



**Family &  
Community Services**  
Community Services

# **Effective early intervention strategies for Indigenous children and their families**

**Literature review**

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# Use of Indigenous, Aboriginal, Torres Strait Islander

Throughout this paper, the terminology used to identify Australia's original peoples will alternate between the terms 'Indigenous' and 'Aboriginal'.

The term 'Indigenous' is used when referring to the two First Nations' people of Australia – Aboriginal and Torres Strait Islander peoples. 'Indigenous' is generally used by the Commonwealth Government which has a charter of providing services and programs to both Aboriginal and Torres Strait Islander peoples at a national level.

The term 'Aboriginal' refers specifically to the Aboriginal people of mainland Australia and does not necessarily include Australia's other Indigenous population – Torres Strait Islanders.

In NSW there is a resident population of Torres Strait Islanders of 8,011 people. This figure represents 4.6% of the total NSW Indigenous population of 172,624, and 0.1% of the total NSW population (Australian Bureau of Statistics, 2012).

Despite the presence of Torres Strait Islander people in NSW, there has been no development of early intervention programs specifically to meet their needs. There is an unstated expectation that Torres Strait Islander people will access mainstream programs or programs specifically labelled as Aboriginal or Indigenous.

The terms 'Indigenous' and 'Aboriginal' are also used interchangeably by First Nations peoples in other countries such as Canada and the United States of America.

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# Executive Summary

Evidence that Indigenous families in Australia are disadvantaged, and that the life chances for their children are seriously compromised, has been a recurring finding in research. The need for early intervention for Indigenous families to improve the life chances of their children has been widely cited. However, the effectiveness of early intervention, specifically with Indigenous families remains unclear.

## Purpose of the review

To improve our knowledge about the effectiveness of early intervention programs for Indigenous children and their families involved in child protection, in the service areas of early childhood education, group-based parent education programs and structured home visiting programs.

## Findings from the review

Summarised below are the questions that the review sought to answer, with a brief overview of their respective findings.

### Are there specifically designed early intervention programs in the area of child protection for Indigenous people or are they adapted from mainstream programs?

The only specifically designed program for Indigenous people that was examined was the Aboriginal Maternal and Infant Health Strategy (AMIHS), designed to improve health service delivery for Aboriginal women and babies in NSW. Other programs included in the review were adapted from mainstream programs, such as the Triple P parenting program, Exploring Together (a program for families with children aged 6-14 years who have emotional and behavioural problems), a two-generation preschool program, and a home visiting program for young mothers.

### To what extent are the strategies, programs and interventions effective for Indigenous children and families?

The more effective strategies include culturally competent service provision, issues of equitable access to services, provision of transport, flexible service delivery, ensuring a long lead in time to consult appropriate Indigenous people on implementing the program, the importance of engaging families when they first make contact, and where appropriate the use of bi-lingual staff in program design and delivery. Of particular interest were the on-site/off-site professional health care checks for children enrolled in the two-generation preschool program in Canada.

### Where early intervention appears to be effective for Indigenous children and their families, what factors makes them effective?

The review found that effectiveness of programs is associated with a multi-component approach to program delivery. Participants in the AMIHS evaluation and the home visiting program for young mothers received a mix of group-parent education and home visits. For the two-generation preschool program, families received early childhood services, parent education and home visiting.

### To what extent does the literature discuss the cultural competency of non-Indigenous agencies and staff delivering early intervention programs to Indigenous people?

The effectiveness of early intervention strategies for children, young people and families in Indigenous communities, could well be underpinned by how culturally safe and culturally competent the non-Indigenous organisation, and its workers are in the development and delivery of early intervention programs for Indigenous peoples. Effective culturally competency skills will better support Indigenous programs, workers, families and communities.

## Conclusion

There is very limited research on rigorously evaluated early intervention programs for Indigenous children and their families. There were five evaluated Aboriginal specific early intervention programs, noting that only two of the programs met the review's selection criteria, whilst the other three programs were included as they demonstrated varying levels of promising practice. Most of the well-evaluated studies that did meet the selection criteria were mainstream early intervention programs. Where these programs included Indigenous families there was no further information on outcomes based on Indigenous identity. Several issues had been identified where an evaluation had been conducted (i.e. small sample sizes, no comparison groups, etc). This makes it difficult to draw conclusions in relation to the effectiveness of these programs with Indigenous children and their families. The review was unable to locate evaluations that focused on early intervention in the child protection context.

# 1. Introduction

The life chances of Indigenous children in Australia are seriously compromised. They are over-represented in statistics that include living in poverty, statutory child protection, out-of-home care, juvenile justice and leaving school early. Therefore, as adults, they are under-represented in tertiary education, employment and the more powerful positions in the public domain that give the political leverage necessary to address these issues. Historical and residual discriminatory attitudes within the broader social context exacerbate feelings of alienation and the negative social consequences that this generates.

There have been multiple attempts to address these issues with varying degrees of success. One of the more promising avenues is prevention and early intervention, which have been shown to alter the trajectories of similarly disadvantaged children. However, its effectiveness, specifically with Indigenous families, remains unclear.

This paper investigates the current situation for Indigenous children in Australia. It examines international and national research to identify effective early intervention strategies with Indigenous families.

## 1.1 Effective early intervention for Indigenous children

In order to improve our knowledge about the effectiveness of early intervention programs for Indigenous children and their families, a literature review of early intervention programs in Australia, Canada, New Zealand and the United States of America was undertaken. These countries were specifically identified as they have parallel histories of colonisation that affected Indigenous peoples. The review included Indigenous early intervention programs relating to child protection with a specific focus on early childhood education, group parenting education programs and structured home visiting programs that were evaluated between 2001-2009 (and subsequently published between 2005-2011) to ensure currency and relevance of published results. The key questions that review sought to answer were:

- Are there specifically designed early intervention programs for Indigenous people or are they adapted from mainstream programs?
- To what extent are the strategies, programs and interventions effective for Indigenous children and families?
- Where early intervention appears to be effective for Indigenous children and their families, what factors makes them effective?
- To what extent does the literature discuss the cultural competency of non-Indigenous agencies and staff delivering early intervention programs to Indigenous people?

