

# 'CRIME PREVENTION BEGINS WITH CHILDREN AND FAMILIES'

## ESTABLISHING THE FAMILY SUPPORT COMPONENT OF THE PATHWAYS TO PREVENTION PROJECT IN BRISBANE

**Cherie Lamb**

Project Manager, Pathways to Prevention Project, Brisbane and Adjunct Research Fellow, Key Centre for Ethics Law Justice and Governance, Griffith University

**Ross Homel and Kate Freiberg**

Griffith University

Conference paper presented at:

Delivering crime prevention : making the evidence work

Carlton Crest Hotel, Sydney

21-22 November 2005



**Australian Government**

**Australian Institute of Criminology**



**Crime Prevention Division**  
**Attorney General's**  
department of nsw

This conference was organised by the Australian Institute of Criminology in conjunction with the Crime Prevention Division of the New South Wales Attorney General's Department.

<http://www.aic.gov.au/conferences/2005-cp/>

Note: copyright for these papers/speeches rests with the authors and the AIC accepts no liability for the material contained within them. These papers/speeches are not peer reviewed and in particular, speeches may not necessarily meet the standards of the AIC's formal publication series. Their presence on the AIC website should not be constituted as an endorsement of the views contained within them.

**Delivering Crime Prevention: Making the Evidence Work**  
**The Australian Institute of Criminology with the Attorney-General's Department of NSW**  
**21-22 November 2005**

**‘CRIME PREVENTION BEGINS WITH CHILDREN AND  
FAMILIES’: ESTABLISHING THE FAMILY SUPPORT  
COMPONENT OF THE PATHWAYS TO PREVENTION  
PROJECT IN BRISBANE**

**Author & Presenter:** Cherie Lamb, Project Manager, Pathways to Prevention Project, Brisbane and Adjunct Research Fellow, Key Centre for Ethics Law Justice and Governance, Griffith University.

**Co-author's:** Professor Ross Homel, Professor of Criminology and Criminal Justice; Dr Kate Freiberg, Research Fellow, Griffith University.

## Introduction

One of the most pressing concerns in beginning early intervention and crime prevention work in a community is to design service delivery in such a way that it that will achieve a balance between universal and targeted interventions; between ‘top down’ and ‘community led’ approaches; between the requirements of schools and the needs of families; and, between the needs of children and the immediate concerns of their parents. It needs to be appealing, assessable and enjoyable enough for families to want to engage with in the first place and have enough critical content to maintain their involvement as they work through difficulties to achieve life changes.

This paper focuses on the creation and growth of the Family Independence Program from the year of its establishment in 2001 through to the end of 2005. It is mainly concerned with the decisions behind the growth of certain programs, changes to Project direction, as well as discussion of some of the successes and limitations to constructing this kind of initiative. This paper is not an evaluation of the Project and any discussion or analysis of results is limited to exploring how the service evolved. In depth analysis and discussion of results are outlined in a series of other publications by Mission Australia and Griffith University<sup>1</sup>.

## Setting the Context

The Pathways to Prevention Project is an early intervention and prevention service based in the south west of Brisbane. It is a partnership between Mission Australia, Griffith University and Education Queensland. When the idea to create this new collaborative model was conceived between 1999 and 2001, it was at the cutting edge of early in life intervention and crime prevention work in Australia, in terms of being a platform upon which to demonstrate the nexus between research and practice. Since that time it has also been responsible for informing government policy through input into the Stronger Families and Communities Strategy through the Communities for Children Initiative<sup>2</sup>. The initial brief was to design and implement a Project that would improve the life chances of children between the ages of four to six years in a disadvantaged community through intervention in an early transitional life phase - from home to school. The long term goal of the Project is to use developmental prevention strategies to reduce the crime rate in the target area through: working with young children, supporting their families and building community capacity.

The Project was to have two major components: A) a Family Support Service titled the ‘Family Independence Program’ (FIP) run by Mission Australia, which primarily assists parents, caregivers and families to create a stimulating home environment that is harmonious and conducive to learning, through the provision of culturally sensitive services; and B) a suite of universal school-based interventions for preschool children, later titled the ‘Preschool Intervention Program’ (PIP) run jointly by Griffith University and Education Queensland. The threefold aims of PIP were to improve children’s communication and language skills, to improve children’s social competence and increase parental involvement in their children’s learning and education. It is the Family Independence Program that I intend to focus my discussion on today.

