

Context, Diversity and Engagement: Early Intervention with Australian Aboriginal Families in Urban and Remote Contexts

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This article describes challenges met implementing an early intervention programme for Aboriginal parents and their children in the NT (Northern Territory) of Australia in the context of efforts to remediate Aboriginal disadvantage. The intervention is an adaptation of an 8- to 10-week, manualised parenting programme designed for four- to six-year-old children with behavioural difficulties. It was implemented for both Aboriginal and non-Aboriginal children in urban Darwin and for Aboriginal children in three communities of the Tiwi Islands, near Darwin. Measured outcomes of the programme were positive overall with different outcomes by gender and Indigenous status. There were marked differences in retention of families from different socio-cultural backgrounds in the programme, with a significant loss of participants from referral through commencement to six-month follow-up. This drop-out was most marked for urban Aboriginal participants, despite highly flexible strategies of engagement and cultural adaptation of the approach pursued in each setting. The research provides lessons for the contextualisation of preventive interventions in diverse community settings and shows that systematic attention to cultural 'fit' of the intervention logic and cultural competence in engagement of disadvantaged families with multiple problems are fundamental to sustainability. © 2011 The Author(s). Children & Society © 2011 National Children's Bureau and Blackwell Publishing Limited.

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The Australian state, Aboriginal disadvantage and the Aboriginal child

The policy emphasis on social investment in the early years now shapes the construction of childhood in national policies on provision for the young and has become a mainstay of efforts to reduce social inequality and undo the effects of social exclusion (James, 2008).

In Australia, policy on Aboriginal affairs now increasingly concentrates on childhood – with a growing focus on early education and childcare services, parenting and early learning. The Aboriginal child stands at the centre of efforts to 'close the gap' of Aboriginal disadvantage. Two specific 'gaps' in the developmental profiles of Australian Aboriginal children relative to the general population have been of particular concern. The first is the higher prevalence of

clinical, behavioural and emotional disorders among Aboriginal children and the associated impediments to the development of cognitive and social competencies that affect later life chances (Silburn and others, 2006; Zubrick and others, 2005b; Zubrick and others, 2008). The second is the low performance of Aboriginal children on national tests for literacy and numeracy and related indicators which are well below those of other Australians (Mellor and Corrigan, 2004).

However, such policies aim at outcomes that cannot be achieved within the political cycle, thus exposing them to repeated criticisms of failure. This is in part due to the difficulty of finding strategies that are effective and that earn Aboriginal support and participation. For example, efforts to implement parenting interventions and parenting support to improve Aboriginal children's developmental outcomes meet formidable challenges in the geographical dispersal and the linguistically, culturally and historically diverse constitution of the communities in which Aboriginal people live.

Contextualising intervention: engaging Aboriginal families

It is well established in the field of prevention research that the most vulnerable families, those at greatest risk or with the greatest needs, who may have low literacy and personal resources, are least well served by existing services and have high attrition rates when in receipt of them (Katz and others, 2006; Moran and Ghate, 2005; Roggman and others, 2008; Snell-Johns and others, 2004). This becomes still more likely when there is greater risk and greater urgency: the desire to increase the scope of intervention to include marginal or needy groups in new services heightens perceptions of stigma and blame at cost of the sustainability of those services.

The 'mainstream' delivery of interventions to Aboriginal families is not appropriate for all groups for a number of reasons. Large-scale intervention programmes relying on client self-recruitment and mass media promotion strategies in effect select for clients motivated and able to attend and who thus are likely to achieve the required outcomes. For example, the Triple-P Parenting Programmes have produced strong evidence of effectiveness at the population level in many national contexts (Graaf and others, 2008; Zubrick and others, 2005a). However, recruitment mechanisms for large-scale randomised trials may effectively screen out client groups with very high needs and significant disadvantage – while improving prospects of programme success at the population level. In a small-scale trial of an Indigenous adaptation of the Triple-P group parent education programme in Queensland, substantially lower retention rates were achieved than had been the case for the general community trials, even though participants had been carefully screened and had first presented to a community health centre for assistance with child behaviour problems (Turner and others, 2007). This highlights the importance of identifying barriers to participation in evidence-based programmes among Aboriginal families.

