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Running head: THE PATHWAYS TO PREVENTION PROJECT

The Pervasive Impact of Poverty on Children: Tackling Family Adversity and Promoting
Child Development through the Pathways to Prevention Project

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Abstract

The *Pathways to Prevention Project* involves a university-community organisation-schools partnership designed to bring together a range of programs to reduce the strength of the association between social disadvantage and poor developmental outcomes for children growing up in one of the most disadvantaged urban areas in Queensland.

Beginning from an understanding that development is tied to the social contexts in which it occurs, one strategy that became an immediate driving force for program activity was to provide an accessible and sensitive family support service to strengthen family function and promote positive child-rearing conditions. The Family Independence Program (FIP) is focused on the goal of family empowerment and supporting families through adversity. Correlation analysis confirmed that level of family adversity was related to children's developmental competence (language, behaviour and prosocial skills) and that this relationship was most likely mediated by parent efficacy. Preliminary analyses of the effect of FIP involvement indicate its positive impact on parents' sense of efficacy and sense of being supported in the parenting role. It is concluded that supporting families in dealing with adversity is a key to promoting positive outcomes for children. Furthermore, it is argued that a comprehensive approach is required wherein family oriented programs such as *Pathways to Prevention* form part of a wider societal movement to reduce the social and economic stressors that impact on family function.

Longitudinal research that traces pathways of individual development from birth or childhood to adulthood consistently highlights the way certain disruptive conditions and experiences (so-called 'risk factors' like poverty and abuse) increase the likelihood of poor developmental outcomes. For example, in his summation of evidence from the Cambridge Study of the development of delinquent behaviour that followed a large group of boys over a 35-year period from the ages of approximately 11 to 46, Farrington (2003) concluded that:

The main policy implication of the Cambridge Study is that, in order to reduce offending and antisocial behaviour, early prevention experiments are needed targeting four important predictors that may be both causal and modifiable: low achievement, poor parental child-rearing behaviour, impulsivity, and poverty. (p. 175)

Farrington's (2003) statement encapsulates the 'simple' reality of a complex issue. To begin, it presents a balanced perspective on development that upholds the concept of resilience alongside the recognition of risk (e.g., acknowledging that the effects of exposure to some risks are modifiable through intervention). More importantly perhaps, it focuses attention squarely on the reason why single-focus interventions and piecemeal prevention approaches are destined to fail: complex social problems (like crime and antisocial behaviour) are influenced by many inter-related factors and so must be addressed by coordinating and linking action across multiple spheres. This means more than running (say) child- and parent-focused programs in parallel, or even making sure they reinforce each other. It also means understanding the nature of the connections between developmental settings such as home, school and neighbourhood, the impact of forces such as poverty or culture on these connections, and addressing where necessary the gaps, disruptions or conflicts that do so much to undermine healthy development.

Consistent with Farrington's conclusion, the *Pathways to Prevention* project has been guided from its inception by theory and empirical research about the pathways through which antisocial behaviour develops (Freiberg et al., 2005). These pathways encompass individual, family, school, community and societal factors, as well as their interactions. The intervention model used within the *Pathways to Prevention* project mirrors these processes and pathways and works across those same individual, family, school and community contexts. However, fundamental to our approach is our belief that the ultimate success of programs like *Pathways* depends on their being part of a wider social movement that works directly to reduce poverty, or at least to ameliorate its impacts in disadvantaged communities.

In this chapter we discuss the rationale for and the development of the *Pathways* project, with a particular emphasis on the role of poverty and the ways in which we attempted to understand and address its effects on families and children. We then report the outcomes of an analysis of the links between family functioning (specifically, the extent of family adversity, parental efficacy, and parent involvement with their children) and children's development (specifically, language and social skills). We conclude by reporting preliminary analyses of the way family involvement in the project may promote resilience and contribute to positive developmental outcomes.

Project Rationale: The Context for Intervention

The Community as a Context for Intervention

The impact of poverty is of substantial concern, even for children growing up in an affluent and privileged country like Australia where it has been reported that 14.7% of children currently live in poverty (UNICEF, 2005). The links between poverty and children's development are well documented (e.g., Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997; McLoyd, 1998). One reason why the impact of poverty is so pernicious relates to the changing nature of its distribution. It has been noted that there is a

growing trend towards the geographic concentration of poverty and within Australia, as in other countries, there are marked regional variations in socio-economic status (Glover et al., 1999). The social environment that develops within these localised pockets of poverty is one where a number of mechanisms that can disrupt development are activated simultaneously. Poverty thus represents not so much a single risk factor as a complex web of interacting processes that create a social context within which the barriers to social participation and the achievement of even simple daily tasks can pile up and become overwhelming, especially for parents with young children.