## 1.2 Literature search criteria and methodology

When examining effectiveness of programs, selection criteria were applied to ensure an acceptable level of robustness of research findings. The criteria were:

- at least 50 families in the intervention group

- at least 50 families in a comparison group (matched for eligibility for the intervention or on family characteristics)
- child and family outcomes examined, comparing pre-intervention with post-intervention status on objective, 'third party', measures.
- at least 50 families were interviewed personally in relation to the intervention.

The following databases were used to conduct the literature search: Psychological and Behavioural Sciences Collection, PsycARTICLES, PsycEXTRA, PsycBOOKS, Australia and New Zealand Reference Centre, Business Source Elite, APA-FT Australian Public Affairs Fulltext, Family & Society, AGIS Plus Text, Libraries Australia, SocIndex with Fulltext, Medline, PubMed, PsycInfo, ScienceDirect, Blackwell Synergy, IngentaConnect, ERIC, EbscoHost, Informit, Google Scholar and Google. Reference lists from published articles, paper articles on file within the Research Centre, and general internet searches seeking government and non-government reports were also part of the literature search.

Search terms included various combinations of Indigenous, Aboriginal, First Nations, Native American, Native Canadian, Maori, early intervention, parenting, home visiting, childcare, early childhood, teenagers, teenage mothers, fathering, fatherhood plus Australia, Canada, United States of America and New Zealand.

## 2. Background

### 2.1 Do Indigenous children represent an ‘at risk’ population?

The general levels of disadvantage apparent in Indigenous communities create a social context that is likely to compromise the life chances of children growing up in them. Their parents are younger, have more children and often live in poverty further from supportive services; they are more likely to have limited education and be unemployed and incarcerated. This disadvantage is reflected in the reduced writing, reading and numeracy achievement levels of their children and their over-representation in the juvenile justice system compared with their non-Indigenous peers (Australian Bureau of Statistics, 2010; FaHCSIA, 2011). Also, Indigenous children and young people represent 33.9% of the total population of 17,896 children and young people in OOHC in New South Wales (Department of Family and Community Services, 2011). In his report on the Inquiry into Child Protection Justice James Wood highlighted these concerns as needing to be addressed with some urgency (J. Wood, 2008). The same negative cycle confronts Indigenous peoples in many countries with a comparatively recent history of dispossession.

Of particular relevance for this paper is that a comparison of the child welfare systems in Australia, New Zealand, Canada and the United States also shows that despite relatively small Indigenous populations, there is an over-representation of Indigenous children and young people in the child welfare system (Cunneen & Libesman, 2002; Tilbury, 2009; Trocme, Knoke, & Blackstock, 2004).

Compared with other Australian children, Indigenous children in Australia are almost 7.5 times more likely to be the subject of a maltreatment substantiation, eight times more likely to be on a care and protection order and nine times more likely to be in OOHC (Australian Institute of Health and Welfare, 2010). The most common type of substantiated maltreatment for these children was neglect and the least likely sexual abuse. The high rates of neglect are consistent with the disadvantaged social-economic conditions prevalent in many Indigenous communities across Australia, such as overcrowding, unemployment and lack of services (Berlyn & Bromfield, 2010).

This accords with findings in Canada where systemic problems impacting on Indigenous families are seen as relating to structural disadvantage which underlies a significant amount of neglect (C. Blackstock & Trocme, 2005). Blackstock (2008) argues that the key to addressing neglect is to address the issues of poverty, discrimination, substance use and poor housing, issues which impacts on many Indigenous families. Efforts to address structural risks are often outside the remit of the child protection system, which only marginally supports efforts in this direction.

However, from a different perspective Homel, Lamb, & Freiberg, (2006) have noted that

*“... instead of a catalogue of statistical risk factors that mostly refer to deficiencies in children or in their families, we need to think in terms of the resources needed for parents and their communities to overcome the barriers or solve the problems that they face on a daily basis in their child rearing efforts, and contrast these with the resources actually available to them to do their job. In other words, the issue is a lack of fit between the resources needed and those available, rather than deficits in individual people or families” (p. 23).*

That these services should be tailored for Indigenous people is not just based on cultural differences but is underpinned by the historical and contemporary difficulties such that many



Aboriginal families tend to remain uncertain and uneasy about accessing universal mainstream services.

As noted in a report by the Victorian Department of Human Services (2004), for many Aboriginal people these difficulties stem from many years of oppression and racism, which included government policies of segregation and removal. It has been well documented that Aboriginal people have not been granted equitable access to mainstream services. As Barbour (2000, pg.17) comments “it has been known for a very long time that people with less access to the resources of a community have poorer health and welfare outcomes”.

As a result, Aboriginal children and their families are under-using maternal and child health services, education services and social support services but are over-represented in the areas of corrective services, juvenile justice and child welfare, the value of which is largely unknown.

Even when services are initially set up as Indigenous specific services, they tend to be incorporated into mainstream services over time. Thirty-one early intervention programs in NSW promoted as Indigenous specific were contacted in a scoping exercise by Community Services. It was found that after a year only ten programs, mostly maternal health related, were still operational as Indigenous-specific. The remainder were disbanded or were subsumed into mainstream services. Only three of the programs underwent outcomes-based evaluations, none of which had been published.

## 2.2 Early intervention

Prevention and early intervention has often been used as public health strategy with regard to physical health. More recently, it has been used to improve the social health of a community by offering early support especially at times of high stress such as the birth of a child. Broadly, the term ‘early intervention’ is used to mean activities, programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit risk factors or vulnerabilities for an identified problem, by providing the resources and skills necessary to combat the identified risks (Queensland Department of the Premier and Cabinet, 2006).

Early intervention includes intervening early in life, early in the developmental pathway, and/or early in the life of the problem. In this context, early intervention refers to services and programs to support children and their families that are designed to prevent entry or escalation into statutory child protection or OOHC.

Intervention early in the life of the child has been found to be effective in enhancing developmental outcomes. Research on brain development has clearly established that crucial brain development occurs during the first three years of life. McCain and Mustard (2002) emphasise that the regulatory control of the brain and its pathways are shaped by events during the prenatal period and in the early years of life. The quality of care received during this period strongly influences not only early development but development that extends into adulthood (Shonkoff & Phillips, 2000).

