**Project title**
Through the Looking Glass (TtLG)—A Partnership in Parenting Project

**Project practice**
A collaborative model of early intervention and prevention providing intensive psychosocial support, therapeutic intervention and childcare as a package for high risk families in order to improve secure attachment outcomes for young children

**Project undertaken by**
Lady Gowrie Child Centre—Adelaide

**Start date**
July 2005

**Program**
Invest to Grow

**Focal areas**
- Family and children’s services working effectively as a team
- Supporting families and parents
- Early learning and care
- Healthy young families

**Issue**
The Through the Looking Glass (TtLG) project delivers a multi-faceted collaborative intervention to intervene with families where there is an identified compromised attachment relationship between the parent and child/ren. It targets families who come from diverse backgrounds and exhibit multiple risk factors including anxiety, depression and social isolation with many parents reporting early trauma in their own lives. TtLG provides: quality relationship based childcare to the children; engages the parent in a supportive network; involves the parent in therapeutic group work and individual counselling; and supports and builds links to community social supports and networks.

- The program targets mothers as the primary caregivers and works from a partnership approach, supporting strong collaborative relationships between: parent and clinician; parent and childcare primary caregiver; childcare primary care giver and clinician; and childcare primary caregiver and child. The program supports the development of secure attachment relationships between mother and child by addressing the specific attachment defences that are impacting on their ability to be emotionally available to their child and to developing a secure attachment. TtLG increases social connectedness through linking families to the childcare community and other local resources.

**Program context**
The project began as a pilot in 2002 delivered at the Lady Gowrie Child Centre Adelaide. The initial pilot was a partnership project between Child and Youth Health (CYH) and Lady Gowrie Child Centre and was made possible by Commonwealth funding. In 2003, the original pilot was extended beyond the initial timeframe due to the provision of additional funds by the South Australian Department for Education and Children’s Services (DECS). This funding ended in 2004 and a successful grant application in 2005 secured further monies from the Commonwealth Government’s Stronger Families and Communities, Invest to Grow Strategy till June 30th 2009. This enabled the project to expand across centres within Adelaide and interstate for a 3-year period. TtLG now involves a total of five centres across Australia: three sites spread across metropolitan Adelaide and one site each in Brisbane and Perth.

- The project is a successful example of a joint initiative between government (the South Australian Children, Youth and Women’s Health Service) and community-
based services (Lady Gowrie Child Centre). This has resulted in collaboration on design, implementation and development of a multi-faceted, targeted program meeting the complex needs of families.

The Through the Looking Glass (TtLG) project is a health, education and welfare early intervention strategy that uses existing infrastructure to intervene with families where there is an identified compromised attachment relationship between the parent and child/ren. The project provides intensive psychosocial support, therapeutic intervention and childcare as a package for high-risk families in order to develop and support secure attachment relationships between mother and child (0–5 years). There are up to seven families recruited for each centre per wave. There are six waves planned for the project, each lasting around five to six months.

The TtLG intervention is multi-faceted and incorporates:

- **Provision of up to 2 days childcare per week delivered from a primary caregiving approach.** The childcare gap is paid for by the project, making the childcare free to those families on maximum Childcare Benefit and at a reduced cost for others.

- **Intensive 1:1 individual work with the clinician and 18 weekly group sessions.** To address individual challenges and unresolved issues all families in the project work with the clinician for individual family work/counselling and support. The group program is conducted for 2 hours each week for the mothers whilst the child/ren are in care.

- **Video taping of parent–child interactions for parent reflection.** Parents can explore attachment relationship needs by observation and reflection with the clinician both during individual family work and also within the group setting.

- **Partnerships between parents, workers and agencies.**

- **Learning stories.** Childcare primary caregivers develop stories with the child about their daily activities, which communicate from the child to their parent their relationships, learning and development within the childcare setting.

- **Staff training and professional development.** Building staff capacity to work with vulnerable families and to apply attachment theory to their work.

- **Specific fathers’ sessions.** When appropriate, the provision of short group sessions for fathers enables them to be involved in some of the activities that are delivered to their partners as part of the 18-week project.

Participants (i.e., families) are recruited to the project through a variety of channels including from within the service childcare centre and “self referral”. The majority of referrals are obtained utilising local linkages to a range of agencies including: child health services; GPs; infant mental health services; early childhood education/care; child protection agencies; local church agencies; outreach projects by non government organisations at the local level; allied health, social work and/or psychology departments of major children’s hospitals; children’s mental health services; community/neighbourhood houses; community health services; women’s health services; and family support agencies.

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**Practice description**

The project is multi-faceted and is seeking to achieve specific outcomes for parents, children and staff.

**Practices supporting outcomes for parents and children**

Key activities that support outcomes for parents and their children are:

- the provision of childcare delivered from a primary caregiving approach and as part of the intervention;
- strength of a multi-disciplinary team approach (i.e., strength of working in partnership where childcare staff are therapeutic partners);
- video work;
- combination of the group program and 1:1 individual work; and
- partnership and collaboration.
Each of these is discussed in detail below.