Children living in poverty are more likely to experience a range of stressors such as: incarceration of family members, substance abuse and mental health problems within the family, poor health, substandard housing, high mobility and disrupted schooling, family conflict, separation from or loss of family members, underemployment and reduced accessibility to jobs, financial hardship and food insecurity (Gorman-Smith, Tolan & Henry, 2005). For children living in neighbourhoods where poverty is endemic, these within-family stresses are exacerbated by lowered safety and morale at the community level. These environments are frequently characterised by high levels of unrest, violence, drug use, disengagement, alienation, and poor access to informal social supports and quality facilities. Living in poverty, and more specifically in poor neighbourhoods, therefore reduces access not only to financial capital, but to social and human capital as well (Coleman, 1988).

It seems likely that the paradoxical rise in social problems observed by Keating & Hertzman (1999) and Stanley et al. (2005) will not be reversed unless society is willing to address seriously the issues of poverty and its sequelae (such as growing regional disparities) that create stress within its members - particularly amongst those charged with the responsibility of raising children. This requires economic and social policy reforms at the national level, addressing issues such as housing support, job security, the way in

which welfare-dependent groups are transferred to the 'real' economy, and the availability of affordable quality childcare.

A complementary approach is to focus directly on disadvantaged communities by increasing access to material and social resources with a view to empowering families and communities to participate more effectively in mainstream institutions such as schools and to achieve better outcomes for their children. To some extent this is the approach embodied within the new Federal Government program *Communities for Children* (FaCSIA Stronger Families and Communities Strategy, 2005), which itself has been strongly influenced by our work in the *Pathways To Prevention* project. The *Pathways* project, which has been described in some detail in Freiberg et al. (2005) and Homel et al. (2006), is implemented as a partnership between the national community organisation Mission Australia and Griffith University. The project operates in a region of Brisbane that has been identified as the poorest urban area in Queensland (Queensland Council of Social Service, 1999). Census data show that the income of 4 in 10 families living in the area falls below the poverty line and that the local median weekly household income is little more than 50% of that recorded across the greater Brisbane region (ABS, 2001). These data indicate that many children in the Pathways community are living in relative poverty (see Katz, Corlyon, La Placa & Hunter, 2005 for a discussion of relative poverty). This chapter provides further information on the links in our data between family adversity, parental efficacy, and child outcomes.

The Family as a Context for Intervention

The impact of poverty on family function and parenting can occur at a number of levels:

1. *Quality of parenting.* Clear differences in parenting styles have been noted across the SES divide (Bolger et al., 1995; Yeung et al., 2002). Quality of parenting is impaired in families that are persistently dogged by adversity (even ongoing exposure to minor

hassles, let alone to serious burdens). Children in stressed, depressed and preoccupied families receive lower levels of sensitive care, nurturing and stimulation in their home environment and are more likely to experience aversive and coercive patterns of interaction with their parents (Patterson, 1986; Webster-Stratton, 1990). This can compromise attachment, and impede children's cognitive, social and emotional development. It can also contribute to the development of behaviour problems.

2. *Powerlessness*. Chronic stress and adversity can also contribute to a sense of powerlessness and loss of control over one's life and hence to a reduced sense of personal efficacy (Baum, Garofalo, & Yali, 1999; Bradley & Corwyn, 2002; McLoyd, 1998). This sense of helplessness reduces the likelihood that parents will have either the confidence or the motivation to take active and effective steps to solve problems and overcome difficulties because they are less likely to feel capable of influencing outcomes and changing things for the better (Bandura, 1977). Poverty, therefore, can contribute to a tendency to become trapped within a cycle of responding reactively on the basis of external demands (Taylor & Sleeman, 1999) rather than on the basis of self-generated goals and the adoption of a proactive problem-solving orientation.