Most commonly families are targeted whose risk characteristics suggest that parenting skills may be compromised such that there is an increased likelihood of children being abused or neglected. This includes parents who are violent, or have drug and alcohol problems, those who suffer mental ill health or intellectual disability. Large numbers of closely spaced young children and a lack of social support for parents can increase parenting demands beyond the capacity of many parents especially those with few financial or personal resources.

Previous literature reviews have identified that most early intervention is targeted at children under the age of eight years in order to maximise the effectiveness of the intervention. The most commonly used interventions are high quality early childhood education, supported playgroups, before and after school care programs, parenting programs and the provision of family support (often provided through home visiting and co-ordination of needed services). Where services are co-located, two generational and multi-component, for instance, parenting education and high quality child care, the effectiveness of early intervention as a strategy increases.

Early intervention evaluations generally tend to focus on the effectiveness of high quality early childhood education, group parenting education programs and structured home visiting with the same focus being apparent for evaluations involving Aboriginal families.

# 3. Literature search results

The literature review identified only five evaluated Indigenous-specific early intervention programs. However, only two of these met the selection criteria for inclusion. Both of these involved home-visiting and parent-education.

Other evaluations either did not meet the selection criteria, because they had too small a sample size or lacked a comparison group. Some evaluated strategies included Indigenous families but did not specifically target them. While the evaluations of these programs were more robust, the findings were not presented according to Indigenous status and so their usefulness is not known.

First, the evaluated Indigenous-specific early intervention strategies were examined. Given their limited number, the scope of the literature review was expanded to include a brief examination of other evaluations that did not meet the selection criteria but might indicate which interventions showed promise.

## 3.1 Indigenous specific programs that met selection criteria

Parent education delivered through group attendance and home visiting

Parenting programs are focused short-term interventions that can help parents improve their relationship with their child, and prevent or treat a range of problems such as behavioural and emotional adjustment. Programs can be offered to individuals or groups (Watson, White, Taplin, & Huntsman, 2005).

A structured home visiting program provides information, practical support and skills to parents in their home and is often used to deliver services to vulnerable first-time mothers. The majority of home visiting programs are early intervention services aimed at supporting prenatal women or mothers with young children. This reflects a greater awareness of the importance of:

- children’s development during the first years of life;
- the role of parents in shaping children’s early years; and
- subsequent impact of these years on the health and development of the child as they become older (Holzer, Higgins, Bromfield, & Higgins, 2006).

Two Aboriginal specific programs that met the selection criteria combined home visiting/parent education programs to demonstrate positive outcomes for women and their children who participated in them (for further details of both programs see Appendix A).

The evaluation of the NSW Aboriginal Maternal and Infant Health Strategy (AMIHS NSW Health, 2005) followed the progress of 689 women over 2003-2004 and compared data from previous years (1996-2000). The goal was to improve the health of Aboriginal women during pregnancy and decrease peri-natal morbidity and mortality. The program was delivered ante- and post-natally and comprised six group parent education sessions combined with two home visits. There was a significant reduction in smoking during pregnancy, fewer pregnancies in women under 20 years, a greater proportion of women attending ante-natal care and fewer low-birth weight babies. There was a trend towards fewer pre-natal deaths but no difference in numbers of pre-term births.

Walkup et al. (2009) followed the progress of 81 reservation-based American Indian mothers. These mothers received 25 home visits from paraprofessionals with a focus on pre-natal and infant care parent education as well as family planning, substance abuse and problem-solving. A similar sized group was randomly allocated to a control group who received 23 home visits that focussed on breastfeeding and nutrition. Although the primary results were in terms of increased parenting knowledge, child behaviour was also less problematic, with lower impulsivity, peer aggression, activity levels and separation distress in the intervention group. Otherwise, there were no differences in parenting stress, maternal depression, substance abuse or maternal social support.

### **3.2 Indigenous specific programs that did not meet selection criteria**

#### *Parent education delivered through home visiting.*

Over the past decade in Australia, there has been considerable interest in parent education, which is seen as one way of preventing child abuse and domestic violence. It is also a means of strengthening parent's understanding of child development and competence in child management (Tomison in C. Wood & Davidson, 2003).

There were two parent-education programs offered that were Indigenous-specific that did not meet the selection criteria which limits the value of the results. These are Ngaripirliga'ajirri: an early intervention program on the Tiwi Islands (Robinson & Tyler, 2006) and a randomised clinical trial of a group parent education program (Triple-P) for Australian Indigenous families (Turner, Richards, & Sanders, 2007). Both evaluations reported positive results. (For further details of both programs see Appendix B).

Ngaripirliga'ajirri is a targeted 10-week multi-group program based on developmental principles, modelled on the Exploring Together program in Victoria. Seventy-four school children aged 7-12 years (with identified behavioural problems) were referred by teachers and other practitioners to attend the program in groups of six to eight children with one parent/carer each, over a school term. The program was delivered to three communities across the Tiwi Islands over nine school terms during 2001-2003. Researchers, while reporting fewer behaviour problems among participant children, acknowledged that the attendance of the parents (at whom the programs were targeted) was mostly spasmodic or non-existent and that there has been no change in parental behaviour. As well there was no comparison group so it is unclear if the results are attributable to the program or other factors such as maturational effects or the weekly groups attended by the children involved.

The Indigenous Triple-P program did have a randomised control group but only 20 intervention families completed the post-intervention survey with even fewer (18 families) from the control group completing it. Some positive changes in both child behaviour and parenting style were reported but the numbers were small so that for many analyses the sample (counting both intervention and control) was between 25 and 38 and so could not be said to provide conclusive results.

### **3.3 Indigenous-specific focus included in mainstream programs**

#### *Multi-component strategy - children's services and parent education and home visiting*

Although there are Aboriginal-specific child care centres in NSW (Multifunctional Aboriginal Children's Services) and the current federal policy platform is the introduction of the right for all

Aboriginal children to have a pre-school place, the literature search did not reveal any evaluations of this approach for Aboriginal children. This is despite its wide adoption as a measure to prevent developmental compromise and promote well-being in vulnerable children.

