FROM MICRO TO MACRO: IDENTIFYING STRATEGIES TO EXTEND THE REACH OF SUCCESSFUL PRACTICE MODELS IN DEVELOPMENTAL PREVENTION

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PREPARED BY: KATE FREIBERG, ROSS HOMEL, SARA BRANCH, LIZ BARBER

MICRO-TO-MACRO PROJECT NETWORK MEMBERSHIP
Kate Freiberg, Ross Homel, Sara Branch (Griffith University)
John Dungan, Kim Tually (Department of Education, Training and the Arts)
Rick Williams (Department of Communities)
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INTRODUCTION

Development is a complex and multi-faceted process which proceeds across the life-course along a number of dimensions including the physical, social, emotional, behavioural and cognitive domains. While outwardly distinct, progress along these dimensions and over time is interconnected: development is a lifelong, holistic process where success at one time or in one domain is linked to success in others. Therefore, supporting development is also a complex, multi-faceted, long-term process.

This background paper aims to:

- outline the importance of policies and approaches that facilitate provision of comprehensive and integrated support for children’s development to interrupt cycles of social disadvantage
- use Australian and international initiatives to exemplify successfully applied developmental-ecological approaches
- identify factors that were essential to the effective implementation of those initiatives and which, therefore, may be critical to replicating their results
- understand the conditions for implementing these approaches and highlight recent policy directions that support them in Australia
- promote the intentions of government and service providers to develop comprehensive, integrated systems of support for children and their families that cut across policy and sectoral boundaries

CHILDREN’S WELLBEING: MORE THAN A MATTER OF LUCK

Although Australia has been fondly regarded as ‘The Lucky Country’, evidence demonstrates that this good fortune is not shared equally by all (Vu, Harding et al. 2008; Stanley, Richardson & Prior, 2005). The recently published ARACY Report Card on the wellbeing of young Australians (2008) highlights the fact that “Australian children do not perform as well on indicators of health and wellbeing as children from other countries”. Challenges to health and wellbeing include: the unprecedented demand on child protection services; high rates of children and
young people experiencing mental health and behavioural problems, drug and substance use; and the continuing disparity in health, education and incarceration outcomes for Indigenous Australians (Australian Institute of Health and Welfare, 2008; Reddel and Woolcock 2004; Taylor 2007; Vinson 2007). These issues are examples of social disadvantage: difficulties that block life opportunities and prevent people from participating fully in society (Vinson 2007). Vinson further reports that the most severe levels of social, health and economic disadvantage are geographically concentrated into 1.5% of the 2147 Australian localities included in his analysis.

Where social problems are this concentrated and this complex, they resist solutions offered by single agency or silo approaches (Keast, Mandell et al. 2004). As such, prevention and intervention require approaches that purposefully bring together a range of stakeholders working towards shared goals. Furthermore, the most effective and efficient interventions will be those that start early in developmental pathways: ‘the more longstanding the neglect, deprivation or failure, the more difficult and costly the remedies’ (Schorr and Schorr 1988). Considering that a socioeconomic gradient is found in health, cognitive and behavioural development and is apparent by kindergarten, it seems intuitive that efforts to break the cycle of disadvantage should be preventive and include a focus on young children (Hertzman 2000; Ludwig and Sawhill 2007). Research also points out that these early prevention interventions are best targeted at major transitions such as birth, starting school, progressing to high school or the workforce (Developmental Crime Prevention Consortium, 1999). The advantages gained through early prevention are much greater than later remediation efforts designed to overcome entrenched problems (Schorr and Schorr 1988; Ludwig and Sawhill 2007; Valentine and Katz 2007; Mustard 2008).

Much research in the area of early intervention and prevention of poor developmental outcomes advocates the use of ‘developmental’, ‘ecological’, ‘comprehensive’ and ‘integrated’ approaches. These terms refer to theoretical concepts that bring together a range of areas such as biological, behavioural and social sciences (Bronfenbrenner & Evans, 2000; Cairns, Elder & Costello, 1996 cited in Bronfenbrenner & Evans, 2000). The terms comprehensive and integrated are used to describe interventions that recognise the ecological nature of issues that influence development and thus involve stakeholders from a range of professional domains, program and policy areas, government and non-government sectors, and institutional, community and individual levels.
DEVELOPMENT IN CONTEXT

Researchers and practitioners from a wide range of professional disciplines emphasise the importance of nurturing family contexts for supporting children’s optimal development. For example, (Hertzman 2000) notes the importance of encouraged exploration, basic skill mentoring, celebration of new skills, guided rehearsal and extension of new skills, protection from inappropriate disapproval, teasing or punishment and a rich and responsive language environment. (Mustard 2008) states, “…the child is born with a specific genetic nature of potential that is shaped and also shapes how the child responds to these experiences” (p.17).

