

The State, Cultural Competence and Child Development: Perspectives on Intervention in the North of Australia

Gary Robinson¹

Menzies School of Health Research,
Centre for Child Development and Education

Abstract

Policies to ameliorate Aboriginal disadvantage increasingly focus on early childhood and show a growing readiness to apply internationally well known evidence-based interventions to Australian conditions for Aboriginal families, children and youth. This trend has some important implications.

Firstly, capturing the place of young people in colonised societies is a difficult conceptual task that needs more than one disciplinary perspective. Socio-demographic trends form a powerful influence underlying ethnographically observable patterns of relationship. In the Northern Territory (NT), the ratio of young Aboriginal people to older people was at its highest late in the twentieth century, when there was a very large surplus of children with a much diminished cohort of people in their forties and older. Former hunter-gatherer societies are now ageing as cohorts of the period of very high fertility grow older. The competencies and vulnerabilities of today's young parents and householders were acquired under conditions very different from those experienced by their parents and grandparents and are now being put to the test. Arguably a crucial challenge for anthropologically informed practice is to see that intervention is able to support, rather than

¹ This paper may be cited as: Gary Robinson 2012 The State, Cultural Competence and Child Development: Perspectives on Intervention in the North of Australia In: *Online proceedings of the symposium 'Young Lives, Changing Times: perspectives on social reproduction'*, edited by Ute Eickelkamp. Sydney: University of Sydney 8 – 9 June 2011. <http://youngliveschangingtimes.wordpress.com/>

undermine or further confound the development of those competencies among the young.

Secondly, the tendency to reduce complex issues of social change and development to single-focus interventions may be inherently problematic in communities where multiple stresses and pervasive social change overwhelm the effects of intervention on individuals. Against this, strategies aiming to build participation or control at the community level are unconvincing without culturally competent and professionally credible tools to help build needed competencies or address problems of risk and vulnerability in early childhood.

Thirdly, there are gaps in policy concerning the rationale for adopting early childhood interventions: there is a lack of clarity about just what is worth doing and about what evidence should guide implementation. Here, policy ambivalence is exacerbated by deficiencies of the sciences of child development in respect of Aboriginal peoples. The implicit cultural logic of many interventions may simply not sit with the cultural logic of child development and parent-child relationships in some contexts. Interventions are likely to be ineffective and unsustainable unless they are supported by proven systems of practice and unless they are capable of tapping into normative expectations about child development in a given context. They need to be backed by knowledge of different patterns of family functioning and, perhaps more importantly, a regard for the cultural life of families and their children. These principles can be illustrated with material from an early intervention program adapted for implementation in NT remote communities.

Introduction: Childhood and Social Change

Demographic and social change since the middle of the preceding century has been a powerful agent of change. It has profoundly affected “opportunity structures” of Tiwi society, the pathways through which young people direct their energies towards attainment of recognition, strivings for inclusion, access to resources,

mobility, pleasure and relationship (Elder 1996). It has particularly impacted on the capacity of the young to form and sustain relationships with older people and has impelled their repudiation of what the old have to offer.

In the Aboriginal population of the Northern Territory, increased fertility in the postwar period saw a rapid decline in the proportion of older men aged 45–59 years relative to the proportion of younger men, aged 15–29 years. In 1966, there were 38 older males for every 100 younger males. In 1986, this had dropped to 26.6 older males, returning again to 31.5 older males for every 100 younger males in 2001 (Condon, Barnes, Cunningham & Smith 2004). The trend for females was similar: young women, many children, fewer capable older women and marriageable older men. Data presented by Peterson and Taylor suggest that a reduction in the proportion of older people in the population both overall and relative to teenagers and young adults would have reached an extreme for the Tiwi from the late 1970s until the 1990s (Peterson & Taylor 1998).

In the context of a doubling of the Tiwi population from around World War II to the end of the century, there was a striking constriction of opportunity and an elaboration of the false opportunities of peer-mediated consumption. The extension of formal education led to increasing numbers of children attending school beyond primary school to at least compulsory school leaving age, with most leaving school in their mid teens. The universalisation of welfare saw an extension of the cash economy and steadily rising cash incomes, without rising capacity to enter into formal employment. This is a result both of restricted opportunity and of limited population capability (functional literacy and other capacities), as John Taylor has described for Wadeye (Taylor 2010).

Increased fertility and youthfulness produce pressures on the young – through increased competition for resources – which increase the risk of suicide among those already vulnerable to self harm as a result of neglect and early adversity (Stockard & O'Brien 2002). The Tiwi suicide rate dramatically rose from the 1995

through to 2005 and remains high. Similar rapid increases have begun to occur in other regions.