Quality children's services offer small group sizes and skilled, qualified and consistent child care staff. Quality children's services are also able to meet the developmental and cultural needs of children. Although the available evidence verifies the importance of the first three years of a child's development (McCain & Mustard, 1999; Shonkoff & Phillips, 2000), there is limited evidence of outcomes for Aboriginal children attending early childhood centres.

Research studies in early intervention indicate that the most promising strategies are multi-component providing a mix of high quality early childhood education, parent education and perhaps some home visiting. This approach was adopted by the Calgary Urban Project Society (CUPS) but the evaluation again did not meet selection criteria (with a sample of 45 and no comparison group). However, the data was disaggregated by Aboriginality. (For further details of this program see Appendix C).

This study targeted low-income Aboriginal children and their caregivers, which provided evidence of positive outcomes. This evaluated two-generation preschool program (Benzies, Tough, Edwards, Mychasiuk, & Donnelly, 2011) was conducted at the Calgary Urban Project Society (CUPS) One World Child Development Centre. This early intervention education centre operates with the philosophy that providing a nurturing, caring, educational environment helps low-income children and families reach their full potential. CUPS' holistic approach is based on the Head Start model, which offers a variety of services including preschool, full-day kindergarten, parent education, healthcare and social services - which are all identified as key areas for action with at-risk children and families (Calgary Urban Project Society, 2011).

Although this two-generation preschool program operated within a mainstream agency, the Aboriginal community was integral to the program mandate and design. To accommodate the diverse needs of Aboriginal caregivers, flexibility in the delivery of child and parent programming were incorporated into the design. During the design of the program, a caregiver advisory committee met regularly with program developers to share Aboriginal cultural and spiritual values. Recognising the socio-economic circumstances of families and the isolated areas in which they lived, a school bus was provided to transport the children (and caregivers involved in the program) to the agency. The children were also provided with nutritious meals whilst attending the agency. An on-site team of licensed developmental specialists (occupational, physical, speech, language and psychologists) conducted child health assessments. Regular paediatric clinics were also held on site. Off-site visits included assessments for dental, hearing and eye checks.

Children attended a preschool whilst caregivers participated in a mandatory six week parent education program. Family support is provided through a minimum of four home visits per year by a registered social worker. Each year, 50 children are enrolled in the program, with approximately 36% identifying as Aboriginal. Between 2002 and 2008, 45 Aboriginal children and their caregivers participated in the study, which was evaluated using a single group, pre test/post test design with follow-up when the children were seven years old (Benzies, et al., 2011).

The study found that there was a significant increase in the children's receptive language scores between intake and exit and that these improvements were maintained up to age seven years. For caregivers, the risks for child maltreatment, parenting stress, self-esteem and life skills were stable over time. Results of this study suggest that Aboriginal children can benefit from participation in a two-generation, multi-cultural pre-school program. Their caregivers may have received greater benefit if issues of intergenerational transmission of the negative influences of residential schools were addressed as part of programming.

### 3.3 Mainstream programs, Indigenous families included

Most well-evaluated studies that met the methodological selection criteria were mainstream early intervention programs. Some however, included Aboriginal families.

Three Australian studies had large samples and control groups but were not Indigenous-specific although Indigenous families were included. These three studies focussed on early intervention parenting assistance for rural and remote families in South Australia (Burgess, Cheers, & Fisher, 2004); a randomised control trial looking at the effectiveness of postnatal home visits in teenage mothers (Quinlivan, Box, & Evans, 2003) and The Pathways to Prevention Project aimed at preventing the entry of disadvantaged children into the juvenile justice system (R Homel, et al., 2006).

A further five USA studies evaluated publicly funded roll-outs primarily relating to the effectiveness of home visiting. This included a state-wide home visiting program rolled out in Alaska evaluated in terms of its impact on parenting, child health and development (Caldera, et al., 2007) and child abuse (Duggan, et al., 2007). The state-wide Hawaiian Healthy Start home visiting program results have been published in terms of: father participation in preventing child abuse in at-risk families of newborns (Duggan, et al., 2004); the role of family identification, family engagement and service delivery for at-risk families (Duggan, et al., 2000) and a more general evaluation of Hawaii's Healthy Start Program (Duggan, et al., 1999).

A New Zealand study also examined the effectiveness of home visiting in a randomised controlled trial (Fergusson, Grant, Horwood, & Ridder, 2005), while the research undertaken in Alberta, Canada was interested in the content of prenatal care and its relationship to preterm birth (White, Fraser-Lee, Tough, & Newburn-Cook, 2006).

It is important to note that for the evaluated early intervention programs that included Indigenous participants, while Indigenous background was identified, there was no further information on outcomes based on Indigenous identity. None of the studies provides further detail of retention or attrition rates except for noting a 52% attrition rate for Indigenous families by the third year in the Hawaii Healthy Start program. Therefore, it is difficult to assess the effectiveness (or otherwise) of these programs for Indigenous participants. For this reason the detail of these studies has been included in Appendix D rather than the main body of the review.

While effectiveness has mostly been examined with types of intervention (high quality early childhood education, group parenting education programs or structured home visiting) there has also been a recent focus in the literature on the importance of the people delivering the program and the relationship they are able to foster with the families who need their support. For Aboriginal families, this includes the cultural competency not only of the staff but also the agencies delivering the program. The degree to which this has been addressed in the literature is examined here.

## 4. To what extent does the literature discuss the cultural competency of non-Indigenous agencies and staff delivering early intervention programs to Indigenous people?

In seeking to answer this question, the review broadened its scope to capture literature that discussed cultural competency in the early intervention context.

One of the key messages emerging from the review is the need for non-Indigenous service providers and workers to have skills in cultural competency so that they can better support Indigenous workers, programs and communities (Baldry, Green, & Thorpe, 2006; Boyle & Springer, 2001; Libesman, 2004; Robinson & Tyler, 2006; RPR Consulting, 2005; Secretariat of National Aboriginal and Islander Childcare Inc, 2004; Westerman, 1997; Wild & Anderson, 2007; Williams, 1997).

Culturally competent service provision is also linked to creating an atmosphere where Aboriginal people feel culturally safe. In her PhD thesis, Irihapeti Ramsden (2002), a Maori woman from New Zealand, identified the need for cultural safety for healthcare patients through the analysis of power relationships between professional staff and those they serve. The concept of cultural safety can also be broadened into other fields of the human services, such as those programs that come under the 'umbrella' of early intervention.

