



# Promising Practice Profiles

<b>Project title</b>	<b>Let's Start: Exploring Together Indigenous Preschool Program</b>
<b>Project practice</b>	Engaging Indigenous children and families in a therapeutic early intervention group program in urban and remote communities in the Northern Territory.
<b>Project undertaken by</b>	The School of Social and Policy Research, Charles Darwin University, NT (Menziess School of Health Research as of February 2010)
<b>Start date</b>	2006
<b>Focal areas</b>	<ul style="list-style-type: none"><li>• Healthy young families</li><li>• Supporting families and parents</li><li>• Early learning and care</li><li>• Creating child friendly communities</li><li>• Families and children's services working effectively together</li></ul>
<b>Program</b>	Invest to Grow
<b>Issue</b>	<p>The early school years are very important for children's social and emotional learning. At this developmental stage, children may exhibit challenging and problematic behaviours that impact on their capacity to engage in structured learning or develop healthy peer networks (Sawyer, Arney, &amp; Baghurst, 2000). Many problems of young children are transitory (Centre for Community Child Health, 2005). However, some children with behaviour problems may be at risk of more serious difficulties in later years (Council of Australian Governments, 2009a).</p> <p>Social and emotional difficulties in children are relatively common with a prevalence of up to 14% in the general Australian child population (Sawyer et al., 2000). Among children, social and emotional problems can manifest as externalising (aggression, oppositionality, defiance) and/or internalising behaviours (withdrawal and anxiety). Behavioural problems in childhood can cause long-term difficulties for children and families, with problems becoming entrenched by adolescence (Australian Institute of Health and Welfare [AIHW], 2009, p. 60). It is well recognised that early identification of these children and early intervention are necessary to reduce the long term risk of mental health disorders and improve children's path through life, including their attendance and performance at school (Wise, da Silva, Webster, &amp; Sanson, 2005).</p> <p>In Australia there remains a paucity of data on the prevalence and burden of social and emotional problems in Indigenous children. Results from the Western Australian Aboriginal Child Health Survey (Zubrick et al., 2004) do indicate, however, that almost one quarter of Aboriginal children aged 4–17 years are at high risk of clinically significant emotional or behavioural difficulties, significantly higher than in non-Aboriginal children. Overall, Australian Indigenous children have poorer health and educational outcomes than non-Indigenous children (AIHW, 2009, pp. 133–134).</p> <p>In a number of Indigenous community settings, principals and teachers have identified a need for programs to assist parents to develop positive strategies to manage children's behaviour and deal with the issues that can lead to social-emotional problems at school (Robinson et al., 2009). Intervening early within Indigenous community settings can prevent problems from escalating, improve resilience and early achievement at school and improve the quality of children's relations with parents and peers and is especially important considering Indigenous children's comparatively poor overall outcomes when compared to their non-Indigenous peers.</p> <p>In December 2007, in response to the inequalities experienced by Indigenous Australians, the Council of Australian Governments (COAG) introduced a strategy known as "Closing the Gap". Closing the Gap is an agreement by COAG to work in partnership to achieve a range of targets to reduce Indigenous health, educational, economic and social inequalities. Closing the Gap targets include ensuring access to early childhood education for all Indigenous four years olds in remote communities within five years, and halving the gap in reading, writing and numeracy achievements for children within a decade (Australian Government, 2009).</p>

The Let's Start: Exploring Together Indigenous Preschool Program is incorporated within the Closing the Gap strategic framework. The program is a 10-week multi-group (i.e., parent and child group, parent only group and child only group) early intervention program targeted towards Indigenous children aged 3–7 years and their parents. The program aims to help close the gap on Indigenous disadvantage by improving the quality of parenting and early social-emotional learning of Indigenous children and assisting them in the transition to school. Trained group leaders facilitate the program. Children in the program are referred from preschools and schools, health centres and by family members. The program is run over a single school term in a safe place such as a school or a childcare centre.

The Let's Start Indigenous Preschool Program receives core funding from FaHCSIA's Family Support Program (originally Invest to Grow) and the Closing the Gap strategy. Incorporating the principles in the Closing the Gap strategic framework, the program focuses on creating better early learning, development and socialisation opportunities for Indigenous children and improving Indigenous children's access to quality early childhood education and care services (including preschool, childcare and family support services). Fundamental to the Closing the Gap strategy is a new partnership with Indigenous Australians. Hence, the Let's Start Indigenous Preschool Program works closely with Indigenous communities to effectively engage children and families in the program.

To date, the Let's Start Indigenous Preschool Program has been successfully completed in Darwin, Palmerston, Jabiru, and the three main communities on the Tiwi Islands (Nguu, Milikapiti and Pirlangimpi). With the expansion of the program under Closing the Gap funding, the program was delivered in Nganmariyanga from April to June 2009.

## Program context

### Program overview

#### Organisational context

The Let's Start: Exploring Together Indigenous Preschool Program has been operating in the Northern Territory since 2006. The program is an intervention trial that is implemented and evaluated by a research team based in the School for Social and Policy Research (SSPR) at Charles Darwin University in the Northern Territory. It has been adapted and delivered to specific sites in urban and remote communities in the Northern Territory and the Tiwi Islands. Partners include the Menzies School of Health Research and the Telethon Institute of Child Health Research.

The Let's Start Indigenous Preschool Program team, led by Associate Professor Gary Robinson, is multi-disciplinary, consisting of psychologists, social workers, early childhood educators, a paediatrician and an anthropologist. The team possesses high-level research and practice skills and experience, with a strong focus on research-to-practice transfer.

The program is uniquely positioned within a regional university that has a strong charter for community engagement. The program engages local Indigenous community members to assist with program delivery. As a result the team is able to respond to the challenging and complex needs of Indigenous families.

#### Client group

The Let's Start Indigenous Preschool Program targets Indigenous children aged 3–7 years of age who present with social-emotional and behavioural issues such as aggressive behaviour, non-compliant behaviour, withdrawn behaviour, shyness or separation anxiety. Although the program targets Indigenous children it is open to non-Indigenous families. The program aims to address and improve social-emotional learning and reduce behavioural problems, contributing to the ongoing wellbeing of children, their parents and families.