At the end of the initial pilot in 2003 and after the Project was largely consolidated, this strict delineation of roles between the partners became more blurred, and Pathways, through the creation of two new initiatives titled the ‘Family Enhancement Project and ‘Learning to Link and Linking to

---

<sup>1</sup> See Freiberg, K., Homel, R., Batchelor, S., Carr, A., Hay, I., Elias, G., Teague, R. and Lamb, C. 2005 *Creating Pathways to Participation: A Community-Based Developmental Prevention Project in Australia*; and, Homel, R., Freiberg, K., Stanley, F., Stewart A., Manning, M., Carr, A., Batchelor, S. and Lamb, C. 2004 *The Pathways to Prevention Project: One model for working in disadvantaged communities in Australia*. Griffith University.

<sup>2</sup> Stronger Families and Communities Strategy, Department of Family and Community Services (2003)

Learn' increased its target group to incorporate all preschool and primary school aged children in the local area and Mission Australia also began to design and implement a suite of children's programs.

## **The Planning Phase**

The initial phase of the program (year 1 of implementation) in 2001 was spent selecting from a range of evidence based programs used in pioneer projects such as the Head Start Program,<sup>3</sup> the Perry Preschool Project,<sup>4</sup> the Elmira Prenatal/Early Infancy Project<sup>5</sup> and the Seattle Social Development Project<sup>6</sup> in the USA and Sure Start<sup>7,8</sup> in the UK, not to mention a host of others around the world. There were some excellent home grown models to peruse as well. The challenge was to sift through the research to determine which were the most appropriate suite of programs with the highest likelihood of effecting change in a unique and diverse area in the south west of Brisbane; programs that could be rolled out to reach as many families, and particularly the parents and caregivers of preschool children as possible.

## **Project learning's through strategies that worked**

We know from these earlier interventions that a well designed early intervention and prevention program can be effective in improving a child's integration in to the mainstream classroom and warding off future involvement in criminal behaviour. We have attempted to pave a smoother pathway in the lives of our children by:

***a) Developing an inclusive and integrated project model that provided a broad context in which the child is placed at the centre of a family, a school, a cultural community and a neighbourhood.***

The Pathways to Prevention Project provides an innovative intervention model within which a number of partners work together sharing a common strategic focus: to support families in promoting their young children's cognitive, social and emotional development. The work that has been undertaken to put this collaborative approach into practice has paved the way for the simultaneous implementation of a responsive and flexible range of intervention components in the key developmental contexts of family, school, ethno-specific and community settings. One of the major challenges was to create a model that was flexible enough and diverse enough to be able to deliver universal services to the target population, being four to six year olds and their families.

---

<sup>3</sup> Kamerman, S. B. (2000). Early childhood intervention policies: An international perspective. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2 ed., pp. 613-629). Cambridge: Cambridge University Press

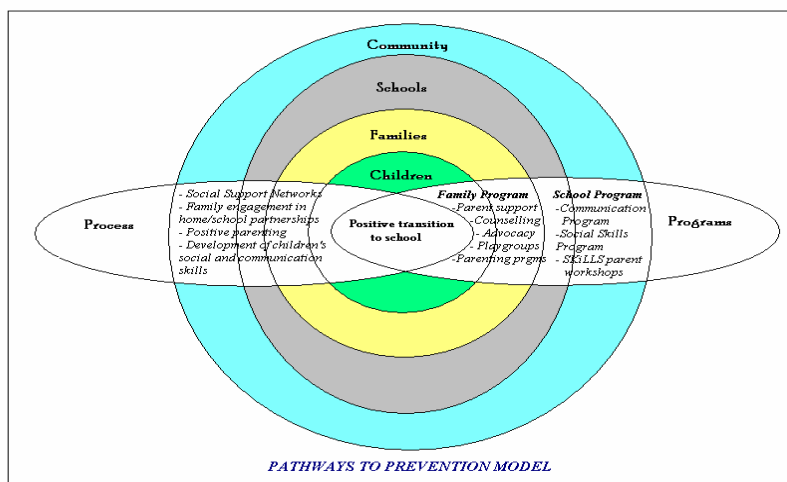
<sup>4</sup> Schweinhart, L. J. (2004). *The High/Scope Perry Preschool Study through age 40: Summary, conclusions, and frequently asked questions*. Ypsilanti, MI: High/Scope Educational Research Foundation.

<sup>5</sup> Eckenrode, J., Olds, D., Henderson, C. R., Kitzman, H., Luckey, D., Pettitt, L. M., Sidora, K., Morris, P., Powers, J., & Cole, R. (1998). Long-term effects of nurse home visitation on children's criminal and anti-social behaviour. *Journal of the American Medical Association*, 280(15), 1302.

<sup>6</sup> Hawkins, D. J., Catalano, R., Kosterman, R., Abbot, R., & Hill, K. (1999). Preventing adolescent health-risk behaviours by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153, 226-234.