Ramsden (2002) defines cultural safety as being no assault on a person's identity. Therefore, in the context of Australia, some examples of assaults on a person's identity can include questioning their Aboriginality (you don't look Aboriginal, you're not like the rest of them); telling jokes that deride their identity; displaying images that portray them in a negative light; use of inappropriate language that is offensive and racist; and poor policy and practice that diminishes access and participation of Aboriginal people to services. The examples can lead Aboriginal people to feel culturally unsafe, particularly for parents who are seeking the services of an early childhood centre for their children.

The effectiveness of early intervention strategies for children, young people and families in Indigenous communities could well be underpinned by how culturally safe and competent the non-Indigenous organisation, and its workers are in the development and delivery of early intervention programs for Indigenous peoples.

A US study published several years ago found that clients who perceive themselves as racial minorities expected to be negatively evaluated by the public systems that serve them. They expected to be looked down upon and discriminated against, to have their background and culture misunderstood (Williams, 1997). A similar study was conducted by Baldry et al. (2006) of Aboriginal people's experiences of human services in the Sydney region. The study found that many Aboriginal people experience socially prevailing prejudices and stereotypes from most staff across the human services. Some of the effects of this include experiences of helplessness, shame and alienation.

In light of this, Weaver says, “it must be acknowledged that Indigenous peoples do have a unique place within a multicultural society. The history of Indigenous peoples differs from those who arrive as immigrants. Therefore, human service providers who work with Indigenous peoples must understand the issues specific to them” (1998, p. 203).

Cultural competency relates to having the capacity to work effectively with people from diverse backgrounds and being culturally respectful of those we serve, while understanding that there is often as wide a range of differences within groups as between them. It is being aware of how as individuals, our own culture can influence how we perceive the Other, particularly for those who are members of the dominant cultural group (Jordan Institute for Families, 1999; Libesman, 2004; Weaver, 1999; Westerman, 1997).

When culture is overlooked or not understood harmful decisions can be made. It limits the ability to engage families and communities and undermines the need for a strengths based approach when engaging with clients from diverse cultural backgrounds. Culturally safe and competent practices should increase the chances of improving outcomes for all clients. There is an ethical imperative to ensure that culture, cultural safety and competence becomes central to equitable service development and delivery (Jordan Institute for Families, 1999; Ramsden, 2002; Williams, 1997).



## 5. Summary and conclusions

Aboriginal families represent a manifestly disadvantaged minority group whose children's life chances are seriously compromised. These families are over-represented in the statistics reflecting disadvantage with levels of child maltreatment, especially neglect, being of particular significance.

For those programs where an evaluation has been conducted, there are several issues, which make it difficult to draw conclusions in relation to the effectiveness of early intervention with Indigenous families and their children.

- From the point of view of informing directions in statutory child protection, no evaluations were found that focus on early intervention for Indigenous families in a child protection context
- The review found that there is a lack of rigorously evaluated early intervention programs for Indigenous children and families in the program areas of early childhood education, group based parenting programs and structured home visiting.
- There is some evidence that increased pre- and post-natal support for Aboriginal mothers through parent education and home-visiting has a positive effect on infant health outcomes and may have longer term effects in terms of children's social development.
- Solid evidence relating to early childhood education as an Aboriginal-specific early intervention is virtually non-existent despite showing some of the most convincing findings of long-term effectiveness for disadvantaged families generally.
- Where programs have been evaluated there are a number of important methodological limitations to those evaluations including small sample sizes, lack of control/comparison groups and high attrition rates. This renders the ability to make generalisations from these studies very difficult.

Based on the findings from the review, it has been demonstrated that there is a significant gap in our knowledge on what works, and what does not work for Indigenous children and their families in early intervention. This is supported by the lack of Indigenous-specific research as highlighted in the program areas of early childhood education, group parenting programs and structured home visiting.

In the child protection context it is important that outcomes of interventions are measured in terms of child maltreatment and that evaluators should also talk to Aboriginal families during and after the program to find out what worked best for them and where things could be improved.

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# Appendix A

## Indigenous specific programs that met the selection criteria

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>NSW Aboriginal Maternal and Infant Health Strategy (AMIHS)</b> (NSW Health, 2005)</p>	<p>To improve the health of Aboriginal women during pregnancy and decrease peri natal morbidity and mortality.</p>	<p>6 Area Health regions in rural/remote New South Wales, Australia</p>	<p>Qualitative interviews: 201 Aboriginal women</p> <p>Quantitative data collection: 689 Aboriginal women involved in the program during 2003-04</p>	<p>To conduct an evaluation of the AMIHS by comparing clinical data from the 1996-2000 NSW Midwives Data Collection, for Aboriginal women in the selected areas to Aboriginal women involved in the strategy 2003-2004 in the same Areas.</p>	<p>The comparison highlighted that overall</p> <ul style="list-style-type: none"> <li>- smoking was still significant during pregnancy</li> <li>- there was a decrease in the no. pregnant women aged &lt;20yrs</li> <li>- a proportion of women were attending their first antenatal visit earlier in the pregnancy</li> <li>- there was a reduction in low birth-weight babies</li> <li>- the rate of preterm birth remained stable</li> <li>- there was improved rates of breastfeeding; and</li> <li>- there was an encouraging downward trend in peri natal deaths.</li> </ul> <p>Due to the success of this program, and to ensure ongoing support to families after their time with AMIHS, provisions have been made for streamlined voluntary access for women participating in this Strategy, to the suite of early intervention services and support offered by the Brighter Futures early intervention program.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
					<p>Effective strategies:</p> <p><b>For the women:</b></p> <ul style="list-style-type: none"> <li>- continuity of care provided before and after birth</li> <li>- inclusion of trained Aboriginal health workers with midwives in the HV program</li> <li>- reminders about appointments</li> <li>- provision of transport to appointments (where and when needed)</li> <li>- ability to trust staff</li> </ul> <p><b>For Strategy staff:</b></p> <ul style="list-style-type: none"> <li>- team approach to provide continuity of care</li> <li>- high levels of skill, expertise and commitment of staff involved in the Strategy</li> <li>- high level of trust gained from the women</li> <li>- ongoing staff development activities for training for Strategy staff</li> </ul>