#### The program

The Exploring Together Program for primary school aged children was developed in Melbourne in the 1990s. It is a 10-week targeted program for children from 6–12 years of age and their parents. This program was adapted by Littlefield et al. (2005) for children aged 4–6 years to create the Exploring Together Preschool Program. The Let's Start Indigenous Preschool Program is based on the Exploring Together Preschool Program (Littlefield et al., 2005). The core elements of the Exploring Together Preschool program are:

- parents and children being guided in a program of constructive interaction;
- parents being able to confidentially discuss parenting, strategies for managing children's behaviour conflicts and stresses in their families; and
- children developing their social skills through facilitated play.

Although the Exploring Together Preschool Program is a manualised program (with the program manual providing the template to maintain program fidelity in training and delivery) its structure allows for modification of content depending on specific contexts and cultures. The Let's Start Indigenous Preschool Program is an adaptation that is designed to engage Indigenous parents in diverse contexts and to focus on the developmental needs of Indigenous children.

### Aims/objectives

The Let's Start Indigenous Preschool Program aims to help close the gap on Indigenous disadvantage by enhancing the quality of parenting and early social-emotional learning and assisting children in the transition to school. It has developed a strong evidence base through rigorous quantitative and qualitative research.

The program is guided by specific implementation and practice objectives which revolve around the principles of partnership, community engagement and sensitive, culturally appropriate responses to Indigenous people, and recognition of strengths as well as challenges.

### Practice description

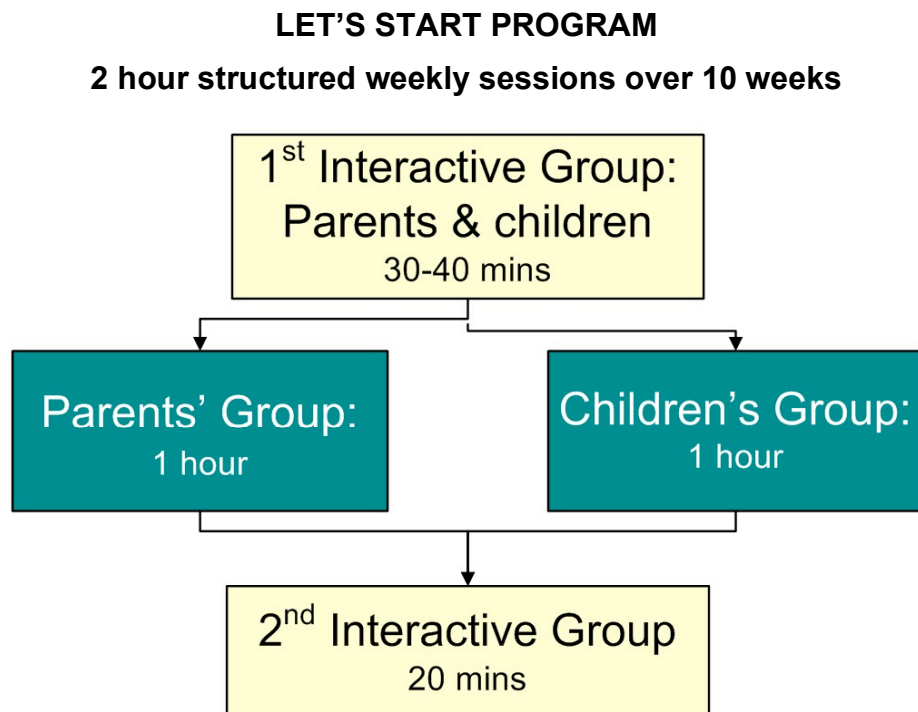
There are 10 key ingredients of the Let's Start Indigenous Preschool program.

#### 1. The Exploring Together Preschool Program Manual<sup>1</sup>

The Let's Start Indigenous Preschool program replicates the format of the Exploring Together Preschool Program—a 10-week multi-group format (i.e., parent and child group, parent only group, child only group) program. The *Exploring Together Preschool Program Manual* (Littlefield et al., 2005) is used in the Let's Start Indigenous Preschool Program in order to guide the program.

Groups of around six children are selected to attend a program over a school term, each with one parent. Non-attending parents or carers attend two additional meetings with the attending parents during the course of the program.

The following figure illustrates the structure of a single 2-hour Let's Start Indigenous Preschool Program session. This is followed by a description of each stage of the session.



<sup>1</sup> This manual has been purchased from copyright holders for use by the Let's Start program. Information on the program is available at the Exploring Together website: <<http://www.exploringtogether.com.au/html/preschool.html>>.

### **First interactive group**

The first 40–50 minutes of the session is an interactive group, which includes all children, all attending parents and all group leaders. During this interactive session, group leaders facilitate activities focusing on the parent–child dyad. These activities include warm-up games, making things together such as puppets, masks and play-doh and presenting homework tasks set from the previous week.

During this session parents retain responsibility for the behaviour of children while group leaders facilitate group activities and ensure smooth transitions between tasks. Group leaders model strategies to parents on how to assist children in tasks, reinforce children's accomplishments and explain and elaborate upon concepts. These mediational strategies aim to enhance the sensitivity, supportiveness and responsiveness of parents' interactions with their children and generally to improve communication between the parent and child.

At the end of the interactive group activity, participants split into two groups, parents only and children only, each with two group leaders.

### **Parents' group**

In the parents' group, participants work through a structured program of activity, allowing for discussion of issues such as parenting, parenting strategies, management of children's behaviour, patterns of relationships and roles within their families and their own individual wellbeing. A powerful effect of the parents' discussions appears to be recognition that they are not alone in feeling guilt or shame over their actions as a parent. Parents in the group may experience a reduced sense of isolation. In some cases parents initiate further contact with other parents after the program ends.

### **Children's group**

The children's group is tailored for individual children and the individual dynamics of the group. Group leaders facilitate structured play, role plays and games to promote skills in turn-taking, sharing and problem-solving that will aid the formation of positive peer relationships and transition to school.

### **Second interactive group**

In the final 10–20 minutes of the session parents and children are reunited over morning tea. Homework is set and parents and children depart for school, preschool or home.

