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**Title:**

Pathways to participation: A community-based developmental prevention project in Australia

**Short Title: Pathways to participation**

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## **Abstract**

*Pathways to Prevention* is a developmental prevention project focused on the transition to school in a disadvantaged multicultural urban area in Queensland. The Preschool Intervention Program (PIP) promotes communication and social skills related to school success; and the Family Independence Program (FIP) (parent training, facilitated playgroups, support groups, etc) promotes family capacity to foster child development. Using a quasi-experimental design (N=597), improvements in boys' but not girls' behaviours over the preschool year were found. FIP reached more than a quarter of the target population, including many difficult-to-reach families experiencing high stress. Case studies and other qualitative data suggest positive outcomes.

This paper is about *Pathways to Prevention*, a universal, ‘early intervention’, developmental prevention project focused on the transition to school in one of the most disadvantaged urban areas in Queensland. The project was first fully implemented in 2002. Its overarching goal is to create opportunities for positive development for children and their families, and to promote their full participation as citizens in society. This is especially important in a community where there is a high level of economic and social hardship and an associated risk of family stress and engagement in antisocial behaviour by young people.

The project has a number of features that are unusual in the Australian context. It has involved the creation of a university-welfare agency partnership that, apart from a Queensland Government grant equating to about ten percent of total funding, is supported entirely from corporate, philanthropic and research agency sources; it has emphasised child- and family-focused programs equally; it has an emphasis on quantitative as well as qualitative evaluation; follow-up data on Grade 1 outcomes have been collected; and much attention has been paid to the development of a methodology for cost-comparison and cost-effectiveness analyses based on short-term outcomes. The project is also fairly complex for a non-government initiative, since it has been reasonably well funded by Australian standards, has incorporated numerous programs and activities at the level of child, school and family, has commenced a range of community development activities, and is being researched from a number of angles.

Given the project’s size and complexity, it is only possible in this paper to provide an introduction and report some basic results on child behaviour to illustrate the nature of the quantitative evaluation. (Note 1). Although the Level 4 quasi-experimental design used for child outcomes means that caution must be exercised in

drawing causal inferences (Farrington, Gottfredson, Sherman & Welsh, 2002), it does appear that participation in the preschool programs improved child behaviour. Data on the family program show that the project also succeeded in engaging many of the most vulnerable families in the area in a range of programs, and case study analyses suggest outcomes have been positive.

### ***The Pathways to Prevention Project***

The project had its beginnings in the Federal Government report, *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*, written by a group of scholars from several disciplines that came together under the leadership of one of the present authors (Hemel) as the Developmental Crime Prevention Consortium (1999). The human development perspective is fundamental to the *Pathways* approach. Developmental approaches do not see life as marked by one steady march toward adulthood that is set early in life, or indeed as any kind of fixed ‘trajectory,’ either for better or for worse. Instead, what occurs is a series of *life-phases*, a series of points of change, a series of transitions. These *transition points* are times when things often go wrong, especially for children from disadvantaged backgrounds, but are also times when families are most open to help and so intervention can occur most effectively. Transitions also often involve a change in social identity and movement between social institutions (e.g., from home to school). As such they represent periods when the links between different contexts for development become heightened, making them an ideal time to intervene concurrently in multiple contexts.

The transition to school is especially problematic for disadvantaged children (e.g., Rimm-Kaufman & Pianta, 2000), which is one key reason why we chose it as a focus for our work. We do not however subscribe to one of the myths surrounding early childhood that “if at first you don’t succeed, you don’t succeed.” Whilst

acknowledging that infancy and early childhood may be a critical period for the development of some capacities such as visual acuity, the early years (0-5 years) are more generally a period when ideally a firm foundation rather than a rigid framework is established for social, emotional and cognitive development in later life (Shonkoff & Phillips, 2000). So 'early intervention' in our terms is not conterminous with 'early in life' interventions, notwithstanding current federal government emphases (Commonwealth Task Force on Child Development, Health and Wellbeing, 2003). Rather, 'early' means 'early in the pathway' that might lead to problems becoming entrenched later on, supported by the expectation that one-off interventions at any age are very unlikely to solve all future problems.