Differences in early environments can contribute to large gaps in cognitive (e.g., language skills) and non-cognitive (e.g., physical aggression) outcomes and are apparent in children as young as three years of age (Ludwig and Sawhill 2007). The experience of high levels of stress and adversity often present in socio-economically disadvantaged communities can influence the home environment. Alcohol, tobacco and other drug use, unemployment (or patterns of employment that reduce time spent interacting with or supervising children), illiteracy, exposure to violence, abuse and neglect, and lack of connection to social networks, extended family or community support are some of the factors that drive the cycle of poor developmental outcomes (Schorr and Schorr 1988; Brofenbrenner and Evans 2000).

Strategies that have been identified to create conditions conducive to positive developmental outcomes include:

- Pre- and post-natal care including nutrition and social support provided through home visiting programs (Schorr and Schorr 1988; Olds, Eckenrode et al. 1997; Mustard 2008).

- Early child development and family centres targeting families with children from birth to eight years-of-age centrally located in communities (e.g., at primary schools). These centres should provide support for parents, activities for families, and preschool education for 3-4 year olds (Mustard 2008). They should be free for families from the most disadvantaged localities (Vinson 2007).

- Broad dissemination of accessible information about the effects of early experiences on health, learning, language and behaviour to families, people working with children and policy makers (Mustard 2008).

Vinson’s (2007) analysis of disadvantage in Australia has indicated that the impact of social disadvantage is reduced, sometimes dramatically, when local social bonds are strong. Strategies that focus on enhancing social bonds (also known as social capital,
e.g., Putnam, 2000) in order to prevent dysfunction and improve wellbeing are referred to as community development or community strengthening. Freire (1972) described community development as a process where professionals and community members come together as equals to reflect on lived reality, analyse and identify the root causes of problematic issues, examine implications and develop a plan for change.

Community development approaches can be effective when tackling complex problems because strategies are developed by and specifically for the community; implementation is more sustainable when dynamic local people are driving initiatives; and the process provides opportunities to work with people with high levels of need in ways that enhance their sense of efficacy and self-reliance (Baum 2002).

One of the key factors in community development projects is to use a logical theory of change model that establishes links between contexts, initiatives, activities and outcomes (Comer, Haynes et al. 1996; Brofenbrenner and Evans 2000; Baum 2002; Mates and Rice 2002). Optimally stakeholders agree upon short, intermediate and long term goals to address identified problems and activities planned to achieve them. This process creates a common purpose and commitment amongst stakeholders as well as transparency for funders and aids in the evaluation of outcomes.

The process of community development is complex and gradual. Successful community development is a long-term commitment that does not happen overnight. Although some substantial changes have been seen in 2-3 year community strengthening projects, especially for young children, persistent efforts of at least 7-8 years are needed to truly strengthen social bonds and interrupt cycles of disadvantage (Vinson 2007).

**DEVELOPMENTAL ECOLOGICAL APPROACH**

Bronfenbrenner’s (1979) work on the ecology of development uses a three-tiered framework to describe the contexts that shape children’s development:

- **Micro**: individual characteristics, family environments, quality of social support
- **Meso**: community cohesion, responsiveness of social institutions such as education, health, welfare
- **Macro**: social, cultural, political and economic environment.

Within this ecological approach, development is understood as the product of the interaction between the individual and their environment. It stresses the importance of the interplay between levels and the interrelatedness of different parts of the child’s life (Lerner & Castillino, 2002).
In his later work Brofenbrenner (e.g., Bronfenbrenner & Evans, 2000) discusses the effect of increasing chaos in the ecology of the 21st century (e.g., increasing numbers of single parent households, decreasing levels of parents’ direct participation in care and activities with their children, changing patterns in the use of information and communication technologies, increased disillusionment with authority and alienation from mainstream values among adolescents). These processes and contexts, he argues, lead to poor personal and societal outcomes for children.

Social conditions may be changing, however, children’s need to be protected and supported have not changed. Children’s success will continue to depend on the way in which relevant systems (e.g., family, child-care, school, health care) work together in a systematic way. This implies that interventions (policies and programs) to promote children’s wellbeing and prevent social problems should focus on relationships between people and across settings, and coordinate multilevel interactions between a range of disciplines, sectors and systems. Social factors that contribute to poor outcomes are intertwined, so too are effective solutions (Schorr, 1998).