## **2. Adaptation of content and model**

While the program format remains largely consistent with the Exploring Together Program (Littlefield et al., 2005), supplementary content has been developed to render the program more accessible to Indigenous children and families in the Northern Territory. The supplementary content includes Indigenous language songs, the use of drawings (rather than written tasks that require high levels of English literacy) to invoke themes of country, identity and to map relationships at home and in the community. Written homework is not a requirement in most communities, but follow-up contact before sessions occurs in order to remind parents and children to prepare stories or to bring items from home.

A significant innovation has been the involvement of Indigenous community members as group leaders. In addition, the model used on the Tiwi Islands has been adapted to include two additional group leaders, one male and one female, both from the Tiwi Islands, who conduct the parents-only and children-only group sessions. Ideally, these group leaders are also from the same community as the participating families.

## **3. Group leaders and training**

Four trained group leaders facilitate the program; two work in the parents' group and two in the children's group. Let's Start group leaders participated in training workshops in 2006 and 2007 led by Dr Carol Woolcock, from Exploring Together in Melbourne. Smaller workshops for team members have been held twice a year and, where possible, followed up by on-the-job training with experienced group leaders. The aim of the training was to increase the pool of people trained in the specific Let's Start approach and to build the capacity of the groups leaders in relation to issues such as childhood mental health, promotion, prevention and early intervention.

## **4. Referral and inclusion**

Early childhood school/preschool teachers are the main sources of referral to the program. Child welfare officers of the Division of Family and Children's Services, Northern Territory Department of Health and Families also make referrals. In addition, there are some self-referrals by parents who contact the Let's Start team directly after hearing about the program from teachers, social workers or other key agencies.

## **5. Engagement with schools**

Initiation of contact with schools and briefing of school staff about the program is part of the engagement strategy for Let's Start but it also facilitates the referrals process by ensuring teachers only refer children for whom the program is appropriate. At these briefings the program, the behaviours it targets, and issues that may affect the participation of individual children and families are discussed. To further facilitate referrals, grounds for exclusion from the program are also explained. These may include:

- diagnosed disorders (such as autism) or developmental problems for which other treatments are indicated;
- significant health problems, including profound hearing loss; or
- major problems affecting parent or family, such as:
  - current domestic violence;
  - major ongoing disturbances to family stability derived from parent mental illness, alcoholism, unresolved spousal separation or other current difficulties of parents;
  - unresolved child custody or responsibility for the child's ongoing care; and
  - unresolved child protection notification.

These issues may not always be fully evident at intake to enable adequate assessment. As teachers become experienced with the requirements of the program they require less guidance from the Let's Start team about appropriate referrals.

In order to ensure continuous engagement and ongoing referral regular contact is initiated and maintained with school principals and teachers to provide detailed information about the program. An email circulation list is used to notify school staff of upcoming Let's Start programs and events.

In the first stages of the project, the Let's Start team initiated contact with parents after referral by school staff. As the number of participating schools has grown, the approach has been modified. School staff are now the first point of contact with parents and they provide general information about the program. When parents express interest in the program they are then contacted by one of the Let's Start team members.

Group leaders meet with individual teachers of each participating child at least once throughout the duration of a program. This occurs in a group so teachers can share their experiences of managing challenging behaviours in the classroom, providing a forum to discuss related issues. This meeting also provides an opportunity to give feedback to the teachers about the progress of the child in the group and to discuss effective behaviour management strategies for specific areas of difficulty. This may include strategies to best manage children's behaviour when they re-enter the classroom following participation in the Let's Start program.

## **6. Contact with parents**

After referrals are received, Let's Start team members contact parents to explain the nature of their own and their child's participation. The need to collect a range of information about the child and their family is explained and parents are informed that the Let's Start team will need to talk to the child's teacher about the child. Parents are then formally able to indicate their consent to participate. Baseline demographic and evaluation questionnaires are then administered. Agreements are made about which parent/caregiver will attend the program with the child and program dates and times. Where appropriate, assistance is offered to help parents find suitable childcare (i.e. for siblings of referred child), get transport to the program, provide information to employers, etc.

Generally, initial home visits are conducted for those parents referred to the program and may occur again when parents need further support or advice from the team. Wherever possible, those group leaders who will later run the groups make early contact with parents. Trust and the early development of rapport between group leaders and parents are important features of the program contributing to its success.

## **7. Non-participating parents and support persons**

The program incorporates a minimum of one meeting for non-participating parents and support persons. These meetings provide an opportunity to inform non-participating parents and support persons about the program and to engage them in the strategies being developed by those parents participating in the group work. This promotes consistent use of the behaviour management techniques. Most participating parents are mothers hence these meetings are especially important for engagement of non-attending fathers.

These meetings may be held in the evening, however on the Tiwi Islands the meeting for non-participating parents and support persons has generally been held at lunch-time after program delivery, at one or two points in the program. This enables Darwin-based team members to participate in these meetings without needing to stay overnight in communities where accommodation can be difficult to secure.

## **8. Community engagement strategies**

Darwin and the Tiwi Islands are very different in terms of their social context. Furthermore, the general community in Darwin differs from the Indigenous communities in Darwin. Therefore different community engagement strategies, depending upon the community and its location, have been employed to account for these differing social contexts. They are as follows:

### **General community in Darwin**

The team takes referrals from all schools in the region and includes parents and children from all cultural backgrounds, including Indigenous parents. Parents are engaged via general promotion and advertising and through recommendation by schools and agencies.

### **Indigenous communities in Darwin**

To meet the diversity of living circumstances of Indigenous families in Darwin, the team has aimed to develop a model for working with "Indigenous clusters". These clusters are groups of schools with high Indigenous enrolments that work together, pool resources and actively promote the program among Indigenous families. Parents are contacted in the first instance by principals and/or Aboriginal and Islander Education Workers. The Let's Start team members then contact those parents who have expressed an interest in the program.

The Let's Start team also occasionally attend promotional events at schools and engage in further planning with identified community members and organisations, as appropriate. Planning and consultation may involve identification of rooms for delivery of the program, and of persons able to support the program, including those willing to undertake training to be group leaders. In practice the Indigenous cluster model has proven difficult to sustain: the most promising model involves partnership with an Aboriginal Medical Service in Palmerston, whose personnel work with the University to deliver the program to cluster schools.