**The provision of up to 2 days (per week) childcare delivered from a primary care-giving approach**

A distinctive aspect of this program is that the childcare component is itself part of the intervention, rather than simply a convenience adjunct. The childcare workers involved in the program are partners with health professionals and hold responsibility to engage with and assist parents to achieve their goals. In TtLG, childcare workers are a significant part of the team and intervention, rather than simply support staff in the background, which has been traditionally their role in other parenting programs. Childcare is typically viewed as a means of “child minding”, freeing up parents to participate in an intervention and does not acknowledge their expertise in early childhood other than in caring for children in a practical sense. TtLG utilises their expertise complementing that of the health professionals in a true partnership in delivering the core components of the program. Childcare staff are involved intimately in supporting the participants achieve their goals. For example, childcare staff involvement includes:

- direct work with the children;

- establishing and developing a supportive relationship with the participant;

- co-facilitating the group program; and

- collaborative working with the clinician.

The childcare setting is a non-stigmatised setting and formalised childcare is the experience of many children in the 21st century. It is used for a variety of reasons and as such children who are in childcare come from a diversity of backgrounds and experiences. High quality childcare settings assign a primary carer to small groups of children for them to use the specific caregiver as a secure base. This is the primary caregiving approach.

The primary caregiving approach promotes all childcare primary caregivers (PCGs) to actively seek to develop an intimate knowledge of routines, interests, development and temperament of the child and the care giving styles of the parent. Over time, a meaningful relationship develops between caregiver, parent and child/ren forming the basis of a trusting and secure attachment. The focus in a primary care-giving system is on the child centred routines rather than on the adult centred routines. Staff are able to manage the routines of the children in their primary care group for the day in a way that meets the needs of each individual child. The program focus is relationship-based, allowing for PCGs and children to spend time together involved in experiences that include routines relevant to individual development. The outcome of the primary caregiving approach is that the childcare worker becomes the secure base for the child and an alternative attachment figure. As a result, children are able to feel confident/secure to explore supporting their wellbeing and involvement/learning.

Given that the PCG will become an alternative attachment for the child, the relationship they develop with the child is paramount. The clinician and PCG communicate about where the struggle in the relationship between mother and child is, enabling the PCG to ensure that programming for the child provides opportunities to develop more confidence in utilising relationships where they do not feel so confident. For example, if the child is good at exploration, but struggles more with emotion, safe opportunities can be provided by the PCG to develop confidence in that area.

The approach fosters secure attachments, not dependant or exclusive relationships, with children and parents. When this occurs, the outcomes for children, families, staff and the centre are significant, such as:

- staff report more job satisfaction and fulfilment through actively contributing to the program;

- the primary carer/childcare worker reports feeling more valued and appreciated by families;

- parents report that they can trust carers and feel confident due to a strong partnership based on sharing information and care; and

- parent routines are valued along with their intimate knowledge of their
child as an individual, which ensures care and interactions are based on explicit knowledge of the child/ren’s needs, developing and supporting a strong partnership.

The provision of childcare is one of the unique and innovative aspects of the project. For many of the children living in chaotic family situations, childcare provides a place where they can explore safely and establish a safe haven. Warm secure caregiving from other adults offers children a protective experience by both decreasing the relationship risks posed by hostile or rejecting parenting, and increasing resilience as a result of improved self-esteem, understanding and social competence. Interestingly, it also provides these same benefits for many of the parents using the centre. For the first time, for some of the parents, it is a place where they have experienced positive adult relationships. A number of parents have commented that the centre is their safe haven and it is one of the few times they have felt valued and supported as a parent. It is generally recognised that a powerful source of protection for children derives from parents enjoying close, supportive relationships with other adults. The primary caregiver often becomes this adult.

The childcare component of the project is much more than providing the means for the parents to participate in the group uninterrupted, and for the parents to have “time out”, although this is of value in itself. Childcare workers become therapeutic partners working in partnership with the clinician to support participants to achieve their specific goals. This is a unique aspect of the program as childcare is typically provided as an add-on (i.e., child minding).

The development of the relationship between the parent, child and primary caregiver (childcare worker) is significant. Some researchers argue that parents are able to become more emotionally available and sensitive to their children when they experience an increase in their own felt security, confidence, self-esteem, self-efficacy and social understanding. The development of a positive relationship between the parent and the primary caregiver facilitates this.

**Multi disciplinary team/partnership approach**

For each site, the TtLG team includes the Directors of the Childcare Centers and the TtLG staff team working directly with families comprising:

- a clinician from a health profession (i.e., social work or psychology);
- a co-facilitator (a qualified childcare worker who assists the clinician in the weekly group session and also liaises with the primary caregivers);
- primary caregivers; and
- the childcare workers who are the “prime” carers of the TtLG children.

Working with families using the collective knowledge, skills and expertise of differing discipline sets is the approach applied in the TtLG program. The project is built on the concept of integrating health, education and social welfare and its strength is in the multi-disciplinary team approach that is fundamental to supporting collaboration. Each team member makes a vital contribution to achieving the objectives of the project, the success being dependant on the ability of the staff within the team to work together effectively, supporting families to achieve their goals. No discipline set is more essential to the success of the project, all having a crucial role to play. Their skills in building good working relationships, working in partnership with mutual respect for each other’s particular perspectives and expertise is a critical element for success. The multi-disciplinary team’s complementary professional expertise, sound understanding and application of attachment theory, and effective role modelling of the key concepts create a dynamic team experience. Working in partnerships is the key operational principle of TtLG. The partnership between clinician and childcare staff, particularly the PCG, along with the parent is integral to the project.

