it difficult to complete the program. They may be advised to wait until circumstances improve before

beginning Let's Start. Because the Let's Start program is planned in advance and involves groups participating for a whole term, cases needing urgent assistance may have to wait one or two terms before a program is available. Let's Start consults parents about alternative services and seeks expert assistance if there is risk that is beyond the team's expertise.

Referral to the program involves transfer of information about a child from an agency to Let's Start. For this reason, a formal process is followed that preserves the confidentiality of all parties. All information collected about the participating child and family is kept securely according to requirements for confidentiality specified by the Human Research

Ethics Committee. Parents are asked to sign written consent for schools and agencies to release information to Let's Start for evaluation purposes.

Let's Start does not provide information to outside parties about confidential matters discussed at referral or during the program, including evaluation data, unless a parent asks for this to happen. Let's Start works for the care and protection of children: leaders are required to report suspected child abuse and neglect under sections 15 and 26 of the Care and Protection of Children Act 2007 (NT).



## 2. Early Intervention: Context and Rationale

### 2.1 The Theoretical Basis of Let's Start

The Let's Start Program is a model for reflective, evidence-based practice for early intervention work with families and communities in the Northern Territory. Let's Start incorporates approaches from a number of proven sources. It draws on social learning, attachment and systems theories and an anthropological analysis of culture, family life, peer and sibling relationships and patterns of communication developed over years of work with Aboriginal families. Let's Start represents a unique synthesis of approaches.

*Psychological anthropology* focuses on the way cultural patterns influence parenting and child development. Parenting is framed by institutions of family and kinship and particular ideas of responsibility for children which often involve elaborated roles for multiple caregivers who may include older siblings, aunts and uncles and grandparents of small children. These kinds of relationship and the associated ideas about children's growth and development need to be brought into the centre of parenting and early intervention. However, it is not enough to understand "culture" or "kinship" in any particular setting. It is important that these understandings can be brought together with key concepts of parenting and child development from developmental research.

*Social Learning Theory* focuses on the way behaviour is learned through observation and reinforcement. Reinforcement occurs when behaviour is rewarded (with attention or praise). Attention can be positive or negative. Parents and children may become entrapped in negative interactions in which escalating naughtiness produces negative parental reactions that do not bring the behaviour to an end. An aim of behavioural management is to learn how to de-escalate by shifting the balance towards positive types of attention, partly by focusing on what the child is doing well, rather than reacting to "bad" behaviour. Patterns of positive and negative attention and negative escalations are highly variable across cultural settings. Where multiple caregivers are involved, children may in effect escalate by withdrawing from one source of attention to seek another, or may escalate their behaviour to produce a response from someone who has withdrawn and is unavailable. Parents are faced with choices about whether to respond or to withdraw, and the easy availability of alternative caregivers such as the child's siblings or peers, can provide a pretext for withdrawal. Let's Start elicits parents' accounts of their children's behaviours and encourages them to identify their own patterns of response to them. The aim is for parents to recognise the power of their responses to their children's needs and to gain a stronger sense of efficacy.

*Systems Theory* informs us that the functioning of one person in a family is affected by and affects all other people in that family (and by their interactions with others outside the family). Children's behaviours may be a symptomatic response to stresses

or pressures acting on them from within the family system.

- The behaviour of other people in the family or its surrounding network may directly or indirectly target the child in such a way that the child incurs excessively harsh responses, for example, by being blamed or criticised by family members. This is motivated by the needs of others rather than concern about the needs of the child.
- A child may be placed in a situation of anxious insecurity because of the behaviour of others towards important attachment figures: for example, family violence, or aggressive demands on the child's parents might lead them to pay less attention to the
- A death or relationship breakup causes complex adjustment in a family, and the impacts of loss and family adjustments after loss on a child may not be noticed.
- Family conflict or the suicidal behaviour of family members can cause a child anxiety and lead him to put himself at risk in order to gain attention and influence the behaviour of others.