The Let's Start project

Let's Start is the Northern Territory (NT) implementation of a manualised intervention based on the Exploring Together Preschool Program (Littlefield and others, 2005; Reid and others, 2008). The Exploring Together Programs combine elements of parenting management training, parent-child interaction therapy and children's social skills training, within a multi-group format (Kazdin, 1988). They follow a prescribed set of weekly themes for interactive,

parents' and children's groups (Littlefield and others, 2000, 2005). Elements of the approach to parenting and promotion of children's social and emotional competencies resemble internationally well-known interventions (Webster-Stratton and Reid, 2004).

Groups of six to seven children are selected from referrals received and their parents contacted and interviewed in face-to-face settings. Children attend the programme weekly with one parent for 2 h a week for 10 weeks over a school term. The weekly 2-h programme has a demanding multi-group structure. The first 50 min consists of an interactive group with all parents and children facilitated by four group leaders and focusing on parent-child interaction: components of group activity involve turn-taking, talk and play based on themes which complement content of the other groups. Then the group splits into two separate groups for parents and children for around 50 min. Parents discuss parenting in a group facilitated by two group leaders, discussing the observation of children's behaviour, the triggers of problem behaviours in the context of family interactions and the factors affecting parental well-being and parenting styles. Children play together in a separate group, with a focus on social skills and the learning of rules and consequences. After reuniting for morning tea, parents and children depart together. Additional meetings are held with partners or support people and the attending parents.

In 2000, the Tiwi Health Board, an Aboriginal community-controlled health service on the Tiwi Islands had adopted the Exploring Together Program for primary school children. It was jointly led by the Tiwi Health Board and a University team until 2004 (Robinson and Tyler, 2006). Based on this experience, the University team received Commonwealth funding to trial Let's Start for four- to six-year-old children as a promising programme for replication both on the Tiwi Islands and in other remote Aboriginal communities and in urban Darwin.

Diversity and programme context: Darwin and remote communities

In the NT of Australia, a population of some 210 000 inhabit an area over five and a half times that of the UK. Thirty per cent of the population are of Indigenous descent. Darwin and Alice Springs together account for over 70 per cent of the total NT population and 45 per cent of the total NT Indigenous population (Treasury, 2009). The remainder lives in a number of regional towns and many scattered remote communities mainly populated by descendents of the traditional occupants of nearby lands, who continue to speak Aboriginal languages and to practice contemporary variants of traditional customs and kinship.

The Tiwi Islands are approximately 40 km to the north of Darwin in the Arafura Sea. The Tiwi people live in three main communities: Ngiuu, on Bathurst Island, with a population of 1263 people and Milikapiti and Pirlangimpi on Melville Island with populations of 381 and 371 people respectively (ABS 2007). Compared with Darwin, they are relatively homogeneous communities of a culturally and linguistically distinct Aboriginal people.

Urban Aboriginal children of Darwin live in a range of circumstances reflecting very wide socioeconomic differences and social heterogeneity. At one end of the spectrum are households in Indigenous special lease communities (sometimes referred to as 'town camps') in Darwin's suburbs. The largest is the *Bagot Community* with a population of 243 Indigenous persons in 2006 (ABS 2007) and approximately 56 households (Stevens and others, 2002), with two other small communities nearby, *Kululuk* and *Minmarama Park*, with 20 and 26 households respectively (Stevens and others, 2002). In these communities, Aboriginal

languages are spoken by many adults, but outside the home, all communicate in variants of Aboriginal English. The lease communities experience violence, heavy drinking and drug use, with frequent visits by Police for family violence, assault and delinquency. They are the subject of intermittent policy debate about their 'dysfunction' and whether they should be 'normalised' by absorption in the suburbs.

At the other end of Darwin's social spectrum, privately owned or leased housing makes up around half of households occupied by Indigenous residents (ABS 2007). These include literate, secondary and even tertiary educated persons who are more likely to be employed and to have children attending school beyond compulsory school leaving age. The variations in the circumstances of Darwin's urban Indigenous population are associated with marked variations in the functioning of their families, in their orientation to services and to school.