Current national and international trends in early childhood service provision recognise the importance of coordinated efforts to integrate service delivery for children with complex needs (and indeed for all children since development is a multidimensional process that changes over time).

The integration of services involves the “bringing together of previously dispersed and independent services into a more comprehensive service delivery system” (Keast et al., 2007 p. 10). For governments, comprehensive and integrated approaches can be attractive if they minimise service delivery fragmentation, overcome duplication and ultimately reduce the costs of service provision (Keast et al., 2007).

As such, the motivation to integrate services may be vertical or ‘top-down’: driven by authority with formal policies and processes. Alternatively, a community development project may seek to build relationships across sectors which would be considered horizontal integration.

Keast et al. (2007) explain that the degree of integration can range along a continuum from loose at one end to a highly connected true partnership at the other. The concepts used to describe the degree of integration are cooperation, coordination and collaboration. Cooperation is considered a starting point involving base level inter-organisational relationships. It does not require a great deal of effort or loss of autonomy. Coordination sees stakeholders working together using structured mechanisms to achieve established, common goals without loss of autonomy. The greatest degree of integration is collaboration: working in
partnership towards shared goals using intensive processes requiring closer relationships, sharing of resources, high levels of commitment and trust.

Linking child development, family support and community development initiatives offers a way of improving outcomes for children and young people growing up in challenging times and difficult conditions. However, to be part of a comprehensive and cohesive response to the impact of social disadvantage and ultimately reduce or eliminate gaps in outcomes for different members of society, these initiatives must have the capacity to cut across issues at the micro-, meso- and macro-levels and be linked to overarching policies and processes that are well-resourced and well-evaluated so they might continue to evolve over time periods of sufficient duration to build collaborative relationships and work systematically towards long-term goals.

Within Australia, the Commonwealth and most state governments have documented their intentions to improve outcomes through integrated initiatives to tackle disadvantage and enhance the safety and wellbeing of children and families (e.g., Government of South Australia, 2008; Queensland Government, 2006; The State of Queensland, 2008; Victorian Government, 2007; State of Western Australia, 2008). Some states have already commenced efforts to vertically integrate services to meet the needs of children, families and communities (e.g., see text box outlining progress of Victoria’s Best Start program).

### Victoria’s ‘Best Start’

“To achieve better outcomes for children and families, we need an integrated system of services that can respond to the emerging needs of children and families in local community settings.” p 1

“The challenge is to adopt an ecological perspective, collectively addressing all the factors that impact on child and family functioning, rather than continuing to provide separate services that each focus on a single factor or problem. To achieve a holistic, integrated system, we need to adopt an approach that is cross-sectoral, multilevel and has strong local leadership.” p 2

**Achievements:**

- 2006 Established Early Childhood Research Committee; established Victorian Children’s Council
- Apr 2007 release of Plan to Improve Outcomes In Early Childhood (under COAG National Reform Agenda)
- Aug 2007 restructure of government departments; creation of Department of Education and Early Childhood Development

Some ambitious targets have been set by State and Federal governments who are now setting plans in place to achieve them. However, during Fraser Mustard’s year as South Australia’s Thinker in Residence, he observed that many of the people he spoke with did not actually have a clear vision of how to progress towards the ideal of integrated service provision.

“Most of the individuals I met with in the communities pleaded for a whole of government approach to the development and operation of integrated early child development centres...However, although there appeared to be a commitment to building an integrated program structure, I did not get the sense that all of the ministries shared the same vision and commitment to establishing a whole of government approach for the support and accountability of the early child development initiatives.”

Mustard, p.50

Recognising the magnitude of a developmental-ecological response can sometimes lead to a sense of powerlessness and inertia. From addressing governance and bureaucratic issues, to ensuring that national databases are set up for monitoring short, intermediate and long term outcomes, to effective engagement of communities: change needs to be ‘bold’ and ‘radical’ (Every Child Matters: Change for children, 2004; Ladd, Noguera, & Payzant, 2008; Mustard, 2008).

Aspirations of using community and social capital as foundations for policy making, especially in attempts to re-engage disaffected citizens and communities, can sometimes fail to accommodate the diversity and complexity inherent in local governments, community associations, and other forms of civil society (Reddel and Woolcock 2004). Schorr’s (1998) examination of responses to social disadvantage in the United States led her to the conclusion that bureaucracy can build a ‘hidden ceiling’, preventing real progress in closing the gaps. Her analysis underscores the way people may become stuck in traditional ways of working. Reforming traditional approaches requires considerable investment (personal and financial) to transform skills and attitudes and rebuild infrastructure.