Suicide attempts by young Tiwi had become widespread by the late seventies and completed suicides reached alarming proportions by the late nineties (Parker & Ben-Tovin 2002; G. Robinson 1991). Four suicides occurring in a single year were investigated by the coroner in 1998-9.² Over 20 suicides in a three-year period from 2001 – 2004 were reported by the Tiwi Mental Health Team; these were predominantly male, with the biggest concentration in the age group from 30-40 years³. In the period from 1995 – 2003, of a total of 45 non-fatal attempted hangings in all rural-remote communities admitted at the Royal Darwin Hospital Accident and Emergency ward, 28 were by Tiwi Islanders (Davidson 2003). This does not include the incidence of hospitalisation due to attempts at electrocution, and so understates the incidence of self harm leading to hospitalisation among Tiwi. There is evidence that the age of suicide is falling, with an increasing rate of suicide among Indigenous youth from 10–25 years. The trend is now distributed widely across the Northern Territory with dramatic peaks in some regions.

However, if demographic change is of itself an influence behind suicide and self harm in Aboriginal societies of the Northern Territory (Hunter & Harvey 2002), it does not explain it. These outcomes need to be understood in terms of the inability of young people to resolve acute life dilemmas producing pain and distress in a context in which self harm has become an open idiom of daily conflict in their families, in their love relationships, in struggles related to substance misuse. Many families suffer a powerful burden of suicidal behaviour, including threats, attempts and completed suicides. Some children live with suicidal parents whose own parents have committed suicide. Beyond these experiences of suicide in intimate relationships, the self-created peer cultures of youth see a self-destructive emotional bargaining common in what amount to self-defeating struggles for

² Coroners Court, Darwin, Northern Territory of Australia, Nos 9817541, 9817544, 9823271, 9825948

³ Source: Glenn Norriss, Mental Health Coordinator, Tiwi Health Services, 2005.

inclusion and participation. Pathways to opportunities for independent recognition and attainment are unclear: “traditional” structures no longer support the attainment of competencies sufficient to include whole cohorts of youth (ritual leadership now the domain of a few) while “modern” competencies are not acquired sufficient to find opportunities for many within available social structures. The capacity of older people to mediate pathways for the young has been a steadily declining resource over decades.

Sport, the arts and some areas of employment are sources of income, meaningful engagement and recognition for some young people. As Taylor argues, such opportunities may not grow quickly enough to engage the growing population of young people. Moreover, as many as find stable paths through these roles, as many are rendered expendable by their acts of destructiveness and self harm, anger and distress displaced into defiant self-assertion. They become angry dependents of the capable members of their groups if they do not fully abandon themselves to the counter-culture of drinking, drugs at the margins of their communities or on the streets and in the “long grass” in Darwin. Almost every sibling group has members who are the responsible core and members who defiantly make a virtue of self-exclusion, of irresponsibility, perhaps expressing nostalgia for virtuous inclusion in their acts of self harm. A kind of humorous self-deprecation masks a trajectory of self-destruction. These trajectories are often founded early, in struggling and fragmented families where children are exposed to some degree of neglect compounded by events like separation, death and remarriage of parents.

To this essentially conventional description of social change, we might introduce another perspective: social changes shaping childhood, children and youth over decades have brought about a transformation of forms of recognition. Traditional systems of organisation structured development and maturation of the young by effectively withholding recognition, forcing young people to engage in strategies in identification with and to secure the support of their elders. The struggle for recognition is a form of institutionalised violence: institutionalised in initiation,

ritual performance, warfare and killing, success in marriage, dispensation of patronage and – through the violence implied and asserted in marriage – rights over women.

There was an elaboration of distinctive languages of recognition at many levels: some were directly associated with parenthood and family life, for example, the active role of fathers and paternal kin in bestowing recognisable social identity through name-giving. These frameworks enabled important reciprocal acts of recognition to occur between adults and children and formed the fabric of social connectedness between children and many kin. Recognition founded on these assertions or promises of relationship in childhood also requires competence, attainment and relationship in the systems of practice confirming adult maturation.

Suicide and the forms of self-destruction enacted daily in drinking, drug-taking and itinerancy are potentials within the social system. A critical point of differentiation between those who succeed and those who fail today is between those who can sustain a marital relationship and parenthood within their kin networks and those who cannot. Marital partnership and parenthood are founded on the capacity to sustain relationship. Self-destruction reflects the incapacity to sustain relationship, to be responsible for others whether through shame, guilt, hopelessness or indifference. Thus the capacity to realise opportunity includes not only education and work (both in jobs and in informal work for older kin and others), but also the ability to sustain a partnership, to form a household, to tolerate the demands of others and to extend oneself through relationships.