3. *Connectedness*. Parents who are very isolated or 'insular' with regard to their social contacts tend to feel unsupported and have been found to be less positive in their parenting practices than noninsular parents (Wahler & Dumas, 1985). In contrast, when parents feel supported by strong social and emotional networks they interact with their children in more sensitive, warm and responsive ways (Jennings, Stagg & Connors, 1991), are less likely to abuse their children, better able to handle stressful situations, and more effective and confident in their parenting (Cochran & Niego, 1995).

It is apparent that growing up in an insulated or otherwise socially unsupported family struggling to cope with chronic adversity is likely to have a negative impact on children's development because of the effects these conditions have on family energy and capacity to

parent effectively. This type of evidence suggests that family function and parental efficacy are key mechanisms via which poverty yields its effect on development. Consequently, one of the major intervention strategies adopted within *Pathways to Prevention* was the implementation of a family-oriented program: the Family Independence Program (FIP).¹ Significantly, evidence of the way poverty and disadvantage influence developmental outcomes via their influence on family function also provides insight and guidelines about *how* to intervene with disadvantaged families and influenced the shape of the Family Independence Program.

The Family Independence Program

Program Intervention Model

The approach to family support taken in *Pathways to Prevention* is guided by Bronfenbrenner's (1979) developmental-ecological theory and the understanding that the quality of parenting and family function is influenced by external forces and characteristics of the social, economic and cultural environments within which the family lives. Within this model, therefore, efforts to enhance parenting must include more than simply providing parenting skills training. Rather, emphasis is on increasing access to supportive networks and empowering carers to take control of their lives and manage developmental and environmental challenges more confidently and effectively (i.e., to move away from the predisposition to operate primarily in reaction to the demands of immediate external pressures towards the adoption of a more purposeful strategy of setting and working to achieve one's own goals).

As a family support program, the *Pathways* project's main concern is not to influence financial capital directly (although in some small part the program does assist families to gain access to basic material resources such as food, shelter, and welfare benefits). Rather, the spotlight of the family program has moved away from a traditional focus on material welfare provision and focuses instead on efforts to enhance social capital by increasing

access to nonmaterial resources (e.g., social support, opportunity and education). The overall goal of the FIP was to provide sensitive parent support in order to enhance family resilience and capacity to deal effectively with adversity, reduce social isolation and promote positive parenting. The FIP model has a strong focus on family empowerment and aims to strengthen families from within by working alongside parents and carers to develop resources that promote:

1. mastery over systems being dealt with (e.g., schools, social security, service agencies)
2. better understanding of the needs of children
3. personal efficacy with respect to the parenting role.

To achieve this the FIP operates as a system that offers families free choice to participate as they see fit and to select services to suit individual needs. As such, the format of the FIP in itself provides a model of family empowerment.

Program Delivery Method and Focus of Content

The method of intervention adopted within the Family Independence Program is that of a practitioner-family partnership. This approach had a number of implications for program development and delivery. The first implication was that great emphasis was placed on the development of trust. Unless a family support program can win the trust of the community and reduce barriers to access by the most vulnerable and hard-to-reach families it will fail to achieve its goal of serving the community. Therefore, FIP efforts and activities were designed to:

1. *Build community-level acceptance of and confidence in the service.* Examples of activity at this level included:
 - (a) organising and participating in community celebrations, special events and family fun days,
 - (b) working collaboratively with other agencies to establish the service as a key member of the broadly recognised network of care that existed within the

community in a way that would facilitate interagency referral to ensure increased access to essential services and a greater continuity or integration of support for families, and

- (c) membership of cross-agency partnerships to garner funds for joint community projects.

2. *Establish reliable, enduring and caring relationships between family support personnel and family participants.* Family support staff were committed to developing respectful relationships with their clients. These relationships were grounded in a strengths-based philosophy that recognised and sought to bolster existing family capacity and respected the influence of each family's cultural background on parenting and family practices. Examples of practices at this level include:

- (a) establishment of a team of skilled family support professionals whose linguistic and cultural backgrounds reflect the community cultural profile,
- (b) an 'organic' process of program development in response to client needs and issues that had a practical problem-solving orientation and worked to achieve immediate and positive changes in participants' lives,
- (c) commitment to creating opportunities for on-going, long-term involvement in the program that allowed relationships to develop over time, and
- (d) combining individual support (that facilitated relationships between the family and their support professional) with group support methods (that facilitated the development of relationships and friendship networks between clients).