Yet despite the difficulties, good models of initiatives that operate within a developmental-ecological framework to deliver comprehensive, integrated services for children and families exist. For example, the Extended Schools Program forms
part of a sweeping national policy initiative in the United Kingdom. In the United States, the Yale School Development Program and the Beacons program offer examples of the way successful local level initiatives have grown into widely disseminated practice. Although smaller in scale, here in Australia the Pathways to Prevention project operates at a community level as an integrated program designed to promote child and family wellbeing. (See Appendix for descriptions of some of the key features of these programs.)

**INSIGHTS FROM EXPERTS IN POLICY AND PRACTICE ARENAS**

Within the current project, a collaborative network was formed with the purpose of assembling and considering information about how to create conditions that enable different sectors and organisations to work effectively together to provide comprehensive systems of care that promote positive development and ensure that the needs of all children are kept to the forefront of organisational practice and prioritised above institutional operating structures. The aim was to create a forum for examining the question of how we move from what Schorr (1998) refers to as preventive “successes in miniature” (small scale or ‘micro level’ projects) to large-scale, system-wide or ‘macro-level’ practices that improve individual developmental pathways.

As part of this process, the project team conducted interviews with leading policy experts and practitioners to gain a greater understanding of the types of factors that can influence cross-sector collaboration and move organisations beyond the rhetoric that calls for joined up policies and services towards a genuine capacity to provide holistic support for children's development. A particular emphasis was placed on developing insight into factors that affect the scaling up of horizontally integrated community strengthening projects.

**Participants:** A total of 18 professionals participated in this study. Four of the interview respondents were senior members of international service integration initiatives which currently operate on a wide scale in either the UK or the USA. The remaining 14 participants were representatives of Australian government departments, non-government organisations and academic institutions. Of the 14 Australian participants, 10 came from a range of government departments across three state jurisdictions. Although not all of these government representatives were involved with integration initiatives, each had significant experience within the government sector (some having worked in government for over 20 years) and held high level strategic or policy positions. The remaining four participants (3-Academic; 1-Not for profit community service organisation) had been or were currently involved in an integration initiative or replication of an initiative.
Researchers used a combination of two techniques to collect data within the project: face-to-face interviews and email correspondence:

**Interview:** Where possible, participants were invited to participate in a one-hour semi-structured interview. Rather than using a structured set of questions, the interviewer worked from a guide of relevant issues derived from the literature which offered a list of suggested areas to be covered throughout the interview process (Babbie, 2001; Denzin, 2001; Fossey, Harvey, McDermott, & Davidson, 2002; Patton, 2002; Taylor & Bogdan, 1998). This ensured that the same broad topics were explored in each interview (Patton, 2002; Taylor & Bogdan, 1998). Therefore, although the interviews tended to take on the feeling of an informal conversation, the researcher was always clear about the topics to be examined (Fontana & Frey, 2003). The interviews covered issues which related to participants’ experiences in projects that involved integrated services or projects that had been widely disseminated. Respondents were asked to discuss the policy and practical issues that contributed to the degree to which the initiative was successful.

With each participant’s permission, the interviews were audio-recorded for transcription. This enabled the interviewer to attend carefully and respond more interactively to the participant during the interview (Bernard, 2000). A comprehensive summary of the interview was made from the recording and returned to the interviewee for approval or adjustment. This review of the summary by participants helped ensure the trustworthiness of the research (Sheehan, 2000).

**E-mail correspondence:** As part of this process, several questions were asked of experts via e-mail. Responses were subsequently collated and summarised by the research team.

**Analysis:** Data analysis occurred simultaneously with data collection (as recommended by Creswell, 1994; Patton, 2002). The primary role of the qualitative analysis of the material contributed by respondents was to organise the data from interview and email transcripts into themes (Neuman, 2006). Prior to the analysis an initial coding scheme was developed based on the review of the literature. While the initial coding scheme helped to focus the overview of the raw data (Patton 2002) it did not limit the development of further codes and themes as transcripts were reviewed. NVivo (v.2) was used to assist in the coding and organisation of data and to develop and collate the different themes.