Contemporary Families and Parents

Monogamous partnerships between young people have increasingly become the basis of household formation, although still most often remaining just one element within larger household systems. They appear to be increasingly central to practices of childrearing – but they are as yet fragile, often unenduring achievements.

Many children are effectively raised by single parents located within cooperatives of maternally related kin with varying degrees of input by paternally related kin, if paternity is acknowledged. Uneven development towards nuclear type families and the failure to consolidate them points partly to the persistence of older family systems shaped by inter- and intra-generational dependencies between kin, glossed today as “extended family”.

Many children grow up largely without paternal presence in their lives, their parents separated or perhaps never having lived together. Fatherhood is valued, but for many young people is no more than symbolically important. For example, a five-year-old boy’s father had become an increasingly infrequent presence in his life moving back to his community of origin when he was around three. I saw the boy at a football game. I asked him what he was doing. He said, “Tuyu, try see if my father there....” Tuyu, the team of his and his father’s patrilineal “Country” was playing that day. Perhaps his father would be there as a player or spectator and he could follow him for a bit, ask him for some money. If the father were there, it would not be for his son.

Fatherhood has been a casualty of colonisation: it symbolises both the internal dissolution and the tenuous persistence of important structures of recognition. Children are teased if their father is a long-grasser, an itinerant or a drunk, his self-destructive style echoed in the taunts of others. Fatherhood is both valued and devalued.

Understanding relationships between the young and processes of maturation of young people as spouses and parents is not straightforward. In terms of parenthood, the emerging pattern produces many variants on some common themes. For a small number of young women, the paternity of their child is not disclosed at all, presumably because this was a “wrong” and unwanted or unacceptable relationship. In other cases, the child’s father, although not “wrong” (in terms of rules of exogamy), is already married and, whatever he might otherwise wish, is forced to

repudiate the child for the sake of his current marriage and the social obligations that go with it.

For many other young partners or progenitors of children, their relationships are not rejected, are consensual and ongoing, but barely receive any social recognition, and the young father remains at a distance. In such cases, paternity sees little involvement of father's kin in care for the child, and there is little prospect of an active role for him in parenting his child or children. The mother may in fact reject any open reference to the father in disparagement of his failure to acknowledge their son or daughter. His role in paternity is known and the children may be encouraged to acknowledge it in dance or other activities in which paternal affiliation is expressed. There may be a whispered discourse of recognition by those who "know" the real background of a child's paternity – whispered, perhaps because of the desire not to challenge the father's current relationships.

In some cases, there is strong public acknowledgement of the relationship between a young mother and a father, who act as though monogamously married, but without living together. The partners meet publicly and may dance together or acknowledge each other at funeral rites, take joint care of the children in some public situations, but continue to live apart, only occasionally sleeping together and with meals and day to day care of the children most often occurring at the mother's (her parents' or siblings') home. They may form their own household after some years; they may not ever do so. Many other children, like the boy whose country was Tuyu, face the break-up of relations between their parents, with fathers at a distance. They may face life at the margins of either parent's new family, or retreat to other kin, rather than living with either parent.

The older polygamous system of marriage and kinship allowed a child access to his or her social patrimony and to inclusion within patrilineal and matrilineal kinship and cultural groupings – although always relying to a certain extent on the person's capacity to assert his or her rights to recognition, for example, through dance,

names or song. Public acknowledgement of paternity and descent was taken for granted. The drift towards monogamy appears to produce new barriers and constraints against exercise of public forms of recognition and inclusion for some. Fundamental questions of identity seem less openly contestable or less able to be validated in the public domain; barriers to recognition arise in the privacy of domestic arrangements.

The situation is further complicated by other heterogeneities: for example, by the formation of partnerships between people raised in very different ways, those raised in something like traditional families and those whose parents or grandparents were raised in missions; children with an Aboriginal and a non-Aboriginal parent, and so on. Within the undoubted commonalities of community-cultural expectations about families and care for children, the growing heterogeneity of self-negotiated monogamous partnerships and of backgrounds and experiences of parents today produces quite subtle and complex variations in expectations about relationship between parents and children. Diversity is not merely a question of difference between families of Aboriginal and non-Aboriginal parents, but between different kinds of Aboriginal families and the relationships of parents and children in them.