The second implication of adopting a practitioner-family partnership model was the recognition that different families have different needs and respond differently to different modes of program delivery. In response to developing this understanding, family support staff tried to tailor program activities to the particular circumstances of the families with whom they were working. The FIP featured a flexible range of options for participation.

This enabled a balance to be struck between the use of structured, curriculum-bound interventions and the construction of an adaptive service (Collins, Murphy & Bierman, 2004). The opportunity to build what was essentially an individualised program within the FIP also guaranteed more meaningful participation to meet a variety of needs.

Examples of individual client needs ranged from requirements to undertake parenting skills training by order of the Department of Child Safety to satisfying a need for social companionship; from crisis relief to dealing with the enduring trauma of a carer's own abuse as a child; from help dealing with addiction or children's health problems to parent literacy skills development or even to development of an interest or hobby activity such as art, craft or cooking.

Options for participation included:

1. *Individual support programs*. This included activities such as counselling, therapy, home-visiting to provide personal support with household and family management, advocacy on behalf of the family with a range of family and community services, and providing advice or a friendly/non-judgemental ear to listen to a client's story via a drop-in or phone-in service.
2. *Group support or training programs* (for carers and/or children). Activities within this set of programs included parenting skills courses, playgroups, and life-skills education groups that provided training in areas as diverse as computing, budgeting, family nutrition, learning English as a second language, and grief management.
3. *Family relief*. This included elements such as holiday and recreational activities for children, material assistance, childcare and transport for families who attended individual and group support programs.

This varied menu of activities and opportunities to participate was linked by a common set of objectives:

1. *To inform and educate.* This purpose was clear in programs that delivered a standardised curriculum (e.g., Triple P: Sanders, 1999; Sanders et al., 2000). However, even in the more informal parent support groups there was a strong undercurrent that emphasised information (e.g., about child development, health and safety) through the provision of materials, discussions, practical activities or presentations by guest speakers from relevant professions (e.g., paediatricians, teachers, nutritionists).
2. *To empower families.* This involved developing specific skills and personal resources (e.g., for behaviour management, household management, interpersonal relationships, dealing with systems, setting personal goals, problem-solving and creating safe, nurturing and stimulating environments for child development).
3. *To support relationships.* The focus was on strengthening relationships both inside the family (e.g., by promoting positive parent-child interaction) and outside the family (e.g., by developing social networks).

The FIP incorporates a preventive emphasis by working to promote nurturing family contexts. However, it does this by adopting a more traditional treatment-oriented paradigm which concentrates much of its effort on working with families who are already experiencing adversity. This approach constitutes an attempt to overcome exigencies within the family that can jeopardise children's development and wellbeing. Information about the types of factors that placed strain on family function was collected as families participated in the FIP. Program activity within the FIP was subsequently guided by this information as staff worked alongside families to promote individual capacity to overcome the specific stressors with which the family was dealing.

Program Implementation and Participation

At its outset, the FIP was offered as a free service to the families of all 4- to 6-year-old children enrolled in preschools within the local community. At the same time, children attending these preschools participated in the *Pathways* Preschool Intervention Program

(PIP) - which is the second major stream of program activity incorporated within the overall *Pathways to Prevention* project. Families' participation in the FIP was a matter of choice on the part of each individual family. Children's participation in the PIP was determined on the basis of whether the preschool each child attended had been chosen to participate as an intervention or a comparison school.

Data collection

As children were entering their preschool year (i.e., prior to the implementation of program activities within either the FIP or PIP) baseline data were collected on a range of variables from preschool children and their families.

1. *Child variables.* Measures of children's developmental status were linked to the core competencies that the PIP curriculum was designed to promote: language skills, behaviour and prosocial skills. The measures used to assess these skills included: the Preschool Language Assessment Instrument (PLAI: Blank, Rose & Berlin, 1978); the Rowe Behaviour Rating Inventory (RBRI: Rowe & Rowe, 1995); and the Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997). The SDQ yielded a score for level of difficult or antisocial behaviour as well as a score for level of prosocial behaviour. These data were collected for a total of 594 preschool children. In addition to the data on children's language and social skills, information was also collected about children's attachment to school. This variable was measured by parent report.
2. *Family/parent variables.* Measures of the family factors understood to be indicative of prevailing child-rearing conditions and practices were also collected. These variables included family adversity, parent efficacy, and parent-child relationships (as indicated by level of parent involvement and behaviour management style). The family adversity measure represents the total number of stressful life events to which family members were exposed (or at least those issues known to family-support staff as they were revealed during the course of families' FIP participation). Scores indicating level

of family adversity were available only for the 120 preschool children whose families had elected to access FIP services.