To support their collaborative working relationships, meetings are held at the commencement of the project between the parent(s), primary caregiver and clinician. This is an opportunity to talk about the child, discuss concerns the parents may have, discuss ways of communicating and set some goals. At this meeting, it is clearly stated that the primary caregiver and clinician will be working closely together, particularly focusing on outcomes for the child.

The primary caregiver and clinician also meet during the group program to
discuss the child and ways of intervening/supporting the child and parent and to
review the progress towards goals. Informal meetings between the primary
caregiver and parent also support their relationship. “Learning stories” is
another activity that helps to communicate the child’s development with the
parent.
At the end of the group program, a formal meeting between parent, primary
caregiver and clinician occurs for all participants to formally evaluate the
progress.

Video-work
The use of videotaping parent–child interactions is a key intervention tool in the
development of reflective functioning of the parent in that it provides an
opportunity to view oneself as they are, an opportunity for a detailed
observation that would otherwise not be possible. This happens both during
individual family work and also within the group setting.
The videotaping and discussion is an opportunity to explore in partnership the
interaction between parent and child and share the intimacy of the experience.
The clinician provides a safe holding environment in which the parent can
explore her feelings, beliefs, memories and experiences to better understand
their relationship. Any learning (including therapeutic change) occurs from within
a secure base relationship (Marvin, Cooper, Hoffman, & Powell, 2002). A
relationship based on trust, respect and warmth and the capacity to be open
and non-judgmental, identifying the capacities of parents and building on them,
supports the development of confidence and competence. Understanding and
valuing the uniqueness of each family and individual, as no two persons or
experiences are the same, requires the clinician to approach each person as an
individual.
Videotaping gives parents a chance to develop their observational skills. One of
the most important parental skills is their ability to read cues. Video provides an
opportunity to do this. Videotaping gives parents a chance to witness and reflect
on their interactions with their child/ren in order to develop their capacities as
sensitive caregivers. Applying the “Circle of Security” (developed by Marvin et
al., 2002) graphically supports their reflection and assists parents to interpret
their children’s behaviours recognising the needs expressed.
Videotaping provides a focus on the parent–child relationships, highlights the
parent’s strengths and under-utilised capacity and is a record of the interaction
that can be viewed several times offering an opportunity for the parent to see
the behaviours the child uses to communicate need. It also provides an
opportunity to reflect on what they see, what they are feeling, and what they are
doing.
Viewing the tape within the individual and group sessions using guided self-
observation builds on parenting capacities. Viewing their interaction with their
child puts their child at the centre and the child–parent relationship in focus.
Feedback provided by the clinician focuses on identifying the capacities of
parents.
Through exploration, parents begin to understand and gain new insights into
how their relationship history and feelings influence their attitudes and
expectations of their child and hence their relationship. The opportunity to
reflect on this, imagining themselves in the child’s place, provides a unique
opportunity to empathise with their child. This experience allows the mother to
identify with her own experience of being parented as well as the experience of
her own child of her parenting and the feelings that are associated with it. This
heightened awareness regarding the links between her own experiences and
the present behaviours with her child is powerful and can lead to new insight
and therapeutic change. Supporting participants to get an understanding their
own “state of mind” and the way in which they process attachment related
thoughts, feelings and memories is critical in supporting parents to change. This
is different to many other parenting programs in that it addresses the parent
behaviour and targets their underpinning constructs.
The videotaping is utilised in individual and group work particularly to explore
empathy and applying the ideas of attachment in terms of exploration and
attachment needs, focusing on under-utilised capacities and struggles,
developing observational skills and reflective functioning.

Examples of questions that support exploration are:
- What need is the child expressing?
- What is the child feeling?
- What is the parent feeling while responding to a particular need of the child?
- How is the parent behaving in response to their child?
- How are they interpreting their child’s behaviour?

Videotaping also supports the parent to identify changes that occur over the sessions. The videotape is a record parents can look back on and see improvements of how their relationship is developing and of how much they mean to their child. It becomes a record of progress and evidence of meeting personal goals.

An increased capacity for reflective functioning on the part of the caregiver increases the likelihood of secure attachment in the child. The program provides opportunities to develop and utilise this capacity through video work.

Combination of individual and group work

The group program works directly with up to seven families and assists parents to address the issues which directly impact on their attachment with their child/ren. The small group size supports the establishment of a safe secure environment to share and explore parenting experiences. The group program plays an important role in providing a secure base for the parents themselves, enabling them to explore and reflect upon their own relationships, enabling participants to develop a stronger sense of self through working with others.

The group component of the program is facilitated by the clinician in partnership with a childcare worker from that site as a co-facilitator. Both have a vital role in supporting the parent to achieve their set goals. Together they develop and enhance the attachment relationship between the parent and child. The 18-week group program is conducted for 2 hours each week for the mother as the primary carer, while the child/ren are in care. The sessions are a mix of educative and therapeutic activities offering information and resources assisting mothers to reflect on their relationships, to understand the nature of healthy attachment and examine issues that may be inhibiting their capacity to respond to their child’s needs.