Families, Behaviour and Social Control

The changes described present a challenge for those seeking to understand Aboriginal families and parenting from the standpoint of provision of services and supports. With the continuing demographic and social pressures for change, it is not clear what the normative targets for intervention in child development and welfare are or should be. That is, what constitutes “good-enough parenting” for Aboriginal families, from the standpoint of the state’s interest in child development? The investment in universal systems of care and education such as universal access to preschool add to demands for parental participation and for compliance with new

expectations about childrearing and care. By themselves they do not address any of the influences shaping parental motivation to engage with these systems or the adversities and risks that impair their capacity to do so.

With the current urgency around child welfare and neglect, there are many who, like Peter Sutton, have come to the conclusion that whatever their original adaptive value, Aboriginal family systems and practices, in combination with the many influences and innovations to which they have been subject, are now problematic (Sutton 2009). They are to be aggressively corrected without the constraints of concern about culture.

Many commonly observable practices may indeed be problematic; pinching a baby's cheeks, teasing, the routine afflictions of family life and childrearing. What sort of intervention should occur: should they be banned? Can parents be talked out of them, admonished to be more vigilant? Can children be corrected? For example, during a leadership forum convened to discuss childhood and attended by the author on the Tiwi Islands, there were complaints about children's lack of respect. An Aboriginal elder declared that the community should implement on-the-spot fines for children who swear at parents and teachers. The possibility of fining parents for their children's behaviour was discussed.

Communities may try to target various behaviours, to regulate, coerce and compel. After all, that is a great part of what governments do in the name of child welfare: through income management or policies that threaten withdrawal of benefits when children do not attend school. These approaches impose some kind of sanction on parents who are held responsible for their children's behaviour and are required to compensate the state for it in some way. Thus punitive, controlling, regulatory approaches are common to officialdom and to community forums alike. There may indeed need to be some public action in response to incipient anti-social behaviours – swearing, stealing, non-compliance, break-ins, destructiveness – and the self-destructive behaviours that accompany these. Children are sworn at so

routinely and aggressively in some communities that a campaign against these behaviours might well be valuable. However, this has little to do with any critique of “culture”, anthropologically informed or not.

Regulatory approaches, ways of getting tough, are easy to visualise and advocate in response to difficult problems; they have the advantage of being in a sense blind to culture, as though problems are problems in anyone’s language, and compliance an indicator of adequacy. However, regulatory responses are most often blind to causes. They are therefore also blind to possibilities for prevention. Prevention must necessarily occur elsewhere: earlier, in the very relationships that seem to be disrupted by the problem behaviours of both parent and child. Prevention begins in families, between people connected through relations of reciprocity and mutual care, between parents, children and others. Prevention in these senses requires that one engages with “culture” in a more differentiated fashion than the focus on unwanted behaviours and “cultural” practices advocated by Sutton.

Didactic Approaches to Intervention

Based on their reading of Sutton, some policy makers feel able to avoid the challenge of thinking about Aboriginal parenting styles in complex family setups. Aboriginal parenting can be seen as dysfunctional or at least as incapable of producing “good outcomes”. As a result there is quiet reliance on didactic approaches: because Aboriginal families and cultures are not understood the aim is to teach just plain “good parenting”. The basic principles of good parenting are presumed to exist across cultures; they can be taught.

These kinds of assumptions justify the implementation of didactic parenting programs unadjusted for the cultural meanings of parenting for their Aboriginal clients, unadjusted for their family circumstances or the particular difficulties they face. These arguments are based on risky assumptions about the validity of the science. Further, because they are not based on any understanding of context or

meaning, they fail to equip providers with the means to engage parents and to retain them in any intervention, in any conversation about themselves as parents or about their children.

The most widely implemented parenting initiatives, such as Triple-P positive parenting programs (Saunders 2003) and “The Incredible Years” (Webster-Stratton 2001) are based on social learning theory (Forehand & McMahon 1981; Patterson 1982). They favor a didactic approach to child development and parenting, focusing on teaching skills to parents through modeling and rehearsal of positive responses to challenging behaviours, such as the ignoring of minor behavioural difficulties, the use of time-outs and a range of other age-appropriate strategies. However, these approaches are shaped by unstated cultural assumptions about the ecology of family relationships, patterns of parent-child interaction within them and developmental expectations by gender or age. While instances of the kinds of strategies mentioned – ignoring, use of rewards, and so on – can be found, the implicit normative assumptions of communication about interaction between child and parent in Aboriginal settings may be quite different.