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>Randomized controlled trial of a paraprofessional-delivered in-home intervention for young reservation-based American Indian Mothers</b> (Walkup, et al., 2009)</p>	<p>To evaluate the efficacy of paraprofessional, home visiting intervention among young reservation based American Indian mothers on parenting knowledge, involvement and maternal and infant outcomes.</p>	<p>2 sites. New Mexico and Arizona, United States of America</p>	<p>At baseline, a total of 167 young mothers were involved in the study ranging in ages from 14-22 years of age who were &lt;28 weeks pregnant.</p> <p>Eighty one mothers were assigned to the treatment group in the Family Spirit Intervention program, where they received 25 home visits, each lasting approximately 1 hour, with a focus on developmentally timed prenatal and infant-care parenting lessons, as well as family planning, substance abuse prevention, and problem solving and lessons in coping skills.</p> <p>Eighty six mothers were assigned to the Breastfeeding Nutrition control group, where they received 23 home visits, each lasting approximately 1 hour, with a focus on breast-feeding/educational nutrition program.</p>	<p>A randomised trial of American Indian adolescent mothers (located in one Apache and three Navajo communities) set out to assess a home visiting program which promoted parenting knowledge, involvement, and maternal and infant outcomes.</p> <p>Data relating to child care knowledge and skills test scores and maternal self-reports were collected at baseline (&lt;28 weeks gestation); 2-months post partum and 6-months post partum.</p>	<p><b>Primary outcomes</b> of the study indicate that mothers in the Family Spirit intervention treatment group experienced greater knowledge gains than mothers in the Breastfeeding Nutrition control group at 6 months and 12 months postpartum with a positive trend at 2 months. These findings replicate findings from an earlier, similar study and confirm the capacity of American Indian paraprofessionals to engage and educate a sample of American Indian teen mothers. Results also indicate that the higher the knowledge score, the fewer infant behavioural problems.</p> <p><b>Secondary outcomes</b> of mothers in the Family Spirit intervention treatment group reported their infants' behavioural development as significantly better on several dimensions, including lower activity and impulsivity, lower peer aggression, lower overall externalising behaviours and less separation distress. No significant between-group differences were seen in the HOME scores, maternal social support, depressive symptoms, substance abuse or parenting stress at any time point.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
					<p><b>Effective strategies:</b></p> <ul style="list-style-type: none"> <li>- use of female bilingual speakers</li> <li>- training and supervision of paraprofessionals</li> <li>- participants given the choice of conducting interviews in own language or English</li> </ul>



# Appendix B

## Indigenous specific programs that did not meet selection criteria

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b><i>Ngaripirliga'ajirri: an early intervention program on the Tiwi Islands</i></b> (Robinson &amp; Tyler, 2006)</p>	<p>To adapt the of Exploring Together program within the context of the Tiwi Islands, with a focus on the determinants of the child's behavTo adapt the of Exploring Together program within the context of the Tiwi Islands, with a focus on the determinants of the child's behaviour in the context of Tiwi extended family life, paying attention to culturally sanctioned patterns of parental response, and ideas of responsibility for dependents within extended family systems</p>	<p>The Tiwi Islands, which is located approximately 70kms north off the coast of Darwin, in the Northern Territory, Australia</p>	<p>School children aged 7-12yrs (with identified behavioural problems) were referred by teachers and other practitioners to attend the program in groups of 6-8 children with one parent/carer each, over a school term. The program was delivered to 3 communities over 9 school terms during 2001-2003</p>	<p>Ngaripirliga'ajirri is a targeted 10-week multi-group program based on developmental principles, modelled on the Exploring Together* program in Victoria. It was noted that the focus shifted from behaviour management plans to address family functioning and social relationships.</p> <p>(*Exploring Together is an 8-10 week multi-group program which aims to treat children aged from 7 to 12 years referred with conduct disorders or observed behavioural difficulty manifest in school or other settings. It aims to reduce overt problem behaviours, to reduce anxiety and depression, to improve parent/child communication and to reinforce positive parenting strategies. It focuses on anger management and social skills training for children through work in a peer group setting. Parents are involved separately in a group where the focus is on child behaviour management, positive parenting strategies and collaborative work to respond to difficulty in families identified by parents. Parents also participate in group work together with the children: the involvement of parents is considered to be more likely to lead to sustainable behaviour change on the part of the children.)</p>	<p>Results from the program indicate that 74 children and 80 parents/carers over 9 school terms attended the program, with a child participation rate of 95% and parent/carer participation rate of 66% of sessions attended. Of this group</p> <ul style="list-style-type: none"> <li>- 80% of children showed some decline in problem behaviours at school</li> <li>- of these, 60% showed marked declines in problem behaviours</li> <li>- 40% of children sustained these gains at 6mths</li> <li>- 60-80% of parents reported improved communication with the child</li> <li>- 50% of parents reported some improvement in child behaviour at home</li> </ul> <p>Results also indicate that program attendance by the parents/carers was spasmodic or non-existent and was based on a number of factors identified by the authors. These included</p> <ul style="list-style-type: none"> <li>- shame factor for parent/carer when challenged by child in group sessions about drinking/drug abuse</li> <li>- disputes between parent/carer about who should attend the program</li> <li>- family and community disputes</li> </ul> <p>Results did not indicate a change in parental behaviour.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
					<p><b>Effective strategies:</b></p> <ul style="list-style-type: none"> <li>- use of bilingual speakers throughout the planning and delivery of the program</li> <li>- holding the workshops during school time (based on negotiations with the school)</li> <li>- providing transport for carers</li> <li>- incentives for the children to maintain interest and their participation in the program (eg. individual prizes for children, BBQ lunches and raffles)</li> </ul>
<p><b>Randomised clinical trial of a group parent education programme for Australian Indigenous families</b> (Turner, et al., 2007)</p>	<p>Assess the impact and cultural appropriateness of a parenting programme tailored for Indigenous families, based on an adaptation of the evidence-based Group Triple P.</p>	<p>South-East Queensland, Australia</p>	<p>Initial interest was expressed by 62 families. Of this number, 51 completed pre-assessment and entered the study (26 Triple P program; 25 on the waitlist). The breakdown of parents/carers included</p> <ul style="list-style-type: none"> <li>- 67.3% mothers</li> <li>- 6.1% fathers</li> <li>- 16.3% grandmothers</li> <li>- 6.1% aunts</li> <li>- 4% guardian.</li> </ul>	<p>This was an 8-session program ideally conducted in groups of 10-12 parents, using active skills training process to help parents acquire new knowledge and skills. It includes one group session which provides an overview of the program and establishing rapport within the group; four group sessions of parent training; two home-based consultations; and a final group session.</p>	<p>Results from the study include:</p> <ul style="list-style-type: none"> <li>- Parents reported a significant decrease in rates of problem child behaviour and less reliance on some dysfunctional parenting practices following the intervention in comparison to waitlist families.</li> <li>- Qualitative data showed generally positive responses to the programme resources, content and process.</li> <li>- Provides the evidence that an effective program which is made to fit the needs of Indigenous people can be delivered by Indigenous health workers in a community setting.</li> <li>- The outcomes of this trial may be seen as a big step in increasing service provision for Indigenous families and reducing</li> </ul>