### **The Tiwi Islands**

In the Tiwi Islands the model for engagement involves working with each school in each community on a rotating basis. Referrals and the delivery of the program rotates to different sites each school term, with a team of Tiwi group leaders working with Darwin-based personnel in each community. The team uses facilities provided by the schools in each community, and has been able to draw on the contribution of Aboriginal and Islander Education Workers and Inclusion Support Assistants employed at the schools. They have worked part-time with the team as group leaders and in the provision of general assistance and liaison.

These distinct models of engagement have implications not only for the approach to program delivery but also for the potential sustainability of Let's Start beyond the present period.

## **9. Embedding of the evaluation**

The delivery of the Let's Start: Exploring Together Indigenous Preschool Program entails gathering of data provided by teachers and parents at a number of points in time, beginning with referral and initial assessment interview. The instruments measure child behaviour, parenting and parental wellbeing. The collection and analysis of these data is presented to trainees, teachers and parents as integral components of the intervention.

## **10. Location**

It is important to secure a venue that is suitable for the multi-group nature of the program (i.e., two separate spaces are required). In most cases in the Darwin/Palmerston urban area, the program is delivered at a site away from the school of participating children. This is because referrals are generally accepted from a number of local schools so it is practical to run the program at a central location, rather than a particular school. Parents are then responsible for transporting the child back to school. Taxi vouchers are provided if a parent does not drive or have access to a car.

In remote Indigenous communities on the Tiwi Islands, the program is delivered at or near the school as all the participating children are recruited from just one local school. Group leaders usually take responsibility for returning children to class, unless parents volunteer to do so. In 2008 at Nguiu, the program shifted to the premises of the local

Jinarni Childcare Centre. This has had the clear benefit of enabling parents with other small children to easily leave those children in supervised care while they attend the program with the referred child.

## Research base

As discussed previously, the Exploring Together Program for primary school aged children, upon which Let's Start is based, was developed in Melbourne in the 1990s. The Exploring Together Program combines elements of well-researched interventions that target children's conduct and social skills and incorporate parent-child interaction therapy and parenting management training within a multi-group format of delivery (Barlow & Stewart-Brown, 2000; Kazdin, 1988, 1993; Webster-Stratton, Reidm, & Hammond, 2001). It addresses some of the concerns about intervention programs (Kazdin, 1998), that is, that they are too short, lack specific training elements, and excluded family involvement and consideration of parent, family, or environmental issues (Burke, Soltys, & Trinder, 2008).

The Exploring Together Program has been implemented across Australia in a range of settings. It has been internally evaluated both nationally and in local contexts, albeit without randomisation (Hemphill & Littlefield 2001; Littlefield et al., 2000). Hemphill and Littlefield's (2001) study of 106 Victorian program participants (parent-child dyads) reported improvements in several areas of children's behaviour relative to a control group, which were maintained at 6-month and 12-month follow-up. Parent skills and behaviour, parent-child interaction, and parental self-efficacy also improved. These findings were consistent with those of a national study of 149 participating families (Littlefield et al., 2000). Parents and children participating in the program reported high levels of satisfaction with the program experience and the children indicated that they felt the program had helped them. (A more detailed summary of the findings of these studies can be found at: [www.exploringtogether.com.au/html/research\\_hemlit.html](http://www.exploringtogether.com.au/html/research_hemlit.html)).

The Exploring Together Preschool Program is more recent. It targets 3-6 year old children and retains most of the key features of the Exploring Together Program, changing some elements of the format and content (Littlefield et al., 2005). It was recently evaluated with a sample of 37 children referred from clinical and community settings and was found to result in sustained improvements in children's social skills, reductions in problem behaviours and improvements in parenting practices, with high levels of reported parent satisfaction with the program (Reid, Littlefield, & Hammond 2008).

Many of the challenges of adapting the Exploring Together Program for the Tiwi context have been described in the evaluation of the precursor program, Ngaripirriga'ajirri (Robinson & Tyler, 2006, 2008). These challenges include the incorporation of Tiwi community members into program delivery, the development of appropriate processes of engagement and the adaptation of content drawing on Tiwi language and on understanding of kinship and family organisation. Aspects of social difficulty affecting Indigenous families and children are important considerations (Robinson, 2005).

## Outcomes

The adaptation of the original Let's Start Exploring Together Preschool Program (Littlefield et al., 2005) to Indigenous communities in northern Australia has produced measurable improvements in the lives of young school aged children and their parents, demonstrating the efficacy of the core elements of the program for different client groups.

Based upon the findings of the evaluation the outcomes of the Let's Start Indigenous Preschool Program are:

- reduction in children's problem behaviours both at home and at school;
- reduction in anxiety for children;
- improved parent-child relationships;
- increased parenting confidence and wellbeing; and
- reduction in parental psychological distress.

## Evidence of outcomes

### Sample

A total of 225 children were referred to the program. The mean age of the referred children was 5 years. More than half (56%) of referrals were Indigenous and, of these Indigenous referrals, just over one-third (34%) were Indigenous Tiwi Islanders. Over two-thirds of referrals were boys. The most common problems identified at referral were distractability, aggression and oppositional behaviour, followed by peer relationship difficulties and hyperactivity. (See Appendix 1 for more information about participants).

Of the total number of children referred (225), 110 commenced the program. One hundred and fifteen children had not participated beyond referral at time of analysis. The reasons for non-participation were a combination of timing of program availability and families moving and therefore becoming lost to follow-up. A number of families indicated that in the time between referral and a program becoming available, problems had lessened or alternative solutions had been found.