If crudely or moralistically applied, didactic approaches may implicitly treat some aspects of Aboriginal family functioning and parent-child relationships as of no significance or value. Seemingly straightforward ideas about household or family boundaries, or the primacy of parents in supervision and monitoring of children, may not transfer to Aboriginal family processes. When practitioners try to promote positive models, they may talk past and fail to engage with the experience of Aboriginal parents, with whom they find little resonance. As a result, parents remain unengaged, uninterested and do not acknowledge the pertinence of the messages for them. At its simplest, this “talking past” results in the failure of programs to attract or retain participants. The intervention literature is clear that programs that are not culturally competent and adapted for context often fail to reach parents and families from diverse cultural backgrounds and with complex needs and multiple difficulties (Shonkoff & Phillips 2000; Turner, Richards, & Saunders 2007).

The remaining sections will outline the adaptation of an early intervention program for parents and children that was developed in a metropolitan setting for use in remote communities.

Let's Start: An Early Intervention Program for Aboriginal Families

Let's Start is a therapeutic group intervention for Aboriginal parents and children in communities of the Northern Territory. It is part of a research program at the Menzies School of Health Research in Darwin. The research program began on the Tiwi Islands after workshops convened in 1998-9 by the Tiwi Health Board, an Aboriginal community-controlled organisation, which identified parenting, family breakdown and the high incidence of suicide on the Tiwi Islands as key areas of community concern. In response to these concerns, the Health Board undertook to implement the Exploring Together Program (ETP), originally developed as an outpatient program at the Austin Hospital in Melbourne for primary school aged children with social-emotional and conduct problems. The development and adaptation of the approach has occurred through a series of University-led implementation trials led from the University in partnership with schools, health services, community councils and other participants (G. Robinson 2008; G. Robinson & Tyler 2006). From 2005, the first adaptation of the ETP was followed by an adaptation of the preschool program (ETPP). This was implemented as *Let's Start: Exploring Together for Indigenous Preschools* both in remote communities and in Darwin, where both Aboriginal and non-Aboriginal families took part (G. Robinson et al. 2009).

The Exploring Together (ETP) interventions were manualised programs which follow a multi-group format involving weekly 2 hour sessions for ten weeks. After referral by teachers and other service providers (and self-referral by parents), groups of around 6 primary school age children were selected, each attending with one caregiver, usually a mother, sometimes a father or other caregiver.

It is currently delivered as a 10-week program run over school terms and targeting 4–6 year old children at the time of their transition to school. Let's Start is delivered by two or three trained and experienced professionals and one or two members of the local community. There is a manual and a defined sequence of topics and activities, with scope for exploration of community, group or family needs. The current program structure consists of weekly sessions of two hours: a one hour parents' group is followed by a parent-child interactive group, which incorporates songs, drawing, games and a range of semi-structured group and dyadic activities, concluded by a shared meal.

The ETP is a parenting program with a cognitive-behavioural focus on behaviour management based on principles of social learning theory (Forehand & McMahon 1981; Patterson 1982). The program has a therapeutic orientation, harnessing group processes to enable parents to learn from each other, to disclose and reflect on emotions and stresses related to parenting tasks and family issues, and, with support from group leaders, to develop insight into their responses to the children. The interactive group enables parents and children to experience tensions and emotions encountered in the collective setting, to resolve some recurrent conflicts and to experience increasing enjoyment through play and joint attention to tasks. A social learning component is retained, with the group leaders explaining some ideas about child development and behaviour to parents.

Despite a strongly behavioural orientation at the level of content and focus, the group format of ETPP allows for change to occur through open-ended, non-didactic processes. Through the parallel group processes, the program focuses on developing parents' skills in behaviour management; on promoting individual parents' ability to respond positively to challenging behaviours, and helping them to understand the influence patterns of family relationship. It directly and indirectly seeks to promote the parents' capacity for reflection on emotions, needs and experiences. The interactive group provides a setting for direct observation by group leaders, and for

parents to actively engage with the children after the thinking and reflection done in the parents' group.

Some aspects of adaptation of the program for implementation in the NT have been described elsewhere (G. Robinson, Tyler, Jones, Silburn, & Zubrick 2011; G. Robinson, et al. 2009; G. W. Robinson, Tyler, Silburn, & Zubrick 2012). Some changes were necessary to increase the accessibility of the program: including tolerance for attendance of younger siblings of referred children where childcare could not be negotiated. In some cases, an attending mother would be accompanied by her spouse or a grandmother or aunt. Although accepted, this was not encouraged, and the primary focus on dyadic parent-child interaction was retained where possible. However, flexibility and responsiveness were necessary in order to facilitate the involvement of parents located in complex family relationships. This provided further insight into relationship dynamics within participating families and allowed the program to "reach out" to families of participants. Evening consultations with partners were replaced by daytime gatherings for a meal with members of extended family and key support people of the participating parent.

