

DEPARTMENT FOR COMMUNITIES



PARENTING WA

STRATEGIC FRAMEWORK

Background Literature Review
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GENERAL PARENTING	3
Triple P – Positive Parenting Program.....	9
Examples and evaluations of parenting programs.....	11
STRENGTHS-BASED APPROACH.....	17
ATTACHMENT	20
EARLY BRAIN DEVELOPMENT	22
Other references	25
PLAY	26
A philosophy of play	27
ECOLOGICAL MODEL	28
Other references	29
FAMILY PARTNERSHIP TRAINING PROGRAM	30
ASSET-BASED COMMUNITY DEVELOPMENT	31
FAMILIES AND CAPACITY AND COMMUNITY BUILDING	32
CIRCLE OF SECURITY TRAINING	35
CALD PARENTING	36
ABORIGINAL PARENTING	38

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GENERAL PARENTING

This section concerns the issues, methods and objectives to be considered in delivering parenting assistance.

1. Literature Review: Parenting Information Project, Research conducted for FaCS by the Centre for Community Child Health, Royal Children's Hospital Melbourne, June 2004.

Part A summarises the current state of knowledge about the factors that impinge upon parenting. Competent parenting is about 'adaptability'. Three themes have emerged from the literature:

1. **Perceptiveness:** Parents' sensitivity and awareness of the child heavily influences the degree of child-orientation achieved by the parent. Being observant of their own emotional and behavioural reactions allows parents to better identify and regulate their progress when their behaviour is not working.
2. **Responsiveness:** refers to the ability of a parent to be sensitive to the child, to express warmth, respond with affection, and adjust his or her behaviour based on the child's reactions and needs.
3. **Flexibility:** The term is used here to refer to the ability of a parent to respond in different ways according to the needs or demands of specific situations. It can be enhanced through developing problem-solving skills and increasing the repertoire of parenting responses (pp. 6-8).

Effective parenting intervention should aim to broaden the range of parenting skills available to parents and enable parents to solve problems for themselves. (p. ix)

Research into the needs of specific groups of parents has a number of implications for parenting interventions:

Parent characteristics

A proportionately higher level of resources should be invested in first time parents to establish positive patterns of care giving. Families headed by adolescent parents also warrant systematic early intervention and support. Fathers should be encouraged to build their parenting skills and early involvement in their child's life. Grandparents should also be considered in any attempt to support families with parenting; where they act as primary caregivers, they have a much greater need for help especially where there is family breakdown and/or parental mental and physical health problems. The emotional and psychological wellbeing of parents has important implications for children, so disabilities and the physical and mental health of parents must be considered in intervention programs. (pp. x-xii)

Child characteristics

Parenting responsibilities are greatest in infancy when the child is totally dependent on caregivers. This review suggests that the transition to parenting can be seen as an important time to promote expectations about changes that will occur in families. Parenting programs should also incorporate information about children's development, in a way that is culturally sensitive and acknowledges other factors that may impact on the parenting role. (p. xiii)

Family factors

Research on the effects of family structure suggest that it is disruption caused by transition to new structures, rather than the family structure itself, that can be problematic. High levels of marital conflict have a negative impact on children, affecting parental involvement, discipline consistency and is linked to behavioural difficulties in children.

Parenting interventions may enable parents to make the best of the home environment that they are able to provide for their children. (p. xiv)

Cultural factors

Parenting interventions for Indigenous families need to acknowledge and accommodate the role of extended family and kin. Family obligations may take priority over the interests of individuals, and decision-making about children is typically shared with extended family members. (p. xiv)

Social and economic factors

Parenting programs should form part of a broader social development strategy to assist parents to improve their social and economic circumstances. While access to personal and institutional resources appear to be a protective factor, families in need do not tend to live in neighbourhoods with good resources; therefore, the challenge may be to provide sufficient resources and create environments that assist families directly and support parents in their parenting role. Parents' beliefs and attitudes about parenting and their behaviours are influenced by their social relationships and networks. Parents need information, education and support available to them in a way that is acceptable, accessible and timely. (p. xv)

Part B looks at the most effective ways to help families parent their children and acquire the parenting skills they need. No one strategy stands out as being more effective than others.

- Verbal information: while the available research suggests that clear, standardised verbal suggestions are effective in delivering information, all the studies identified used specific and relatively simple content. To achieve profound behavioural change, research suggests that verbal information alone is insufficient. (p. xvi)
- Telephone information, advice and support: advantages for parents include savings of time and money, easy access for rural families. Limitations include lack of longitudinal contact with a professional, dependence on a telephone, limited use by lower-income and less-educated families, and difficulties likely to be experienced by non-English speaking families. (p. xvi)
- Written information: informational handouts can be effective educational tools, particularly when they are accompanied by a personalised approach and advice. Written material needs to be readable and readily understood. An understanding of cultural differences, particularly as they relate to parenting and early childhood, is critical to providing effective services in a multicultural society. (p. xvii)
- World wide web material: given the wealth of information available via the internet and the relatively easy accessibility to families it can be an effective resource, provided families have the skills and resources to identify reputable websites and accurate information. (pp. xviii- xix)
- Videotape: instructional videotapes have been effective in producing short-term increases in patient knowledge, but whether this increase is maintained over time is not known. (p. xix)
- Mass media: most campaigns appear to be effective in achieving a significant knowledge regarding health education issues, but the retention of this knowledge following cessation of the intervention is variable or often not known in the long run. (p. xx)
- Role play and modelling: effective methods for imparting parents not only with knowledge about child rearing, but also useful skills. This practice appears to be particularly useful in the area of promoting effective mother-child interaction but has also been seen as a useful component of parent training behaviour management programs. (p. xxii)

- Group parent and child visits and social networking: have tremendous potential as mechanisms for assisting parents in child rearing, triaging families with special prevention and intervention needs to more intense services and offering culturally sensitive and relevant care to minority groups. Group visits appear to work by engendering networks among families who provide each other with ongoing support and guidance. (pp. xxii-xxiii)
- Home visiting: routine home visiting by health professionals is an effective way of delivering non-medical aspects of care and can minimise attrition with families most in need of intervention. (p. xxiii)
- Parent training: training and classes embrace both prevention and intervention with developmental, behavioural and family problems and can be highly effective. Parent training appears more likely than the previously mentioned methods to effect long-term changes in parental skills and child and family outcome. (p. xxiv)

2. De Hoogd, D., Mitchell, J. and Tucci, J. *Every child is important: what parents have told us they want in parenting education and support: how to improve primary child abuse prevention initiatives*, Paper presented at Ninth Australasian Conference of Child abuse and Neglect, November 2003.

Parenting needs:

- the majority of parents need resources and support from time to time
- seeking out help about parenting is still associated with some stigma
- parents need access to information about issues at the time those issues are relevant
- parents want access to education which helps improve relationships with their children
- parents want more skills training. They want opportunities for self-reflection and to learn to change their parenting approach for themselves
- parents of adolescents feel that they have far less resources available to them than parents of younger children.

Key themes from evaluations:

- parents lack confidence in their parenting — 80 per cent indicated they need affirmation about their parenting
- seminars helped parents understand the areas of their parenting they want more support with
- parents need support in keeping 'in touch' with their long term hopes and aspirations for their children
- parents need support to balance and respond to the competing needs of family and work
- discipline is narrowly defined by parents — managing misbehaviour
- parents want a flexible range of parent support programs.

3. *Prevention and early intervention update - trends in recent research*, Department of Community Services (NSW), Research to practice notes, September 2008.

Recent findings

- The evidence for the effectiveness for home visiting is mixed; it is most effective when home visitors are well-trained or where families perceive their children need services because of an underlying biological reason. (p. 2)

- High quality child care has been shown to be the most effective and cost beneficial single early intervention strategy to enhance child developmental outcomes, in particular language and cognitive development. (p. 2)
- Research has documented that the risk of child maltreatment is heightened when parents lack necessary child rearing skills, social supports and knowledge of child development. Thus parenting programs are frequently provided as an early intervention strategy with the aim of increasing parental knowledge of child development, assisting parents to develop parenting skills and normalising the challenges inherent in parenting. The three key behavioural parenting programs that have continued to develop an evidence base are Triple P, Incredible Years and Parent Child Therapy. (p. 3)

Universal services compared with targeted provision of services:

- Research suggests that providing services that target disadvantaged families is a more cost-beneficial strategy than universal service delivery. However, to identify those families who might benefit the most from more intensive early intervention may require screening on a universal basis. Services targeting disadvantaged families need to avoid stigmatisation of the service and service users. An approach that targets vulnerable subgroups on a universal basis, such as by disadvantage locations and /or first time mothers, potentially avoids this problem. (p. 5)
- Primary Services are available to the general community and utilise broad, population-based strategies. People using these services do not need to have a specific issue or problem, and participation is by choice. They are aimed at continuing the positive functioning and wellbeing of families, specifically to care for their children.

4. National Research Council and Institute of Medicine, Washington D.C. Board on Children, Youth and Families, Commission on Behavioural and Social Sciences and Education (2000), *From Neurons to Neighbourhoods: the science of early childhood development*, Shonkoff, J. P. and Phillips, D. A. (eds.).

- Recent reviews of the literature on parenting intervention conclude that while parenting is open to change, it is not easy to change. (p. 261)
- Parenting interventions do not constitute a coherent field or delimited set of strategies. (p. 261)
- There are surprisingly few studies of efforts to improve parenting that have simultaneously examined the causal influence of changes in parental behaviour on child outcomes. The most effective of such interventions strive to improve a caregiver's sensitivity through sustained individualised session that take into account the mother's broader life circumstances and needs. (pp. 261-2) The Family Development Service Program and the Infant-Parent Psychotherapy Program confirm that parental sensitivity is tied to marital support, socioeconomic stress, demands in the neighbourhood and other life circumstances that can compete for the adult's energy and attention to a young child's needs. (p. 262)

5. Holzer, P. J., Higgins, J. R., Bromfield, L. M. and Higgins, D. J. (2006) 'The effectiveness of parent education and home visiting child maltreatment prevention programs', *Child Abuse Prevention Issues*, no. 24, Autumn.

- Parent education programs are based on the premise that interventions that promote caring, consistent, and positive parenting are central to creating safe and supportive environments for children (Sanders and Cann, 2002).

- Parent education programs, in a similar way to the public health model of disease prevention, operate on a number of levels. Despite these differing approaches, all parent education programs are thought to assist families primarily by increasing parental knowledge and reducing parental stress.