## Measures

The following four formal measures were used to evaluate the program (further detailed information about the first two measures can be found in Appendix 2):

- *The Demographic Information and Parent Interview Questionnaire*: asks for qualitative information regarding needs and issues affecting individual children and parents, demographic information on current caregivers and referred child (e.g., age and gender of child and carers, marital and employment status etc.), developmental history of child (e.g., health problems and special needs), current household composition and current life. The Demographic Information and Parent Interview Questionnaire includes a Family Functioning and Life Stress component which is administered twice—at referral/baseline and at 6 months follow-up. At program completion, the Parent Satisfaction Questionnaire (PSQ) is administered. The PSQ is a standard instrument developed for the Exploring Together Program (Littlefield et al., 2005).
- *Ngari-P Parent and teacher ratings of child behaviour*: measures children's behaviour and was developed during the earlier trial of Exploring Together on the Tiwi islands after a review of existing instruments (Robinson & Tyler, 2006). Separate versions are administered to parents and teachers at referral and/or commencement, at program end, and at six months' follow-up. Because the Ngari-P scale is not normed for a reference population, it is not possible to comment on the clinical value of the mean scores. The aim of the Ngari-P was to achieve a reliable and culturally valid measure of child conduct to include both externalising (aggressive, oppositional etc.) and internalising (withdrawn, isolated etc.) behaviours. It was adapted for the cultural and linguistic context of the Tiwi Islands.
- *The Strengths and Difficulties Questionnaire (SDQ)*: The SDQ is a behavioural screening questionnaire measuring primary caregiver's (teachers and parents) perceptions of pro-social and difficult behaviours in children aged 3 to 16 years (Goodman, 2001; Goodman, Metzger, & Bailey, 1998). It includes 25 items relating to the frequency of positive and negative behaviours. This questionnaire has been incorporated successfully in the Western Australian Aboriginal Child Health Survey (WAACHS) (Zubrick, Silburn, Lawrence et al., 2005). The version used in WAACHS was adopted for the evaluation of the Let's Start Exploring Together Indigenous Preschool Program.
- *Parent mental state (Kessler6)*: The Kessler6 (or K6) is a brief measure of psychological distress based on the longer Kessler10 version developed by Professor Ronald Kessler and widely used as a screening tool and for evaluation purposes both in the general population and in subpopulations (Kessler, Barker, Colpe et al., 2003). It was selected for use here, to test whether there is a relationship between parents' psychological distress and reported and observed parenting and child behaviour. Its simplicity and brevity facilitated ease of administration.

## Findings

The results from the Ngari-P (N-P), the Strengths and Difficulties Questionnaire and the K6 are presented in Table 1 below. The table outlines changes in children's behaviour from referral to follow-up.

**Table 1: Changes in children's behaviour from referral to follow-up**

Paired samples	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval		t	df	Sig. (2-tailed)	Cohen's d*
				Lower	Upper				
Parent N-P Referral – End	9.13	22.85	2.57	4.01	14.25	3.55	78.0	0.00	.32
Parent N-P Referral – Follow up	15.71	22.89	3.20	9.27	22.14	4.90	50.0	0.00	.62
Parent SDQ Referral – End	1.95	5.62	0.63	0.69	3.21	3.08	78.0	0.00	.25
Parent SDQ Referral – Follow up	2.12	5.69	0.80	0.50	3.74	2.64	49.0	0.01	.38
Teacher N-P Referral – End	12.64	36.73	4.52	3.61	21.67	2.80	65.0	0.01	.29
Teacher N-P Referral – Follow up	20.15	38.91	5.40	9.32	30.99	3.74	51.0	0.00	.48
Teacher SDQ Referral – End	1.82	6.24	0.77	0.28	3.35	2.37	65.0	0.02	.20
Teacher SDQ Referral – Follow up	2.71	6.85	0.95	0.80	4.62	2.85	51.0	0.01	.39
Parent K6 Referral – End	1.72	4.38	0.67	0.37	3.07	2.58	42.0	0.01	1.03

\*\* This statistic was computed from the pooled variance (original standard deviations, uncorrelated).

## Child behaviour change

Table 1 shows the statistically significant improvements in problem behaviour amongst participating children at home (Parent N-P, Parent SDQ) and at school (Teacher N-P, Teacher SDQ). Moderate to substantial effect sizes (Cohen's *d*) were registered at program completion, increasing at 6-month follow-up. The fact that improvements in problem behaviour occurred both at home and at school confirms the program's capacity to support children's (including Indigenous children's) development in family and education settings.

In addition to these statistical findings, direct observations by program staff suggest that there were reductions in anxiety on the part of the child, reductions in aversive parenting, improved reciprocal responsiveness between parent and child and improved parental confidence or assertiveness. Further, single case analysis suggests that participation has led to improved parent-child relationships where these relationships have been damaged by separations or neglect, including fostering and out-of-home care. Group leaders have observed numerous cases of improvement or repair of relationships between parents and children who have been subject to welfare intervention.

## Parenting

There was a reduction in parental psychological distress, as evidenced by K6 effect size (1.03) in Table 1. The benefits to parents appear to flow from: (a) the experience of direct interaction with the child (without competition from other family members, siblings etc.) in the interactive group sessions, and (b) the reflective interactions of the parents' group which leads to disclosure. These in turn give parents a feeling that they are not alone, with corresponding reductions in guilt and shame.

The program's potential to bring about improvements in parental mental health was evident in numerous cases. It is a service that has high acceptability for those parents who may have concerns about their children, but as yet limited awareness of their own personal need for support. The level of trust in the program is reflected in the level at which some parents have shared emotional, negative experiences with the group leaders and other parents.

## Innovation

It is unlikely that the Let's Start Exploring Together Indigenous Preschool Program could have been successfully replicated in the Northern Territory Indigenous communities if it had not been for the strategies devised by the team to engage and develop good working relationships with communities and other key stakeholder groups. Some of the innovate aspects of engagement utilised in specific settings are outlined below. Other service providers could adopt these strategies to engage Indigenous communities and the principles underlying the strategies could also be applied to other non-Indigenous, "hard to reach" communities. The importance of engaging with service providers (i.e., government and non-government organisations) in these settings is also outlined.

### A model for engaging the community (Tiwi Islands)

Preceding the Let's Start Exploring Together Indigenous Preschool Program was the Exploring Together Primary School program, known as Ngaripirriga'ajirri. During this project, a project manager was based at Nguui, and was able to focus intensively on engagement of community and stakeholders and program development. This intensive two-way process involved a range of strategies including:

- meeting twice weekly with local Tiwi co-leaders (once before and once after the program) to discuss and explore weekly themes and methods of delivery;
- careful documentation of weekly feedback from the whole team as well as participants;
- informal feedback interviews with project stakeholders such as former co-leaders, school staff and participants from Miiikapiti and Nguui regarding strengths and weaknesses of the program as it stands; and
- exploration of project themes through primarily movement-based activity sessions with early years classes (Pre, Transition and Year One) at Nguui school.