<sup>7</sup> Tunstall, J., Allnock, D., Meadows, P., & McLeod, A. (2002). *Early experiences of implementing Sure Start*. London: London University.

<sup>8</sup> Glass, N. (1999). "Sure Start: The development of an early intervention programme for young children in the United Kingdom." *Children & Society* 13: 257-264.



***b) Hiring and maintaining a team of well respected members of local cultural communities who can provide timely responses and ongoing support to people from these communities.***

One of the first decisions made was to hire a mix of professional and paraprofessional staff from a variety of disciplines with at least one worker from each of the main ethnic groups in the area - the Vietnamese and Pacific Islander populations. As the area also has a large number of indigenous families (much higher than the Brisbane average) it was imperative that a worker was hired to work specifically with Aboriginal families and in consultation with the Murri Elders and other local indigenous organisations. Workers from these cultural backgrounds were hired because of their excellent standing within their own communities, their previous experience in working with those communities and their experience in working in early childhood settings.

***c) Hiring a team of staff and volunteers who worked together to ensure that the needs of whole families were met through the mutual support between professional and paraprofessional staff.***

Recruiting a full complement of staff with professional qualifications in social work or psychology, as is the acceptable norm highlighted by research into successful evidence based programs was always going to be a challenge when working with diverse communities, and the decision was made to hire people acceptable to their own communities and to spend resources in training and supporting them to develop and grow in their roles. It was also very important to set up a supportive team environment where paraprofessional staff could have access to internal clinical supervision by a professionally trained team leader on a weekly or fortnightly basis, or as the need arose.

The initial structure was founded largely on a generous donation from The John Barnes Foundation. These funds were stretched to the limit immediately to incorporate a structure that by necessity duplicated staffing roles due to the different cultural communities forming a large part of the target group. Pathways needed to deliver genuine services, not just lip service, to these groups in order to 'make a difference'. The initial staffing positions chosen therefore were: one full time Project Manager; one full time Generalist Family Support Worker/ Counsellor and three part-time Community Support Workers from the Indigenous, Vietnamese and Pacific Islander Communities. These core positions were supported by a casual pool of ethno-specific Child Care Workers and the occasional volunteer. A little further on and with the injection of further funds from The Westpac Foundation, Pathways was able to hire a Group Worker to run Behaviour Management Programs and to extend the part-time hours of the Community Support Workers.

Implementing a multicultural, multidisciplinary model was not without its teething problems, as the majority of services providing care to diverse populations in Queensland do not use it. In the early days of the Project, Community Support Workers needed to be educated about the benefits of the supervision structure and the professionally trained Family Support Workers had to learn to recognise the value of people from different disciplines and different backgrounds who had

invaluable links to the communities serviced by the Project and to accept the practise wisdom of their non-professional team members. Without these links a Project like Pathways would have made little headway in addressing the needs of such a diverse population.

*d) Creating a multilayered approach to service delivery which involved providing a range of accessible programs for different family members, containing both 'soft-entry' and formal programs and having a mix of targeted and universal programs. We have found that it is also very productive to include siblings and even grandparents, if they play an important role as caregiver for the younger children in the household.*

One of the founding principles of the Project was the belief that very little would be achieved in the lives of young children if the immediate and pressing concerns of their parents or caregivers were not met or if their family circumstances prevented them from competing on an equal footing with their peers; therefore, the following core program areas were developed:

- Individual support and counselling for both adults and children;
- Behaviour Management Programs for parents, both formal and informal;
- Early childhood initiatives such as Playgroup;
- Family Support Group programs
- Programs for children and youth;
- Programs to link families with schools such as: Supporting Kids in Language and Literacy Skills (SKILLS) and Helping your Child Succeed at School; and,
- Broad based community development initiatives.

These core programs have remained the same as anticipated over the years but the way they are delivered is constantly being refined and continually changing to meet the needs of new families.

*e) Providing relief for families who may be experiencing personal or financial hardship. It is very difficult for a family to place education as a first priority if that family is homeless or is unable to afford food for a fortnight.*

One of the first elements identified in the planning and design of activities for the Family Independence Program was the need to integrate evidence based group programs for children with evidence based group programs for adults and to underpin this with a robust component of individual support to all family members.