Given our focus on opening up opportunities for disadvantaged children and their families, we chose to work in an area with a high concentration of social problems. The community is a cluster of residential suburbs served by seven primary schools each with a free state government preschool in the grounds. We estimate from surveys that these preschools enrol about 85% of local four year-old children. Located 20 km from the central business district, the community is bounded by freeways, light industrial estates, new housing developments and market gardens, and had a total population of 21,109 at the 2001 Census. The area is close to one of the state's major prisons and youth detention complexes (which means that many families of prisoners live in the district).

Census data indicating high levels of social and economic disadvantage include: lower than average median weekly household income (\$400-499 *vs.* \$800-899 for the wider Brisbane area); low rates of high school completion within the adult population (less than 24% *vs.* 43%); higher than average rates of single parent families (33.1% *vs.* 15.7%), unemployment (20% *vs.* 7%) and public housing (39.1 % *vs.* 4.3%). The community is culturally and linguistically diverse (32% of households have home

languages other than English, vs. 20.0% of the Australian population). The main ethnic groups in the area are Vietnamese (17.2%; Brisbane and Australia 0.8%), Pacific Islanders (6.4%; Brisbane 1.9%, Australia 0.9%), and indigenous (5.8%; Brisbane 1.7%, Australia 2.2%) (Note 2). Nearly one person in five is aged less than 10 years, and within the Indigenous community 50% of the population are less than 15 years old. Significantly, the rate of court appearances by 10-16 year olds resident in the district (158 per 1000) is much higher than for the greater Brisbane area (20 per 1000).

The target population was all children aged four to six years in the suburb (compulsory schooling begins at about age five in Queensland), together with their families and relevant communities and social networks. Schools and preschools were also part of our focus, as well as other developmentally relevant local institutions. The project involved the integration of family support programs (the community-based *Family Independence Program* [FIP] run by a national non-government welfare agency, Mission Australia) with preschool programs in four of seven schools (the *Preschool Intervention Project*, or PIP).

To clarify the focus and scope of intervention efforts, the project drew on empirical evidence that identifies a range of factors known to precede involvement in juvenile crime (e.g., Farrington, 1995; Loeber & Dishion, 1983; Tremblay & LeMarquand, 2001; Yoshikawa, 1994). These may be grouped into at least three categories:

- *Individual factors* (such as behaviour problems, low levels of social competence, and impulsive lack of self-control). Developmental theory and models of development (e.g., Coie, 1996) show that such individual problems interact with and are mediated by:
- *Family factors* (such as harsh and inconsistent parenting, lack of supervision, exposure to abuse and domestic violence) and that they also interact with:

- *School-related factors* (such as lack of attachment to school, poor performance, rejection by peers, and early school drop-out).

There are constant changes in the direction in which the currents of influence flow between these sets of factors (e.g., Coie, 1996), and the relationships between them highlight the importance of incorporating all three sources within the framework of crime-prevention interventions. Therefore, *Pathways* adopts a transactional-ecological model (Sameroff & Fiese, 2000) in which development is understood to be closely tied to the multiple contexts in which it occurs and in which the child both shapes and is shaped by their social environment. The programs mark an effort to provide a comprehensive intervention that incorporates action at individual, family, school and (to some extent) community levels and that comprehends the very significant economic and social adversity faced by many families living in disadvantaged areas.

Although an understanding of risk factors that impact on development is important to the *Pathways* intervention approach, we did not attempt to develop a precise and comprehensive profile of local risk and protective factors as is done for example in the *Communities that Care* approach. Our selection of a multicultural and disadvantaged area, our theoretical focus on the transition to school and on working simultaneously across several developmental domains, and our commitment to working in partnership with the local community and with schools, dictated instead an approach that blended learnings from the vast literature on developmental prevention with qualitative and quantitative research specifically designed to throw light on the contexts in which we were working and to guide the development of programs.