**KEY THEMES EMERGING FROM INTERVIEWS**

A number of themes emerged from the analyses of interview data in relation to factors that either enable or inhibit the development, implementation and dissemination of comprehensive, ecological, integrated approaches. The most prominent of these themes are summarised below.
Political will – linking integrated approaches to government agendas and policy making

A number of respondents discussed the importance of political will as a driving force for cross-sectoral integration and scaled-up program dissemination. It was suggested that political will is often motivated by crisis (such as high youth crime or public disillusionment over tragic failures in the child protection system). Therefore, the rationale for investing in ecological approaches becomes more compelling if they are linked to a priority or matter of high public concern which the government is addressing. In this regard, the capacity to provide good quality evidence is critical. For instance, providing unambiguous evidence that consolidated approaches which unite efforts across sectors and departments are effective in addressing significant problems (such as poverty or community dysfunction) that are resistant to “silo” approaches is likely to influence policy-decisions which facilitate integrated practice. The availability of sound evidence underpins resolve and is a critical component in decisions to adopt operationally challenging and resource-intensive strategies. On a similar line, some of the interview respondents suggested the importance of drawing attention to evidence that highlights the potential savings that may be made by adopting integrated approaches. For example, the cost of ecological developmental prevention efforts is offset if they are linked to welfare savings or a reduction in future unemployment, health problems or major infrastructure costs (e.g., crime prevention programs reduce need to build prisons).

Overcoming bureaucratic barriers

Using integrated ecological programs as a plank to delivering elements of government strategies was also noted to increase the likelihood of garnering high level support for the initiative. This may assist in basic but essential issues such as getting the timing right to sure up funding for program initiatives within departmental granting cycles. A number of respondents cited the importance of support at senior management levels of government departments as a means of creating a culture for change and ensuring that bureaucratic barriers to integrated governance (such as categorical funding structures, specific ‘territorial’ program foci and different reporting requirements) could be overcome. Ideas of creating: (i) capacity for shared funding arrangements, (ii) opportunities for inter-departmental collaboration on place-focused (as opposed to program-focused) approaches, and (iii) outcomes-based budgets, were mentioned as strategies for reducing organisational barriers by many of the respondents.

Creating a process for coordination and collaboration

A variety of systems and mechanisms that enable collaboration were proposed by respondents. The use of formal processes for partnerships such as setting up Memorandums of Understanding and information sharing protocols was
recommended by some. More commonly, however, respondents mentioned the value of setting up forums and creating dedicated time for joint planning – both across portfolios and also together with local service and community groups to arrange collective responses to locally identified issues. These forums also provide a process for building relationships. Partnerships cannot exist without strong relationships. Half of the respondents referred to the need to devote time to allow relationships to develop (and it was noted that high staff turnover can make this difficult). Relationships need to be built on an understanding of similarities, differences, goals, roles and procedures.

The issue of leadership or the need for an overseeing body with the skill to take on a network management role was considered important by a large number of respondents. The lead agency would have authority and take responsibility for facilitating the process of collaboration to make sure the integrated approach could work. Some respondents felt that responsibility for coordinating the complex process of integrated governance was best placed within a department such as Premier and Cabinet. Within this structure, some respondents considered it prudent to create a single agency to which staff might be seconded while working on the initiative (similar to the concept of a one-stop-shop at the local level in the service delivery sphere).

The provision of a structure for integrated practice and collaborative approaches should be reinforced by the recruitment and participation (at program and service delivery levels) of staff who are committed to the vision and purpose of the integrated initiative. Such ‘buy-in’ and commitment was considered essential for sustainability and for managing proactive change and the remodelling that genuine collaboration involves. It was common for respondents to mention the importance of having the ‘right people’ with the right mix of skills, knowledge, experience and motivation involved. Linked to this idea, the importance of having strong local leadership or champions was also noted by some of the respondents.

Service integration and collaborative practice requires the sharing of clear goals and expectations. Respondents linked to programs that had been widely disseminated in the UK and the USA commented on the amount of work that had been done with city agencies to help them understand the vision.

Respondents discussed the need for clear structures and coherent plans for achieving the vision. This was thought to include outlining key principles and specifying core components that were required in adopting and replicating the model (although it was stressed that some room for local freedom and flexibility is critical). Respondents who had overseen the scaling up of program models noted the importance of having very clear guidelines to ensure fidelity of approach and practice and to minimise variability within the quality of services across locations.
Some recommended the need to provide training and the value of encouraging sharing of information about good practice across localities. These processes, along with the development of protocols, manuals and evaluation tools could form part of a formal learning exchange which would help ensure continual improvement, and build an ever-evolving knowledge base about what works. Some respondents noted that the use of evaluation data within a feedback loop that includes government helps to create a learning organisation approach that underpins sustainability and enables mainstreaming.