	Intervention level		
Focus	Primary	Secondary	Tertiary
Child	Personal safety programs	Assertiveness training for 'at risk' children	Therapeutic programs (e.g. group or individual therapy for abused children)
Parents/Family	Universal nurse home visiting programs	Parent education programs	Child protection service referrals (e.g. anger management programs)
Community	General media awareness campaigns	Targeted media campaigns in 'at risk' communities	Intensive community interventions (e.g. alcohol zero tolerance zones)

This literature review argues that the key features of successful parental programs include:

- **targeted recruitment:** is important to ensure that programs designed to treat 'at risk' families actually identify and service these families; however, universal and primary prevention programs can act to identify families 'at risk'.
- **a structured program:** more intense and prolonged programs are more effective than short-term programs in reducing the prevalence of child maltreatment. Operationally, 'longer' programs equate to programs with treatment periods in excess of 4-6 weeks.
- **a combination of interventions/strategies:** the most successful programs are comprised of a combination of parent education strategies. Programs that included parent skills training, cognitive retraining, child development information, and concrete services, are generally more effective than programs that have a more narrow focus. Programs that focused exclusively on improving parental content knowledge are not as effective as programs that offered a combination of interventions.
- **a strengths-based approach:** a meta-analysis shows that parenting programs that incorporate a strengths-based approach achieved more positive results than programs that operated from a deficit perspective. Programs that adopt a strengths-based approach emphasise parental skill and proficiency, rather than focusing on shortfalls. In so doing, programs with this approach aim to further enhance parenting strengths and their application to all parenting/care-giving contexts (for example, Triple P). The challenges of practicing in this framework must also be acknowledged: maltreating families and families at greatest risk of child maltreatment tend to be faced with long term, chronic and multiple challenges. It may be more difficult for practitioners and families to identify strengths in these contexts.

6. Benard, B. (2004) *Resiliency: What we have learned, WestEd, Chapter 5 (Family Protective Factors)*, pp. 49-64.

Much of the research supports the findings of resilience research which argues that children grow up in many settings beyond the home and they can play a powerful role in healthy and successful development. In addition to this, findings from the National Longitudinal Study of Adolescent Health (USA) found that predictors of adolescent behaviour (such as race-ethnicity, family income, etc.) were relatively weak. In a more 'fine-grained' analysis of the data, Blum, Shew, Beuhring and others (2000) found that "The one most consistently protective factor found was the presence of a positive parent-child relationship". (pp. 49- 50)

Lessons from the research:

- Society must support all family care-givers, regardless of family structure.
- Support must be given to those outside the family that provide care for children.
- As families cannot provide all the support that children need, other settings in which children grow up must recognise as their role, the healthy physical, social, emotional and cognitive development of young people. (p. 51)

Much of the research on parenting has continued to validate the three-pronged approach outlined in *Fostering Resiliency in Kids* (Benard, 1991) which are: caring relationships, high and youth-centred expectations, and opportunities for participation and contribution. In addition as impressive body of research has flowed from researchers at Stanford University, the University of Wisconsin and the University of Pennsylvania which have identified three key qualities of the parent/child relationship- warmth/connection, guidance/regulation and psychological autonomy-granting. (p. 52)

- A caring parent is an emotionally responsive caregiver; nurturing, warm and accepting. Parental empathy is important as it helps parents accept their children as they are and provides them with the unconditional acceptance that children need in order to develop a basic sense of trust.
- High expectations in families can provide the guidance that contributes to a young person's safety, can communicate an attitude of believing in a child's worth and competence and can be the catalyst for helping the child find his/her strengths.
- The protective factors of participation and contribution depend on parents being able to provide children with both responsibility and autonomy. 'The granting of autonomy and the need to balance autonomy with guidance and control is perhaps the most challenging aspect of parenting'. (p. 58)

Family support programs act to treat the family as the unit of change. These programs apply to families the protective approaches for nurturing individuals, recognising that many of the resilience strengths found in young people can be tapped in families as well. (p. 62)

The family support field has faced increasing pressures for accountability over the last decade. This may act to develop indicators for measuring family strengths and capacities, instead of using deficit-based indicators that measure the negative aspects of families. (p. 63)

Triple P – Positive Parenting Program

7. M. R. Sanders (2003), 'Triple P- Positive Parenting Program: A populations approach to promoting competent parenting', *Australian e-Journal for the Advancement of Mental Health*, vol. 2, iss. 3.

- Epidemiological studies indicate that family risk factors such as poor parenting, family conflict, and marital breakdown are powerful early predictors for the development and maintenance of behavioural and emotional problems in children and adolescents. (p. 1)
- Only a minority of parents participate in parent education programs and the more disadvantaged the parent the less likely they are to participate and the more likely they are to drop out. (Sanders, Tully, et al., 1999) (p. 2)
- To be effective, “a family intervention strategy should demonstrate that short-term intervention gains maintain over time, are cost effective to no intervention, alternative interventions or usual community care, and are associated with high levels of consumer satisfaction and community acceptance.” (p. 3)
- Triple P is a multi-level, preventively oriented, parenting and family support strategy. The program aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills, confidence and teamwork of parents. (p. 4)
- The program has five levels of intervention (see next page) on a tiered continuum of increasing strength for parents of children from birth to age 16. The rationale for this tiered multilevel strategy is that there are differing levels of dysfunction and behavioural disturbance in children and that parents have differing needs and desires regarding the type of intensity and mode of assistance they require. (p. 4)
- The program aims to:
 - enhance the knowledge, skills, confidence, self sufficiency and resourcefulness of parents of preadolescent children
 - promote nurturing, safe, engaging, non-violent and low conflict environments for children
 - promote children’s social, emotional, language, intellectual and behavioural competencies through positive parenting practice. (p. 4)
- The Triple P approach to promoting parental competence views the development of a parent’s capacity for self regulation as a central skill. This involves teaching parenting skills that enable them to become independent problem solvers. (p. 5)
The self-regulatory framework is operationalised to include:
 - self-sufficiency: parents need to become independent problem solvers so they trust their own judgment and become less reliant on others in carrying out basic parental responsibilities
 - parental self-efficacy: this refers to a parent’s belief that they can overcome or solve a parenting or child management problem
 - self-management: the tools or skills that parents use to become more self-sufficient
 - personal agency: here the parent increasingly attributes changes of improvements in their situation to their own or their child’s efforts. (p. 6)

8. Sanders, M.R., Markie-Dadds, C., & Turner, K.M.T. (2003). Theoretical, scientific and clinical foundations of the Triple P - Positive Parenting Program: A population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph No. 1*, pp. 1-21.

“The Triple P-Positive Parenting Program is a multi-level system of family intervention, which provides five levels of intervention of increasing strength. These interventions include a universal population-level media strategy targeting all parents, two levels of brief primary care consultations targeting mild behaviour problems and two more intensive parent training and family intervention programs for children at risk for more severe behavioural problems.

The program aims to determine the minimally sufficient intervention a parent requires in order to deflect a child away from a trajectory towards more serious problems. The self-regulation of parental skill is a central construct in the program. The program uses flexible delivery modalities (including individual face-to-face, group, telephone-assisted and self-directed programs) to tailor the strength and format of the intervention to the requirements of individual families. Its multi-disciplinary, preventive and community-wide focus gives the program wide reach, permitting the targeting of destigmatised access points through primary care services for families who are reluctant to participate in parenting skills programs.”

In addressing specific risk and protective factors, the principles of the program include:

- ensuring a safe and engaging environment: children of all ages need a safe, supervised and protective environment that provides opportunities for them to explore, experiment and play
- creating a positive learning environment: this involves educating parents in their role as their child’s first teacher
- using assertive discipline: specific child management strategies are taught that are alternatives to coercive and ineffective discipline practices
- having realistic expectations: this involves exploring with parents their expectations, assumptions and belief about the causes of children’s behaviour and choosing goals that are developmentally appropriate for the child and realistic for the parent
- taking care of oneself as a parent: all levels of Triple P encourage parents to view parenting as a part of a larger context of personal self-care, resourcefulness and wellbeing. (p. 5)

There is evidence that Triple P is an effective parenting program according to the following criteria: replicability of findings, clinically meaningful outcomes for families, effectiveness of different levels of intervention, consumer acceptability and effectiveness with a range of family types. (p. 19)

Examples and evaluations of parenting programs

9. Zubrick SR, Ward KA, Silburn SR, et al (2005), 'Prevention of child behavior problems through universal implementation of a group behavioral family intervention', *Prevention Science*, vol. 6, pp.287-304.

- This article examines the universally delivered Triple P program in WA. The results suggest that positive parenting programs are effective and can be offered on a widespread and cost effective basis through child and community health services.
- Triple P benefits not just those at high risk, but is also very effective at preventing problems from developing. This shows the cost effectiveness for the community and the positive impact on families of good early intervention programs.
- The research team evaluated the effects on 804 families with pre-school aged children of the Group Triple P program. The families were tracked for two years after completing the program and their results compared with another 800 families in a control group.
- The study found that families who completed the program reported:
 - dramatically improved behaviour in children with clinically significant behaviour problems
 - significantly reduced levels of children developing later behaviour problems
 - decreased dysfunctional parenting behaviour
 - decreased parental depression and conflict
 - significantly lower levels of parent conflict over child rearing.

10. Cann, W., Rogers, H. and Matthews, J. (2003), 'Family Intervention Services program evaluation: A brief report on initial outcomes for families', *Australian e-Journal for the Advancement of Mental Health*, vol. 2, iss. 3.

This is a brief report on a preliminary evaluation of the Metropolitan Family Intervention Service at the Victorian Parenting Centre, Melbourne. It presents an analysis of pre-post data collected from 589 mothers who commenced and completed Triple P programs between 1999 and early 2003. Forty five percent of children were found to be in the clinical range for child behaviour problems before intervention. Following the parenting program only twelve percent of children were reported by their parents to be in the clinical range. Significant improvements were also noted in measures of parental style, sense of competence, depression, anxiety, stress, and couple conflict.

11. Dean, C., Myers, K. and Evans, E. (2003), 'Community-wide implementation of a parenting program: the South East Sydney Positive Parenting Project', *Australian e-Journal for the Advancement of Mental Health*, vol. 2, iss. 3.

This paper provides a description and evaluation of a community-wide implementation of a parenting program - the group version of Triple P - in South Eastern Sydney. The implementation was undertaken in partnership with a range of public health services and community agencies that participated on a voluntary basis. A number of strategies were shown to develop the capacity of services and professionals to deliver the Triple P program to parents.