Training was provided to community-based Tiwi personnel in basic strategies of the program as set out in the ETP manual. They in turn assisted the team to incorporate local materials and content such as songs and games in Tiwi Indigenous language. They help non-Tiwi program leaders to understand relevant themes and issues relating to language, culture and kin relationships, background problems affecting individual families and children, and other matters of significance. The original program required written homework and completion of some tasks and goals; these requirements for written homework were replaced with strategies in which parents and/or children were asked to return with an observation about behaviour or parenting, or a story about a planned activity involving child and family.

Intervention as Structure of Communication

Interventions are structures of communication. They use spaces and resources, rituals and greetings and communication about their aims and objectives to frame interaction between participants and to deliver a service or a treatment – that is, a program of structured content. They frame a potential therapeutic space based on communication between the provider or facilitator and other participants. They must accommodate the diversity – the social, linguistic, cultural and psychological diversity – of an open-ended community of participants. This is rarely reflected on, much less theorised in the literature on health and human services.

In Let's Start, language differences between community members and group leaders have been partly accommodated by employment of local community members as group leaders and by incorporation of songs and stories in local languages. The mix of parents in any group may vary in many different ways, by community of origin, by age and kinship links between them, by household of family or orientation. Parents and children vary in their use of Aboriginal or English languages and their levels of functional literacy. They vary according to their exposure to and understanding of services and interventions.

All persons in remote communities are known to each other and are in acknowledged ongoing relationships of some kind, although not of the same degree of closeness. Age and kin relationships in the parents' group may have a subtle bearing on the comfort of all members and the freedom with which they are able to interact and make disclosures, despite a general commonality of knowledge about the affairs of others. For example, including two sisters in a group, or, in another case a young woman and her "cousin-sister" produced tensions which seriously inhibited participation: in the first case, after annoyance about behaviour of a sister's children eating all her children's food, one sister completely withdrew from a program; in the second case, the young mother was an adopted child, angry about the death of her mother and resentful at her subordinate status in the family, but

unable to speak about this directly in the presence of her “cousin-sister”, the daughter of her foster mother. She engaged group leaders in many conversations outside group sessions to explain her reasons and her anger.

In one program, group composition reflected significant latent divisions in the community. While some sessions reflected considerable commonality of attention and discussions between participants, some sessions became more difficult. On one day some problems between the parents’ older children had become acute. Instead of joining the group session, parents waited outside the room and entered one after the other for one-to-one discussions with group leaders. A “group” as such did not form that day. In another case, a father was a member of the group. This meant that relations with some mothers were necessarily distant and indirect. Three mothers sat just outside the door during the parents’ group, ostensibly to smoke cigarettes, but in reality to maintain appropriate distance from the father. They participated actively in the session but directed their communication to other women or to the group leaders, as did the father in reply.

Sometimes the formal group sessions for parents represent a kind of core of activity with snippets or snatches of significant communication occurring around it – communication about what is personally meaningful or important to individuals. The group process varies from a high degree of common purpose and mutually responsive interaction to highly individualised interactions with group leaders almost without reference to others or to the group. This style of individualised communication within group settings is normative and accepted. It can fray the basic rule of group work – that events, incidents and communications are kept, “processed”, reflected on within the group as a group task. As a result, these groups are necessarily more porous than the usually tightly bounded therapeutic work in the general population.

Theoretical and Practical Intersections

In these senses, practices within the program are adapted to pre-existing patterns of communication and group relationship within the community. However, the therapeutic concern with parenting, with individual mental health or emotional problems and with problems of child development engages with the individual parent and requires an interpretive or “diagnostic” approach. This must be able to differentiate between normative cultural styles, idiosyncratic personal styles, and behaviours or interactions that are evidence of psychological problems. Here the techniques of communication work between two poles: narrative-biographical engagement with a parent about life-historical themes that affect current parenting, parental ideas about the child and his behaviour and engagement about and reflection on family relationships, and interaction patterns that influence parents’ actions and responses to the child.

This reflects an intersection between two theoretical approaches. Firstly, drawing on attachment theory, the leaders may attempt to elicit or understand the parents’ communications as a narrative-biographical account of themes relevant to current parenting and parental psychological functioning. Secondly, ethnographically informed systems theory seeks to reconstruct the familial and social relationships of parent and child through narratives of actions and behaviours involving family members and others. This helps to clarify the influence of third parties and orient the parents’ thinking to consider the impact of their relationships with third parties on their styles of engagement – active and engaged, passive and withdrawing, or angry and dismissive – towards a child. It identifies the extent to which the behaviour of either parent or child are symptoms of stresses within the family system rather than originating problems in their own right.