To work within an ecological approach, a broad range of skills is required to identify issues, develop and implement solutions, and assess outcomes. Seldom do these skills exist in one service (often they may not even be found in one community - particularly in regional and remote areas). Partnerships are, therefore, central to success and some respondents noted the need to form policy-practice-research partnerships. In addition to providing policy-relevant information, researchers are well-placed to work directly with child and family serving organisations like schools and community agencies as intermediaries: knowledge brokers and agents of change who can help provide a cohesive vision and enhance the scope and quality of program delivery. The role of local intermediaries in the dissemination and scaling up of centrally driven programs was thought by some respondents to be critical.

**Outcomes focus**

A number of respondents expressed the view that the ready availability of evidence and sharing data about the effectiveness of integrated approaches would help partner agencies work together collaboratively because it helps to focus attention on outcomes (especially shared outcomes).

Adopting an outcomes focus rather than a program or output focus was considered important. A number of participants suggested that departmental or managerial performance plans should be linked to outcomes – particularly whole-of-government outcomes – in order to encourage collaboration and integration. It was thought that this emphasis on outcomes would sharpen the focus on reasons for adopting integrated approaches and deepen appreciation of the value of collaboration. With this type of emphasis, performance appraisals would then reward collaborative work.


EXTENDED SCHOOLS PROGRAM

Extended Schools Program (ESP) is a government-led program in the United Kingdom. In 2004 The Children Act was legislated in the recognition that improving outcomes would require “radical change in the whole system of children’s services” (Department for Education and Skills, 2004 p. 4). As part of the ‘Every Child Matters’ vision for integrated children’s services, it brings together education, social services and health. Although it is a government driven agenda, recognition and funding as an extended school requires ongoing consultation with, at a minimum, parents of children registered at the school, children themselves, school staff and members of local government. It also encourages partnership and collaboration with local service providers rather than expecting schools to develop and implement all programs.

In 2003, the UK government funded 61 trial Extended School projects (incorporating 138 schools). Following evaluation, the government has set a goal that all schools will be ‘Extended Schools’ by 2010 (Department for Education and Skills, 2005). As of 2008, there are over 8000 schools offering what are considered core services:

- For primary schools - affordable childcare on site or supervised transport to nearby services between 8am-6pm year round. For secondary schools - a range of programs offered between 8am and 6pm daily
- Before and after school activities offered in response to feedback from children and parents (e.g., homework support, ICT, sports, music, dance, drama etc.)
- Parenting support and family learning sessions, especially at key transition points, in response to parents’ identified needs and provided in partnership with local services
- Swift and easy referral to a range of specialist support services (e.g., speech therapy, mental health and behaviour support) with school staff liaising between child, parents and service
- Wider community access to school facilities such as sports and arts facilities and computers

The transition between traditional service provision and Extended Schools is supported by government in the following ways:

- National Training and Development Agency for Schools supports local government appointed Extended School Remodelling Advisor
• Funding a non-government nation-wide community learning organisation (ContinYou) to manage The Extended Schools Support Service including electronic bulletins, discussion forums and events calendars as well as information, reports, resources and tool-kits

• Every local government appoints a Director of Children’s Services who then designates a lead member to work with key stakeholders in the community to produce a Children and Young People Plan, of which Extended Schools is one component. This group, with their shared vision, is known as the city or region’s ‘Children’s Trust’.

These supports are in addition to other infrastructure built in to the Outcomes Framework of the Child Act 2004 (2004). Under this Act, all sectors have a duty to work together towards five outcomes which will see children:

• Be healthy
• Stay safe
• Enjoy and achieve
• Make a positive contribution
• Achieve economic wellbeing

With these outcomes at its heart, the national framework for local change aims to support parents, families and communities through integrated frontline delivery, processes, strategy and inter-agency governance. The government worked with stakeholders from government, peak bodies and key leaders from the community and voluntary sectors to develop five specific aims for each outcome, priority national targets to measure progress towards outcomes, inspection criteria to ensure accountability and a common dataset underpinning the framework based on existing data.

SCHOOL DEVELOPMENT PROGRAM

The Yale School Development Program (SDP), also known as the Comer Process, is based on the premise that when children are developing well they learn well (Comer, Haynes et al. 1996). It is a highly structured framework for improving the social climate of schools to better support students.