Implementation strategies

After pilots, a differentiated implementation strategy was established for the Darwin region. First, a mixed or *general intake* programme was established for both Indigenous and non-Indigenous participants, delivered away from schools and admitting children referred from a wide catchment of schools. The programme was run continuously as a confidential service with clients usually unknown to each other; parents were provided with information by teachers and invited to participate. Home visits assisted parents needing additional encouragement and support to attend after their interest in doing so had been signalled. However, Aboriginal parents from special leases expressed a preference to be with more people from their own communities. Accordingly, the second component of the urban strategy was to deliver programmes specifically for Indigenous special lease communities by engaging community leaders, explaining the programme at public meetings, talking to parents privately at home and seeking referral and other advice from the main school attended by community children.

On the Tiwi Islands, preschool and early primary school teachers provided referrals and parents were contacted by team members for initial interviews and consents during the term before the programme was to run. Team members flew to the community and worked with Tiwi community-based group leaders to deliver the programme, meet parents and teachers and gather data. Tiwi group leaders were mature community members with backgrounds in health, childcare or teaching. The programme rotated between the three communities.

In terms of programme fidelity, all group leaders received formal training in workshops led by experienced team members assisted by a member of the original Exploring Together team. The programme manual provided the scaffolding for the intervention in all contexts. The majority of the group work took place in English. However, acknowledging that 'cultural competence' is a key component of sustainability and effectiveness (Shonkoff and Phillips, 2000), Aboriginal team members assisted with adaptation of content in the form of songs and storytelling in Aboriginal languages. Drawing activities were used to promote discussion of families, networks and relationships and to tap into local cultural symbols and idioms. These practices aimed to encourage parents to talk about the place of parent and child in family relationships characterised by shared responsibilities for care and supervision of children among multiple caregivers in extended family networks. The focus was on identification of strengths and sources of difficulty jointly with parents in each case. Further analysis of patterns of Aboriginal

family integration and child care and their consequences for intervention practices are to be presented elsewhere.

Hypotheses: change in children's behaviour & parents' distress

Within an action research framework, evaluation of the programme entailed a dual focus on quantitative outcomes assessed through a battery of formal measures and systematic use of qualitative practice-derived case material to inform the development of evaluative strategies. Behavioural measures adopted were consistent with the evaluation of the original programme and reflected the emphasis on identification of problem behaviours and adjustment difficulties at school.

A 12-item problem behaviours checklist was completed by the referrer. At referral, a detailed parent interview captured data about family and household composition and life stresses. The main measures of children's behaviour change were the Ngari-P, a 36-item parent inventory and a 43-item teacher inventory of children's behaviours developed earlier on the Tiwi Islands (Robinson and Tyler, 2006, 2008). The 25-item Strengths and Difficulties Questionnaire (Goodman, 1997, 2001) was also administered to both parents and teachers. The six-item Kessler 6 (K6) questionnaire was adopted as a measure of parents' psychological state (Kessler and others, 2003). Other measures of parenting were developed in a concurrent project that is not reported here. The main measures were administered to parents and teachers at referral and/or commencement, programme end and at six-month follow-up. Attempts to establish a wait-list control group were unsuccessful because of the episodic flow of referrals from the various sites on the Islands and in Darwin.

Data were analysed according to hypotheses that can be summarised as follows:

- That average scores of parents' and teachers' assessments of the behaviours of participating children would show significant improvement between referral and programme completion that would be maintained at the six-month follow-up assessment.
- That variations in measured improvement in children's perceived behaviours will be influenced by socio-demographic and other covariate factors in unique combinations (interactions) across two or more values (e.g. male Indigenous, urban non-Indigenous).

Referral, participation and retention of participants

From late 2004 to end 2008, over 250 children were referred to Let's Start from various sources, yielding an evaluation sample of 225 with the following composition at referral and commencement.

Although just under 25 per cent of total referrals (49 of 225), urban Indigenous commencements fell to about 14 per cent of the total attending one or more sessions (15 of 110) and in turn to 11.5 per cent of those completing half or more of sessions (10 of 86). The percentages of those referred who completed half or more sessions were 47 per cent (Tiwi), 20 per cent (urban Indigenous) and 40 per cent (non-Indigenous).