Key ideas/concepts used in the group program are outlined below.

Holding environment

The group is where much of the therapeutic work is done which involves the facilitators to create a safe environment. The group becomes the “holding environment” (Winnicot, 1957) while the parents explore issues that are impacting on their relationship with their child. As Bowlby (1988) argued, a secure base needs to be established so that the parent is able to explore the relevant issues. While it is the group facilitator’s role to ensure this holding environment, trust must also be developed among the group participants themselves. This enables the group to act as a secure base for the participants as they gain support, encouragement and empathy from each other.

Highlighting to parents their importance as an attachment figure to the child

Many of the parents who participate in the project do not perceive that they are particularly special to their child. It has not been uncommon to hear comments such as “Anyone could do what I do, it doesn’t need to be me”. A combination of low self-esteem and their own experience of being parented contribute to their not seeing themselves as being special or important to their child. It can be profound for parents to see how their child seeks them out as an attachment figure. To support this, TILG has adopted an idea from the Circle of Security Project in the US (Marvin et al., 2002). Video footage of each participant’s child/ren interacting with them is taken prior to the group starting and then edited for “care-seeking” behaviour. This is then compiled into a single video clip and overlaid with the Joe Cocker song “You are so Beautiful”. This video is then shown in the group session and discussed as highlighting their importance.
to their children.

Explanation of attachment to parents

The Circle of Security graphic as developed by Marvin et al. (2002) is the key way in which attachment is explained to the participants in the group. The graphic is constantly referred to in the group both in discussions of attachment and when viewing their video. Additionally, considerable group time is spent discussing the theory of attachment. The rationale being that if parents understand the theory, they then have a framework to draw upon in any situation that may arise with their child/ren. Other relevant videos are shown that apply attachment theory in the childcare context and children’s books are utilised that give an opportunity to discuss the concepts of “safe haven” and “secure base”.

Distinction between behaviourism and attachment

The TtLG program makes the distinction between an attachment-based approach and a behaviourist approach to parenting and relationships. The facilitators make it clear that concepts that are presented are quite likely to contradict much of what participants have read and been told by others, both other family members and professionals with much of the literature to date taking a behaviourist perspective (i.e., making sense of difficulties from a behavioural focus, rather than a relationship focus). This distinction can preempt and/or diffuse the confusion that parents may experience when they get advice from family or professionals that appears to contradict what they are learning about in TtLG.

Moments of repair provide opportunities

It is the moments of disruption that provide the opportunities to build the attachment relationship. “It is the ability to repair a disruption that that is the essence of a secure attachment, not the absence of disruptions” (Marvin et al., 2002, p. 109). Hence “relationship repair” is a core attachment experience. The “Circle of Repair” as developed by Marvin et al. is another key tool in introducing and exploring this idea with the participants. This graphic illustrates how the child’s behaviour (which is identified by the parent as the disruption in the relationship) is actually expressing a need which they want met by their caregiver. The Circle of Repair is used to illustrate how being a safe haven to their child helps their child to learn emotional regulation. It highlights how a secure attachment is developed through the parent being a safe haven by staying with the child to help them repair, regulate or regain control during moments of distress. An outcome for the child is the development of an Internal Working Model that there is a relationship solution for managing distress ie “the child learns to trust that his relationship with his caregiver will help make him feel better or ‘set things right’” (Kelly, Zuckerman, Sandoval, & Buehlman, 2003, p. 87). The meeting of the social and emotional needs of children has significant developmental outcomes such as the development of feelings of trust, security and emotional regulation and a sense of competence.

Empathic shift

A desired outcome of the group processes is to support participants to understand their child’s behaviour as expressing a particular need, a significant shift from the parent negatively viewing the child, to the parent demonstrating empathy towards the child. The Empathic Shift is about the parent seeing the child’s behaviours (particularly those they are finding difficult) as being around a genuine/positively motivated need rather than seeing them as negatively motivated (i.e., to see the child’s behaviour about expressing a particular need that they as a parent have the capacity to meet). An example of the empathic shift is would be to move from “my child is spoiled” or “my child does not like me” to “my child needs me in a specific way” (Hoffman, 2002).

State of mind with respect to attachment

State of mind (with respect to attachment) is the conscious and unconscious beliefs, attitudes and values regarding past and present attachment experiences that individuals have. It is the mental representation of attachment related experiences (Main & Goldwyn, 1984): “It is the particular way in which we hold or view our experience” (Marvin et al., 2002). It is based on the idea
that there is a process by which we organise a stance, approach, or mental set
that serves as a filter for our perceptions, biases our emotional responses and
directly influences our behaviours (Siegal & Hartzell, 2003, p. 148).
The program demonstrates the relevance of this to parents by talking about it in
terms of “It is not what happened to us but how we make sense of it” (Hoffman,
2002). Speaking about experiences in this way is empowering for many of the
participants in the group, particularly those who have had traumatic childhood
experiences, and often feel “stuck” by this. However, seeing that it is “how we
make sense of it” gives them a powerful alternative to shaping their parenting of
their own children in a more positive way. It gives participants a true sense that
they do not have to be victims of their childhood experiences forever, and can
take control in their own life now. This supports participants identifying their
state of mind and understanding the power of it. A video, called “Shark Music”
(idea adopted from Circle of Security Project in US, Marvin et al., 2002), is used
to demonstrate the power of state of mind in relation to the parents’ relationship
with their children and the struggles they have. The idea of “Shark Music” is that
it represents a metaphor for “the painful state of mind (feelings and memories)
initially unconscious of the caregiver and/or child that emerges when certain
needs on the Circle are evoked” (Marvin et al., 2002).