Parent evaluations at the conclusion of the program demonstrated a reduction in disruptive child behaviour, lower levels of dysfunctional parenting, reduction in conflict between parents over child-rearing, and gains in parental mental health. Gains in all of these domains were maintained at six and 12 month follow-up.

12. Gardner F, Burton J and Klimes I (2006), 'Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change', *Journal of Child Psychology and Psychiatry*, vol. 47, pp.1123-1132.

- The aim of the trial is to test the effectiveness of a parenting intervention delivered in a community-based voluntary-sector organisation, for reducing conduct problems in clinically-referred children.
- Randomised controlled trial, follow-up at six, 18 months, assessors blind to treatment status. Participants –76 children referred for conduct problems, aged two–nine years, primarily low-income families, randomised to treatment vs. six-month wait-list group. Retention was 93 per cent at six months, 90 per cent at 18 months.
- Intervention: Webster-Stratton Incredible Years video-based 14-week group programme, teaches cognitive-behavioural principles for managing behaviour, using a collaborative, practical, problem-solving approach.
- Findings suggest that a group-based cognitive-behavioural parenting programme, delivered by well-trained and supervised staff, can be effective in a community voluntary-sector setting, for reducing conduct problems and enhancing parenting skills. Change in parenting skill appears to be a key mechanism for change in child behaviour. Findings have implications for feasibility of translating evidence-based programs, even for clinically-referred conduct problems, into less specialised community settings, likely to have lower costs and be more accessible for families.

13. Baydar, N., Reid, M.J., & Webster-Stratton, C. (2003). 'The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers', *Child Development*, vol. 74, no. 5, pp. 1433-1453.

Participants were randomly assigned to one of two groups: A group that received *The Incredible Years* training or to a control group that did not receive the training. Mothers with mental health risk factors (depression, anger, history of abuse as a child, and substance abuse) exhibited poorer parenting skills than those without risk factors, as measured by the *Parenting Practices Interview*, *Dyadic Parent-Child Interactive Coding System*, and *Coder Impression Inventory*. However, mothers with risk factors engaged with and benefited from the parenting training program at a level comparable to mothers without these risk factors. Program engagement was assessed by number of sessions attended, percentage of homework assignments completed, and the group leader's rating of engagement. Intervention mothers had lower scores on both harsh/negative parenting and ineffective parenting and higher scores on supportive parenting.

14. Walker, R. and Shepherd, C. (2008) 'Strengthening Aboriginal family functioning: What works and why?', *Australian Family Relationships Clearinghouse Briefing*, no. 7, pp. 1-11.

- *Learning Together Literacy Project*: uses a strengths-based, preventative, capacity-building approach in the provision of literacy and early learning for Indigenous and non-Indigenous families with children under four years of age. It is run through facilitated play-groups in five schools in vulnerable communities, reaching close to 900 children and adults in 2006. Parents/carers are involved in planning learning activities to enhance children's literacy skills and coordinators assist parents/carers to identify adult learning activities. (p. 7)
- Positive impacts for families include improved parent and child engagement, parent enrolment in further study, improved connections for families with a range of children's and family services, increased parent confidence and understanding in supporting children's learning, and enhanced opportunities to improve their socioeconomic circumstances. (p. 7)

15. 'A study into the Sustainability of Parenting Skills acquired through the Parent Link Program', researched and compiled by CLAN WA, Victoria Park Parent Link.

- The aim of the Parent Link Home Visiting Service is to develop a constructive approach to parenting and to offer parents practical strategies to assist them in parenting. Usually the visitor pays weekly visits for one hour, and is completed within six to eight weeks.
- The study reveals that parents who have undergone a parenting skills programme have retained and utilised these skills over time, with knowledge of Routines, Ages and Stages being the highest. (p. 11)
- The study does not confirm that clients acquiring new skills and strategies change their perception of their own subjective global parenting skills; this implies that clients may need reassurance that seeking help is seen as proactive functional behaviour and not a confirmation of inadequacies. (p. 12)
- The study also found that many participants are willing to repeat the program if the need arose, suggesting that it was an enriching experience for most participants. (p. 13)

16. Jacobsen-D'Arcy, L. 'A Joint Parent Link Study: Examining the Effectiveness of the Parent Link Program on Parent's Parenting Skills', CLAN WA Parent Link Belmont/Canning Vale, Armadale Parent Link and CLAN WA Parent Link Rockingham.

- Parent Link is a positive program designed to identify parenting strengths, building on these strengths in order to acquire new information and strategies on areas that they have identified as being of concern for them. The coordinator, volunteer and family work together to help achieve this goal.
- The result indicates that Parent Link Program had a significant effect on participants parenting skills level.

17. Brown, L. (2007) Introducing “The Essence of Parenting”: A Parenting program drawing on attachment theory, *Post-Script: Postgraduate Journal of Education Research*, vol. 8, no. 1, pp. 61-73.

- The Essence of Parenting (TEoP) is an attachment based educative program for parents with children at primary school. The program was informed by: the quality of the parent-child relationship; understanding parents, children and parent-child relationships; organisational structure; encouraging children’s interdependence; emotional sensitivity; assertiveness and problem solving. (p. 61)
- Theoretical rationale: John Bowlby describes infants and young children as requiring caregivers for their survival. Parental responses to children, beyond caregiving for survival, impact on children’s mental representations of themselves and others. When parents respond in ways that make the children feel comforted, safe and secure, the children develop framework for viewing the world in which they can have positive effect. (p. 62)
- Middle childhood is an important stage because it serves to ‘reorient’ or ‘refocus’ children so that by adolescence their emotional bonds to parents can shift to emotional and sexual bonds with other peers. Changes in middle childhood involve:
 - The type of threat that activates the attachment behavioural system changes: It moves from separation. Strange places, strange people in early childhood to hurt, pride, shame, guilt, inability to measure up to expectations, and being rejected by peers in middle childhood.
 - There is a shift in the type of attachment behaviour that is presented.
 - There is a decline in the intensity and frequency of attachment behaviours.
 - The need for emotional stability replaces the need for proximity and physical contact.
 - ‘Felt security’ starts begin to lie more with the child. As children grow older, attachment interactions from a variety of attachment figure becomes integrated and starts to reflect the attributes of the child rather than the specific parent-child relationship.
 - Individuals turn increasingly to peers, although parents remain the main source of comfort for major threats. (p. 64)
- Attachment quality is likely to be maintained as the child grows to adulthood and the quality of the attachment relationship tends to be transmitted from one generation to the next. Where children have insecure attachments, it is likely that once they become parents, their children will also be insecurely attached. (p. 65)
- Attachment Parenting Programs: it can be predicted that around a third of Australian children would be expected to have insecure attachments. While the Circle of Security project applies to high-risk parent-child dyads, there does not appear to be an attachment based intervention that is universal. (p. 65)
- TEoP has been developed as a universal group parenting program aimed at improving parent-child interactions in line with secure attachment behaviour. (p.65)
- TEoP is a sixteen hour program of eight weekly two hour sessions. It is led by a parenting educator who follows a structure manual with a guided script. The program incorporates group discussions, demonstrations by the group leader, small group skill rehearsals and role plays. (p. 67) TEoP is a preventative education intervention: it aims to reach a large number of parents in a community setting, in a cost-effective way. (p. 68)
- The program is currently being trialled in 16 primary schools n Melbourne’s northern and eastern regions. (p. 69) Anecdotal feedback and qualitative evaluations thus far have shown that parents attending TEoP find the program very useful in improving their parent-child relationships, and in better managing their children’s difficult behaviours.

The study is investigating the effectiveness of TEOp in altering parents' emotional sensitivity and assertiveness and will continue to mid-2009. (p. 68)

18. Reynolds, A. J., Mathieson, L. C. and Topitzes, J. W. (2009) 'Do Early Childhood Interventions Prevent Child Maltreatment?: A Review of the Research', *Child Maltreatment*, vol.14, no. 2, pp. 182-206.

- With the amount of recent literature underlining the importance of early prevention of child abuse and neglect rises, research on the effects of child maltreatment programs has also grown. Evaluation studies however, tend to pay little attention to changes in the actual rate of reported or substantiated maltreatment, while the effects of different types of prevention programs also warrant more scrutiny. (pp. 182-3)
- This study synthesises research on the effects of maltreatment prevention programs from birth to age five. The major research questions were:
 1. To what extent do early childhood interventions prevent child maltreatment?
 2. What specific programs are effective in preventing maltreatment?
 3. What are the characteristics of programs that are effective in reducing or preventing maltreatment?
- The study only included:
 - evaluations that measured actual maltreatment as an outcome (rather than family risk or protective factors associated with maltreatment)
 - programs implemented prior to the occurrence of maltreatment.
- The review found limited evidence that early childhood interventions can prevent child maltreatment. Of the 12 intervention models investigated, only four reported that program participants had significantly lower rates of maltreatment than comparison groups. This is because, while parenting programs can strengthen parenting skills and related family outcomes, reductions in actual maltreatment is less certain due to limitations in evaluation methods and procedures. (p. 20)
- Because of the strong long-term effects of two programs (Child Parent Centres and Elmira: Experimental Nurse Home Visitation Program), the authors use these examples to outline what makes a program effective in reducing maltreatment:
 - **High-risk subgroups:** both studies suggest that programs may be more effective for families at greatest risk for maltreatment. (p. 197)
 - **High dosage of intervention:** high doses of intervention often provide the best results in reducing maltreatment; however, for some parenting outcomes, relatively brief and focused interventions are more effective than longer-duration, multi-focused programs. (pp. 197-8)
 - **Comprehensiveness:** to the extent that different services are coordinated in meaningful ways and delivered uniformly, comprehensiveness may reinforce the effects of other features such as duration and intensity. (p.198)
 - **Service providers:** Interventions implemented by professional staff can be more effective than programs delivered by paraprofessionals. (p. 198)
 - **Long-term follow-ups:** programs aimed at reducing maltreatment may not have strong immediate effects, and it may be necessary to conduct longitudinal follow-ups to assess programs most accurately. (p. 198)
- With so many programs appearing ineffective with respect to the evaluation undertaken in this study, the authors also reflect upon why some programs do not show effects on maltreatment:
 - Implementation quality: for example, some studies indicate that the actual number of visits prescribed by a program were often lower in reality. High drop out rates also reduced the statistical power of some studies. (p. 199)
 - Service Providers: the level of training of staff can influence program effectiveness. (p. 199)

- Monitoring/detection bias: as families in an intervention are in more contact with some form of social service providers, they are more likely to have maltreatment detected. (p. 199)
- Control-comparison group: an important consideration is how the control or comparison group is formed and what services they receive. Compensatory equalization can affect the validity of findings. For example, in the Community Infant Project, the control group families were found to use outside health services at a significantly higher rate than the program groups. The authors suggested that this was because the families may have believed that the intervention covered these needs. (pp. 199-200)
- Low occurrence of maltreatment: when evaluating maltreatment interventions, differences may not emerge because of the low prevalence of substantiated reports of maltreatment. The greater use of multiple sources of information over longer periods of time can increase statistical power to more acceptable levels. (p. 200)
- Length of follow-up: for most programs, it may take many years before program impacts are realised in reducing maltreatment. (p. 200)
- Finally, the authors outline the limitations of this review that are significant for evaluation of future programs.