Measures of parent efficacy and parent involvement were collected as self-report data via parent surveys that families of all preschool children were invited to participate in during the school year. Respondents were contacted by telephone by trained researchers who conducted interviews in home languages wherever possible. The 26 items used to measure parent efficacy yielded three sub-scores that related to (a) general parenting practices (sense of confidence in undertaking parenting tasks in relation to fostering children's positive development), (b) behaviour management (sense of control tapping disciplinary style and the use of positive and coercive strategies), and (c) school and learning (parent's sense of confidence that they can help their child do well at school and advocate on their child's behalf). The five items used to measure level of parent involvement yielded sub-scores for home-based involvement (activities like playing learning games, reading and talking with child) and school-based involvement (frequency of family contact with school and teacher). During the survey parents also reported on their child's level of attachment to, and enjoyment of, preschool.

Analysis of parent variables in this chapter are based on responses provided by the parents of 147 preschool children who participated in a baseline survey conducted early in the school year ($n = 45$ or 30.6% of this sample subsequently participated in FIP; $n = 65$ or 44.2% of this sample spoke a first language other than English).

The Operations and Context of the Family Independence Program

Relationship Between Child and Family Variables

Examination of the baseline measures allows us to consider the way family contextual factors are linked to children's development at the time when they are entering preschool and beginning their transition into the education system. It is critical for ongoing development of the program to identify the mechanisms that underpin children's success.

We therefore conducted a correlation analysis to explore the pattern of inter-relationships between child and family variables as evidence of the way family processes might have contributed to measured indicators of child competence.

Significant correlations between these variables are summarised in Figure 1. For simplicity, Figure 1 does not show all correlations between every subscale within each overall variable. Rather, correlation coefficients indicate the highest level of correlation achieved between any subscale within each variable.

Insert Figure 1 here

As a guide to interpreting the overall picture, it is useful to begin by considering the way certain groups of variables link together:

1. The level of family adversity (indicated by the number of adverse life events families experience) was related to measures of children's behaviour. The greater the adversity the more disruptive and less prosocial was the child's behaviour.
2. Level of family adversity was associated with lowered levels of general parenting efficacy or confidence in nurturing their child's development.
3. Parenting efficacy is related to child behaviour. In general, the more confident parents are in their role the more positive their child's behaviour is at preschool and the more their child is reported to enjoy preschool.
4. Parent efficacy is positively related to the degree to which parents report being involved in their children's learning.
5. In its turn, parent involvement is positively related to children's language proficiency.
6. Each of the measures of child competence (language, behaviour and prosocial skills) is related to the other (in the expected direction). This corroborates what previous research has found – that behaviour, communication and social skills are linked (e.g., Beitchman et al., 1996).

7. There were significant correlations between parents' reports of their child's attachment to preschool and measures of children's social behaviours at preschool. Children who enjoyed preschool were engaged in more prosocial and less difficult behaviour.
8. The relationship between level of adversity and level of parent involvement was not significant. It had been expected that high levels of stress might reduce parents' time, energy and motivation to be involved in their children's learning. However, current findings suggest that it may not be adversity per se that has a direct influence on parent involvement, but rather how effectively parents deal with adversity. As noted earlier, parents' reported level of involvement was related to measures of efficacy. This confirms the fundamental role that parent efficacy plays in parenting practices.

It is evident that contextual factors like family adversity affect both parents and children. We found that not only was family adversity related to children's developing social competence, but that this was likely mediated through the association between adversity and parent efficacy. This pattern of findings validates the purpose of the FIP to support family capacity to respond effectively to stressful life events as a means of reducing the impact of adversity on children's development.