Reflective capacity

An increased capacity for reflective functioning on the part of the caregiver
increases the likelihood of secure attachment in the child (Hoffman, 2002). The
group program provides opportunities to develop and utilise this capacity. This
is done largely through the use of video. Reflective capacity is “the ability to
stand back, observe, and understand one’s own behaviour, motivation and
needs and to observe and understand the behaviour, motivation and needs of
others; the ability to “turn one’s self in”, to see in a genuine way how one may
be part of any given problem within a relationship, while simultaneously
recognising that the other may also have responsibility” (Marvin et al., 2002).

Reflective functioning

Reflective functioning is the capacity to reflect upon one’s self and one’s
experience in relationships, providing the individual with the capacity to
distinguish self from others. The goals of reflective functioning are to:
• increase capacity to observe and reflect on the child’s signals;
• open the possibility of recognising key needs in the parents’ own life;
• increase caregiver’s awareness of own discomfort; and
• bring the caregiver to respond to the child’s need despite own
discomfort (Hoffman, 2002).

Social support

Social isolation is a factor which can compromise attachment. The group
program enables participants in the group to provide each other with
encouragement and support through discussing issues in their lives and gaining
a sense of belonging. In preparation for termination of the group program, the
final sessions focus on consideration of “where to from here” and highlight local
community support structures.

In addition to the group program, intensive one-to-one individual work is
available for the parent with the clinician to address individual challenges and
unresolved issues. All families in the program work with the clinician for
individual family work/counselling and support, which is delivered at the
childcare centre or through home visiting.

A significant role for the clinician in this project is providing individual
counselling and support to the parent(s). Much of this individual work is
exploring issues particular to them that are impacting on the attachment
relationship. This is in part looking at the “Sharks in the Water”/ghosts in the
nursery which may be manifested in a variety of ways, but also addresses
issues that are current in their lives (e.g., relationships). The individual work
also involves reflecting on video footage. This individual work is done as an
adjunct to the work that is done with individuals in the group. Counselling
sessions are scheduled when the need arises to review goals, discuss progress
and support agreed strategies for change.
Working through the many complex issues with the clinician also emphasises the role of the clinician as a "secure base" for the parent. The parent is able to begin to explore a little out of their comfort zone but know there is someone that will keep them emotionally safe. Emotional, material and practical support helps to reduce parental stress and thus free up carers to be more sensitive, responsive and available to their children.

**Partnership and collaboration**

The TtLG program requires strong partnerships and commitment to working in collaboration to meet participant’s needs. To address the broad range of complex issues that families experience, working in collaboration with other agencies/services is paramount in supporting the effectiveness of the intervention to avert being referred unnecessarily or being referred to agencies that are unable to assist. The TtLG program is set up as a collaborative venture from the outset, and it is this initial structure that facilitates the development of further partnerships as networks crossover, and new ones develop. This approach has resulted in existing services creating more effective links with each other and reorienting somewhat to act more cohesively as a system of services uniformly geared to meet the needs of children and their families. The key agencies involved have been across the domains of health education and welfare. Each agency has been represented on the project reference group providing significant expertise and overseeing of the project implementation. Well-developed interagency relationships support referral pathways, joint case planning to meet client needs, professional supervision, sharing of expertise, training and development opportunities for staff.

The formal partners for TtLG within SA are:

- Lady Gowrie Child Centre
- Child Youth and Women’s Health Services—Perinatal & Infant Mental Health Services (Helen Mayo House)
- Child Youth & Women’s Health service—Child and Youth Health
- Department of Education and Children’s Services
- Participating Childcare Centres
- Families.

**Practices supporting outcomes for staff**

The key activity that supports outcomes for staff is:

- Staff training and development.

**Staff training and development**

The TtLG project has been very active in providing a range of capacity-building activities to staff across the five project sites. This has built capacity to adopt and deliver an integrated primary care giving system, which in turn supports the TtLG families and improves attachment outcomes. This has allowed the organisation to deliver better services for targeted families and their children. A major element of capacity building has been staff training and development.

Participating childcare centres implementing the TtLG project are selected on their history of placing a high value and commitment on developing and supporting their staff. These show evidence of training and development activities, a promotion of continuous performance improvement and learning as a life-long process, an environment that fosters learning and employee participation, and a workplace culture with a commitment to quality services. Each centre’s policies recognise staff as a valuable resource and their responsibility to provide all staff with access to further development opportunities which enhance their ability to perform at their highest level.