Thus we drew on documents about the history and sociology of the community as one of many major post-war “Housing Commission” (welfare housing) developments in Australia (e.g., Peel, 2003). We also put particular effort into qualitative research developed and implemented by local residents (the “Community Insight Survey”) as a

way of understanding the challenges of raising children and dealing with local institutions such as schools from the perspective of culturally and linguistically diverse parents and community elders. Similarly, we spent much time talking to teachers and principals to better understand such concepts as ‘readiness for school’ and how local schools varied in policies, programs and social climate. This research was essential for planning the preschool programs, and revealed a close coincidence between the views of school staff and how the literature suggested the transition to school could best be facilitated through preschool programs. Overall, our multiple sources of data sensitised us to the fact that there is no direct cause-and-effect relationship between specific conditions or experiences and specific outcomes. We have come to view risk factors less deterministically, as barriers or burdens that have the potential to constrain development by blocking access to the kinds of opportunities, privileges and resources that increase the chances that individual pathways will take a positive direction.

### **How does *Pathways* work?**

*Pathways* operates as a partnership between a university-based research team, Mission Australia, local schools, three ethnic communities, and the ‘mainstream’ community including other agencies. The project methodology was ‘universal,’ despite the fact that not all children or families in the target area were involved in programs, because all children in selected preschools, and all families in the area, were encouraged to participate. Thus there was no attempt to target individuals or families ‘at risk’ of or actually exhibiting specific problems for specialized interventions, although great efforts were expended in reaching the most vulnerable families.

The project works within a community development framework, which helps ensure that intervention activities (i) are responsive and relevant to community issues;

(ii) actively work to overcome barriers to participation identified in the local context;  
(iii) provide opportunities for immediate and positive changes in the lives of participants, and (iv) work alongside other local agencies to support families' capacities not just to access but to shape institutional policy and practice in order to ensure that institutional and family systems are mutually supportive of children's development.

Because schools provide a direct point of connection with the majority of children and their families, the focal goals of the program became to:

- Promote child competencies related to school success
- Promote family capacity to nurture child development
- Promote equitable relationships between families and schools

#### The Preschool Intervention Program

Theory and empirical evidence (Beitchman, Wilson, Brownlie, Walters, Inglis, & Lancee, 1996; Hay, Castle, & Davies, 2000; Hay, Castle, Davies, Demetriou, & Stimson, 1999; Stevenson, 1996) emphasise the links between conduct problems and age-appropriate skills in the areas of language and social competence. This research evidence was mirrored almost exactly in the concerns raised by teachers at participating schools that antisocial behaviour and poor communication skills were the most common obstacles to school success for children in their classes. These factors then became the primary focus for the PIP which included:

- *Communication program*: designed to enhance children's functional communication skills through a teaching sequence in which children are gradually introduced to more abstract language and more complex vocabulary and syntax formats during structured interactions with teachers.
- *Social skills program*: designed to reduce the incidence and severity of behaviour problems and promote prosocial behaviour and positive peer

relationships through a structured program that focuses on developing children's ability to accurately interpret social information, overcome unproductive expression of emotions such as anger and anxiety, consider the consequences of their actions, and develop a repertoire of strategies for dealing with and solving the kind of social problems that commonly occur during interactions with peers or teachers in preschool settings.

PIP elements are conducted either by specialist teachers or by program staff. Direct skills training and enrichment activities are provided to all children attending the intervention preschools. Activities are undertaken as small-group activities during normal class time reflecting the aim to integrate PIP activities into general classroom practice.