A school involved in the SDP creates three teams: (i) a School Planning and Management Team, (ii) a Student and Staff Support Team, and (iii) a Parent Team. The Planning and Management Team is made up of key stakeholders from government, school board, school, community and three to four peer-appointed parents. This team develops and monitors a comprehensive plan with specific goals in both social climate and academic areas (Comer, Haynes et al. 1996; Comer and Maholmes 1999; Comer and Emmons 2006). The Student and Staff Support Team
includes staff with child development and health knowledge such as psychologists, guidance officers, nurses and special education teachers. Its role is to address the school-wide climate as well as work collaboratively to support students with special needs or problem behaviours. The Parents Team coordinates activities among parents and carers to encourage general involvement as well as opportunities for volunteering and contributing to decision making.

In the SDP model, these teams are responsible for creating and sustaining a range of school climate dimensions (see textbox) which, in turn, support student’s progress along physical, cognitive, psychological, language, social and ethical pathways. The outcomes sought are grouped as psychosocial adjustments; positive attitudes and behaviours; and achievements.

The School Development Program was first established in 1968 at two schools with the worst academic outcomes in New Haven, Connecticut. These schools eventually moved from 32nd and 33rd of 33 schools in the city to the third and fourth highest achieving on standardised tests (Comer and Emmons 2006). Between 1978 and 1987 SDP was expanded to more schools in New Haven and three other school districts. From this point on, rather than the SDP team coming to a school, the schools and school district would select key people to attend orientation and training workshops enabling them to implement the process. By 1990 there were 70 schools in the SDP network; by the year 2000 there were 1000 schools involved in the Comer Process. A key factor to the explosion in number of schools involved was the establishment of participation standards that must be met in order to engage in SDP (Comer and Emmons 2006):

- formal agreement with the school board that all schools in the district will participate, SDP becomes the main intervention across the district (integrating all current initiatives as appropriate)
- the district will commit to SDP for at least five years, with funding approved and policies that support implementation in place
- a memorandum of understanding is developed between the district and the SDP that outlines roles and responsibilities as well as guides drafting of implementation plans.

Implementing SDP can be expected to follow five phases, each taking about a year: planning and pre-orientation, orientation, transition, operation and institutionalisation (Comer, Haynes et al. 1996).
Over its 40 year evolution, the SDP has expanded to include pre-service teacher training, curriculum development training, early childhood family support programs as well as published books and instructional videos (Comer, Haynes et al. 1996). It has been endorsed by the Rockefeller Foundation (Comer, Haynes et al. 1996), named as one of the few successful school reform models in an Education Appropriation Bill (1998) and listed as ‘exemplary’ in a US Department of Education report ‘Building Knowledge for a Nation of Learners’ (1997) (Cook, Murphy et al. 2000).

Therefore, key success factors of SDP are:
- a highly structured framework with supporting training and resourcing
- link to prestigious university
- long history
- articulated change theory implemented using collaboration and consensus at district and school levels
- national recognition allowing SDP to demand participation standards.

**BEACONS CENTRES**

‘Beacons’ are community centres located in public school buildings. The aim of a Beacon is to provide a safe haven with supervised, structured activities for children, young people and families outside of school hours, on weekends and during school holidays. Each Beacon is unique because the key concept behind this initiative is bringing the community together to respond to issues as identified by the community (Schorr 1998). However, all Beacons activities revolve around four focal areas: youth development programming; academic support and enrichment; parent involvement and family support; and neighbourhood safety and community building.

The main component of all Beacons is a Community Advisory Council that includes the school principal, teachers, parents, youth, neighbourhood organisations and other community residents. The city or region, which may have a number of Beacons, will have a Steering Committee which involves staff from the school district, other relevant departments such as the department of Children, Youth and Families, youth justice, police, as well as corporate partners, funding representatives, directors of the regions’ Beacons and the director of the leading community organisation responsible for administration (Blank and Farley, 2004). These two tiers interface, ensuring stakeholders are working together to provide community-identified programs and services.

As a pilot project ten Beacons were trialled in areas of New York with high levels of crime, poverty and social isolation in 1991 (Mates and Rice, 2002). The initiative expanded in 1992 and 1993 to 37 Beacons. In 2002 there were 80 sites in New York. Minneapolis, Denver, San Francisco, Philadelphia and West Palm Beach.
Phase 1 of a major independent evaluation of the New York Beacons was published in 1999 and phase 2 published in 2002 (Warren, Brown et al. 1999; Warren, Feist et al. 2002). Both of these used surveys, interviews and focus groups and observation to collect data. The initial study gauged implementation along the four focal areas, and involved all 39 Beacons. The second study looked at six randomly selected sites more intensely to determine: how Beacons provided opportunities in these focal areas, who was participating, patterns of use, and what benefits were being gained by participants.