A strong basis of respect and trust and good relationships with local community was established during this phase, which along with the Chief Investigator's status as a respected member of a Tiwi family have eased the way for further exploration and development of the Let's Start program in collaboration with the local community.

Time was spent building relationships with participants before the commencement of the program. Darwin team members participated in morning teas and BBQs on the Tiwi Islands to inform the community about the Let's Start program and introduce group

leaders. The Let's Start team also participated in events such as Blue Light disco and school fun day. There were also home visits to parents, visits to the health clinic, the staff at the school, the local council and crèche.

The local team included Tiwi group leaders in each community who worked at the school, the childcare centre or at the clinic; they have received training and have the confidence and ability to talk to parents about children or parenting. The development of the capacity of local leaders to lead the program also helped build the cultural competence of the team as a whole.

Let's Start has adapted the Ngaripirriga'ajirri model of engagement in Palumpa, Jabiru and Darwin/Palmerston with common threads throughout:

- local person to champion the program;
- working relationship built over a period of time;
- sharing of knowledge;
- training and up-skilling of local people;
- involvement of more than one organisation in the set up, delivery and post program support; and
- ongoing engagement and participation.

### **Challenges with engaging Indigenous communities**

Amongst urban Indigenous communities in Darwin (fringe camps and special lease communities) and in remote communities, the process of engaging families has relied on individual schools as a source of referrals and pro-active engagement with parents in the community to gain and sustain their participation. This has been relatively successful in some remote communities however it has been difficult to achieve in some of the small fringe communities of Darwin's suburbs.

Another method of engagement that may be more successful in those communities where the aforementioned approach has not worked is to bring parents onto the school site to participate in a modified program of activity with children. This modified program would be held in class with teachers trained to participate as group leaders; parenting discussions would be held separately. At larger schools the program might be delivered separately from the classroom, but still on the school premises. The chief focus of this model would be on the interactive group work, with separate parenting discussions for parents. Children would return to class after interactive group sessions.

In urban fringe settings and in small remote communities in which there are only small numbers of eligible participants there are few prospects of consolidating the resources for continuous program delivery. In this situation, an in-school or in-centre model is proposed in which the program is delivered in the childcare centre or preschool for *all* enrolled children and their parents, and in which the teaching or childcare staff are given training to participate as group leaders for the weekly sessions.

In this in-house model, children are not withdrawn from the classroom or centre to participate in Let's Start, but rather the Let's Start activity becomes a regular activity. The efforts of the team would be focused on engaging the parents to join in at school or at the centre on a weekly basis. The development of the modified in-centre model now gains added significance in light of the extended access to the program under the Closing the Gap strategy.

While in all contexts, families have complex, multiple needs, in remote settings such as on the Tiwi Islands, families are subject to multiple stressors both internal and external in origin. Moreover, the rhythm of community activity, the mobility of some parents to and from the community for a range of reasons reduces participation levels, and makes the program structure difficult to sustain. Improved community-based resources will make the current multi-group structure viable in most contexts. However, the option of modification of the intervention to assist with retention of parents is being considered.

### **Engaging service providers: Government and non-Government organisations**

As the Let's Start project has progressed it has been noted that although a number of Darwin-based organisations serviced the Tiwi Islands, local Tiwi people were not aware of these services and their staff. The locals were often asking questions about service provider staff: "who these mob, what do they do?" The first step to addressing this issue was to hold a forum where all interested stakeholders and local people could gather, share information, and start to get to know each other.

The Let's Start team held discussions with the Catholic Education Coordinator and the Jinarni childcare staff to develop an early childhood network on the Tiwi Islands, so that local people and other services in the area could learn more about the Let's Start program. Representatives from all services working in the area of early childhood, as well as parents, elder community members and "Strong Women" on and around the Tiwi Islands were invited.

The response was positive, with more than 30 people attending, including local women, Tiwi women from both Melville and Bathurst Island and service providers from the health centres, women's centre and community schools.

The outcomes of the day's gathering were:

- the sharing of stories of struggles and success;
- the identification of where services overlap and where there are gaps;
- learning from others;
- meeting other people working and living on the Tiwi Islands; and
- informing local people of services offered in their community.

The success of this first meeting led to another two gatherings focusing on "working together for our children" and "grow them (our children) up strong". These meetings were held at different locations on the Tiwi Islands—at the crèche at Pirlangimpi and at the Women's Centre at Milikapiti. This gave participants from each of the communities a chance to showcase their community, giving a sense of ownership and pride to those involved in the day's activities and coordination.

## Sustainability

The Let's Start Exploring Together Indigenous Preschool Program was developed and delivered on the basis of the resources available to the Charles Darwin University team through a grant. In-kind contributions were also received from university and other partners. The most important direct input of partners was the active support of individual practitioners, teachers and early childhood professionals who have at various times worked with the team to deliver the program.

A number of people and agencies contributed to the delivery of the program. Tiwi community team members worked with loyalty and diligence despite the part-time and episodic nature of their role. A number of staff from Northern Territory Department of Education and Training and Catholic Education contributed to the program as group leaders.

Referrals are provided by early childhood primary and preschool teachers with a small number from child protection personnel and some self-referrals from parents or grandparents. The referral process has not yet reached a threshold at which it becomes self-sustaining and requires continued inputs of effort by the delivery team to produce referrals. Referrals by Family and Children's Services personnel are minimal.

Although the main participating agencies, the Northern Territory Department of Health and Families and the Northern Territory Department of Education and Training, have supported the program through cash and limited in-kind inputs, their participation has not yet met the threshold which could achieve the embedding of the program's processes in departmental practices sufficient to: secure a steady flow of referrals; or free up practitioners to work as group leaders in program delivery on a regular and predictable basis. Promotion of the program in the wider community is not yet at a level that has achieved a significant proportion of inquiries and self-referrals from parents or other family members.

Given the success achieved despite these limitations, it is reasonable to suggest that with appropriate agency "buy-in" across education, child mental health and child welfare sectors, robust processes of referral can be built which will flow through to uptake of the program by parents. Recent development of a partnership with Danila Dilba, a community-controlled Aboriginal Medical Service based in Darwin and Palmerston, is a promising model for development of the program on a sustainable basis in the urban context. Along with increased promotion to school-based and other practitioners and to the wider community it will be possible to extend the reach and sustainability of early intervention programs, both for the general intake program in Darwin and in other major centres and for community programs such as that on the Tiwi Islands, with strategies appropriate for each setting.