#### The Family Independence Program

Before parents can create conditions to foster their children's development they may have needs of their own to be met. For example, a parent trapped within a cycle of domestic violence may be unable to benefit from parenting training because, overwhelmed by a personal sense of helplessness, they may lack the confidence to put such skills into practice. Therefore, the FIP includes a range of activities, some of which have a specific focus (such as improving child-rearing practices as a means of reducing the incidence of difficult behaviour that can reduce a child's success at school), and others that are more broadly focused on supporting families and strengthening their capacity to deal with adversity. The broad focus on strengthening families is considered an essential foundation to skills training in order to set in motion a process that has the capacity to effect enduring change.

Because social and cultural background influences child-rearing attitudes and behaviours and cultural community membership provides a powerful potential source of social affiliation and support for families, there was a dedicated effort within the

intervention design to address family issues within the cultural contexts within which they occur. This was enormously assisted by the employment of community workers from the indigenous, Vietnamese and Pacific Islander communities.

Through its varied menu of activities, the FIP enables families to participate in different types and varying levels of services (e.g., sometimes the simple offer of timely advice, at other times intensive counselling). These activities can be grouped into the following streams:

- *Behaviour management* (e.g., parent training programs such as Triple P: Sanders, 1999)
- *Playgroups* (structured activity groups for parents and 0-5-year-old children overseen by a facilitator who provides developmentally appropriate activities and learning materials and encourages strengthening of first language skills)
- *Counselling* (individual and family therapy – for parents and children)
- *Support groups* (e.g., survivors of abuse and violence, dealing with grief and loss, ethnically-specific network building, general parent social support)
- *Adult life skill services* (e.g., computing, English classes)
- *Individual advice, support, advocacy and liaison* (e.g., assisted referrals to other agencies, liaising on behalf of family with institutions like schools and government social services)
- *Welfare assistance* (e.g., locating crisis accommodation, financial, food and other material assistance)
- *Youth program* (cultural, sporting and personal development activities for older siblings of preschool children)
- *Other children's services* (e.g., organised holiday activities, fun days and festivals)

### **Is the project effective?**

### Did the Preschool Intervention Program enhance child behaviour?

Within the cluster of seven participating schools, four preschools were allocated to the intervention group and three to the comparison group. The choice of participating schools was based on principal and teacher preferences, so was not random. Children attending the four intervention preschools received either the Communication program or the Social Skills program during regular preschool sessions.

Pre- and post-intervention measures of children's behaviour were taken for all children enrolled at all seven preschools. The assessment of difficult and challenging behaviour reported here was based on data collected by means of classroom teachers' completion of behaviour checklists for each child in their class using the Rowe Behaviour Rating Inventory: RBRI (Rowe & Rowe, 1995). For analysis of behaviour the sample included 597 children (i.e., those children who were enrolled in preschool for most of the year and for whom both pre-intervention and post-intervention checklists were completed).

Analysis of covariance was used to assess PIP effects on RBRI behaviour scores at the post-intervention assessment phase while statistically controlling for pre-intervention score. This 2 (Group: Intervention *vs.* Comparison) x 2 (Sex of Child: Boy *vs.* Girl) ANCOVA yielded significant main effects for Group ( $F_{(1, 591)} = 3.954, p < .05$ ) and Sex of Child ( $F_{(1, 591)} = 14.62, p < .001$ ), as well as a significant Group x Sex interaction ( $F_{(1, 591)} = 6.045, p < .05$ ). The positive effect of the PIP on reducing level of difficult behaviour was evident for boys but not girls (see Figure 1). The Preschool Intervention Program appeared to be effective in improving the level of children's behaviour over and above the effect of the regular preschool curriculum.

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INSERT FIGURE 1 ABOUT HERE

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### Did the Family Independence Program succeed in engaging with families?

FIP was not a standardised, single-focus, time-limited ‘treatment package’ that provided a uniform experience to all participants. Rather, it was a diverse set of activities developed in response to community issues elicited through the Community Insight Survey and other means, and in some measure provided an individualised service for families. Families had their own reasons for using the service and elected to attend whichever element(s) they desired from the available menu (Table 1).