Let's Start explores family relationships and the meaning of children's behaviours in the contexts of these relationships. Parents are invited to literally map out the key relationships, including those that are a source of tension for the child, and to



# Early Intervention: Context and Rationale

think about how they influence the child's behaviour, safety and wellbeing.

*Attachment Theory* demonstrates the lifelong importance of early relationships. The way parents and family are able to protect the child and provide security influences the child's behaviour, relationships and functioning at home and at school and across their life span. Children subjected to disrupted or inconsistent early care will develop strategies for maintaining adult attention that can be maladaptive. Patterns of behaviour within families are forms of communication that are met with positive or negative attention by a child's main attachment figures. The child's behaviour may reflect a probing for response by others amid uncertainty about the availability or responsiveness of these significant others.

A lack of stimulus, inadequate responsiveness and disrupted connection to the growing child on the part of primary attachment figures may produce deficits in attention, self-regulation and social skills that profoundly affect later adaptation to school and other contexts of learning. The parents' own early attachment experiences are important influences on the way they respond to their children and on the forms of communication and interaction that develop in their families. Some parents have had bad early experiences of their own and many are unable to identify

these influences on their parenting. The program is structured to encourage parents to reflect on their children's needs with empathy.

Through this combination of approaches Let's Start aims to promote parental learning of new skills; to encourage empathy and awareness of their children's needs; and it seeks to encourage parents to be more proactive in meeting those needs, by active use of supports within their families or by more actively responding themselves – that is, not withdrawing from the child or deferring their response to its needs by letting others “take over”.

As Let's Start helps parents to reflect on their children's needs, they move from “*Knowing, but not doing*” (knowing that their child needs something, is unhappy, is looking for attention but not responding to that knowledge) to “*Knowing and doing*” (being aware of what their children need, what works to help them, and naturally and spontaneously doing what is needed).

## 2.2 The Transition to School

Research clearly indicates that Aboriginal children's educational disadvantage is already established by the first years of schooling and that many, if not most children who do not cope well with the transition to school are not able to catch up. As measured by the Australian Early Development Index, many children in the NT score poorly in developmental domains thought to be important for school readiness (Silburn et al, 2010). Many struggle to make the transition from preschool to school and by year 2 or 3 have lost significant ground academically; they remain vulnerable to behavioural

difficulties and lack of academic engagement.

Teachers working with Let's Start in remote and urban contexts reported high levels of communication problems, distractibility and poor attention in class along with poor compliance, aggression and peer problems (Robinson, Zubrick et al. 2009; Robinson, Tyler et al. 2011).

This “crisis in the first year in school” leaves many children exposed to the effects of inconsistent or disrupted attendance and behavioural difficulties that will lead to frequent changes of school, academic underachievement and early drop-out (Arnold, Bartlett et al. 2007).

Let's Start targets children from preschool through to Grade One. It aims to improve school readiness by helping parents and children to deal with early adjustment difficulties. Let's Start provides a neutral space where parents can be assisted to reflect on their children's social and emotional competencies in a structured group situation “a bit like school, but away from school.” This helps parents to identify strategies to deal with the challenges of interacting with their child in groups. Although the focus is not on school or classroom, but on parents and children interacting together, the effect is to help the child accept the demands of the classroom as the parent increases the positive attention and

# Early Intervention: Context and Rationale

support they give to the child's participation in educational activities.

Parents become more aware of their children's strengths as well as areas where they may need extra support; they become more confident in talking to others about their children's behaviour and more confident in their own ability to influence outcomes for their children. In some cases, parents are helped to deal with serious problems that affect their own wellbeing and that of their children.