In one case, a young mother was able to give a sequential biographic account in many different stages of conversation: it included an account of current family relationships and problems with husband and children; an account of an earlier

phase in which she was depressed, angry and withdrawn, when the attending child was little; and an account of the suicide death of a parent with whom she was heavily identified. This parent was capable of a degree of individualised reflection about self, with a striving for biographical continuity and a sense of “going somewhere with her life”. As her reflection in these senses became more organised and less anxious, her relationship towards her child became more natural and spontaneous. Other parents provide little or no biographical information about self and may struggle to provide any verbal reflection on themselves or on their child and the child’s motives, needs or intentions. For them, reflection is at most accessible in the present, about current relationships and events that cause difficulty or provide solutions to problems. Strategies of engagement within the group focus on building a picture of present relationships through drawings of home and family, identifying persons who are related, both by kinship and persons whom the child and the parent rely on within their networks. The aim is to explore the relational context of parent and child as a dynamic setting that influences both and shapes their points of difficulty, and to identify the impacts of actions of others on the parent and child. The ethnographer’s feel for relationship – his or her scenic understanding of the relational present – for the ways individual actions relate to others within contexts of meaning is a critical component of the approach. However, in some cases even narration of present day relationships is difficult. For these parents, unused to any verbal reflection on motives or intentions, the group leaders’ main recourse is observation and facilitating response to interactions between parent and child within the interactive group setting.

Group work in such programs attains a sometimes extraordinary, multi-layered complexity that demands high levels of adaptability of practitioners, in terms of their ability to use a differentiated mix of strategies for parents and children with such different styles, dispositions and capacities. Parents also must adapt to the unfamiliar requirements, processes and rituals of the group, not only in communication with other parents but in interaction with their child. In the groups,

there is sometimes an abundance of communication, but not always meaning; there is sometimes an overwhelming opacity that all participants seem to struggle to penetrate. Techniques for reflection – through stories, drawings and exercises – are used to find the points at which recognition of the communicable can occur. Sometimes the most important thing is simple recognition of an action, a gesture, or an act of restraint: for example, sitting back to watch a child, to take in what she is doing without interrupting, without turning off and looking away.

Conclusion: Social Change, Children and the State

Services, interventions and treatments are structures of communication, more or less organised forms of communicative interaction that structure the interaction between officials, practitioners and their clients; families, adults and children. The emerging field of preventive interventions focusing on parents and children are complex forms of practice; they involve multiple players and are concerned with the social-emotional competencies of parents and/or children that have their origins in diverse contexts and cultural experiences. They confront serious psychopathology, developmental difficulty, histories of disconnectedness or non-compliance. They confront parents who may have encountered severe trauma or neglect, but who are unable to bring this to conscious reflection through standard therapeutic techniques. They need to be able to differentiate between culturally expected styles and expectations and idiosyncratic patterns that may betray histories of difficulty or current sources of stress.

These structures of communication mediate relations between employed practitioners from professional and lay backgrounds and members of families and communities: many of them are short term, unsustainable and unsustainable. If they are to be effective, we need to confront the limits of science and engage in further investigation of the meanings, values, practices and interactions that shape child development. This can only occur with systematic development of practices that

enable engagement across social cultural settings, contexts and memberships. As structures of communication, therapeutic and supportive interventions must be able to recognise the needs of parents, rather than simply ply them with didactic, corrective approaches to their problems. They need to recover the basic forms of recognition that animate healthy parenting and child growth and that are all but lost in parents and children at risk.

The structures of communication established at the margins of the welfare state are often ephemeral and unsustainable. For high quality interventions and services to be effective over time, there must be some capacity to sustain complexity: complexity and differentiation of structured communication between communities of participants, practitioners, parents and family members. In responding to the complexity of needs by implementing off-the-shelf solutions from the human services market place, policy makers have not yet shown that they understand what is at stake. There is in fact no dilemma: there is a pressing need for sensitivity to Aboriginal culture and Aboriginal parenting and family life. However, prevention requires culturally informed engagement with individuality and heterogeneity as much as with practices and norms ascribed to the commonalities of “culture”.

In the last three decades in Australia, the concern with Aboriginal “rights” has given way to the concern with “outcomes”. According to ideas of mutual responsibility, responsibility for outcomes is now shared by citizen and state. Aboriginal interests have been absorbed within the complexities of national partnership agreements relating to outcomes in health, education, early childhood development, housing and infrastructure.

On the one hand, in the accelerated intervention of recent years there is simply more spending on more of the same; on the other, there are some critical shifts in policy and focus, a new mix of elements: individualising compliance and surveillance measures, such as *Income Management*, and a growing number of initiatives

supposedly aiming to support families and improve child development by intervening early and reducing risks.