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INSERT TABLE 1 ABOUT HERE

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Meeting individual needs and building trust is fundamental to effective service provision in real-life settings (Dunst & Trivette, 2001a&b). Efforts to ensure program accessibility included:

- Universal focus to avoid stigmatisation and normalise parents’ concerns
- Availability of staff who share culture and language of families and culturally sensitive programs
- Provision of transport, childcare and refreshments for participants
- Diversity in program content, format, structure, timetabling, and location – rejection of one-size-fits-all
- Open-door policy, friendly, free, non-judgemental service
- Soft option entry points and use of non-intimidating preschool as first point of contact

Evidence that FIP achieved its goal is seen in the following ways:

- 161 families of preschool children representing over one quarter (27%) of the eligible population participated in the FIP. This suggests general acceptance of the

program by parents who made their own choice to attend. The average number of contacts with FIP was 21.5 (median 14; range 1 to 139).

- The movement of families between different FIP components and patterns of multiple use of these program elements suggests staff tailored services to families' individual needs and established positive relationships to earn their trust. As an example, 64% of those families who participated in an intensive individual behaviour management program had already attended a more basic group version of the program. When multiple use of the nine different FIP program streams is considered, 56.3% of families were found to have participated in more than one service. On average, families participated in 2.4 different streams of the FIP.
- Descriptive data profiling the characteristics of FIP participants shows that the service was used by some of the most difficult-to-reach families experiencing high levels of adversity. This point is elaborated below.

As clients attended, information about the number and severity of stressors was collected. This information was not obtained as part of an intake interview, but recorded during the course of the family's involvement with the program whenever issues surfaced as a problem impacting on the wellbeing of the child or family. The different types of stressors experienced by 148 FIP participants for whom an issue was recorded were classified according to six Family Adversity Categories, based on the potential of the issue to impact adversely on the child (the number and percentage who experienced each type of stressor as their most serious problem are shown in parenthesis) (Note 3):

1. Child developmental, behavioural or social problems (eg. problems at school, parenting issues) (34, 23.0%)
2. Serious child developmental, behavioural or social problems (eg. ADHD, child disability) (14, 9.5%)

3. Chronic stressors (eg. marital problems, social isolation, financial pressures) (15, 10.1%)
4. Disruption to the family (eg. divorce, family member in prison, death) (15, 10.1%)
5. Issues of care for the child (eg. caregiver mental health, drug or alcohol abuse, custody issues) (30, 20.2%)
6. Issues of abuse (child abuse or neglect, domestic violence) (40, 27.0%)

The group who on entry did not report any specific issues for which they required assistance consisted mostly of families who accessed general family enhancement program elements such as playgroups. Many families were experiencing Category 1 issues, reflecting the program's focus on the wellbeing of the child (these issues were not always, however, their most severe problems). Equally, nearly half experienced major issues of care, abuse or violence as their most serious stressor. The total number of stressors experienced by each family ranged from 0 to 17 (Note 4). As would be expected, families with serious problems also tended to have a high total number of problems.

#### Did the Family Independence Program produce positive outcomes?

While the relationship between family variables and FIP participation indicates that parents experiencing high adversity are more frequent users of FIP, our current quantitative data do not permit conclusions regarding whether the FIP improved these kinds of outcomes (Note 5). However, the question of whether the FIP was effective in reducing levels of family adversity and promoting parents' capacity to nurture their children's development can be validly addressed using alternative methods. Current evaluation efforts include the collection of a series of case studies, constructed through interviews with FIP workers and participants. The following case study is one family's experience with the FIP:

On a routine social visit to one of the preschools to introduce herself to parents, a Vietnamese FIP community worker initiated conversation with a Vietnamese mother (who was unable to speak English) who then asked the worker for help in translating and interpreting a form that she had received from the school. A home visit was arranged for this purpose, at which time the FIP worker also became aware that:

- the mother was suffering depression after recently giving birth to a baby who had died, and
- the family of seven was living in impoverished conditions – subsisting mostly on vegetables grown in their garden and sleeping on clothes on the floor because they had little furniture.