Due to the substantial fall in participation and/or data completeness across data points to six-month follow-up, an analysis of the effects of attrition on sample composition was conducted in order to ascertain whether sample bias might influence programme effect

Table 1: Descriptive statistics* of total referred and total attending samples

Sample characteristic	Total referral sample (<i>n</i> = 225)				Sample attending one or more sessions (<i>n</i> = 110)			
	<i>N</i>	Mean	SD	SEM	<i>N</i>	Mean	SD	SEM
Male gender	225	0.69	0.46	0.03	110	0.67	0.47	0.04
Age of Referral Child (years)	222	5	1	0.07	110	5.01	0.92	0.09
Age 5 years or younger	222	0.68	0.47	0.03	110	0.68	0.47	0.04
Attended 1 session or more	225	0.49	0.03	0.50	n/a			
Attended 50% + sessions	225	0.39	0.49	0.03	110	0.79	0.41	0.04
Proportion attended	225	0.33	0.03	0.39	110	0.67	0.27	0.03
Indigenous Status of Child	225	0.56	0.50	0.03	110	0.57	0.50	0.05
Indigenous Tiwi	225	0.34	0.48	0.03	110	0.44	0.50	0.05
Valid <i>N</i> (listwise)	222				110			

SD, standard deviation; SEM, standard error of mean.

*Means for dichotomous variables are expressed in decimal form, e.g. indigenous mean 0.56 = 56 per cent of total sample are indigenous.

within a repeated measures analysis. The fall in numbers from referral to commencement did not greatly affect sample composition, with one exception: the rise in the Tiwi proportion of total commencements balanced a fall in urban Indigenous commencements, leaving a stable proportion of Indigenous participants within the sample (see Table 1). The distinctive nature of the urban Indigenous subgroup was confirmed in further analysis of a number of indicators at referral: children's scores on the Ngari-P parents' behavioural assessment, the 12 items of the referral problems checklist (mainly completed by referring teachers) and parents' rating of children's schoolwork as poor, average or good obtained at first interview. In the following figure (Figure 1), the values for the total sample are the top column of each group, followed by the values for Tiwi Indigenous, urban Indigenous and non-Indigenous children.

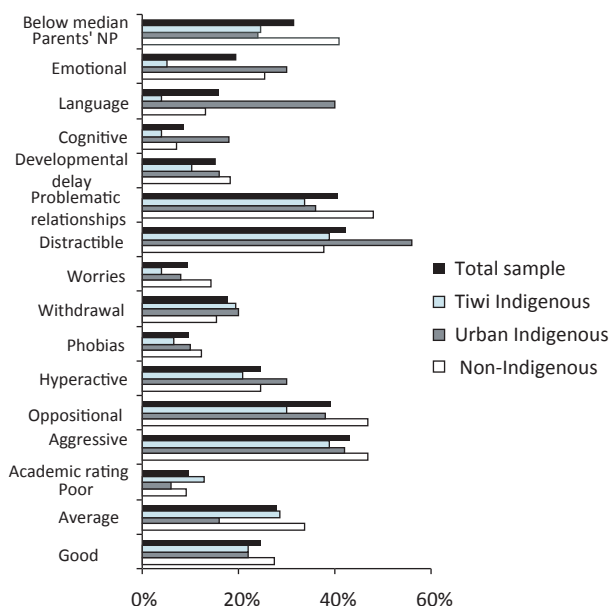


Figure 1: Socio-demographic characteristics by schoolwork rating and problems at referral.