## Let's Start and NT Schools

Since 2005, the Let's Start team has worked with over 40 schools in Darwin, Palmerston and Jabiru and in a number of Top End remote communities in the Tiwi and Victoria-Daly Rivers Shires. Currently our major partners are Murrupurtiyanuwu Catholic School (MCS), schools belonging to the Top End Group Schools (TEGS) cluster, and Palumpa (Nganmarriyanga) School in the Palmerston and Rural Cluster of NT DET. Let's Start aims to work closely with these schools to actively engage parents with young children and to support young children in early years classrooms. Let's Start is now the common social-emotional learning and parent engagement program for the early years in these seven schools. It aims to align with and contribute to whole-school approaches to social-emotional learning.

## 2.3 Children at risk: Care, protection and family support

There is powerful evidence that the early years of development set the foundations for competence and coping skills that affect learning, behaviour and health throughout a person's lifetime. Advances in neuroscience show that the quality of care giving has a significant impact on brain development during critical periods of rapid development and growth in the early years. This is more important for children's longer-term developmental outcomes than previously realised. Neural pathways associated with learning, memory, emotional regulation and social skills are activated and reinforced by the child's interactions with their physical and social environment.

The context in which children grow up and the quality of relationships with those close to them (such as parents, families and caregivers) are important for healthy development and educational outcomes later in life. Many environmental influences on development begin before birth, driven by the mother's physical and mental health and her lifestyle, including substance use and exposure to violence. These factors continue to have a profound effect throughout the child's first five years of life when the home/family unit is often the primary source of experience and mediates the child's interaction with the wider world and community.

Any discussion of developmental risk has to take into account the social and physical context of the family. Children at risk where the immediate environment is not safe and/or if the family are physically or emotionally unavailable: that is, where the adults

are not able to put the needs of their children above their own, or are unable to recognise the impact of their behaviour or lifestyle on the child.

## Early intervention with children at risk

Many factors can interfere with the ability to provide adequate parental care, including domestic or community violence, parental mental illness and substance misuse. Parents who themselves have a history of disrupted or inadequate care in childhood are likely to have more difficulty in parenting adequately.

Many Aboriginal children are exposed to cumulative and varied risk factors that potentially impact on their emerging capacities at vital stages of early development. In remote communities or town camps, families endure many adversities exacerbated by limited services, financial stress, poor food and housing. In these circumstances, children are exposed to multiple and cumulative developmental risks.

Children at risk include those children in situations of risk and deficient care at home as well as those who already manifest symptoms of impaired development. Children at risk of persistent social, emotional and behavioural difficulties can often be identified in the early years from as young as two years of age. They may display disruptive behaviour, (one of the most common

# Early Intervention: Context and Rationale

Early intervention and suicide prevention

From the late 1990s, the Tiwi Islands experienced an epidemic of suicides.

Ngaripirliga'ajirri and Let's Start were implemented as part of the Tiwi suicide prevention strategy.

Many Let's Start families have suffered the death of a family member, a parent or an older sibling. Many families still today struggle with high levels of suicidal behaviour by members of their households.

Parents sometimes threaten suicide when under stress. Children as young as four or five have threatened to hang themselves when their needs are not met, when they are teased, rebuked or fear violence by others, or when seeking to control their parents' behaviour.

However, a recent study of child and adolescent suicides in the NT has shown that over the 10 years of operation of Ngaripirliga'ajirri and Let's Start, there have been no suicide deaths by Tiwi under the age of 18 years (Robinson, et al, 2012).

causes of referral to Let's Start), but can also be excessively quiet, anxious and withdrawn, passive and unresponsive; such children are more easily overlooked.

Children exposed to inadequate care, abuse or neglect, or who are symptomatic in early childhood are more likely to suffer continuing emotional and behavioural difficulties that persist into adolescence and adulthood. These early problems result in increased risk of mental health problems, substance misuse, sexual delinquency, self-harm and even suicide.

Intervening early reduces the long-term risk of mental health and conduct disorders, improving children's path through life, including their attendance and performance at school. Programs aimed at improving early parental care and the quality of early parent-child relationships can have significant and enduring effects on children's wellbeing. There is evidence that early intervention programs targeting parenting and the quality of the parent-child relationships can improve outcomes both for those children who are already symptomatic and for those at high risk.