STRENGTHS-BASED APPROACH

1. McCashen, W. (2005), "The Strengths Approach", St Luke's Innovative Resources, Bendigo VIC.

- The strengths approach states that all learning and growth arises from existing strengths and capacities. The approach also states that the person is not the problem, though problems can blind people from noticing and appreciating their strengths and capacity to find their own solutions. (p. 9)
- Strengths can be defined as people's intellectual, physical and interpersonal skills, capacities, interests and motivations. Resources in people's environment such as family and friends, neighbours, colleagues, material resources and so on are also considered as strengths. (p. 7)
- The traditional human services approach has tended to take a 'deficit approach' which focuses on what's wrong followed by reliance on experts. When people act as experts on other people's problems and try to fix them, those facing the problem are denied the opportunity to participate, take control and learn. (p. 10)
- A focus on strengths sets a tone for the 'competency cycle', upon recognition of the need for change, problems and issues are acknowledged and validated, and strengths identified and highlighted. An exploration of strengths creates positive expectations that open the way for the development of competencies. (p. 11)
- The belief that *the problem is the problem*: naming and externalising problems as separate from people can also free them to take responsibility and influence their lives in ways not otherwise possible. (p. 12)
- The strengths approach mobilise various external resources in a way that complements people strengths and goals, leading to growth, learning and change. These resources can include people, organisations, information, knowledge, material resources and decision-making resources. (p. 13)
- The strengths approach takes place within the context of socially-just practice, which integrates principles of social justice: inclusion, collaboration, self-determination, transparency, respect, the sharing of resources and regard for human rights. (p. 14)
- The strengths philosophy reminds us that each individual, family, group and community holds the keys to their own transformation. (p. 16)

2. B. Benard, 'Using Strengths-based practice to tap the resilience of families', in Saleebey, D. (ed.) (2006), *The strengths perspective in social work practice*, Chapter 11.

- Resilience research provides evidence that protective factors are indeed more powerful than risk factors in the lives of children and families. (p. 198) Protective factors comprise of: caring relationships, high expectation messages, and opportunities for participation and contribution. (p. 199)
 - Caring relationships convey loving support — the message of being there for a person, of trust, of unconditional love. The Institute of Medicine (USA) states: "Supportive relationships are critical 'mediums' of development. They provide an environment of reinforcement, good modelling and constructive feedback for physical, intellectual, psychological and social growth." (pp. 200-1)
 - High expectations refer to the guidance and regulatory function that caregivers must provide to children.

Youth need to be included in their creation also, strength-based caregivers will recognise existing strengths, mirror them back and help young people see where they are strong. (p. 201)

- Opportunities for contribution: This category provides people with the chance to participate in engaging, challenging, and interesting activities, or 'flow' experiences as well as job opportunities through which they can develop critical life skills. (p. 202)
"In all these ways — having the opportunities to be heard, to voice one's opinion, to make choices, to have responsibilities, to engage in active problem-solving, to express one's imagination, to work with and help others, and to give one's gift back to the community — people develop the attitudes and competencies characteristic of healthy development and successful learning: social competence, problem-solving, a positive sense of self, and a sense of purpose and future." (p. 203)
- A child grows up in many settings beyond the home, which can play a powerful role in their healthy and successful development. Society must support all family caregivers, regardless of family structure. (pp. 204-5)
- In terms of protective factors, "Parenting style rather than family structure has been found to be the main determinant of effective family functioning and adolescent well-being" (McFarlane *et al.*, 1995)¹ (p. 206). This parenting style is characterised as caring and empathetic, and devoid of excessive intrusion and infantilisation.
- Most of the research on parenting has continued to validate the three-pronged approach. (p. 208)
- Family resilience: Family support programs see that the best and most effective ways to foster resilience in youth is to foster it in the family caregivers. This approach acknowledges the family as the child's first and foremost environment and is based on nurturing family resilience as well as resilience of individual family members. (pp. 213-4)
- The strength-based principles that guide the Family Resource Coalition of America's Family Support Centres:
 - Staff and families work together in relationships based on equality and respect. Participants are a vital resource.
 - Staff enhance families' capacity to support the growth and development of all family members: adults, youth and children.
 - Programs affirm and strengthen families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
 - Programs are embedded in their communities and contribute to the community-building process.
 - Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
 - Practitioners work with families to mobilise formal and informal resources to support family development.

¹ A.H. McFarlane, A. Bellissimo and G. R. Norman (1995), 'Family Structure, Family Functioning and Adolescent Well-Being: the Transcendent Influence of Parental Style', *Journal of Child Psychology and Psychiatry*, 36 (5): In this study parental care ranges from affection, warmth, empathy and reciprocity to rejection, coldness and indifference. Parental protection ranges from at one extreme overprotection, excessive intrusion and infantilisation to promotion of independence and autonomy at the other (p. 851); overprotection was found to be negatively associated with healthy family functioning (p. 856). The findings of this study are in keeping with Parker (1983) who concludes that parents who are affectionate and empathetic allow a child to have greater self-esteem and this provides protection against depression in adulthood. (859) The study concludes that if parenting style supersedes family structure in terms of influencing well being and healthy family functioning, "(r)ather than focusing efforts to strengthen the family, results suggest that efforts to strengthen parenting will ultimately be of more value", (p. 861).

- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modelled in all program activities, including planning, governance and administration. (p. 215)

3. Saleebey, D, 'Introduction: Power in the People', in Saleebey, D. (ed.) (2006), *The strengths perspective in social work practice*, Chapter 1.

The Lexicon of Strengths

- Empowerment indicates the intent to, and the processes of, assisting individuals, groups, families and communities to discover and expend the resources and tools within and around them. (p. 11)
- Membership: the strengths-orientation proceeds from the recognition that all clients served are members of a species, entitled to the dignity, respect and responsibility that comes with such membership. (p. 12)
- Resilience: a growing body of inquiry and practice makes it clear that the rule in human affairs is that people do rebound from serious trouble, that individuals and communities do surmount and overcome serious and troubling adversity. (p. 13)
- Healing and wholeness: healing implies that wholeness and the inborn facility of the body and the mind to regenerate and resist when faced with disorder, disease and disruption. (p. 14)

Principles of the strength perspective:

- Every individual, group, family and community has strengths. (p. 16)
- Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity: individuals, groups and communities are more likely to continue development and growth when they are funded by the currency of their capacities, knowledge and skills. (p. 17)
- Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously. (p. 17)
- Clients are best served by collaboration: the role of expert or professional may not provide the best vantage point from which to appreciate clients' strengths and assets. (p. 18)
- Every environment is full of resources. (p. 19)

4. *Foundations for Change: St Luke's Strategic Plan 2008-2010*, St Luke's, 05/05/08.

The strengths-based approach orients staff to focus first on listening and identifying the person's strengths and resources, to understand clearly their goals and aspirations for the future and then to support them in addressing any barriers or blockages. "Strengths-based, solution focused approaches enhance the capacities of individuals, groups, families, neighbourhoods and communities to deal with their own challenges. Empowerment results from having being treated with respect and having strengths acknowledged and enhanced."

ATTACHMENT

1. Harrison, Linda. (2003) *Attachment: Building secure relationships in early childhood*, Early Childhood Australia: Research in Practice Series, vol. 10, no. 2.

- John Bowlby's Theory of Attachment Relationships states that an infant's attachment to its mother is a biological need and critical to a child's emotional wellbeing. (p. 2)
- The quality of the earliest relationships, which depend on the caregiver's capacity to be emotionally available, sensitive and responsive to the baby's needs, is what determines the level of security and support that infant experiences. (p. 3)
- Attachment types: the secure child is able to use their attachment figure as a secure base to freely explore the environment. Insecure children may minimise or heighten emotion expression, making it more difficult for their attachment needs to be solved. (p. 4)

2. National Research Council and Institute of Medicine, Washington D.C. Board on Children, Youth and Families, Commission on Behavioural and Social Sciences and Education (2000), *From Neurons to Neighbourhoods: the science of early childhood development*, Shonkoff, J. P. and Phillips, D. A. (eds.).

- The central feature of early relationships is captured by the concept of 'attachment security'. In the rare situations in which infants do not have the opportunity to form an attachment with even one trusted adult, their development can deteriorate rapidly and dramatically. The remarkable recovery that these infants display once they receive stable care and loving attention further reveals the importance of the child's earliest intimate relationships. (p. 229)
- Children's first relationships especially with their parents or primary care-givers, address two fundamental needs: first, the caregiver's company reduces a young child's fear in the novel or challenging situations and enable a child to explore with confidence and to manage stress. Second, attachment relationships strengthen a young child's sense of competence and efficacy. (p. 230)
- Early attachments are important for their significant effects on other aspects of the child's functioning. Longitudinal studies suggest that early attachments set the stage for other relationships, as children move into the broader world beyond the immediate family. There is also emerging evidence that securely attached young children are found to have a more balanced self-concept, more advanced memory processes, a more sophisticated grasp of emotion, a more positive understanding of friendship and they show greater conscience development than insecurely attached children. Beyond these specific developmental outcomes, secure attachments seem to play an important role in shaping the systems that underlie children's reactivity to stressful situations. (pp. 236-7)

3. Byng-Hall, J. (1995), 'Creating a Secure Family Base: Some Implications of Attachment Theory for Family Therapy', *Family Process*, vol. 34, March, pp. 45-58.