There is a growing interest in “evidence” and a willingness to entertain large-scale implementation of evidence-based interventions along with extended access to basic services such as preschool and childcare. Some of these are simulacra of rigorously researched interventions; some are mere extensions of existing services. The unfolding of processes within the state remains at most selectively responsive to *Evidence*. “Evidence” is one priority competing with others. Nevertheless, these are pervasive processes and powerful discourses and it is difficult to adequately frame childhood and its place in social reproduction without reference to them. Evidence – much less adequate theory – about the kinds and qualities of communication required for effective practice at the margins of the therapeutic state is as yet almost non-existent.

References

- Condon, J., Barnes, A., Cunningham, J., & Smith, L. (2004). Demographic Characteristics and Trends of the Northern Territory Indigenous Population 1966-2001. Darwin: Cooperative Research Centre for Aboriginal Health.
- Davidson, J. A. (2003). Presentation of near-hanging to an emergency department in the Northern Territory. *Emergency Medicine*, 15, 28-31.
- Elder, G. H. J. (1996). Human Lives in Changing Societies: Life Course and Developmental Insights. In R. B. Cairns, G. H. J. Elder & E. J. Costello (Eds.), *Developmental Science* (pp. 31-62). Cambridge: Cambridge University Press.
- Forehand, R. L., & McMahon, R. J. (1981). *Helping the non-compliant child: a clinician's guide to parent training*. New York: The Guildford Press.
- Hunter, E., & Harvey, D. (2002). Indigenous suicide in Australia, New Zealand, Canada and the United States. *Emergency Medicine*, 14, 14-23.

- Parker, R., & Ben-Tovin, D. I. (2002). A study of factors affecting suicide in Aboriginal and 'other' populations in the Top End of the Northern Territory through an audit of coronial records. *Australian and New Zealand Journal of Psychiatry*, 36, 404-410.
- Patterson, G. R. (1982). *Coercive Family Process: A Social Learning Approach Volume 3*. Eugene OR: Castalia Press.
- Peterson, N., & Taylor, J. (1998). Demographic transition in a hunter-gatherer population: the Tiwi case, 1929-1996. *Australian Aboriginal Studies*(1), 11-27.
- Robinson, G. (1991). Separation, Retaliation, Suicide: Mourning and the conflicts of young Tiwi men. *Oceania*.
- Robinson, G. (2008). Vulnerabilities, families and child development: Crises affecting the young in a north Australian Aboriginal community. In G. Robinson, U. Eickelkamp, I. Katz & J. Goodenow (Eds.), *Contexts of Child Development: Culture, Policy and Intervention*. Darwin: CDU Press.
- Robinson, G., & Tyler, B. (2006). Ngaripirliga'ajirri: An early intervention program on the Tiwi islands, final evaluation report (pp. 163). Darwin: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University.
- Robinson, G., Tyler, W., Jones, Y., Silburn, S., & Zubrick, S. (2011). Context, Diversity and Engagement: Early intervention with Australian Aboriginal families in urban and remote contexts. *Children and Society*.
- Robinson, G., Zubrick, S., Silburn, S., Daprano, A., Jones, Y., Tyler, W., et al. (2009). *Let's Start: Exploring Together. An early intervention program for Northern Territory children and families, final evaluation report*. Darwin: School for Social and Policy Research, Charles Darwin University.
- Robinson, G. W., Tyler, W. B., Silburn, S. R., & Zubrick, S. R. (2012). Gender, Culture and Intervention: Exploring Differences between Aboriginal and Non-Aboriginal Children's Responses to an Early Intervention Programme. *Children & Society*, 12. doi: DOI:10.1111/j.1099-0860.2011.00424.x
- Shonkoff, J. P., & Phillips, D. A. (2000). *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington D.C.: National Academy Press.

- Stockard, J., & O'Brien, R. M. (2002). Cohort Variations and Changes in Age-Specific Suicide Rates over Time: Explaining Variations in Youth Suicide. *Social Forces*, 81(2), 605-642.
- Sutton, P. (2009). *The Politics of Suffering: Indigenous Australia and the End of the Liberal Consensus*. Melbourne: Melbourne University Press.
- Taylor, J. (2010). Demography as Destiny: Schooling, Work and Aboriginal Population Change at Wadeye. *CAEPR Working Paper*(64), 54.
- Turner, K. M., Richards, M., & Saunders, M. M. (2007). Randomized clinical trial of a group parent education programme for Australian Indigenous families. *Journal of Paediatrics and Child Health*, 43, 429-437.