Ngaripirliga'ajirri and Let's Start were implemented as programs of early intervention and prevention. By targeting children in the first years of school, they potentially have long term benefits well into adolescence and adulthood.

## *2.4 Let's Start: Working with child and family services*

Nationally and in the Northern Territory there has been an increasing policy focus on prevention

in response to continuing evidence of the negative impacts of family dysfunction, impaired parenting and neglect or abuse in early childhood. Aboriginal and Torres Strait Islander children in the Northern Territory are over-represented in the care and protection system at a rate of 3-6 times that of the general population. This may in part be explained by the prevalence of neglect in highly disadvantaged communities (Delfabbro, Hirte, et al, 2010; Northern Territory Government, 2010). Child protection services work with families and communities in the NT when children are identified as at risk of neglect or abuse or as having experienced maltreatment in any form. Children's development is adversely affected by exposure to adult violence and substance misuse and notification to the Department of Children and Families may occur for these reasons. Children at risk are sometimes placed in foster or kinship care, or offered other forms of intervention to ensure their safety and assist them in recovery from the impact of maltreatment.

Let's Start functions independently of national or Northern Territory government agencies. However, over seven years it has received many referrals from child protection services for children still living with parents but known to child protection services or for children removed from parental care and living in kinship or foster care (if continuing and long term or permanent). Children being restored to parental care after a



# Early Intervention:

## Context and Rationale

period of mandated removal are also referred to Let's Start. Let's Start is able to help parents and children deal with the challenges of reconnection after separation.

### Integrating services for children and families

Families and children access and interact with a range of services in health, education and child welfare delivered by the government and non-government sectors. At risk children and families and those with high and complex needs are likely to interact with a large number of different kinds of services.

*Universal services* are those that everyone uses, and in some cases are required to use. These include childcare, preschool and primary or secondary schools and primary health care.

*Preventive services* are designed to identify children who are at risk of later problems and to reduce those risks by supporting parents or children or targeting mental health, behavioural or parenting problems and reducing their impact on the child's development. Prevention aims to improve the quality of care-giving by parents or the functioning of families that have problems. Preventive programs may be provided on a wide basis to many families in communities, or they may be targeted at those families with higher needs and multiple problems.

*Targeted programs* aim to provide intervention and support for children and families already experiencing difficulties, with

symptoms and signs of disorder or illness. There are targeted services for people with special needs linked to universal services.

Let's Start is a targeted preventive intervention. Through its referral process, it identifies and proactively seeks to include those already in difficulty, including children with early behavioural problems and parents struggling to cope with management of their behaviour. However, although designed as a targeted intervention, Let's Start provides multiple benefits and learning opportunities that make it suitable for all parents wishing to attend. Over 10 years on the Tiwi Islands, it is estimated that half or more of all Tiwi families have had some contact with the program. It is able to achieve very wide reach in small communities over time.

However, in the Northern Territory's remote communities, there are many gaps in services, and many families who are provided with no support, even though parents are experiencing difficulty or a child is manifestly at risk. In some communities, there are many "fly-in" or visiting services, attached to schools, health centres or child protection. There is usually no coordination between them. Importantly, no one service is responsible for coordination or continuity of care: for seeing that there is further support or care after any particular service is accessed. Children and families with complex needs "fall through the cracks" between services that are functionally unintegrated and discontinuous.

Preventive approaches are often best done through collaboration between education, health and

community services. Because nearly all children attend school, prevention often works best from schools as a base; however, such prevention programs often also need to access expertise in mental health or medical care. It is sometimes necessary to seek assessment for specific problems or to make referrals to specialist services to deal with different sources of risk: for example from parental mental illness or substance misuse: or risk within the child, such as hearing loss and language or other developmental delay. There needs to be sufficient coordination between services to ensure that children and families have continuing opportunities to access such services or assistance as need arises.