Although initial offers of grief counselling and material support were rejected by the father as a threat to family pride, contact with the family was maintained by the FIP worker and a subsequent breakthrough acceptance of beds for the children in return for home-grown vegetables coincided with father also agreeing that mother should attend the FIP playgroup with the youngest children (who were extremely quiet and non-interactive, even with their mother). Since joining and maintaining regular playgroup attendance (FIP workers provided transport to and from playgroup):

- the children have become more socially confident and mother expresses her understanding of the importance of spending time with her children: *“I wanted to know more so I could help my daughter. Now I pay more attention to what my children are doing. I ask them about homework and what they are doing at school. I know the songs from playgroup ... so I can sing along with them”*
- the mother too has gained in confidence, she now joins in the playgroup activities, speaks with other parents, and freely seeks advice and discusses troubles and family issues with FIP workers

- after being approached by the father about problems he had been having with his elder teenage children they were admitted into the FIP youth activities program
- the FIP liaised with the school on behalf of the family and assisted them with an enrolment issue that they had been unable to resolve, and the mother now maintains regular contact with a Vietnamese speaking staff member at the school
- the mother participated in an English language course run by FIP in collaboration with another agency
- on noticing mother suffering extreme pain from a tooth infection the FIP worker discovered that none of the family had ever been to a dentist, and subsequently arranged referral to a free dental clinic

The family maintained a three-year involvement with the FIP. *“It has taught me to understand more about my children and to communicate with them ... my family has changed for the better.”*

### **Participation and prevention**

The *Pathways* approach appears to offer a useful model for preventative practice in disadvantaged communities, although only a fraction of the evidence could be presented. The evaluation suggests the soundness of strategies such as (i) building support structures outwards from a nucleus of child-focused programs and (ii) offering individualised programs that are (iii) underpinned by basic principles of family support. In this model front-line community staff have the skills to build trusting relationships with families while being supported by colleagues who have the specialist knowledge to recognise and respond to critical developmental issues. This is an important finding from a policy perspective and illustrates what Shonkoff (2004) refers to as “knowledge for advocacy”.

The evaluation suggests that the preschool program produced beneficial outcomes for children, subject to appropriate caution arising from the non-randomised design. Although schools and classes did vary to some extent in ethnic composition and (to a lesser extent) in the degree of social disadvantage of enrolled families, through statistical controls for variations in baseline scores we can have a reasonable degree of confidence in the analyses suggesting program effects. The finding of more marked improvement in behaviour among participating boys compared to girls may suggest that the program is particularly effective in enhancing outcomes for children whose behaviour places them at greater risk for school failure. This interpretation of the data is based on the finding that, as a group, boys tended to be judged more negatively by their teachers than girls. The hypothesis that a universal program has the potential to foster significant benefits for those most in need is consistent with other recent studies and will be explored in future analyses (Zubrick et al., in press). That the benefits may be sustainable, at least in the early years of school, is suggested by the evidence that the project succeeded in engaging with some of the most vulnerable families in the area, enhancing the chances that for some children the family environment will become more conducive to positive development and survival in school.

The very success of the FIP in reaching many multi-problem families has however created a new problem: the resources required to achieve even small gains with this ever-growing group threaten to overwhelm the work with more 'average' families. If our hypothesis is correct that the really vulnerable children also benefit significantly from a broad approach, this could be a serious threat to the preventive philosophy of the program. Moreover, in assessing community intervention trials in public health Rose (1992) makes the important point that small behaviour changes by a large number of people exposed to a small risk may yield better aggregate results than large changes by a small number of high-risk individuals.

On this logic programs like *Pathways* must not be allowed to be overwhelmed with high-need clients, yet the reality is that *Pathways* may become a service of ‘last resort’ for over-stretched government departments. This highlights a conclusion about practice that we would draw: the building of partnerships with other agencies must be supported by the provision of resources matched to the entire spectrum of need in disadvantaged communities. The failure to achieve this balance highlights a further conclusion: the provision of a service must go hand-in-hand with political advocacy and community action.