- In attachment theory, parents are conceptualised as providing a secure base from which a child can explore. The concept of a secure family base is proposed in this article, in which a network of care is made available for all family members of whatever age so that all family members feel secure enough to explore, in the knowledge that support is available if needed. (p. 45)
- Insecure attachment patterns are associated with a wide range of dysfunction. Longitudinal studies have also shown that insecure attachment in infants strongly influences many aspects of psychological adaptation. (p. 46)
- The security of attachment may be affected by the other relationships in the family. Support for parents can also come from a wider group of adults. At the level of community, Belsky et al (1989) showed that those parents who perceived their neighbour as being friendly and/or helpful were more likely to have securely attached children. (p. 47)

4. Rolfe, S. A. (2004) *Secure attachments and the development of the self: Brain, Mind and interpersonal experiences. Keynote address at the Conference of the Centre for Child and Family Development in conjunction with the Association of Child and Family Development, Deakin University, Melbourne.*

- Anyone who has a significant, lasting role in a child's life can become an attachment figure. Early childhood professionals, foster carers, extended family and even neighbourhood friends, can become important figures of attachment for children.
- Children come into this world with two major developmental tasks in the first two-three years of life. The first task during infancy is the development of trust or security. The infant needs to develop a sense of their world as safe and trustworthy; they need relationship experiences where they feel loved, with caregivers who can be sensitively responsive to their needs. To be sensitive means to be aware of and in tune with the infant- to recognise their signals. The second task (toddlerhood) is the task of becoming autonomous or being able to trust oneself.

EARLY BRAIN DEVELOPMENT

1. Thompson, R. A. (2008) 'Connecting Neurons, Concepts and People: brain development and its implications', *Preschool Policy Brief, National Institute for Early Education Research*, iss. 17, December.

- The most significant advances in brain architecture occur prenatally: during pregnancy, the child's brain grows more significantly in size and function than at any subsequent stage of development. (p. 2)
- Neural connections develop over an extended period of time that varies for different brain regions: the process of synaptogenesis involves blooming and pruning of synapses. The most essential brain functions such as basic sensory and motor capabilities are consolidated earliest in life, languages emerges later in childhood, while higher cognitive processes continue to develop into adolescence. (pp. 2-3)
- The brain incorporates experience into its developing architecture through synaptic overproduction and retraction: through experience, the brain becomes a more refined, efficient organ as the neural connections relevant to the skills, language and cognition for everyday life are strengthened. While we know that chronic stress is bad for the developing brain, we know little about the early experiences that are essential to brain development. (p. 3)
- Critical periods are exceptional, not typical, in brain development: critical periods are specific episodes in development when exposure to a particular environmental influence is *required* for healthy development to occur. (p. 3)
- Brain function is enhanced as neural circuits are myelinated, a process beginning prenatally and extending through adolescence. (p. 4)
- Brain development is life-long: the brain has tremendous adaptive flexibility and neuroscientists have also discovered that new neurons continue to be produced in certain areas of the adult brain and new synapses are forged through life as a product of experience. (p. 4)
- The developing brain's flexibility declines over time but some plasticity endures: thus it is biologically more efficient to prevent difficulties from arising in brain functioning than it is to try to remediate problems that have already developed. The potential efficacy of early interventions is increased by the greater plasticity of the young brain to adapt positively to such interventions. (p. 4)
- Brain development is integrated: as the brain develops and becomes more integrated, children become more proficient at using their memory, attention, behaviour and emotions in strategic, planful ways. (p. 5)
- The young mind is astonishingly active, capable and self-organising: the experiences that are developmentally provocative will change as the brain matures. Interaction with appropriately responsive social partners is one of the most developmentally provocative experiences for the growing brain. (p. 6)
- Developmental neuroscience provides much greater insight into the hazards to avoid in brain development than opportunities for enrichment. (p. 7)
- Brain development findings should be interpreted against the backdrop of scientific understanding that already exists concerning children's behavioural growth and development, other 'we run the risk of moving too quickly to embrace services and programs that do not make sense for children'. (p. 8)

Recommendations:

- Healthy brain development begins with good maternal health and child health and nutrition.

- As brain flexibility and plasticity declines over an individual's lifetime, early prevention is better and less expensive than later remediation. 'Health care agencies, early intervention programs, and preschools, should ensure that they provide early hearing, vision, language, cognitive and behavioural screenings, and that they link children to necessary services.'
- Sensitive interactions with an adult are better than any toy or technology that purports to promote brain development.
- For most typically developing children, no special interventions beyond attention to health and responsive care are likely to be needed to promote brain development. However, as early experience affects brain development, attention must be paid to children's engage in activities they participate in.
- Exposure to chronic stress is harmful, so community-based programs designed to address child abuse and neglect, domestic violence, and parental mental illness are important.

2. Mustard, F., 'Early Child Development and the Brain – the base for health, learning and behaviour throughout life', in Young, M. E. (2002) *From Early Childhood to Human Development*, the World Bank, Washington, D.C.

- This chapter addresses early child development and health, competence and coping skills in adult life from the perspective of various disciplines in the natural and social sciences. (p. 24)
- The development and regulation of the CRH-HPA² pathway early in life, resulting from external and internal stimuli received in utero and shortly after birth, influence the regulation and function of this pathway throughout the life cycle. Because this pathway can affect memory, cognition, behaviour, metabolic pathways, the immune system, and the cardiovascular system throughout life, the development of brain function in early life is important. (p. 29)
- Data from longitudinal studies in other countries shows a clear relationship between the early years and competence, coping skills and health in later years. (p. 38)
- In reviewing the stress-sterol pathway and early childhood, Gunnar and colleagues conclude that caregivers and parents have a powerful effect on the development of this pathway in early life through the quality of their nurturing. (p. 43).

3. Mustard, Fraser & McCain, Margaret. (1999), *Early Years Study: Reversing the real brain drain*, The Founders' Network, 1 April.

- Scientists have now discovered that a tremendous amount of brain development occurs between conception and age one. There is also new understanding about how the stimuli from a child's experiences before the age of three influence the 'wiring' of the nerve cells (neurons) and neural pathways of the brain. The active interplay of early stimulation of the brain through the sensing pathways with the basic genetic structure of the brain has a direct and decisive effect on a child's brain development, which has a long-term impact on the adult the child will become. (p. 22)

² The function and regulation of the corticotropin-releasing hormone (CRH)-hypothalamus-pituitary-adrenal gland (HPA) pathway in early life is the result of stimuli [external and internal] received in utero and in the period after birth. Since this pathway can affect memory, cognition, behaviour, metabolic pathways, the immune system, and the cardiovascular system throughout life, the development of the brain function in early life is very important.

- Key points:
 - early brain development is interactive, rapid and dramatic
 - during critical periods, particular parts of the brain need positive stimulation to develop properly.
 - the quality of early sensory stimulation influences the brain's ability to think and regulate bodily functions
 - negative experiences in the early years have long-lasting effects that can be difficult to overcome later
 - good nutrition and nurturing support optimal early brain and physical development and later learning and behaviour. (p. 21)
- The evidence is clear that good early child development programs that involve parents or other primary caregivers of young children can influence how they relate to and care for children in the home and can vastly improve outcomes for children's behaviour, learning and health in later life. The earlier in a child's life these programs begin, the better. These programs can benefit children and families from all socio-economic groups in society. (p. 44)
- Provides a list of initiatives that improve early child development, e.g. Carolina Abecedarian project (pp. 37-43).

4. Early brain development: Implications for work with young children and their families, Professor Frank Oberklaid, Director, Centre for Community Child Health, 'Making Connections' – NED Early Years Conference, Adelaide, September 6, 2006.

- Of all the factors that operate in a young child's environment, the single most important determinant is the quality of the child's relationships with parents and caregivers.
- Nurturing and responsive relationships build healthy architecture that provides a strong foundation for learning, behaviour and health.
- When protective relationships are not provided, levels of stress hormones increase—this impairs cell growth, interferes with formation of healthy neural circuits, and disrupts brain architecture.
- Any adversity that impacts on the parents or caregivers has the potential to have a negative impact on brain development in the young child.

5. National Research Council and Institute of Medicine, Washington D.C. Board on Children, Youth and Families, Commission on Behavioural and Social Sciences and Education (2000), *From Neurons to Neighbourhoods: the science of early childhood development*, Shonkoff, J. P. and Phillips, D. A. (eds.).

- Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years. (p. 6)
- Today, the public is more focused on information about the rate of synapse development and far less attention has been paid to the neurochemistry of early brain development, which is essential to the brain's capacity to learn from experience and is likely to play an important role in the regulation of behaviour. (pp. 185-6)

- Huttenlocher (1979; Huttenlocher and Dabholkar, 1997) first showed that there is a pattern to synaptogenesis in the human cerebral cortex characterised by a phase of synapse elimination or pruning that eventually brings the overall number of synapses down to their adult levels. (p. 187)
- Experience-dependent synaptogenesis refers to the encoding new experiences that occur throughout life, foster new brain growth and the refinement of existing brain structures, and vary for every individual. (p. 190)
- Much more is known about the negative consequences for brain development of harmful environments than about the benefits of advantageous environments. (p. 194).

6. Hon. Maragaret Norrie McCain, J. Fraser Mustard & Dr. Stuart Shanker (2007), *Early Years Study 2: Putting Science into Action*; Toronto: Council for Early Childhood Development.

The quality of exchanges between caregiver and infant serves as the foundation for the infant's signalling system and influences the child's subsequent mental and physical health. The relationship between caregiver and infant plays a pivotal role in the child's capacity for interaction with others and influences neural pathways for language and higher cognitive function. (p. 28)

Other references

Mustard, J. F. (2006), *Experience-based Brain Development: Scientific Underpinnings of the Importance of Early Childhood Development in a Global World*, Washington: Brookings Institution.

Hawley, T. (2000) *Starting Smart: How early experiences affect brain development*, Ounce of Prevention Fund and ZERO TO THREE, 2nd ed.

PLAY

1. Hon. Maragaret Norrie McCain, J. Fraser Mustard & Dr. Stuart Shanker (2007), *Early Years Study 2: Putting Science into Action*; Toronto: Council for Early Childhood Development.

- Play engages a young child and promotes learning. Play is how children make sense of the world and is an effective method of learning for young children. Ideas and skills become meaningful tools for learning are practiced, and concepts understood. Play engages children's attention when it offers a challenge that is within the child's capacity to master. The qualities developed through play are the same required to succeed in school. (p. 49)
- Play expands intelligence; is a testing ground for language and reasoning connecting to the challenges children face in school; stimulates the imagination, encouraging creative problem solving; helps develop confidence, self esteem and a sense of strengths and weaknesses, and a positive attitude toward learning; and is a significant factor in brain and muscle development. (p. 49)

2. 'The Child's Right to Play', *International Play Association (Canada) (2006)*, url: www.ipacanada.org/home_childs.htm

- Play is valuable in children's physical exercise and growth and in their development of motor skills. Children playing together present rich opportunities for social, moral and emotional development and hence for the development of their personality and their ability to handle stress and conflict. It is in free play that children learn to understand and co-operate with others. The quintessential nature of play is that it is initiated and controlled by children and this element, and the resulting social competence, has been critically linked to the development of resiliency in children and youth at risk.
- Natural outdoor play environments offer important opportunities for children to begin to value the environment. Play is a vehicle for the development of creativity and flexibility, invaluable qualities in human development.
- Play can be a vehicle for children to pass on their culture, for sharing between generations, and for children to communicate their feelings and ideas to adults.
- The U.N. Convention on the Rights of the Child requires governments: "to recognize the right of the child to engage in play and recreational activities appropriate for the age of the child", and "to encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity."