Over the last seven years, the Let's Start research team has worked with schools and preschools, community health centres, childcare centres and child protection services and has received support from the Land Councils, Shire Councils and many other community councils and organisations. The team has been able to explore options for integration of preventive services across sectors both around coordination of the service response and around the needs of particular children and families. Equally importantly, the team has systematically redeveloped its approach to ensure that it can meet the needs of Indigenous children at different ages, with a range of difficulties and in diverse community settings.

# Early Intervention: Context and Rationale

Restoring children to their parents' care, preventing breakdowns of care:

Parents inevitably find resumption of a relationship with a child from whom they have been separated extremely challenging. The child may directly or unconsciously challenge the parent through symptomatic behaviours, so that there is high risk of relapse of abuse or breakdown in the restoration. There is a powerful case for support when parents and children are reunited after separations.



## ***2.5 Let's Start: Research & resource development***

Let's Start is the outcome of research and development at the Menzies Centre for Child Development and Education. The research program is an ongoing evidence-based action research project that aims to investigate the effective implementation of early intervention programs for families in diverse communities and service settings in order to address important questions about what works best for families and children of the Northern Territory.

The primary research questions relate to the investigation of the effectiveness of early intervention during the transition to school and beyond. The next stage of Let's Start is an evaluation of the implementation of Let's Start in schools, in conjunction with a whole-school approach to social-emotional learning including school-based social skills training for children.

The science of implementation requires testing of models and approaches that include evaluation of more than just the effects of the program on individuals. Development of manuals, training and resources to support effective practice are a critical focus. Culturally adapted interventions should not be developed in an ad hoc way, but need a firm theoretical basis with ongoing supports to ensure that high quality practices are achieved and can be sustained. The research models under trial entail quality improvement mechanisms that support reflective practice – and that are achievable in partnership between Menzies and participating schools and communities.

Professional and community leaders participate in a training program prior to delivering Let's Start and are introduced to the Program Manual. The Manual outlines the weekly program of activities for parents and children and provides notes for group leaders on group process and on therapeutic issues that may arise. During the course of program delivery regular external supervision is provided to group leaders by a senior clinician with experience in work with children and families. Group leaders have varied professional backgrounds and experiences and supervision during the group process is both eclectic and supportive in nature. Supervision provides an opportunity to process the experience of delivering the program and to review strategies and practices pertaining to each parent and child. Parents or children may make disclosures within the group that are distressing or alarming. In such cases, questions of safety, child protection concerns and mandatory reporting obligations need to be addressed. Through Let's Start, the Centre for Child Development and Education is developing models for practice that have wide application across sectors that require close work with children and families.

# Conclusion:

## The Let's Start Approach

The approach developed by Let's Start has addressed the challenge of delivering an effective and accessible therapeutic program for Aboriginal parents and children in remote communities.

- There is a track record of program delivery and evaluation in several different remote communities and in Darwin over 10 years.
- There is evidence of the effectiveness of Let's Start.
- Program coordination is provided by leaders based in Darwin who spend three-four days a week in the participating communities, working with stakeholders, engaging parents and overseeing the contributions of community members who work for the team.
- Let's Start can be aligned with whole-school strategies to promote social and emotional learning and positive behaviour management.
- Let's Start provides a service that is able to work with a range of target groups according to their developmental age and needs. It does not isolate individuals from their context, but creates a way of working with child and parent that acknowledges family and community relationships and reaches out to these.
- Let's Start is able to assess parent, child and family functioning in a considered way, and is able to respond to many sources of difficulty and to help see that parents access other services they may need.
- Let's Start includes processes to ensure program fidelity, and support the professional development of staff, through training and practice supervision.
- The Let's Start Program works with many currently unintegrated services and agencies: health, including both primary health care and specialist paediatric and mental health services; education, both in the classroom, through teachers' appraisal of children's needs at referral and in subsequent evaluation of outcomes, and through links with school support services.
- The Let's Start approach to school-based early prevention can be strengthened through enhanced collaboration between agencies and services.





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