To ensure the successful implementation of the TtLG project, further specific training for all staff is required to enable staff to effectively contribute to and deliver on the goals of the TtLG project. The objectives of the training are to:

- develop the capabilities and competencies of all staff not just those directly involved (this focuses on increasing staff confidence in working with complex families and in communicating with parents about their children, along with increasing staff understanding of children’s
challenging behaviour in childcare context);
• facilitate collaboration and partnerships between staff; and
• support the equity in access to new learning opportunities in an effort
to transform whole of sites, strengthening services and operations of
the whole centre.

The success of this project requires all staff in the childcare centre to have a
well-developed understanding of attachment theory to enable them to undertake
the important component of parent support. All staff need to be able to
appreciate and understand how their own interactions affected the parent. They
also need to develop higher level skills in working with children who have
experienced early attachment difficulties.

The training involved is ongoing, beginning with some initial “theoretical input”
and opportunity for discussion. Following on from this action learning projects
are established. This facilitates greater reflection by the childcare staff on their
own work and the role they play in the relationship with the children with whom
they work. This is also consistent with the reflection we are asking the parents
to do.

The TtLG project has identified and developed a specific training package as an
essential component for all staff to undertake which covers the underpinning
theory, concepts, approach of the program and associated activities. This
includes:
1) Introduction to the Project
2) Attachment Theory 1
3) Attachment Theory 2
4) Primary Caregiving
5) Learning Stories
6) Professional Boundaries
7) Qualities and Skills required to be an effective support
8) Talking with parents.

To ensure the success of the training it is imperative to identify at the local level
a cadre of educators with the relevant expertise, knowledge and skill to ensure
that the sessions are of the highest standard. A key to the success of the
effectiveness of the training is the provision of transitional activities designed to
support the staff to apply their learning to practice. All training includes
additional action learning tasks and other ongoing activities that support
ongoing reflection and learning.

Research base

There are a number of theoretical models that underpin our program:
• attachment theory, informing the primary caregiving approach and
  intervention;
• the importance of the early years/brain development and intervening
  early, along with importance of first relationships;
• collaboration and working from a multi-disciplinary team approach; and
• social capital/social connectedness.

The most significant of these is attachment theory and the importance of the
early years and intervening early.

Attachment Theory

The theoretical base of the project is Attachment Theory and draws heavily on
this theory as applied by Marvin et al. (2002) who have drawn on over 30 years
of research and practice in attachment theory. Attachment is the term used to
describe our unique human ability to form lasting relationships with others and
to maintain these relationships (Harrison, 2003). As part of becoming an
independent person, children depend on an effective attachment relationship.
The foundations of emotional security are laid down in infancy (Dolby, 2003).

Attachment is the relationship between the child and the parent/caregiver. The
characteristics of these interactions determine the quality of the relationship.
Children learn about themselves and others and how to manage their feelings
as part of growing up in relationships. Once learnt, they carry these patterns of
relating and emotional regulation and re-enact them with other people (Dolby, 2003). Secure attachment is based on thousands and thousands of day-to-day interactions and experiences rather than a dramatic event.

Lieberman (1993) believed that children in childcare need a secure base from which to explore the environment, explaining that at home, the secure base is the parent and in care it is the primary caregiver to that child. Ainsworth, Bell, and Stayton (1974) stated that secure base behaviour refers to the balance between attachment (or proximity) and exploration that enables a child to use the mother or caregiver as a safe base from which to explore. Childcare is an important context where children learn about relationships and childcare workers play an important role as a secure base for children and their families (Dolby, 2003).

Marvin et al. (2002) have developed a graphic called the “Circle of Security”. This graphic has made attachment theory relevant and understandable to parents and caregivers in a way that they can utilise it and make a difference in how they are in their relationships with their children. The Circle of Security graphic is the key tool applied in TILG which supports the explanation of attachment to the participants in the group and is utilised by all staff within the centre. The graphic is constantly referred to during sessions both in discussions of attachment and when viewing video tape. This tool and its application has supported a shared understanding of the theory and enables both workers and parents using the centres to approach care from a shared place.

The theory has informed the approach to delivering childcare. The approach being primary care-giving, that is, the childcare worker becomes the secure base for the child and an alternative attachment figure. As a result child/ren feel confident/secure to explore supporting their wellbeing and involvement/learning.

**Importance of the early years/brain development**

The work of Professor Bruce Perry (Perry, Runyan, & Sturges, 1998) and others (e.g., McCain & Mustard, 1999; Schore, 1997) shows the important links between brain development and the formation of social capital and sustainable communities:

> The infant's transactions with the early socio-emotional environment indelibly influence the evolution of brain structures responsible for the individual's socio-emotional functioning for the rest of the lifespan. (Schore, 1994, p. 540)

As other authors note:

> The strength and vulnerability of the human brain lie in its ability to shape itself to enable a particular human being to survive its environment. Our experiences especially our earliest experiences, become biologically rooted in our brain structure and chemistry from the time of our gestation and most profoundly in the first month of life. (Karr-Morse & Wiley, 1997; also see Baibernie, 2001)

The developing brain is at its most adaptable for the first three years after birth, during which time:

> the primary caregiver acts as an external psychological regulator of the “experience dependant” growth of the infant’s nervous system. These early social events are imprinted into the neurobiological structures that are maturing during the brain growth spurt of the first years of life, and therefore have far reaching effects. (Schore, 2001, p. 208)

The first years of an infant’s life represent the critical period for brain development. The brain at birth is not pre-wired, the hard wiring of the brain occurring at critical periods during the first years of life. It is now well understood that the experiences that fill an infant’s first days, months and years have a decisive impact on the developing brain and the nature and extent of their adult capacities. By age 3, most of the brain systems are in place. At birth, while the brain has broad potential that is determined by genetics, it is experience not genetics that is responsible for broad deficits in functioning. The genetic potential through experience may be maximised or minimised. Ensuring the infant gets the right experiences is crucial for lifetime success, the early years
providing a window of opportunity.