Common presenting problems that family support workers assist families to work through usually involve a combination of the following issues:

1. **Child developmental, behavioural and social problems** (childhood attachment and anxiety problems , parenting problems, peer issues and connectedness to school)
2. **Serious child developmental, behavioural or social problems** (child mental health, ADD/ADHD, foetal alcohol/drug syndrome, child development problems, child disability)
3. **Chronic Stressors** (marital /relationship problems, financial pressures, family conflict, legal issues, unemployment, overcrowding, gambling, racism, social isolation)
4. **Disruptive factors** (divorce, separation, lack of housing, death, family member in prison, attempted suicide, adult illness)
5. **Care Issues** (custody battles, adult mental health, abuse in adults past, adult disability, adult attachment problems, drug and alcohol abuse, police and criminal involvement)
6. **Issues of Abuse** (domestic violence, neglect and child abuse)

Family Support at Pathways consists of a host of interventions ranging from less formal elements such as material aid, information provision and referral to other services, through to counselling, mediation, and intensive advocacy regarding issues such as custody battles and working through (and hopefully out of) domestic violence. Limited family therapy is also available. Individual support is offered to both adults and children and various frameworks are employed, the most popular being strengths based practise, brief solution focused therapy, and narrative therapy for adults and art therapy and sand play for children.

*f) Developing programs and services to meet the needs of people within the locality, rather than adopting a 'one size fits all' approach. Involving families in determining their own pathways in choosing what they want to learn from a group program or what they want to achieve through counselling.*

The type of programs delivered in the first couple of years were dictated by: the top-down requirement to deliver 'evidence based programs'; the knowledge, skills and experience of Project staff; and, the needs of the community, unfortunately in that order. However, it rapidly became clear that the needs of individual families in the community needed to take priority if Pathways was to deliver an effective model of intervention. Families are now able to access multilayered levels of support and to combine different programs according to their level of need or their level of readiness to participate. This multilayered service delivery structure has been beneficial for both staff and clients because workers can share the responsibilities of working with families with complex issues and therefore implement a more holistic response over a longer period of time. The important lesson we have learned is to contextualise the delivery of 'evidence based programs' in such a way that they are acceptable and beneficial to the target community and that these programs meet expressed needs in a timeframe that is not dictated from above.

An example to illustrate this point is the progression of the Behaviour Management Programs at Pathways. In the developmental phase of the Project a great deal of energy, effort and expense was poured into the delivery of the accredited **Triple P Positive Parenting Program**<sup>9</sup> and the school based Management of Young Children Program (MYCP). Triple P, developed by Professor Matthew Sanders and his team at the University of Queensland, is a preventively oriented program which aims to promote positive, caring relationships between parents and their children and to help parents develop effective management strategies for dealing with a variety of childhood behaviour problems and common developmental issues. All Pathways Project staff including new staff have been trained to deliver the Triple P Level 4 Group Program. A few staff members have also been trained to deliver the Enhanced Level 4/5 Triple P which is an individual parenting program delivered in the home for clients requiring one on one support and reinforcement techniques due to their higher level of need.

**The Management of Young Children Program** is based on the belief that oppositional behaviour is maintained by parental reinforcement and that changing these reinforcement patterns will lead to a decrease in oppositional behaviour.<sup>10</sup> In MYCP parents are trained in multiple skills including: praise and encouragement, problem solving, instruction giving, prompting, shaping, and time out. During 2002 all Pathways staff were trained in MYCP, three staff gained full accreditation and worked with high need families using this method.

---

<sup>9</sup> Sanders, M. R. (1999). "Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children." *Clinical Child and Family Psychology Review* 2(2): 71-90.

<sup>10</sup> Management of Young Children Program Handbook, 1991, Volume One Guidance and Counselling Services, Department of Education, Queensland

Both Triple P and MYCP are excellent programs which have been tried and tested, are well respected as good models of behaviour management interventions and both can deliver wonderful results in the right environment. But although a range of different workers tried repeatedly to recruit for and deliver these programs, with marginal success, the 'labelled' behaviour management programs were never very attractive to the majority of parents in the Pathways Project area. This was more likely to have been because parents perceived that they would be stigmatised if they elected to attend a formal parenting program. For these parents it would have been an admission that they were struggling to care adequately for their children and if they attended a program they might come to the attention of authorities and risk their removal.

Whilst Pathways did not have initial success with formal parenting programs, despite the fact that we provided free transport, childcare and food; approximately two years after the Project commenced, a very experienced Family Support Worker was appointed. Having witnessed the problems other workers were having with the strict format and mode of delivery of the accredited parenting programs she decided to take the core principals from those and other programs and adapted them for local families. In the process she adopted a more hands-on and experiential approach to learning rather than the incompatible workbook format. This more recent approach, which is constantly being reviewed, is loosely titled "**How to Raise Your Kids and Stay Happy**". The content and order of sessions change each time the program is delivered and it is entirely dependent on core principals being taught in such a way that they have relevance to the presenting needs of families in a particular group at a particular time.