## Project evaluations

A research project funded by the Australian Research Council consists of an evaluation of specific components of the program in partnership with Northern Territory Department of Education. The final evaluation has been published and is available online at [www.cdu.edu.au/letsstart/documents/evaluationreport.pdf](http://www.cdu.edu.au/letsstart/documents/evaluationreport.pdf).

## Project related publications

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**Contact**

Kate McGuinness  
Program Manager/Research Fellow, Let's Start  
Phone: (08) 8944 8259  
Email: [Kate.Mcguinness@menzies.edu.au](mailto:Kate.Mcguinness@menzies.edu.au)

**Website**

<http://www.cdu.edu.au/letsstart/>

**More information****Communities and Families Clearinghouse Australia**

Australian Institute of Family Studies  
Level 20, 485 La Trobe Street, Melbourne Vic 3000  
Tel: (03) 9214 7888 Fax: (03) 9214 7839  
Email: [cafca@aifs.gov.au](mailto:cafca@aifs.gov.au)

[www.aifs.gov.au/cafca](http://www.aifs.gov.au/cafca)

## Appendix 1

### Lets Start Indigenous Preschool Program Evaluation sample

## Appendix 1

### Lets Start Indigenous Preschool Program Evaluation sample

During the period March 2006 to December 2008, over 250 children were referred to the Let's Start program (including pilots). Children were excluded from the program and/or the evaluation study if:

- It was anticipated that there was going to be a major life event during the course of the program that would interfere significantly with the family's ability to complete the program, such as a new baby or the family moving;
- There was serious ongoing family conflict;
- The parent was unable to attend the program with the child; or
- The child had participated previously in the Let's Start program.

Given the incomplete data entries for some of the remaining cases, the final effective sample was reduced to n=225. The summary statistics for the sample appear in Table 1 below.

The age range of children referred to the Let's Start program was 3-7 years. Over half of children presenting to the program (57%) attended five or more of eight possible sessions. Although more than half of the referrals were for Indigenous children, there was a proportionately lower uptake of the program among Indigenous families in the Darwin communities.

**Table 1. Summary statistics for Let's Start participants**

<i>Sample Characteristic</i>	<i>Total Referral Sample (n=225)</i>				<i>Sample Attending One or More Sessions (n=110)</i>			
	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error of Mean</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error of Mean</i>
Male Gender	225	0.69	0.46	0.03	110.00	0.67	0.47	0.04
Age of Referral Child (yrs)	222	5.00	1.00	0.07	110.00	5.01	0.92	0.09
Age 5 yrs or younger	222	0.68	0.47	0.03	110.00	0.68	0.47	0.04
Attended 1 session or more	225	0.49	0.03	0.50			n/a	
Attended 50% + sessions	225	0.39	0.49	0.03	110.00	0.79	0.41	0.04
Proportion attended	225	0.33	0.03	0.39	110.00	0.67	0.27	0.03
Indigenous Status of Child	225	0.56	0.50	0.03	110.00	0.57	0.50	0.05
Indigenous Tiwi	225	0.34	0.48	0.03	110.00	0.44	0.50	0.05
Valid N (listwise)	222				110			

## Appendix 2

### Summary of evaluation measures

INSTRUMENT USED	INFORMATION RECORDED	At Referral	At Program end	At 6 month F/U
<b>Referral Template</b>				
Standard referral template where information is recorded about child/parents	Referral reasons, presenting problems of child and/or parents.	✓		
<b>Demographic and developmental data and family functioning</b>				
<i>Demographic Information and Parent Interview Questionnaire</i>	The initial parent interview gathers data on four sets of factors: 1) demographic information 2) developmental history 3) current household composition 4) current life stressors of family	✓	✓	✓
The Parent Satisfaction Questionnaire (PSQ) (Littlefield et al., 2005)	The PSQ is a standard instrument developed for the Exploring Together Program	✓	✓	✓
<b>Child behaviour and adjustment measures</b>				
<b>Ngairi-P behaviour measure (43 items, teacher scale; 36 items parents' scale)</b> (Robinson & Tyler, 2006, Robinson & Tyler, 2008)	Reliable & culturally valid measure of child conduct to include both externalizing & internalizing behaviours. Adapted for the cultural and linguistic context of the Tiwi islands.	✓	✓	✓
<i>Strengths and Difficulties Questionnaire (SDQ: Goodman, 2001)</i>  Behavioural screening questionnaire measuring primary caregiver's (teachers & parents) perceptions of pro-social and difficult behaviours in children aged 3 to 16 years	25 items relating to the frequency of positive & negative behaviours.  Items are divided into scales measuring emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems.  This questionnaire has been incorporated successfully in the Western Australian Aboriginal Child Health Survey, WAACHS, (Zubrick et al., 2005).  The version used in WAACHS was adopted for the evaluation of Let's Start.	✓	✓	✓
<b>Parent mental state</b>				
K6 (Kessler et al 2003) Brief measure of psychological distress based on the longer K10 version.	Selected to test whether there is a relationship between parents' psychological distress & reported & observed parenting and child behaviour.  Its simplicity and brevity meant more easily administered for both Indigenous & non-indigenous participants in Lets Start.	✓	✓	✓

## Appendix 3

### Description of the Ngari-P Questionnaire

This behaviour measure (43 items, teacher scale; 36 items parents' scale) has been developed through assessment of other instruments currently in use for the measurement of child conduct and affect (Robinson & Tyler, 2006; Robinson & Tyler, 2008). It was adapted for the cultural and linguistic context of the Tiwi islands. Based on a pilot validation study with a non-referred sample of Tiwi children in 2004, Ngari-P has high test-retest reliability and very high internal consistency, with *Cronbach's*  $\alpha$  ranging from .89 to .97 (Robinson & Tyler, 2006).

## Appendix 4

### The Ngari-P Questionnaire

Below are a number of statements describing children's behaviour? Please **circle** the number that best describes **how often** your child **currently** shows the behaviour. You don't need to sit and think about the answer to each question. There are not right or wrong answers and we are simply interested in your first response.