Understanding and valuing the crucial learning and development that takes place in the infant in these early stages has informed our intervention, targeting parents with preschool children, particularly 0–3 years, supporting parents through increasing their parenting capacity and through providing a nurturing environment in care which will facilitate this growth.

There is a growing body of evidence that demonstrates early, targeted strength-based interventions that focus on relationships can bring about positive changes in the emotional environment of vulnerable infants. As Fonagy (1998) summarised:

Early preventative interventions have the potential to improve in the short term the child’s health and welfare (including better nutrition, physical health, fewer feeding problems, low birth weight babies, accident and emergency room visits, and reduced potential for maltreatment) while the parents can also expect to benefit in significant ways (including educational and work opportunities, better use of services, improved social support, enhanced self efficacy as parents and improved relationships with their child and partner). In the long term children may further benefit in critical ways behaviourally (less aggression, distractibility, delinquency), educationally (better attitudes to school, higher achievement) and in terms of social functioning and attitudes (increased prosocial attitudes) while the parents can benefit in terms of employment, education and mental wellbeing. (p. 132)

To complement the evidence of clinical impact, both psychological and neurological research has confirmed the importance of early attachment relationship for future development.

Outcomes

Our evaluation data to date gives evidence of achieving the following specific outcomes:

- Improved children’s wellbeing and involvement
- Decreased participant social isolation
- Increased parenting confidence/competence
- Increased staff capacity to be emotionally available.

Evidence of outcomes

An external evaluation of the project was undertaken by staff of the Adelaide University in conjunction with the Lady Gowrie Centre in 2007. The evaluation uses a series of pre and post project measurement tools, surveys interviews and observations to collect data from mothers, children and TILG staff at all five sites/centres. Methods include a range of qualitative approaches (in-depth interviews, focus groups, semi-structured telephone interviews and "rapid reconnaissance"), and quantitative approaches (systematically collected demographic data, self-completion surveys, and the application of pre and post standardised psychometric tools addressing a range of psychosocial and behavioural dimensions). The external evaluator worked with the project Reference Group (comprised of all partner groups) to identify appropriated standardised instruments to measure a range of psychological and behavioural dimensions related to the project aim. No single instrument operationalised the multifaceted issues addressed and a suite of tests was subsequently adopted. This necessitated the use of video recording, external assessment (by professional assessors based in Sydney) and additional staff training.

The standardised instruments selected to measure key changes for mothers and children were:

- Mothers:
  - The Hospital Anxiety and Depression Scale (HADS) measures change in a client’s emotional state using anxiety and depression subscales (Zigmond & Snaith, 1983).
  - Parenting Stress Index Short Form (PSI/SF) questionnaire measures stress in the parent-child system (Abidin RR, 1995).
  - Emotional Availability (EA) framework allows for measuring changes in the parent–child relationship based on parent dimensions (sensitivity,
structuring, non-intrusiveness and non-hostility) and child dimensions (child responsiveness to parent and child involvement with parent) (Biringen, Z., et al., 1998; Biringen, Z., et al., 2000). Videotapes of mother and child interactions are assessed by qualified professional EA scorers.

Children:

- Children’s Wellbeing and Involvement Observations measure a child’s levels of wellbeing and involvement while attending childcare (Laevers, Debruyckere, Silkens, & Snoek, 2005; Winter, 2003). Observations are systematically recorded by childcare staff.

The external evaluation has also developed the following evaluation tools:

- Client demographic form based on National Evaluation Service Users Questionnaire.
- Post project questionnaires to measure mothers’ and fathers’ satisfaction and experiences of the TtLG Project.
- Follow-up qualitative telephone interviews with mothers three months after completion of the project to further explore reflections about the project and identify sustained impacts.
- Email surveys for Reference Group members and TtLG co-facilitators;
- Interview Schedules for Clinicians and Directors.
- “Rapid reconnaissance” conducted at a “satellite” childcare centre site (see Beebe, 2001; and Handwerker, 2001).

Findings from this data are summarised below and presented in detail in the external evaluation report.

**Improved children’s wellbeing and involvement**

Mothers reported improved positive child behaviour on completing the project, with 85% (n = 45) perceiving that their child’s behaviour had improved. This impact appears to be lasting and probably reinforced by more positive parenting practices. The follow-up survey confirmed sustained changes in improved child behaviour, with 88% (n = 44) of responding mothers reporting lasting positive changes in their children’s behaviour since taking part in the TtLG Project. The following is representative of their comments:

“Major changes … he is coming out of himself … looks to new people in our life … he is happier.” (T060301)

“He is more confident. I let him explore and follow his lead. I don’t try to always make a game for him I follow him and no longer say don’t do this.” (IL008)

“(Child) used to be clingy now she’s happy and goes to kindy 4 days a week she’s turned into a real social creature and wants to go more days.” (IL009)

Childcare staff have also observed positive outcomes for children, as follows:

“When AW started childcare she was very distressed about leaving mum. Recently she left us to go to preschool and we saw her on her first day and she was very excited about going to a new place.”