Within a comfortable and supportive environment parents are still challenged to accept responsibility for their behaviour towards their children, regardless of how bad their circumstances might be. Parents are empowered to take back control of the home through learning how to give calm, clear and logical instructions to their children, by delivering appropriate and timely, but not harsh or erratic punishment, and above all by learning to praise their child's accomplishments and adherence to parental instructions and to reward them for 'good behaviour'.

Since we began delivering this kind of 'experiential' parenting program at Pathways, attendance and completion rates for formal parenting programs have tripled and we now have a waiting list of parents eager to participate.

***g) Promoting a greater degree of universal access to service provision through purposely targeting traditionally 'hard to reach' members of the community and the targeting of parents from specific linguistic and cultural groups***

Whilst the initial behaviour Management Programs were floundering the Project was achieving much greater success with the 'soft entry' programs such as supported Playgroups.

As we were having difficulty recruiting through schools, we contacted parents directly to administer a survey about child communication skills. Parents were keen to talk to people who would listen because they were quite isolated. It was through this direct contact with parents that the Vietnamese Worker recruited for her first ethno-specific Playgroup. This Playgroup was an instant success so the formula was repeated for the Indigenous and Pacific Islander communities, again with great success. These ethno-specific Playgroups have formed the backbone of the service ever since and have cemented our capacity to recruit parents from marginalised cultural communities. It became obvious that we could not run a pan Pacific Islander group as the languages were quite different, and people from one island group had difficulty understanding people from another. We had to settle for running a Samoan and a Tongan Playgroup, given that these were the two largest populations of islanders in the region.

The original and most important goal of Playgroup is to create space and a supportive environment in which to encourage and enhance positive parent/child interactions. All of the Playgroups have been loved and appreciated by parents over the years because they have also provided their children with an opportunity to connect with their heritage, culture, language and tradition as well as empowering children with the tools required to integrate into the mainstream classroom and the host culture. Parents were able to use Playgroups as a platform to share ideas, recipes and parenting tips. They often cook traditional food together which has even led to catering for large functions. They find babysitters amongst the other parents and form strong social bonds which continue long after the Playgroup finishes. For some parents the most important aspect of Playgroup is the intensive family support that they can access through the group leaders and the connections that these leaders can make between themselves, schools and the wider community.

***h) Building flexibility into program design and delivery, particularly for adult and older children's programs, in order to deal with issues at the point of need.***

Another highly successful model of group intervention at Pathways has been 'The Family Support Group' which focuses primarily on parental needs. We have discovered that it is still easier to recruit parents into a Playgroup in the first instance because focusing on the child is less stigmatising. However, very quickly, parents realise that their own needs can be met at the same time. Sometimes the needs of the parent are so great that the needs of the child and the focus on parent/child interaction can become secondary to the presenting problem which may be more pressing and immediate concerns such as a lack of safe, adequate housing or domestic violence in the home. It is at this point that the parent is invited to join the 'Family Support Group' and usually receives individual support and counselling as well. For the Vietnamese, Indigenous and Samoan communities support groups run in addition to Playgroups, but on a different day of the week so that families can elect to attend both if they wish.

The format of the Family Support Group is intentionally very flexible, thus increasing its capacity to deliver whatever the parents need or request at a given time. It is an example of community development using a more 'bottom up' approach and has often enabled workers to take swift remedial action as part of the group process when a crisis arises or when a creative idea is born. Family Support Groups at Pathways often begin as informal groups where parents and caregivers can get together and chat or they can participate in art and craft activities together. More often than not discussion within these groups leads to group members requesting further discussion of certain topics. If the group leader feels that the information requested is beyond her area of expertise there are a network of willing and qualified professionals from the health, education, welfare, and disability sectors who are available to deliver excellent presentations and demonstrations for free.

Through the informal support group structure Pathways has been able to coordinate and deliver sessions on the following and other topics:

- Education begins at home
- Reading begins at home
- The importance of play
- Speech and language development in children
- Parenting in the home
- Drug and alcohol awareness
- Racism and bullying
- Budgeting
- First Aid

- Nutritional health leading to a several series of nutritional workshops
- Child health
- Creating strengths cards (based on personal strengths)
- Personal storytelling
- Traditional & contemporary painting, printing, tile making, beading, sewing, etc.

***i) Working closely with schools and collaborating with other service providers to maximise resources within a geographical area and to create strong referral and support networks***

Recently, one of the Social Workers at Pathways has been working alongside school-based Communications Teachers to assist a group of English speaking women to form a craft group. As a result of this group there have been marked improvements in their skill base, their self esteem and in addition, they have found a method of improving their economic capacity. The women have produced high quality educational tools for themselves and other parents to use with their children and they have found a very willing market for their creations. The group began by making finger puppets using gardening gloves with velcro figures representing common nursery rhymes and then they created CD's to accompany these. All were then sewn into fabric booklets for safe keeping. The group was able to sell all fifty of these fabric nursery rhyme booklets at a local festival and are currently trying to backfill further orders.