How often does this occur with your child?

1. Refuses to go to school	Never	1 2 3 4 5 6	Always
2. Is rude, not polite	Never	1 2 3 4 5 6	Always
3. Does jobs/work when you ask	Never	1 2 3 4 5 6	Always
4. Tells lies	Never	1 2 3 4 5 6	Always
5. Gets angry when can't do what he/she wants to do?	Never	1 2 3 4 5 6	Always
6. Fights with brothers and sisters	Never	1 2 3 4 5 6	Always
7. Talks back to grown ups, backchats	Never	1 2 3 4 5 6	Always
8. Cries for things	Never	1 2 3 4 5 6	Always
9. Gets wild, boils up	Never	1 2 3 4 5 6	Always
10. Stays up late at night	Never	1 2 3 4 5 6	Always
11. Swears at parents	Never	1 2 3 4 5 6	Always
12. Yells, screams, uses loud voice	Never	1 2 3 4 5 6	Always
13. Hits, threatens to hit parent	Never	1 2 3 4 5 6	Always
14. Breaks or damages things on purpose	Never	1 2 3 4 5 6	Always
15. Starts trouble with other children	Never	1 2 3 4 5 6	Always
16. Says he will kill him/herself, makes himself die	Never	1 2 3 4 5 6	Always
17. Has trouble playing with other children	Never	1 2 3 4 5 6	Always

18. Stubborn, won't do things when you tell him/her	Never	1 2 3 4 5 6	Always
19. Steals	Never	1 2 3 4 5 6	Always
20. Wants attention, talks a lot	Never	1 2 3 4 5 6	Always
21. Breaks in when others are talking or playing	Never	1 2 3 4 5 6	Always
22. Finds it hard to do one thing right through	Never	1 2 3 4 5 6	Always
23. Humbugs other on purpose	Never	1 2 3 4 5 6	Always
24. Has one or more good friends	Never	1 2 3 4 5 6	Always
25. Does things without thinking first	Never	1 2 3 4 5 6	Always
26. Misses school	Never	1 2 3 4 5 6	Always
27. Acts shy or frightened, hides from people	Never	1 2 3 4 5 6	Always
28. Do you have to growl at him/her?	Never	1 2 3 4 5 6	Always
29. Clings or sticks to parent, follows & won't let go	Never	1 2 3 4 5 6	Always
30. Blames other people/children for trouble	Never	1 2 3 4 5 6	Always
How often does this occur with your child?			
32. Fights with other children	Never	1 2 3 4 5 6	Always
33. Gets jealous of others	Never	1 2 3 4 5 6	Always
34. Angry face, won't talk, sulks	Never	1 2 3 4 5 6	Always
35. Complains about being picked on by other children	Never	1 2 3 4 5 6	Always
36. Cares about, helps other people	Never	1 2 3 4 5 6	Always

***Thank you for your participation***

## Appendix 5

### Strengths and Difficulties Questionnaire

This is a different questionnaire, although it has some of the same questions again. It would help us if you answered all items as best you can even if you are not absolutely certain or the items seem daft! For each item please mark the box for Not True or Certainly True. Please give your answers on the basis of the child's current behaviour.

	Not true (1)	Somewhat true (2)	Certainly True (3)
37. Considerate of other people feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Shares readily with other children (treats, toys, pencils etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Picked on or bullied by other children

56. Often volunteers to help others (parents, teachers, other children)

57. Can stop and think things over before acting

58. Can be spiteful to others

59. Gets on better with adults than with other children

60. Many fears, easily scared

61. Sees tasks through to end, good attention span

***Thank you for your participation***

## Appendix 6

### Kessler 6

The Kessler 6 (K6) scale is a quantifier of non-specific psychological distress. The K6 questions originate from Item Response Theory (IRT) and were initially developed from pilot survey results (*from* [www.qcmhr.uq.edu.au/worc/measures.htm](http://www.qcmhr.uq.edu.au/worc/measures.htm)).

A6. During the <u>past 4 weeks</u> (28 days), how much of the time did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
A6a. ...so sad nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6b. ...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6c. ...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6d. ...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6e. ...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6f. ...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It has demonstrated excellent internal consistency and reliability (Cronbach's  $\alpha = 0.89$ ). It also has consistent psychometric properties across major socio-demographic sub samples and strongly discriminates between community cases and non cases of DSM-IV/ SCID disorders as determined by the areas under the Receiver Operating Characteristic (ROC) curve Each of the six items on the questionnaire are rated by the respondent on a five-point scale. The K6 was scored using the unweighted sum of answer responses, where responses of "none of the time" were zero to "All of the time being" yielding a score of four. Thus the range of responses was 0–24. Using the K6, respondents were classified by being at low, moderate, high or very high risk. A K6 score of 12 to 24 was considered very high risk as this range has a stratum-specific likelihood ratios (SSLR) of 8.9 to 65.

Paired samples	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval		t	df	Sig. (2-tailed)	Cohen's d*
				Lower	Upper				
Parent N-P Referral – End	9.13	22.85	2.57	4.01	14.25	3.55	78.0	0.00	.32
Parent N-P Referral – Follow up	15.71	22.89	3.20	9.27	22.14	4.90	50.0	0.00	.62
Parent SDQ Referral – End	1.95	5.62	0.63	0.69	3.21	3.08	78.0	0.00	.25
Parent SDQ Referral – Follow up	2.12	5.69	0.80	0.50	3.74	2.64	49.0	0.01	.38
Teacher N-P Referral – End	12.64	36.73	4.52	3.61	21.67	2.80	65.0	0.01	.29
Teacher N-P Referral – Follow up	20.15	38.91	5.40	9.32	30.99	3.74	51.0	0.00	.48
Teacher SDQ Referral – End	1.82	6.24	0.77	0.28	3.35	2.37	65.0	0.02	.20
Teacher SDQ Referral – Follow up	2.71	6.85	0.95	0.80	4.62	2.85	51.0	0.01	.39
Parent K6 Referral - End	1.72	4.38	0.67	0.37	3.07	2.58	42.0	0.01	1.03

\*\* This statistic was computed from the pooled variance (original standard deviations, uncorrelated).