3. *Play/Active Learning: Overview for 3 to 7-year-olds (2008)*, Department for Children, Education and Lifelong Learning and Skills, Welsh Assembly Government.

- Well-planned play helps children to think and make sense of the world around them. It develops and extends their linguistic and communication skills, enables them to be creative, to investigate and explore different materials, and provides them with opportunities to experiment and predict outcomes. (p. 5)

- When children are involved in their learning they take ownership. Children should have opportunities to explore their learning environment and to learn new skills as well as repeating, practicing and refining skills they have already acquired. Play should be valued by all practitioners and structured with clear aims for children's learning. (p. 7)

4. Cole-Hamilton, I., Harrop, A. and Street, C. (2002), *The Value of Children's Play and Play Provision: A systematic review of the literature*, London New Policy Institute.

- Roger and Sawyer's analysis of the importance of play in children's lives (1988) suggests that play is an important element in children's motivation and therefore participation in society. Play also helps cognitive development: it is an active form of learning that unites mind, body and spirit; it provides the opportunity to practice new skills and functions; play allows children to consolidate previous learning; a playful attitude promotes flexibility in problem-solving; play develops creative and aesthetic appreciation; play enables them to learn about learning; it reduces the pressure associated with having to achieve; and provides a minimum of risks and penalties for mistakes. (p. 15)
- The National Playing Fields Association (NPFA) suggests that play has a number of benefits that develop over time: it helps to foster children's independence and self-esteem, develops children's respect for others, increases children's knowledge and promotes children's creativity. (p. 16)

5. National Childcare Accreditation Council. 2001, *Quality Improvement and Accreditation System Source Book*, 1st edn, National Childcare Accreditation Council, Sydney NSW.

When children explore through play they feel in control of the experience, they can participate at their own level and decide the amount of practice they engage in. This provides an opportunity for the child to meet their own needs for learning and develop across the cognitive, socio-emotional and psychomotor domains (National Childcare Accreditation Council 2001:58).

A philosophy of play

6. 'Research into Reggio Emilia' (2008), The Institute for Early Childhood Education and Research, The University of British Columbia, *Research into Practice*, vol. 4.

- The Reggio Emilia philosophy strives to serve children's welfare and the social needs of families while supporting children's fundamental right to grow and learn in favourable environments with key relationships that include cooperative peers and caring, professional adults.
- This philosophy advocates that children are strong, powerful and competent from birth. Children are protagonists with the right to collaborate and communicate with others and develop intellectually through the use of symbolic representation like play.
- Educators fill the roles of partner, nurturer, guide and researcher as well as a partner in the co-construction of knowledge with children.
- Parents are encouraged to be active contributors to children's activities in the classroom and school.

ECOLOGICAL MODEL

“The findings of resilience research state that while family and parenting matters, a child grows up in many settings beyond the home which can also play a powerful role in their healthy and successful development”. (Benard in Saleeby, 2006: pp. 203-204)

This approach highlights the importance of the modification of enhancing the contexts of children’s development as a means of increasing resilience and strengthening families.

Bronfenbrenner’s ecological model outlined in the following references:

Bronfenbrenner, U. (1979) *The ecology of human development: Experiments by nature and design.*

“The ecology of developmental processes” in W. Damon & R. M. Lerner (eds.) (1998), *Handbook of Child Psychology: Vol 1: Theoretical Models of Human Development* (pp. 993-1028).

Bronfenbrenner, U. (2004) *Making Human Beings Human: Bioecological Perspectives on Human Development.*

- “Child development takes place through processes of progressively more complex interaction between an active child and the persons, objects and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time.” (Bronfenbrenner, 1998, p. 996)
- The child is at the centre of the model; the model acknowledges that a child affects, and is affected by, the settings in which she spends time. The most important setting for a young child is the family, because that is where most time is spent and it has the most emotional influence on the child. Other important settings, while distant, may also affect the child, include extended family, early care and education programs, health care settings and other community learning sites such as neighbourhoods, libraries and playgrounds.
- The ecological model of human development places the child at the centre of what can be visualised as concentric circles of context set in an overarching system of time, which affects all the contexts and continually changes them. The child at the centre of the model interacts directly with the people in its microsystems and the effect of interactions go both ways- the child is not a passive recipient of what happens in her life. In addition, as time passes, life events occur, the child grows and the contexts change.
- The microsystems layer, the smallest of contexts in which the child is embedded, is made up the environment in which the child lives and moves. “Learning and development are facilitated by the participation of the developing person in progressively more complex patterns of reciprocal activity with someone with whom the person has developed a strong and enduring emotional attachment, and when the balance of power gradually shifts in favour of the developing person.”³
 - The mesosystems layer relates to the interactions the people in the microsystems have with each other (such as parent interaction with child care providers) – the child is not directly involved in the mesosystems but is affected by them.

³ Bronfenbrenner (1979) p. 60.

- The exosystem is the wider context as it relates to the broader community in which a child lives, such as extended family, community health services and social welfare services.
- The macrosystem contains the attitudes and ideologies, values, laws and customs of a particular culture or subculture.
- The chronosystem is the time dimension which acknowledges that just as individuals change, so too do contexts.

Other references

Bowes, J. and Kayes, A. "Contexts and Consequences: Impacts on children, families and communities", in Bowes, J. M. (ed.) (2004) *Children, Families and Communities: contexts and consequences*, 2nd ed., Chapter 1.

FAMILY PARTNERSHIP TRAINING PROGRAM

Family Partnership Training Australia: url: www.fpta.org.au

- This program aims to train and support non-mental health workers to deal effectively with the psychosocial and social problems that arise commonly in the life of all families.
- FPTP aims to enable participants to develop supportive and effective partnerships with parents and help parents to deal with the problems facing them and identify their strengths. This training serves to increase the amount and accessibility of expertise available to families.
- Evidence in the UK demonstrates that training enables participants to feel more confident and competent in relating to parents. Studies have shown that the psychosocial functioning of parents and children improves when they work with practitioners who received Family Partnerships Training. The Telethon Institute for Child Health evaluated the longer term effects of training on practice in 2001-2003. The study showed that behaviour changes are achieved by training, maintained over time and that the program is valued and enjoyed by the majority of participants.

ASSET-BASED COMMUNITY DEVELOPMENT

1. Kretzmann, J. P. and McKnight, J. L. (1993) *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*, Institute for Policy Research, Evanston, IL, pp. 1-11.

- A common/traditional approach to community development focuses on a community's needs, deficiencies and problems. Asset-based community development leads to the development of policies and activities based on capacities, skills and assets of a community.
- Asset-based community development is defined by the following characteristics:
 - the capacities of its individuals, associations and institutions form the asset base of every community
 - this strategy concentrates on agenda building and the problem-solving capacities of local residents, associations and institutions
 - the process is 'relationships driven'—community developers need to constantly build and rebuild the relationship between and among local residents, local associations and local institutions.
- Roles and processes outlined: An inventory of gifts, skills and capacities of the community's residents is ascertained and then mobilised for community-building purposes. Community builders need to gain knowledge of community associations and community facilities/services, which can become active and important contributors to the development process. Private businesses, not-for-profit organisations and public institutions also make up the formal part of a community's fabric; enlisting them in the process of community development is essential to the success of any project.

2. Rans, S. A. (2005) *Hidden Treasures: Building Community Connections by Engaging the Gifts of People on welfare, People with disabilities, People with mental illness, Older adults and Young people*, Asset-based Community Development Institute, Northwestern University, Evanston: IL.

Asset-based community development begins with the assumption that a successful community building involves rediscovering and mobilising resources already present in the community:

- the skills and resources of its individuals
- the power of voluntary associations, achieved through building relationships
- the assets present in the array of local institutions, the physical structure of the community and the local economy.

3. Kretzmann, J. P. and McKnight, J. L. (1996) *Mapping Community Capacity*, The Asset-based Community Development Institute: Institute for Policy Research, Northwestern University.

Refer to this document for templates of a 'needs-oriented' neighbourhood map and 'needs surveys'.

FAMILIES AND CAPACITY AND COMMUNITY BUILDING

1. Weissbourd, B. (2000) 'Supportive Communities for Children and Families', *Public Health Reports*, vol. 115, iss. 2-3, March- June, pp. 167-173.

- Child development research states that in order to become productive, contributing adults, children need to live in environments that provide some order and meet their basic physical and material needs. Children require a consistent relationship with a caring adult, for whom they are special, an adult able to stimulate and engage the child in an ongoing relationship. Other studies have underscored that children require adults in their immediate environment capable of instilling a positive sense of responsibility and passing on moral and social expectations. Friendships with community adults are also important, as is freedom from discrimination, the opportunity for constructive achievement and a sense of justice in their world. (p. 168)
- The role of communities in supporting families: 1) Economic stability and adequate income provide a base for meeting the needs of community members; 2) A healthy community offers a network of contacts and primary services (parent education, parent-child activities, family centres, peer groups and family support) widely available to families, contributing to emotional security, health and wellbeing. (p. 171)
- An ecological understanding of the relationship of children to their families, and families to their communities, is incomplete without recognition of the relationships of communities to state and national policies and practices. (p. 171)

"Family resource centres can be cornerstones for families at every stage of their children's development. These centres provide access to information on child development as well as discussion groups, peer support, parent-child activities, advocacy activities, English as a second language classes, counselling and referral to other resources... this array of programs would constitute a floor for healthy development and would be complemented by a continuum of service systems, both public and private, designed to care for families in stress or crisis and for children with special needs." (p. 172)