**Project Expansion and the Development of Child and Youth Programs**

For the first three years the Project brief was to work only with four to six year old children and their families, but this limited age group had minimal effect on our ability to increase referrals from our primary source – school teachers. Teachers were reluctant to refer parents of such young children to our programs because they thought that it would stigmatise the children and create rift between parents and the school. On the other hand they had no problems referring older children in the upper primary grades who were exhibiting major behavioural problems.

The behaviour problems encountered by parents with their older children were being duplicated in their younger children who observed their older siblings as role models. The emerging need was therefore to extended services to older children in the family. Further funds were sought and received as a small non-recurrent seeding grant from the Viertel Foundation in 2003. The 'Older Siblings Program' therefore enabled Pathways to officially begin work with the older brothers and sisters of the children in our target group through the employment of a part-time Multicultural Child and Youth Worker at fifteen hours per week. This did not stop the stream of referrals that could not be actioned from schools and other agencies, desperate for a support service that would assist six to twelve year olds in the area, as no other local services were funded to work with this age group.

The opportunity to extend our services to primary school aged children on a universal basis did not arise until 2005 with a two year grant from the Attorney-General's Department to fund the 'Family Enhancement Project' in tandem with a grant obtained by our partner organisation Griffith University from the Australian Research Council (ARC) to fund the 'Learning to Link and Linking to Learn Project'. The Attorney-General's grant enabled the further additions of a full-time Child Support Worker and a part time Family Support Worker to the FIP team. The ARC grant permitted the employment of a part-time specialist teacher who works with and in schools and adds a great deal of value to the work of the FIP team.

The purpose of Child and Youth Programs is to: promote positive behavioural change, increase problem solving skills; provide interpersonal skills training for children and young people with challenging behaviours; support the development of constructive friendship networks; and, provide

respite and support for families. It is anticipated that those children who participate will learn valuable transferable skills in the areas of leadership, communication and social skills. Their relationships with their families, peers and educational institutions will be enhanced and it is expected that they will develop increased resilience and improved strategies for dealing with conflict leading to decreased likelihood of them entering the juvenile justice system.

I do not have time to do more than list some of the wonderful programs we have been able to run with primary school children which involve a mixture of targeted and universal interventions such as: out of school hours activities; age appropriate grief and loss programs; the 'Future Parents Program' for adolescents; and targeted social skills interventions such as the 'Beginning Leadership Program' for children in year six and a 'Peer Leadership Program' for year seven girls who were exhibiting risky or antisocial behaviours. All youth programs have been extremely well attended. Self reports from children reveal that they loved participating and reports from teachers and parents indicate an improvement in the child's behaviour as a result of their involvement.

### **Summary of Qualitative Outcomes**

In 2004 Angela Carr, the former Project Evaluator from Griffith University found that as a result of attending the Family Independence Program relationships between families and schools improved as did relationships between parents and children who regularly attended FIP programs. Participants reported greater: access to services; participation in church and other community groups; attachment to community; sense of belonging; inclusion in and strengthening of community networks; and, greater connection with traditions and values. All of which resulted in a reduction in the social isolation previously experienced by these families.

Former participants also rated themselves (and their children) as having: increased self esteem and confidence; increased ability to help others to value themselves; improved ability to form and maintain relationships with other parents; and, increased personal sense of efficacy (knowing that you can do something and having the resources, knowledge, skills and support to do it). The main outcome derived by families attending FIP programs, however was the strengthening of family relationships and improved communication between family members.

### **Limitations to ideal implementation**

It would be remiss of me to only focus on the successes of the project when as much can be learned from its challenges and limitations. I will therefore discuss a few of these in this paper.

### ***People as 'guinea pigs'***

People living in communities experiencing major social disadvantage are used to being 'guinea pigs' in social experiments and research studies and when we entered the Project target area in 2001 indicated that they were 'fed up' with being measured, prodded and poked so that governments, universities and charities could determine how to improve their life chances and then do nothing to alleviate their distress. Some of the earliest challenges therefore in establishing the Pathways to Prevention Project, were not only to create a relevant suite of programs but in convincing potential service recipients to actually seek out the support being offered. It was our challenge as service providers to prove to them that by working alongside them we could empower them to make a difference in their own lives. Once this initial sceptical phase passed, and families had experienced life changes as a result of their engagement, the next challenge was to stem the tide of self referrals into the program and locate extra funds to keep pace with program expansion.