There are some conspicuous divergences from the mean total scores for urban Indigenous children. Comprising 49 of 225 referrals, their higher rates for some problem behaviours contrast those of both the urban non-Indigenous ($n = 99$) and the non-urban, Tiwi ($n = 77$) subsamples. Of particular note is the very high rate for language problems (40% as against only 16% for the total sample, 13% for non-Indigenous and only 4% for Tiwi children), and the percentage identified with distractible behaviour (56% as against 38% for non-Indigenous urban children). As the response rates are close to those of the total sample ($n = 221$), the consistent pattern of higher prevalence of this cluster of problem behaviours among urban Indigenous children is worthy of further investigation. A working hypothesis may be that, although non-urban and traditional settings may be at a disadvantage for learning, language difficulties for the urban Indigenous child may be an important source of behavioural and adjustment problems. There were no differences in administration of the intake questionnaire to teachers of both Indigenous and non-Indigenous children in the urban setting, and the different incidence of problem behaviours for these two groups is likely to reflect a significant difference in non-Indigenous teachers' perception of Indigenous and non-Indigenous children's problems at school.

The under-reporting of language, cognitive and emotional problems among Tiwi children is likely to reflect the following factors: the referral questionnaire was administered in a non-standard way to both Tiwi teachers (at Nguiu) and non-Tiwi teachers (at all three communities). It is not known whether all items on the checklist were equally considered by referrers. Concerning sensitivity to language, developmental and cognitive problems, it is likely that Tiwi children are rarely formally assessed for these problems compared with children in Darwin and, further, that teachers consider Tiwi children to be 'in the same boat' regarding language development and developmental progression generally and do not discriminate between children as having specific problems on these grounds. Their focus appears to be on overt difficulties for behaviour management in the classroom.

Overview of findings on child behaviour change

Despite the reduction in the overall sample size through attrition, the results of the paired sample *t*-tests (Table 2) showed statistically significant reduction (all but one at the $P < 0.01$ level and lower) in the mean values of problem behaviour and parental distress scores at

Table 2: Significance and size of change, referral to six-month follow-up

Paired samples	Mean	SD	SEM	95% confidence interval		<i>t</i>	d.f.	Significance (two-tailed)	Cohen's <i>d</i> *
				Lower	Upper				
PNP Referral-End	9.13	22.85	2.57	4.01	14.25	3.55	78.00	0.00	0.32
PNP Referral-Followup	15.71	22.89	3.20	9.27	22.14	4.90	50.00	0.00	0.62
PSDQ Referral-End	1.95	5.62	0.63	0.69	3.21	3.08	78.00	0.00	0.25
PSDQ Referral-Followup	2.12	5.69	0.80	0.50	3.74	2.64	49.00	0.01	0.38
TNP Referral-End	12.64	36.73	4.52	3.61	21.67	2.80	65.00	0.01	0.29
TNP Referral-Followup	20.15	38.91	5.40	9.32	30.99	3.74	51.00	0.00	0.48
TSDQ Referral-End	1.82	6.24	0.77	0.28	3.35	2.37	65	0.02	0.20
TSDQ Referral-Followup	2.71	6.85	0.95	0.8	4.62	2.85	51	0.01	0.39

PNP, Parents' Ngari-P; PSDQ, Parents' SDQ; TNP, Teachers' Ngari-P; TSDQ, Teachers' SDQ; SD, standard deviation; SEM, standard error of mean.

*This statistic was computed from the pooled variance (original SDs, uncorrelated).

Table 3: Mean child behaviour change scores by gender and indigenous status

Covariates	Paired (differences)							
	P1P3NP	P1P4NP	P1P3SDQ	P1P4SDQ	T1T3NP	T1T4NP	T1T3SDQ	T1T4SDQ
Non-Indigenous	15	22.52	4	4.17	16.81	17.4	2.27	3.9
Urban Indigenous	14.11	9.5	1.11	-1.75	19.88	23.6	-1.88	-2
Tiwi Indigenous	1.59	10.21	0	0.74	7.44	21.92	2.38	2.65
Female	7.17	14.74	1.21	2.1	10.29	19.78	3	4.67
Male	9.98	16.28	2.27	2.13	13.73	20.35	1.27	1.68

Mean differences > twice their SEs are shown in bold.

P1P3, parent referral–parent programme end; P1P4, parent referral–parent six-month follow-up, etc.

each point of the Programme. With an absence of overt bias due to programme attrition and notwithstanding the absence of a control group, this result provided some *prima facie* evidence that the programme had the effect of reducing problem behaviours in the referral group. This effect appeared to be maintained and even reinforced, in light of the larger drop (almost a doubling of the decline) in the means between referral and follow-up points and between referral and programme end. Cohen's *d* estimates of effect size ranged from 0.20 to 0.62, with Referral to Follow-up exhibiting the higher values for both raters and both scale types, ranging from 0.39 (SDQ Teacher) to 0.62 (Parent Ngari-P).