Generally while partnerships were absolutely vital with government and other agencies, with schools, with the local community, and within the project itself between the university and Mission Australia teams, they were not without their strains. One ongoing challenge has been to embed the program within local schools. The fundamental problem is to move from genuine goodwill, expressed most notably by principals but also by classroom teachers and administrative staff, to a situation where schools develop practices that reflect a realisation that they need a close partnership with both families and community service organizations to achieve their core educational goals in disadvantaged areas. To ensure sustainability the project needs to be given dedicated time and resources within school structures and routines rather than being seen as an ‘add-on’ activity run by outsiders.

Our experience is that the researcher-practitioner partnership also requires more attention than we anticipated. One limitation of the evaluation is that we have not been able to gain a greater understanding of the mechanisms through which the program may have had a positive impact for vulnerable families (and generated, in Shonkoff’s terminology, a stronger bank of “knowledge for understanding”). Case studies that chronicle a reduction in level of adverse life events provide great insights,

but evidence of program success could be strengthened by quantitative assessment of variables such as parental efficacy and availability of social support networks.

Although the research and program implementation teams maintained close relationships, evaluation efforts were sometimes hindered by an underlying reluctance to collect data. This resistance appeared to be based on a combination of factors, including the perception that time spent on evaluation was time stolen from clients, and perhaps by a failure of research staff to appreciate how difficult data collection was for program workers. The pressures of day-to-day work with families facing extreme hardship focuses a very caring staff's physical and emotional energy squarely on the imperative of alleviating families' immediate needs. However, the belief that success can be measured by the number of services provided and by perceived changes in the lives of clients must be balanced by a belief that, in providing the service, the program can make a difference in the longer term, demonstrated through evidence of measured change.

These tensions are not of course unique to the *Pathways Project*. The fact that despite the differing perspectives the project achieved so much in terms of measured outcomes and successful partnerships suggests that the problems are not insurmountable. We have learned that partnerships require considerable effort and many modes of communication, and that project planning must include a substantial budget not only for training as conventionally understood, but for spending time together to better understand each other's realities.

## Notes

1. In this paper we omit or only touch upon our work concerning: behaviour and language improvements in preschool; cost-effectiveness analyses; Grade 1 outcomes (i.e., intervention impacts after one year); the Community Insight Survey and the other methods we used to understand family and community

needs; how we went about a range of community development activities; the analyses of how child outcomes and family variables are connected; and how we created and maintained a variety of partnerships, including the challenge of building family-school partnerships. Papers and reports related to most of these topics are being added progressively to the project website:

[www.gu.edu.au/centre/kceljag](http://www.gu.edu.au/centre/kceljag).

2. From our experience working in the area the official rate of 5.8% indigenous is an underestimate.
3. A total of 370 families used the service between July 2001 and June 2004, of whom 222 (60%) reported no specific stressors. This sample included families who accessed the service outside the 2002-2003 period that is the main focus of the present paper.
4. This refers to individual issues or areas of concern rather than the six categories of adversity.
5. Our task for further evaluation is to work within a valid research design to collect data that will allow us to outline the temporal sequence that demonstrates that programs like the FIP act as the catalyst that initiates and sustains measurable changes within families (like improved parental efficacy: Bandura, 1977) that in turn influence child development variables.

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## Tables

Table 1: Pattern of use of the nine FIP service streams by parents of preschool children

FIP Service Element	% FIP sample who accessed the service	N
Behaviour management	47.2	76
Playgroups	43.5	70
Counselling	21.7	35
Youth activities	8.1	13
Support groups	16.8	27
Individual advice, support, advocacy & liaison	36.6	59
Welfare assistance	10.6	17
Other adult services	21.1	34
Other children's services	18.0	29

*Note:* Families often made use of more than one service within FIP.

## Figures