### ***Finding the right staff for the community***

The service experienced initial difficulties in securing staff that fitted the constraints placed on them by the both the mainstream and the local cultural communities. Some of the initial problems encountered were because we attempted to hire people with the highest level of formal qualifications we could find, not placing enough importance on age or practice wisdom. This resulted in a couple of staff being rejected because they were too young. Another reason why some staff experienced rejection was because they did not have children of their own and therefore were not considered capable of providing parenting advice. A couple of our ethno-specific community Support Workers were not from appropriate tribal, linguistic or ethnic backgrounds and were therefore ostracized. We persevered with the model and eventually found the right match for the positions, mainly through hiring well respected elders.

### ***Making limited headway with male family members***

Due to constraints on resources and the gender specific nature of training in the health, education and welfare sectors, the Family Independence Program has found it difficult to recruit appropriately trained and experienced male project workers and consequently we have been unable to deliver the gender specific services to male family members that they deserve. This problem is not confined to the Pathways to Prevention Project alone, but is intrinsic to family support services across the sector. It is something that we do badly and that needs to be seriously addressed by making this kind of work more attractive to men.

### ***Convincing schools of the benefits of family support***

Another of the barriers faced by the Project, especially early on, was the difficulty of working alongside teachers and schools. Although the project had unprecedented support from the District Executive Director and the School Principals it was more difficult to gain the full support of all teachers, many of whom were supportive in principle but really didn't know how the relationship should operate. Many children have therefore been unnecessarily suspended over the years when a Pathways intervention, based on our successful record in this area may have led to improved relationships between many more families and their schools. This emerged as such a problem that Dr Kate Freiberg from Griffith University established the 'Learning to Link' Project in 2005 chiefly to address this issue.

### ***The tension between universal and targeted services***

A particular frustration for a service like Pathways is that attempting to deliver universal services to a particular target group such as all four to six year olds and their families in a locality is extremely difficult on limited, ad hoc and non-recurrent funding. The priorities of those in front line service delivery roles tend to shift towards the most disadvantaged members of that group and referrals from schools and government departments mostly consist of the higher need families who have already been clients of other services with limited results. The needs of the few begin to dominate the good of the whole school community. It is also easy to lose sight of the needs of those members of a community who are reserved, withdrawn and not vocal about having their needs met.

### ***The pressure to achieve 'results'***

There was also considerable pressure for Pathways, as there is on many similar programs, to achieve unrealistic results in short time frames on minimal funding. Project workers were initially expected to recruit families into highly regarded programs that had little or no bearing on the

individual's life circumstances at the time. Whilst workers felt pressured to achieve instant results, less time was taken to develop relationships that only time and trust can achieve. Therefore initial attempts to engage clients were not as fruitful as latter attempts.

### ***The challenge of being part of a research project***

Being the only 'eyes and ears' on the ground and having to satisfy multiple stakeholders was sometimes overwhelming. Staff were often frustrated because they felt that the large amounts of time spent collecting and recording data was time spent away from clients. This was especially felt by staff on part-time hours where a third of their time might be taken up with this activity, sometimes leaving only ten hours to work with over thirty clients per week. The problem was compounded by the differing time frames between research and practice and the length of time it took for the results of research data to be fed back to staff so that they could understand how they were contributing to the 'bigger picture'. By the time results were communicated to staff they had already moved on and were usually in a completely different phase of program development and already knew whether an intervention had worked or not. Project workers, out of necessity, tend to excel in the more inexact sciences of intuition, observation, 'gut feeling' and 'trial and error'.

Conversely, researchers complained of the difficulty of keeping pace with a very flexible and responsive program which made it hard to design effective measures. Researchers now have a better understanding of and empathy for the perspective of the FIP program staff, and conversely the FIP staff have moved quite a long way in their understanding of the need for systematic record keeping and quantitative measurement.

### **Conclusions**

The development of the Family Independence Program has been an ongoing process. It is a circular rather than a linear process and is continually spiralling outwards. One good idea leads to another and before we know it, yet another program is established. Each staff member participates from their own wealth of knowledge and experience and each has their own tool kit of strengths that they bring with them to add to the melting pot which is Pathways. Project workers have learned to operate from a strengths-based perspective. They focus on client strengths and encourage clients to develop those strengths in other contexts. The more traditional problem-focused approach, popular in the health and welfare sectors, is rarely used at Pathways.

It was at the point where we ceased worrying about our capability and academic credibility (i.e. were we delivering the right programs, in the right manner) that we began to observe a difference in the lives of our target families. The content of the various programs, which at first we believed was the most vital ingredient, was found to be less important than the ability of Project workers to truly engage with families, and remained of lesser importance until familiarity with the Project was achieved. We have also discovered that it is at the point where families can begin to trust that they will request the support that they need to achieve their goals.