Further analysis showed that these generally positive changes masked a range of differential effects. Overall, the main improvers were among non-Indigenous children, with least change among urban Indigenous groups. Most benefit was to be seen among non-Indigenous boys and Indigenous (mainly Tiwi) girls, with other subgroups showing non-significant positive change.

However, the differences in outcomes by gender and Indigenous status also suggest the need for further research to explore measures to improve 'cultural fit' of the intervention, its ability to encourage change for subgroups where expectations about behavioural development – for example among parents and families of Indigenous boys – may conflict with or dampen the treatment 'mechanisms'.

Discussion: context, implementation and outcome

Among families receiving services for parenting difficulties or children's conduct problems, high levels of attrition – from 40 to 60 per cent – are not uncommon (Nock and Kazdin, 2001; Stern, 1999). The Triple-P Indigenous trial reported that 39 per cent of parents completed less than half of programme sessions (Turner and others, 2007). The attrition rates among families commencing Let's Start are therefore not surprising, given the mix of recruitment strategies in often challenging contexts. However, it is important to consider specific factors contributing to retention and outcomes for Aboriginal families in such contexts of implementation in the NT.

These factors include: (1) the social–political and community context of interventions, (2) intra-community relationships, including ongoing relationships between target groups or families and individual family characteristics and experiences and (3) intervention

Table 4: Contextual and within-programme influences on participation and retention

	Macro	Micro	Individual
1. Political context	Public politics of 'intervention'	Community leadership, providers and families	Experiences of intervention and services
2. Community relationships	Community leadership and support	Ongoing relationships between groups and families	Specific relationships with other parents
3. Intervention	Engagement strategies	Configuration and cultural 'fit'	Individual responses to group work

characteristics, consisting of engagement strategies, the configuration of the intervention and the 'fit' of its developmental logic, along with the internal pattern of demands on participants.

Firstly the implementation of a programme like Let's Start occurs in a political context shaped by the broader processes of problematisation in the post-colonial public domain, as well as by the local 'micro-politics' of community organisations and agencies. Controversial 'emergency' measures by the Australian and NT Governments in response to reports of child abuse involved a mix of unilateral interventions followed by somewhat heavy-handed consultation with Aboriginal communities to explain them: they included measures on substance misuse, pornography, housing, employment and controls on individual welfare incomes (Yu and others, 2008). It is difficult to assess whether this political environment negatively affected the participation of families in Let's Start. If so, this was most likely to have been the case in the Darwin special lease communities, where consultations between government and communities were taking place at the same time as the team was setting up. In these communities, the sense of being singled out and stigmatised as targets for intervention, along with deeply held suspicions of surveillance by 'welfare', is pronounced.

At the level of community micro-politics and understandings, other influences may affect participation. In remote communities, the team worked closely with community leaders, school principals and service providers to ensure that processes were understood and supported. On the Tiwi Islands, the original programme had been a Tiwi initiative, so that there was local understanding, support for and familiarity with the programme. This was reflected in numerous self-referrals and re-referrals to the programme by family members. However, the establishment of the programme in Nganmariyanga, a very remote mainland community, took six months of careful work by the team. Although the programme was supported by the school, parents quietly indicated that they were not happy to meet there, but wanted to use their own community women's centre. These families were unfamiliar with the ideas and objectives of the programme, so that dialogue about children, behaviour and parenting within groups of parents took some time to establish. Exposure of families to the programme's ideas and the approach of team members over repeated experiences of delivery shielded from the 'politics' of local organisations would undoubtedly be necessary to create the conditions for the programme's sustainability, if not effectiveness.