When San Francisco implemented the Beacons initiative, they involved a wide range of stakeholders in a facilitated process to develop a quality standards framework (San Francisco Beacon Initiative, 2003). These standards guide the various community organisations to enhance compliance and provide them with early and intermediate standards plus benchmarks for long term goals. This tool ensures accountability of all stakeholders and enables ongoing evaluation.

Factors that have contributed to the successful scaling up of the Beacons initiative include:

- using a theory of change model to develop short, intermediate and long term goals and strategies
- housing it within Department of Youth Services rather than Department of Education with the aim to reduce bureaucracy
- Steering Committee responsible for seeking funding opportunities resulting in most Beacons having diverse and sustainable funding mix of government, corporate and philanthropic investment
- The city of New York also set up the Youth Development Institute in order to bring directors of Beacons together to share problems and solutions plus involve consultants and researchers to provide technical assistance, evaluation and documentation.

**PATHWAYS TO PREVENTION PROJECT**

The *Pathways to Prevention* project ([http://www.griffith.edu.au/centre/kceljag/](http://www.griffith.edu.au/centre/kceljag/)) is a comprehensive model of integrated practice for supporting development in a holistic way. Its overriding goal is to create a pathway to wellbeing for children as they transit through successive life phases from early childhood to adolescence. The Pathways approach stands in sharp contrast to programs that address specific issues by delivering defined content within a defined timetable, such as parenting courses for managing children’s behaviour. However, Pathways does incorporate many programs with proven effectiveness (like the Triple-P parenting program) in its mosaic of resources.
Pathways to Prevention works to pull together a comprehensive range of support for children and their families and to coordinate these efforts and services in order to form cohesive networks that promote young people’s wellbeing in all areas of their development (e.g., social, emotional, cognitive, physical). Development is a complex process that is influenced by a range of contexts and systems (e.g., families, schools, neighbourhoods, ethnic and spiritual communities). Within a holistic perspective, both preventive and therapeutic work must operate across these multiple levels.

The Pathways model aims to set up responsive systems of support for development that coordinate action across relevant developmental contexts. The intervention is multi-faceted and provides a continuum of supportive services that combines child-focused and family-focused program elements, and incorporates activities designed to link systems and build bridges between individuals and institutions.

The Pathways model for promoting children’s wellbeing is organised around the concept of a developmental pathway. A developmental pathway refers to the way sequences of events, experiences and opportunities over time contribute to changes both within and around the child. This means that the framework for providing services must not only enhance the processes that bring about change within individuals, but also understand and enhance the changes taking place in their environment. Program activities are carefully constructed to enhance the environments of individuals in ways that create the possibility of better developmental outcomes. Within the Pathways to Prevention model:

- The central goal of interventions is better outcomes for children and their families, now and across the life course
- Better individual outcomes are sought by enriching all relevant developmental settings. Child-oriented programs are integrated with family support initiatives and programs introduced through appropriate systems such as schools, childcare and family health centres, or community groups
- Interventions in one context (e.g., the home) interact with, complement, and support interventions in other contexts (e.g., school)
- Intervention focuses on life transitions (such starting school) when children and their families are both vulnerable and receptive to help
- A continuum of age-appropriate programs and resources is used to enhance developmental pathways over time
- Integrated practice is achieved through concerted efforts to build collaborative working partnerships between organisations, institutions and systems relevant to child and family wellbeing.

The Pathways to Prevention model has been carefully cultivated over the past eight years through a research-practice partnership that has delivered services to families of 3- to 12-year-old children residing in one of the poorest urban communities in Queensland. The project has been a testing ground for working out how to turn the theory of developmental prevention into realistic practice. The scope of the
intervention extends from the system level to the individual level, and incorporates a spectrum of activity that strives to balance a universal preventive focus with a targeted and crisis-driven treatment focus.

The service promotes and sustains child and family wellbeing by integrating family-support and school-based programs. It offers a process for coordinating appropriate services for families, in proportion to need and in a timely way: This careful coordination of services facilitates the provision of “packages” of support tailored to each participating family’s circumstances in order to address a range of complex and often inter-related issues. Access to support is facilitated via:

- A carefully constructed partnership infrastructure which involves collaboration between Mission Australia, Griffith University and primary schools in the area,
- Key workers’ skills in engaging families
- Dedicated attention to the evaluation of the effectiveness of the practice and “what works”.

The Pathways to Prevention model:
- Is research based
- Focuses on the whole child in their whole environment over time
- Values relationships and trust equally with evidence on ‘what works’
- Builds connectedness between elements of the ‘developmental system’
- Seeks sustainability by embedding its active principles in schools, families and other parts of that system.