					<p>barriers to accessing available services in the community.</p> <p>Effective strategies:</p> <ul style="list-style-type: none"> <li>- engaging families when they first make contact</li> <li>- helping families deal with competing demands</li> <li>- offering flexible service delivery</li> <li>- long lead in time to consult Indigenous staff on implementing the program</li> <li>- development of culturally specific resources</li> </ul>
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# Appendix C

## Indigenous-specific focus included in mainstream programs

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>Aboriginal children and their caregivers living with low income: outcomes from a two-generation preschool program</b> (Benzies, et al., 2011)</p>	<p>To examine the effects of a two-generation*, multi-cultural preschool program on Aboriginal children and their caregivers.</p> <p>(*Two generation program: while the child attends preschool, caregivers participate in a mandatory 6-week parent education program. Family support is provided through a minimum of four home visits per year by a registered social worker).</p>	<p>Calgary, Canada</p>	<p>45 children and 38 caregivers.</p>	<p>To evaluate the outcomes for Aboriginal children and their caregivers enrolled in a two-generation program conducted by an agency called One World. The study was conducted in parallel, but independent of One World programming.</p> <p>Study was conducted between 2002 and 2008 and focused on language receptive skills of the children and parenting skills of the caregivers.</p> <p>Study used a single group, pre test/post test design with follow-up when the children were 7 years old.</p> <p>Twelve children and 7 caregivers were available for the 7 year follow-up.</p>	<p>The study found that there was a significant increase in the children's receptive language scores between intake and exit and that these improvements were maintained up to age 7 years. For caregivers, the risks for child maltreatment, parenting stress, self-esteem and like skills were stable over time.</p> <p>Results of this study suggest that Aboriginal children can benefit from participation in a two-generation, multi-cultural pre-school program. Their caregivers may have received greater benefit if issues of intergenerational transmission of the negative influences of residential schools were addressed as part of programming.</p> <p><b>Effective strategies:</b></p> <ul style="list-style-type: none"> <li>- Indigenous community involved in developing program</li> <li>- onsite/off site professional health checks for children</li> <li>- transport for carer and child to facility</li> <li>- providing nutritious meals for children</li> </ul>

# Appendix D

## Mainstream programs, Indigenous families included

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>Early intervention parenting assistance for rural and remote families in South Australia</b> (Burgess, et al., 2004)</p>	<p>To deliver a Triple P program to residents in rural and remote locations.</p>	<p>Eyre Peninsula in the western region of South Australia, Australia</p>	<p>157 families and professionals who have received assistance from the program over the 2 years of the project.</p>	<p>Participatory action research was used to develop the program to improve service delivery, particularly for Indigenous people.</p>	<p>No specific breakdown of Indigenous participants is provided, although the paper does include feedback from an Indigenous focus group that “Indigenous parents felt more comfortable accessing services when they knew the facilitator, and had an existing rapport with them” (p.78).</p>
<p><b>Postnatal home visits in teenage mothers: a randomised controlled trial</b> (Quinlivan, et al., 2003)</p>	<p>Can a postnatal home visiting service for teenage mothers less than 18 years of age reduce the frequency of adverse neonatal outcomes and improve knowledge of contraception, breastfeeding and infant vaccination schedules?</p>	<p>Western Australia, Australia</p>	<p>131 teenagers who were attending their first antenatal appointment at a teenage pregnancy clinic for first time mothers.</p>	<p>Between July 1998 and December 2000, a randomised controlled trial was developed which enrolled teenagers who were attending their first antenatal appointment at a teenage pregnancy clinic for first time mothers. Sixty-five were assigned home visits; 71 no home visits. The authors noted that 25% of the participants were Indigenous teenage mothers with no breakdown of how many of that figure received home visits or no home visits.</p>	<p>There was no discussion on the particular outcomes for young Indigenous women who stayed with the study nor were there attrition rates for this group.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b><i>The Pathways to Prevention Project: the first five years 1999-2004</i></b> (R Homel, et al., 2006)</p>	<p>Do the Preschool Intervention Program and the Family Independence Program produced beneficial outcomes for children?</p>	<p>Inala, Queensland, Australia</p>	<p>Family Independence Program evaluation included 370 families (66 Indigenous)</p> <p>The preschool evaluation had 444 in the intervention group and 203 in the comparison group. The 24 Indigenous children were spread across the two groups.</p>	<p>The project consists of 2 early intervention programs.</p> <p><b>1. The Family Independence Program primarily</b> assists parents, caregivers and families to create a stimulating home environment that is harmonious and conducive to learning, through the provision of an integrated suite of culturally sensitive programs and services. Its aim has been to pave a smoother pathway from home to school for young children and their families by adopting a series of strategies which have been tested in the Inala community over the past five years.</p> <p><b>2. The Preschool Intervention Program</b> is a school-based program for 4-to-5 year-old preschool children. The activities incorporated within this child-focused program were designed to promote the development of children's communication and social competence. It was believed that providing skills training directly to preschool children would enhance the likelihood of their subsequent success within the school system.</p> <p>Qualitative information through case studies is discussed.</p>	<p>Although the evaluation did show that both programs produced beneficial outcomes for children (particularly in improved behaviour), there is no detailed quantitative information on outcomes for Indigenous children (and their families) involved in these programs.</p> <p>One Indigenous case study reported in this paper did benefit from the programs offered to them.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b><i>Impact of state-wide home visiting program on parenting and on child health and development</i></b> (Caldera, et al., 2007) and <b><i>Impact of a state-wide home visiting program to prevent child abuse</i></b> (Duggan, et al., 2007)</p>	<p>Assess the impact of a voluntary, paraprofessional home visiting program on: promoting child health and development and maternal parenting knowledge, attitudes and behaviours; and preventing child maltreatment and reducing multiple, malleable psychosocial risks for maltreatment for which families had been targeted</p>	Alaska, USA	325 families. (HFAK group n=162 (with 23% Indigenous representation) and control group n=163 (with 20% Indigenous representation).	<p>This collaborative, experimental study focused on 6 Health Families Alaska (HFAK) programs and was conducted during 2000-2001. A follow-up was done when infants had reached 2 yrs of age.</p> <p>The first study focused on child outcomes for health care use, development and behaviour. Parental outcomes included knowledge of infant development, parenting attitudes, quality of home environment, and parent-child interaction.</p> <p>The second study focused on outcomes relating to maltreatment reports, measures of potential maltreatment and parental risks (e.g. poor mental health, substance use and partner violence).</p>	<p>Nearly half the families left the program by the child's first birthday; two-thirds by the child's second birthday. Refusal was the common reason for dropout. There were no specific details provided on the attrition rate for Indigenous families involved in this collaborative study and what the outcomes were for those Indigenous families who stayed on.</p>
<p><b><i>Evaluating a state-wide home visiting program to prevent child abuse in at-risk families of newborns: father's participation and outcomes</i></b> (Duggan, et al., 2004)</p>	<p>Describe father's participation in a state-wide home-visiting program to prevent child abuse and to assess program impact on their parenting.</p>	Hawaii, USA	643 at-risk families followed for 3 years; mothers (n=373); fathers (n=373). Of these figures, Indigenous participants comprised 44% of the mothers (n=165); and 32% of the fathers (n=119).	<p>Randomised trial. Data were collected through program record interviews, staff surveys, and annual maternal interviews. Participation in visits varied by the parents' relationship and paternal employment, violence and heavy drinking at baseline. The authors did note a high family attrition rate from the program but no specific details are provided on the attrition rate for Indigenous families involved in the study and what the outcomes were for those Indigenous families who stayed on.</p>	<p>Overall the program had no apparent impact on fathers' accessibility to the child, engagement in parenting activities, and sharing of responsibility for the child's welfare.</p>

Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>Evaluation of Hawaii's Healthy Start Program</b> (Duggan, et al., 1999)</p>	<p>The paper discusses the Healthy Start Program (HSP), its ongoing evaluation study, and evaluation findings at the end of two of a planned three years of family program participation and follow-up.</p> <p>The goal of the study is to assess Hawaii's success in expanding HSP to multiple sites as defined by adherence to the service model and effectiveness in achieving desired outcomes.</p>	<p>6 sites across Oahu, Hawaii, USA</p>	<p>Mothers are the focus of the program evaluation (Program n=373; Control n=270), which includes a breakdown of Indigenous mothers participating in the evaluation (Program n=78; Control n=51).</p>	<p>Random controlled study to find out how well does actual program performance conform to the HSP model; how successful is the program in achieving desired outcomes for parents and children; how does fidelity of program implementation influence outcomes; and how do benefits compare with direct and indirect program costs.</p> <p>This program is designed to prevent child abuse and neglect and to promote child health and development in newborn babies of at-risk families.</p>	<p>No specific outcomes for Indigenous mothers were discussed in this paper.</p>
<p><b>Hawaii's Healthy Start Program of home visiting for at-risk families: evaluation of family identification, family engagement and service delivery</b> (Duggan, et al., 2000)</p>	<p>This paper describes the 3<sup>rd</sup> and final year of the above study. It describes family identification, family engagement and service delivery in a state-wide home visiting program for at-risk families of newborn babies.</p>	<p>As above.</p>	<p>As above. By the 3<sup>rd</sup> year of the study, the overall participation rate for Indigenous mothers was n=62</p>	<p>As above but with a focus only on the first aim of how successful is the program in achieving desired outcomes for parents and children</p>	<p>As above.</p>



Publication	Aim	Location	Sample	Brief project description	Conclusion
<p><b>Randomized trial of the Early Start Program of home visitation</b> (Fergusson, et al., 2005)</p>	<p>To evaluate the extent to which a program of home visitation targeted families who are facing stress and difficulty, had beneficial consequences for child health, preschool education, service utilization, parenting, child abuse and neglect, and behavioural adjustment.</p>	<p>New Zealand</p>	<p>220 families participating in the Early Start Program and 223 families who were non-program participants.</p>	<p>A randomized controlled trial. Families who were enrolled in the trial were predominantly welfare dependent, with low income and had parents with limited educational achievement.</p>	<p>Although the client population consisted of predominantly white New Zealanders, the rate of Maori parents was approximately twice the rate of Maori in the general New Zealand population. Despite this, specific details on Maori participation numbers and outcomes are not discussed further in this paper.</p>
<p><b>The content of prenatal care and its relationship to preterm birth in Alberta, Canada</b> (White, et al., 2006)</p>	<p>To examine the relationship between selected components of prenatal care (ie medical management, health education and health advice) and the birth of a preterm infant.</p>	<p>Alberta, Canada</p>	<p>1,265 women who delivered a live born baby at six participating urban hospitals in Edmonton and Calgary between 1 May 1999 and 31 August 2000. This analysis compared those who delivered a preterm infant at less than 37 weeks gestation (n=408) with those who delivered at term (more than 37 weeks gestation) (n=857).</p>	<p>Structured computer-assisted telephone interviews were conducted within 3 months of postnatal hospital discharge.</p>	<p>The report indicates that 51 Aboriginal women participated in the study. No other indicators are provided specifically for Aboriginal women relating to age, marital status, education levels and other maternal characteristics.</p>



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