2. McCashen, W. (2005), "The Strengths Approach", *St Luke's Innovative Resources, Bendigo VIC*.

- Community is the life blood of society and the landscape for human interaction and nurturance. Community is characterised by connectedness, interdependence, belonging, mutual support, respect, sharing, acceptance of others and a sense of pride and identity. It involves cooperation, collaboration, shared responsibility and common purpose. (pp. 163-4)
- Individualised service delivery can enable independence from specialist services and provide advocacy and support in relation to individual circumstances. It usually does not necessarily set out to build community. Nor does it aim to develop collective action to address wider social, structural, economic or political issues that affect people's lives. (p. 164)
- But individually tailored service delivery does have the potential to build connectedness and address social issues in a collective way. They can be a starting point for community building activity. (p. 164)

- The practical implications of the strengths approach for community building means that structures and processes of community activity need to be built on people's unique experiences, strengths and resources, common aspirations and goals. Activities are tailored in ways that enable communities to become their own managers. (p. 166)
- Beliharz (2002 pp.10-19): safe, healthy communities have a high level of trust, networks or opportunities for interaction and are tolerant of diversity. They are supportive, have non-hierarchical relationships, meet personal needs and have creative responses to problems. People who feel safe, secure and supported are more likely to be reliable, respectful, confident, assertive and comfortable with difference, aware of feelings, capable of appropriate expression and have empathy of others. (p. 167)
- Connectedness, access to resources, influence on the wider world and the relationship between individuals and their environment are crucial to community. (p. 167)

3. Stone, W. and Hughes, J. (2002) 'Understanding community strengths', *Family Matters*, No. 61, Autumn, pp. 62-67.

- The *Stronger Families and Communities Strategy*, introduced by the Australian Federal Government in 2000, proposed that the key elements of strong communities include: capable leadership, skills and knowledge, partnerships between public and private sectors and a solid core of volunteers. The strategy emphasised prevention and early intervention by making explicit the role that families and communities play in preventing or alleviating a host of 'problems', through such things as nurturing children via community networks and neighbours and families helping each other in times of crisis. (pp. 62-63)
- There is an increasing agreement for the need of some combination of material, economic, human, institutional and social capital for a vibrant community life. (64) The logic of understanding strong communities as socially cohesive, inclusive communities implies adequate levels and distribution of human and economic capital and social capital. "Enhancing social capital through service delivery implies an approach from government that is consultative, and inclusive, encouraging community participation and promoting trusting relationships." (p. 67)

4. Bowes, J. and Kayes, A. "Contexts and Consequences: Impacts on children, families and communities", in Bowes, J. M. (ed.) (2004) *Children, Families and Communities: contexts and consequences*, 2nd ed., Chapter 1.

- Factors such as community connectedness and the availability of community resources and support have been shown to be linked with lower levels of child abuse and other measures of family well-being. (p. 15)
- Several protective factors consistently linked to resilience in the face of multiple risk factors have been identified by Rutter⁴: the person's overall level of cognitive functioning, a sense that it is possible to cope with challenges, the opportunity to make decisions and to learn from mistakes as well as successes, and warm and supportive relationships. (p. 19)

⁴ M. Rutter, 'Resilience Reconsidered: Conceptual Considerations, Empirical Findings, and Policy Considerations', in *Handbook of Early Childhood Intervention*, eds, J.A. Shonkoff and S. J. Meisels, Cambridge University Press, Cambridge, 2000, pp. 651-82.

- The notion of social capital is useful in the prediction of factors that might buffer communities in times of risk or that might lead to community resilience. (p. 20)
- Access to support outside the family appears to be very important in ameliorating the stress experienced by parents. (p. 20)

5. Bowes, J. and Hayes, A., “Children, Families and Communities: Looking Forward” in Bowes, J. M. (ed.) (2004) *Children, Families and Communities: contexts and consequences*, 2nd ed., Chapter 11.

- In the design of intervention programs and their evaluation, there has been a lack of attention to the social support links of parents and ways to build social networks that will sustain families over the long term.
- Child rearing without support from others as well as a lack of involvement of outsiders who are in a position to observe what is happening in a family, isolates many families and this isolation can raise the likelihood of abuse. Assisting the development or strengthening of social networks involving parents would be an important activity for programs to achieve their aims. (p. 237)

6. Black, A. and Hughes, P. (2001), *The identification and analysis of indicators of community strength and outcomes*, Occasional Paper No. 3, Department of Family and Community Services, Australia.

- There are two types of communities: ‘communities of location’ and ‘communities of interest’. (p. 9)
- The term strong communities is a relatively new term, the literature has previously used the following terms: sustainable communities, resilient communities, community capacity, community development and healthy communities. (p. 13)
- Community capacity is defined by: a shared commitment to take up opportunities and workable solutions; having the means to deploy financial, natural and human assets intelligently and fairly; and the talents and expertise of individuals and organisations to address issues. (p. 18)
- The Aspen Institute identified eight major outcomes of community capacity building:
 - expanding, diverse and inclusive citizenships
 - expanding leadership base
 - strengthened individual skills
 - widely shared understanding and vision
 - strategic community agenda
 - progress toward goals
 - more effective community organisations and institutions
 - better resource utilisation by the community. (p. 19)

7. Delgado, M. (2000) *Community social work practice in an urban context: the potential of a capacity-enhancement perspective*.

Principles of the capacity-enhancement approach:

- the community has the will and the resources to help itself
- it knows what is best for itself
- ownership of the strategy rests within, rather than outside, the community
- partnerships involving organisations and communities are the preferred route for initiatives
- the use of strengths in one area will translate into strengths in other areas. (p. 28)

CIRCLE OF SECURITY TRAINING

1. Dolby, R. (2007) *Circle of Security: Roadmap to Building Supportive Relationships*, Early Childhood Australia: Research in Practice Series, vol. 14, no. 4.

- The Circle of Security (COS) is an early intervention program for parents and children that focuses on the relationships which give children emotional support. Central to the program is the COS map which helps parents and other carers to follow children's relationship needs so they know how to become more emotionally available to them. The map draw very clear links between attachment and learning.
- Novel to this approach is the assumption that while most caregivers recognise that children need help in organising their external world, the authors assert the idea that children need help organising their internal world also.

2. Circle of Security Website: url: www.circleofsecurity.org

Training Assumptions:

- Learning (including therapeutic change) occurs from within a secure base relationship: this is based on John Bowlby's hypothesis that when children feel safe and secure, their attachment system terminates, and their exploratory system engages.
- The quality of the parent/child attachment, which is amenable to change, plays a significant role in the life trajectory of the child. Recent longitudinal studies (birth to adulthood) at the University of Minnesota have found that secure attachment has served as a protective factor for children whose families have experienced high levels of stressful life events.
- Interventions need to be based on a differential diagnosis that is informed by research-based theory: a system for differentially identifying each child's attachment pattern (secure, avoidant, ambivalent, disorganised) and his or her parent's care-giving pattern, followed by a specific treatment protocol assigned to that dyadic pattern, can greatly increase the effectiveness of intervention.
- Lasting change comes from parents developing specific relationship capacities rather than learning techniques to manage behaviours. The capacities needed for a secure relationship include: observational skills informed by a coherent model of children's developmental needs; reflective functioning and that ability to enter into reflective dialogue; the ability to engage with children in the regulation of their emotions; and empathy.

CULTURALLY AND LINGUISTICALLY DIVERSE PARENTING

Good Run Solutions provide specific information on culturally appropriate child-rearing practices. Of increasing importance may be the Centre for Multicultural Youth's background information for those working with young people from the Horn of Africa.

1. Sawrikar, P. and Katz, I. (2008) 'Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia', *Australian Family Relationships Clearinghouse Resource Sheet No. 3.*

- The literature points to three types of barriers that ethnic minority families might perceive or experience:
 1. Cultural barriers:
 - language barriers: English proficiency, professional jargon and misinterpretation of body language
 - cultural norms that prohibit seeking extra-familial support, especially for women and children
 - traditional gender roles that prevent men from engaging with services or discussing family difficulties
 - fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments.
 2. Structural barriers:
 - practical barriers accessing services
 - lack of knowledge or understanding of services that are available.
 3. Service-related barriers:
 - model of service is culturally inappropriate
 - service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services
 - service choice perceived as limited due to lack of cultural diversity in the workforce
 - reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged.
- Issues and concerns that service providers and practitioners might perceive or experience that compromise service accessibility and delivery for culturally and linguistically diverse (CALD) families include:
 - lack of awareness or confidence to address the needs of CALD families
 - practice that is not culturally competent
 - lack of adequate resources
 - institutional racism
 - lack of awareness and partnering with CALD-focused organisations in the local community.
- Recommendations for enhancing service accessibility and delivery for CALD groups pertain to three factors: (a) practitioner-, (b) service- and (c) policy-level strategies. In order of priority, the following practice and policy recommendations can be implemented to enhance the CALD capacity of a family relationship service outlet:
 - Improve the overall quality of the service. High-quality, well-resourced services with dedicated, well-trained and well-supported staff are the basic ingredients for accessible services.

- Practices that encourage diversity, client participation and good worker-client relationships will benefit all clients, not only CALD families.
- Implement equal employment opportunity and multicultural policies to increase recruitment of CALD staff, preferably to reflect the local ethnic mix in the community.
 - Collect data on factors that measure or assess culture, such as country of birth, year of arrival in Australia, main language(s) spoken at home, and self-rated cultural identity. This will allow the service outlet to monitor the size of (in)equity of access to and use of services, especially across different types of services.
 - Market and promote services to increase awareness of them, and their perceived relevance, to CALD families. This can occur through newsletters, local businesses, religious and community groups, and should be translated or indicate that translated versions are available. The cultural diversity of the staff profile and pictures of ethnic minority families should be included.
 - Service providers and practitioners in the outlet should receive training in cultural competency to become aware of: cultural norms, values, beliefs and practices typical of a CALD group; the need to pay attention to individual variation within a cultural group; and differences in cultural norms between themselves and their client family to avoid judging behaviours as deviations from their own cultural norms.
 - Consider practical issues, such as the physical locality of the service, the layout of the rooms, opening times, staff profile and links between different services.
 - Partner with other CALD-focused centres or organisations in the local community to receive: support through networks; advice and consultation on appropriate service delivery; clear referral pathways for CALD families; language services; cultural awareness training; and provision of more holistic support for CALD families by building the CALD capacity of the service outlet.

2. Raising Children in Australia: A resource kit for early childhood services working with children from African backgrounds (2007), The Victorian Foundation for Survivors of Torture Inc., Url: www.foundationhouse.org.au/resources/publications_and_resources.htm

- The guide is written for Australian early childhood services practitioners working with children and parents from African countries. The effects of past trauma on these families must be recognised and understood. Cultural and language barriers can create further difficulties for them during resettlement.
- The resilience and coping mechanisms that have helped these families survive in the past are also important when rebuilding their lives and raising their children in Australia. By recognising the resources and strengths of these families, service providers will be better able to nurture their child's health, development and well-being. A respectful and sensitive approach by practitioners will be able to strengthen parents' confidence and encourage the family to share some of their wonderful cultural practices and traditions.