“When WC commenced care he would never venture far from his primary caregiver and was distressed when other staff entered the room. He now enjoys spending time exploring the room and loves to have the opportunity to interact with the older children.”

“EM has become more creative and her imagination has expanded vastly. She now finds it easier to engage others in her dramatic play by verbalising her needs more confidently.”

“AV now is able to more confidently return to her safe base, rather than always staying out exploring.”

These results were also reflected in the standardised testing. Child’s wellbeing and involvement observation ratings also yielded positive findings: the mean
The score for wellbeing rose from 3.1 to 4.0, and for involvement from 2.8 to 3.9. The change in scores was significant ($p < .01$), with large effect sizes recorded in both cases.

**Increased parenting confidence/competence and decreased participant social isolation**

The project anticipated a range of outcomes for parents, grouped under this heading. Sixty-one families have completed the project so far. Findings regarding parent impacts include:

- 100% ($n = 53$) learnt more about parenting and attachment;
- 98% ($n = 52$) are more confident in responding to their child’s needs;
- 96% ($n = 52$) cope better as a parent since taking part in the TILG;
- 92% ($n = 49$) agreed that the TTGL helped them to feel closer to their child (with 35.8% ($n = 19$) strongly agreeing this was the case);
- 92% ($n = 46$) have acquired understanding of children’s attachment needs;
- 89% ($n = 46$) have acquired understanding of children’s exploration needs;
- 88% ($n = 44$) described positive changes in the way they do things with their children;
- 88% ($n = 44$) reported increased responsiveness and ability to read cues; and
- 80% ($n = 40$) reported increased confidence in responding to their children’s attachment needs.

Parent comments collected as part of project evaluation further explain these results:

"I feel the models provided should be taught to all parents in the community to help them better understand their children and child development and am therefore very grateful to have received the opportunity to participate in this project." (T050807)

"Feel much closer to (son) than could have ever thought. Enabled me to understand (son), his behaviour, actions and why I react the way I do." (IL008)

"I have learnt so much about the way my daughter reacts and why and how to deal with it. In conjunction all this is due to (clinician) and she is truly an asset to this project and for that I am forever grateful." (S060815)

Ninety-two percent (92.4%) of mothers indicated that the project had helped them to feel closer to their child, with nearly eight in ten indicating the project had helped them to feel good about themselves as parents and were more confident to look for other services and supports for their family. Nearly all mothers indicated that they had learnt more about parenting and attachment, were more confident to respond to their child’s needs, were better able to cope as a parent, felt closer to their child and acquired understanding of their child’s attachment and exploration needs. More than nine out of ten mothers indicated that 70% of the strategies employed had helped them (with seven out of ten indicating “a lot”) with regard to understanding their child’s attachment needs.

The combinations of group and individual work with clinicians and reflections on the child/parent video films guided by insights from attachment theory and the Circle of Security have clearly contributed to greater understanding of attachment. The childcare and primary care giving ethos of the centres were also highly valued.

Eighty-eight percent (88%) of mothers noted lasting positive changes in themselves since completing the project. Around eight in ten mothers formed supportive friendships during the project with over half of the mothers engaged maintaining friendships three months after project completion.

The “pre” and “post” application of a suite of standardised psychometric instruments has revealed statistically significant improvements in: parental stress; anxiety; depression; children’s wellbeing and involvement; child responsiveness to parent; child involvement with parent; parent sensitivity; and...
parent structuring. Psychological and behavioural improvements were found to be statistically significant in nine of the eleven dimensions measured, with large effect sizes found for depression, stress and the child’s wellbeing and involvement observation ratings.

Increased staff capacity to be emotionally available

Staff attending training during the first “wave” of the project were surveyed in regard to benefits and anticipated changes due to training received.

Ninety percent (n = 94) reported they would implement the training into their work practices. The most frequently described implementation strategies focused on the childcare worker becoming the secure base in the Circle of Security, using reflective practices and team work. Staff reported:

“...I will be more understanding, listening to children, 100% available … not just being there.”

“Thinking about the child first and focus on feelings not behaviours.”

Policy analysis

The Through the Looking Glass Project is a positive example of a prevention and early intervention program for early childhood. It provides evidence in regard to a co-ordinated service delivery across a number of sites in several States, as well as outcomes from the approach focusing on attachment theory and support within and around formal childcare settings.

Evaluation

The Through the Looking Glass project was submitted for consideration for the Promising Practice Profiles (PPP). The project was assessed across a range of criteria relating to how the service results in positive outcomes for children, families and communities. The submission was peer reviewed and validated as evidencing promising practice. More information on the PPP selection process may be found at:


The Through the Looking Glass project has been externally evaluated by the Paul Aylward and Margaret O’Neil from Adelaide University using a range of data collection strategies.

Project related publications

Through the Looking Glass Manual

References


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