Secondly, urban Indigenous participants in the Darwin *general intake* programme were characterised by lower proportions commencing the programme after referral and the lowest completion rates of all groups; there was a failure to engage residents of urban special lease

communities at all, despite intensive engagement at many levels. At the Bagot Community in suburban Darwin, excellent premises were available and there appeared to be clear support for the programme among community leaders and parents. However, the social heterogeneity of the community appeared to negate any attempt to form the necessary small collaborative groups of parents. Ongoing relationships appeared to be marked by tension and ambivalence. Parents would come together in pairs or threes, but not as a single group. At one meeting, two parents came up to an open area to play with the children, whereas three others stood off under some trees. As soon as an approach was made to have the distant parents come forward, the others withdrew. Tensions between families were not only related to unease between adults, but also to conflict between their children, including older children who might be accused of teasing, bullying or leading younger children astray. These factors undoubtedly contributed to the failure to deliver the programme within special lease communities. In these senses, the current programme format appears not to 'fit' the pattern of community relationships and needs.

In the remote communities, participants are also known to each other and may share quite close ongoing relationships. This certainly at times affected parental participation. Incidents affecting two or more families or their children might see individual parents withdrawing for a session or indeed for the remainder of the programme. Generally, parents cited reasons for missing sessions that included 'trouble' or disputes with others the night before, disagreement or serious conflict with a spouse, problems of an older sibling of the attending child, or a need to travel to another community for personal reasons. Deaths or serious conflicts involving participants sometimes led to premature termination of a programme. Nevertheless, delivery of the Tiwi and other remote community programmes and retention of clients in them was far more successful than in the special lease communities and in fact continues to improve over time.

Thirdly, at the level of the intervention itself, the cultural 'fit' of the programme refers to its resonance with parents' expectations about child development and their deeper underpinnings. For example, the differences in response for Indigenous and non-Indigenous boys and girls suggest that the programme's configuration, practices and strategies need reconsideration. The lack of strong positive outcomes for Aboriginal boys is consistent with the observation that Aboriginal parents expect boys to be highly independent such that 'acting out' in the peer group is positively reinforced, while mothers seek to delegate responsibility for responding to them to males, fathers, older male siblings, grandparents, etc. Although case analysis suggests that there were strongly positive outcomes for many individuals, it may nevertheless be that a programme that involves mothers attending with their sons is lacking a crucial ingredient – the participation of males – if it is to promote positive developmental outcomes for many boys of this age. This admittedly brief reflection on complex issues points to the need to test the assumptions of interventions in cross-cultural settings against parental and cultural expectations about child development and family functioning. These issues not only affect retention, but also the intervention's capacity to promote strengths and encourage change.

Finally, for individuals, participation in the programme exposes parents to emotionally charged interactions with their children and prompts the disclosure of important personal themes (in the parents' group). On the one hand, these may be therapeutically valuable and reinforce participation, but on the other, they can lead to an intensification of emotional reactions that are sufficient to lead to withdrawal. It is not uncommon in the experience of

team leaders that, after an apparently significant emotional disclosure or interaction, a parent misses the following week's session. In some cases, this has led to a failure to return for the remaining two or three sessions of the programme. Examination of further dimensions of culturally competent therapeutic practice that might enhance engagement, retention and effectiveness in the face of emotional difficulty are needed.

In conclusion, given evidence of family needs and difficulty, there is a clear need to develop and implement high quality professionally structured and managed programmes for Aboriginal families that take culture, family process and community setting systematically into account. This task requires design and planning that is responsive to the significant differences between contexts in which Aboriginal families live. That is, for these to be sustainable and effective, there needs to be *recognition* at many levels of the distinctive peoples, cultures and contexts for which the intervention activities are planned. The political ingredient of community 'ownership' may be one necessary counterweight to the externally driven, 'professional' orientation of these programmes, but it will not by itself solve all the problems of engagement and participation identified here.

The evaluation of the Let's Start programme encourages us to consider the optimal strategy for providing interventions of this kind to communities and groups of Indigenous people in the NT who could potentially benefit from them. The challenges of achieving quality, fidelity and cultural competence at scale in the heterogeneous service contexts of the NT are significant. Qualitative subtlety and differentiation of strategies to engage and retain parents in a demanding programme must be developed if it is to be effective and sustainable for participants across the NT, including those in urban settings in which, if anything, Indigenous parents are hardest of all to reach.

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