ABORIGINAL PARENTING

1. Walker, R. and Shepherd, C. (2008) 'Strengthening Aboriginal family functioning: What works and why?', *Australian Family Relationships Clearinghouse Briefing*, no. 7, pp. 1-11.

- This paper discusses the contemporary evidence base to provide insights into the protective effects and risks that influence forms of functioning among Aboriginal families.
- There are a number of important differences in the ways that Aboriginal families interact compared with non-Aboriginal families. It is important that these differences are not viewed as deficits in family functioning, but rather as culturally specific issues that are influenced by history, geography and experiences.(p. 2)
- Aboriginal families view their structures and relationships differently. The evidence around Aboriginal family functioning needs to be understood in the context of extreme diversity, in terms of family structure and geographic diversity. In addition, Aboriginal families are generally more mobile than other families particularly in rural and remote areas. (pp. 2-3)
- The Western Australian Aboriginal Child Health Survey (WAACHS) of 2000-02 compiled responses to a list of family protective factors: the most positive responses were reported for 'people in our family are accepted for who they are' and 'we are always there for each other and know the family will survive no matter what'. (p. 4)
- There is a range of factors in the immediate social context of the family shown to be associated with good family functioning: Families that do not experience alcohol problems in the house, where children have healthy diets, and carers have reasonable parenting skills or hold strong spiritual/religious beliefs are more likely to have very good functioning. There is also a positive association between the social and emotional wellbeing of Aboriginal children and elements of good family functioning such as good communication, emotional support, adequate supervision, secure attachments and the celebration of family traditions and milestones. (p. 5)
- Risk factors include: alcohol and substance abuse has been shown to lead to family breakdown. Family problems can lead to breaks in schooling and education, disrupted social relationships and social alienation. Also, the historical legacies of forced separation from family and removal from traditional country continues to affect the social and emotional wellbeing of Indigenous people, and can have a significant impact on carer-child relationships, parenting styles and how well families function. (p. 6)
- Policy implications: in the mainstream context, improvements in education and income have been shown to benefit family functioning, but this does not necessarily following the Aboriginal circumstance. High levels of chronic stress and illness in the Aboriginal population can overwhelm the benefits that would normally be derived from improved economic and educational outcomes. These findings suggest a need to simultaneously focus on a range of policy directions to improve Aboriginal family and community wellbeing and strengthen individual and collective capacity. Initiatives that aim to improve the health and wellbeing of carers, safeguard Aboriginal children and young people from the effects of multiple life stresses, and invest in community leadership and governance are all likely to benefit from family wellbeing. (p. 6)

2. Footprints To Where We Are: A Resource Manual for Aboriginal and Torres Strait Islander Children's Services (2005), Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC), Victoria, September.

- Key principles underpinning the approach of Aboriginal and Torres Strait Islander communities to raising children include the Dreaming, Law and family systems. Children are seen as 'little people' and are gradually introduced to their obligations in regard to Dreaming and the Law. Children are not seen as requiring constant guidance but are nurtured by significant people within their family system to help them establish their identity and understanding of their roles and responsibilities in the world. (p. 37)
- Children's services need to encompass the needs of the whole family, for the child cannot be viewed in isolation from their family. (p, 37)
- An important aspect of early childhood socialisation is the learning of their culture and the obtainment of a strong sense of identity. The way children are socialised and reared is important to the continuation of Aboriginal and Torres Strait Islander culture. (p. 37)
- Childhood is signified by changes in physical maturation. The child is viewed as capable, autonomous and an active contributions. She/he is charged with responsibility for regulating his/her own behaviour, filling his/her own needs and building and reciprocating relatedness to others. (p. 38)
- Aboriginal and Torres Strait Islander children have the same basic needs as all children, but there are some factors affecting their wellbeing which require particular attention and care. Tim Moore outlines the ways in which Aboriginal children may be more vulnerable than other children: factors include low birth weight, living in poverty, nutritional deficiencies and other health problems.⁵
- Moore outlines barriers to Aboriginal children having their needs met:
 - non-Aboriginal systems and institutions may not recognise or respect Aboriginal structures or methods
 - non-Aboriginal systems and institutions may fail to recognise and build upon cultural and personal history, experience and skills that young Aboriginals bring from home
 - lack of continuity between home and early childhood environments
 - economic assistance schemes are often based on nuclear family structure
 - difficulty in recruiting Aboriginal workers.
- Butterworth and Candy (1998) outline feature that underpin quality early childhood services for young Aboriginal children:
 - programs must incorporate aboriginal involvement in all levels, and build on Aboriginal culture, experiences, skills and prior knowledge
 - increased access through provision of transport and outreach services, increased participation in preschool, a holistic approach to education and care and the use of Aboriginal teachers and aides
 - programs must be relevant for children's' everyday lives
 - awareness of Aboriginal communication and learning styles
 - bilingual approaches should be encouraged.

⁵ In 'Recent Research on Child Development: Implications for Young Indigenous Children and Communities' presented at *Our Future Generations: the National Indigenous Child Welfare and Development Seminar* hosted by SNAICC in July 2003.

3. *Indigenous Parenting Project (2004), Secretariat of National Aboriginal and Islanders Child Care Inc. (SNAICC), Victoria, July.*

- Findings from the literature review:
 - Research into Indigenous family issues reveal that there is a multiplicity of social, cultural and historical factors affecting the ability to parent effectively, including dispossession of their land and culture, incarceration, poor general health, inadequate housing and poor educational outcomes. These factors make it difficult for Indigenous parents to fulfil expectations of the parenting role. (p. 12)
 - Risk factors for Indigenous children include a lack of parenting knowledge by parents and other carers. Protective factors include positive parental interactions and secure attachments to parents and other carers. (p. 12)
 - Indigenous perceptions of the parenting role are tied closely to the cultural norm of extended family, kin and community child rearing responsibility. Parent education may be too narrow a term for the Indigenous context of family and community. (p. 12)
 - Mainstream programs or parent programs adapted for Indigenous communities should only be used if based on wide Indigenous community consultation. There is a preference for Indigenous staff working with Indigenous families in order for families to feel safe and secure using services. (p. 12)
 - Parenting support and enhancement programs should deal with grief and loss and emotional healing in order to help Indigenous parents develop personal strengths and resilience. (p. 13)
 - Selective targeting of families at risk can stigmatize and alienate those most needing help therefore criteria should be based on broader demographic factors in order to encourage participation. (p. 13)
 - Ways to engage Indigenous parents and carers includes more informal gatherings such as sharing a meal. (p. 13)
 - An integrated service on one site gives a whole of family approach and targets multiple factors. (p. 13)
 - Indigenous families identify Indigenous community groups, workers and posters as the preferred way of obtaining information. Written information should be accompanied by oral information from an Indigenous community member or worker. (p. 13)
 - Extra parenting support and capacity building is needed at the following transition points: pre and post natal period, lack of male role models as fathers and young parents. (p. 13)
- Successful parenting capacity building programs have the following characteristics:
 - strength-based models looking at acknowledging strengths rather than deficits
 - program models that are culturally sensitive and appropriate are community-based, owned and controlled
 - programs which address historical issues and current factors and which have an ongoing impact on Indigenous parents ability to parent effectively
 - use of Indigenous staff as facilitators or partners in programs
 - trained facilitators, who share stories, use role plays, recognise informal learning opportunities and use the skills of the group to help each other by problem solving
 - targeting specific groups who may need more tailored programs for parenting enhancement
 - use of Aboriginal venues where participants feel safe and comfortable

- home visiting to enhance parenting capacity on a one on one basis
- provision of transport and food to encourage participation. (p. 14)
- Conclusions of the project found:
 - Information and resources should be culturally relevant, and designed and delivered by Indigenous people and communities to suit their local needs.
 - Information and resources should be aimed at families rather than at parents and recognise the broader notion of family and shared responsibility for child rearing within Indigenous communities. It is also clear that parents and carers primarily use their own family networks and local Indigenous people and services with whom they already have an established relationship as their main source of parenting information.
 - Parents and participating in focus groups highlighted the need for information and support in relation to older children and young people. Issues that families and communities want included within parenting information and support were typically broad, spanning from health to issues in adulthood. (p. 30)

4. Irruluma Guruluwina Enembaru (Isaac Brown) (2000), *The socialisation of the Aboriginal child in Working with Indigenous Australians: A Handbook for Psychologists*, Pat Dudgeon with Darren Garvey and Harry Pickett (ed's), Curtin University of Technology.

Some of the socialisation practices which highlight differences for the Aboriginal child are listed below. These practices can conflict with mainstream schooling:

- Aboriginal people view infants as autonomous individuals capable of indicating their needs. The infants' signals determine a response such as feeding, the need for comfort or sleep (rather than parents making arbitrary decisions for the infant and determining feed times, sleep times and so on.)
- Within the first two years of life, many Aboriginal children may grow into a family relationship where there is more than one major mother figure acting in the role of mother.
- The Aboriginal child is often indulged in many aspects; this encourages self-reliance and a sense of mastery of the world.
- There is not a formal timeline for weaning from mothers; sometimes a child of two years of age will still be only partially weaned. However, weaning may be abrupt if another sibling arrives.
- Performance in verbal language is not expected within the first two years.
- The child learns to be independent at an early age; to interact, to feed him/her self, to dress without much aid.
- The child moves with their peer group very early and learns many aspects of survival from the peer group. The peer group is based on relationship, not on chronological groupings.
- The relationship of kin determines many aspects of growing up, for example, who to associate with, who to avoid, who to speak with, what one can and can not eat, who to defer to and so on.
- The child is grown in an environment that facilitates independence very early in life; hence he/she learns not to defer to (imposed) adult authority in the school.
- The child learns a variety of Aboriginal Englishes which can contain vernacular grammatical arrangements that affect meaning. Sociolinguistic aspects of making requests, use of questions, use of silences, sign and body language, relationship to time, distance and location dimensions can be bound in the Aboriginal context.

- Aboriginal courtesy cycles are distinctly different; hence the child learns mostly to reciprocate rather than to exhibit the verbal please/thank you cycle found in many cultures.
- In school, the child learns the pattern of the 'colonial victim' and subsequent cultural trauma.
- In school the child learns the patterns of both overt and covert racism.