The timing of programs is all important. An excellent program, such as Triple P, delivered too soon with this kind of target group is likely to yield negligible results. However, a 'soft entry' program such as a craft group, run with little or no academic content, but delivered at the point of need can accomplish better long term results and is more likely to achieve the original goal of improving parental competency as well. Unfortunately, the achievements of a craft group are much harder to evaluate in terms of immediate quantifiable outcomes.

Often we observe these changes as incremental and sometimes they are so slow to take effect. It is easy to forget where some families have begun their journey. It is not a level playing field and many families have to travel long distances just to reach the starting line. Producing long lasting change in families with very high needs can take years, not the weeks or months that are often expected by funding bodies. Some families already have quite a lot of internal strengths and resources; they just need to be shown how to tap into them. For quite a lot of families, however, parents have experienced such negative and punitive childhoods themselves that they have to learn and then to practise all of these skills for the first time during the Pathways intervention. This can be painful, exhausting and sometimes just too hard to deal with. The exciting thing is, though, that many of the parents who gave up a couple of years ago, having then experienced further adversity, have now returned to try again. It is with some of these families that we are now seeing the fruits of our labour.

A Project like Pathways cannot become a panacea or cure for the enormous injustice imposed upon those who are poor and marginalised in our society, those at the bottom of the social ladder. It is the responsibility of any citizen and any government who holds power to redress the balance in society. Many solutions and reforms have been recommended by Mission Australia and other leading edge charities in the areas of welfare, education, employment, health and housing reforms. In an affluent society like Australia, experiencing steady economic growth, these reforms do not need to be rhetoric, they are eminently achievable.

## References

Carr, A. (2004), *Evaluation of the Pathways to Prevention Project* in Westpac Foundation Final Project Report, Lamb. C (unpublished)

DeRosier, (2002), Group interventions and exercises for enhancing children's communication, cooperation and confidence

DeRosier, M. (2004). "Building relationships and combating bullying: effectiveness of a school-based social skills group intervention." *Journal of Clinical Child and Adolescent Psychology* 33(1): 196-201.

Department of Education, Queensland, (1991), Management of Young Children Program Handbook, Volume One, Guidance and Counselling Services

Department of Family and Community Services, *Stronger Families and Communities Strategy*, (2003),

Eckenrode, J., Olds, D., Henderson, C. R., Kitzman, H., Luckey, D., Pettitt, L. M., Sidora, K., Morris, P., Powers, J., & Cole, R. (1998). Long-term effects of nurse home visitation on children's criminal and anti-social behaviour. *Journal of the American Medical Association*, 280(15), 1302.

Freiberg, K., Homel, R., Batchelor, S., Carr, A., Hay, I., Elias, G., Teague, R. and Lamb, C. (2005) *Creating Pathways to Participation: A Community-Based Developmental Prevention Project in Australia* in *Children & Society* Volume 19(2005) pp 144-157

Glass, N. (1999). "Sure Start: The development of an early intervention programme for young children in the United Kingdom." *Children & Society* 13: 257-264.

Hawkins, D. J., Catalano, R., Kosterman, R., Abbot, R., & Hill, K. (1999). Preventing adolescent health-risk behaviours by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153, 226-234.

Homel, R., Freiberg, K., Stanley, F., Stewart A., Manning, M., Carr, A., Batchelor, S. and Lamb, C. (2004) *'The Pathways to Prevention Project: One model for working in disadvantaged communities in Australia'*, Griffith University.

Kamerman, S. B. (2000). Early childhood intervention policies: An international perspective. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2 ed., pp. 613-629). Cambridge: Cambridge University Press.

Lamb C., (2004), Westpac Foundation Final Project Report (unpublished)

Morris, P., Powers, J., & Cole, R. (1998). Long-term effects of nurse home visitation on children's criminal and anti-social behaviour. *Journal of the American Medical Association*, 280(15), 1302.

Munce, B. (2003) *Evaluation of Mission Australia, Family Independence Program Counselling Service*, in Westpac Foundation Final Project Report, Lamb. C (unpublished)

Sanders, M. R. (1999). "Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children." *Clinical Child and Family Psychology Review* 2(2): 71-90.

Schweinhart, L. J. (2004). *The High/Scope Perry Preschool Study through age 40: Summary, conclusions, and frequently asked questions*. Ypsilanti, MI: High/Scope Educational Research Foundation.

Tunstill, J., Allnock, D., Meadows, P., & McLeod, A. (2002). *Early experiences of implementing Sure Start*. London: London University.