Examining the preexisting patterns of relationship between child and family variables provides a useful insight into the way subsequent program input might be transformed into outcomes. It is clear that the FIP has the potential to influence outcomes for children by working to enhance family mechanisms like parenting practice, parent-child relationships, shared engagement in experiences that stimulate children's developing competence, and resilience in the face of adversity. Moreover, while parent efficacy appears to indicate adversity, it is equally clear that sense of efficacy may also serve to moderate the impact of adversity on both child and parent variables. This highlights the way efficacy underpins family function and the critical importance of work within the FIP to foster efficacy: that is, to empower parents by promoting the skills, resources, confidence and support they

need to actively seek solutions to problems and reduce the tendency for reactive responses to the vagaries of external pressures.

The correlation analysis helps construct a clearer picture of the way the FIP might drive the change process by influencing the intervening variables (e.g., parent efficacy) that are linked to child outcome variables (e.g., children's skills). These family mechanisms are themselves measurable outcomes sought as goals of the FIP.

The Effects of FIP on Family Mechanisms

If, as intended, the FIP acts to enhance family processes such as parent efficacy, then it is reasonable to expect this would translate to a range of positive effects for children (language, behaviour, attachment to school etc.). The impact of FIP on outcomes for children will be reported elsewhere. The first step in establishing the efficacy of FIP input, however, is to demonstrate its more proximal effects on outcomes for parents.

To examine the relationship between FIP participation and family factors, data were collected from a group of FIP participants (n = 68) to answer questions relating to the most fundamental objectives of FIP efforts: Does the FIP support families and promote their capacity to deal effectively with challenge? To measure these two key constructs, we used a questionnaire that was based on an instrument called the Family Empowerment Scale (Koren, DeChillo & Friesen, 1992). Adaptations to the original scale were made after an extended period of consultation with family-support staff who provided insight into the appropriateness of questions for FIP clients. The main changes involved reducing the number of questions to 25 items, including new items focused on connectedness, and rewording some of the items. The two constructs tapped in the adapted Family Scale were:

1. *Parent efficacy*: Confidence in handling the tasks of parenthood. Does the parent have a sense that the challenges associated with parenting are manageable? (11 items)
2. *Parent support*: Sense of connection to a supportive network. Does the parent feel supported and that help is available and accessible if needed? (14 items)

Monitoring outcomes for families is considered an essential component of program accountability as well as critical to continued program development. As such, it is our goal to be able to demonstrate the impact of FIP participation by comparing pre-intervention baseline scores on the Family Scale to scores on a follow-up measure taken after families have made use of the service. Despite our commitment to evaluation we encountered some initial difficulties in collecting systematic data from FIP participants (some of whom were experiencing extreme hardship). These difficulties placed some limits on the approach we were able to take in the analysis of outcomes at the time of writing this report. The most notable complication has been that, in spite of every effort to administer the baseline measure of the Family Scale at the point of each client's first contact with the service, a considerable period of time often elapsed before the scales were actually collected from some families. Given these conditions, a decision was made to conduct a preliminary analysis of FIP effects by comparing scores on the Family Scale across three distinct groups of FIP clients:

1. a group who completed the scale within 2 months of their first contact with the service (n = 31),
2. a group who completed the scale after having had between 2 and 5 months of contact (n = 17), and
3. a group who did not complete the scale until having been in contact with the service for at least six months (n = 20).

Analyses of variance were used to investigate whether there were any significant differences in the levels of parent efficacy and parent sense of support between these three groups. It was predicted that if the FIP were effective, both feelings of efficacy and sense of support would increase as length of contact increased.

Results indicate that parent efficacy was significantly influenced by the length of time clients had been in contact with the FIP service ($p < .01$). The mean score on the measure

of parent efficacy was 51.1 for the group who had been with the service for less than two months, compared to 57.4 for 2-5 months and 58.7 for over 6 months of service. That is, parent efficacy was higher within the two groups who had longer association with the service. This is an effect size of about .82, and is depicted graphically in Figure 2.²

Although the overall effect of length of contact with the FIP service on parent sense of support was not statistically significant, pairwise comparisons between groups shows that there was a significant difference between sense of support in the groups with less than two months and greater than six months contact (effect size = .59, $p < .05$: Figure 2). This highlights the value of providing a program that offers opportunities for sustained contact when working with families who experience considerable disadvantage, and validates the FIP model.

While these results do not provide conclusive evidence of the effectiveness of the FIP (due to our current inability to demonstrate change over time within individual families) they provide early indications of the positive impact that the FIP has on parent efficacy and sense of support. This supports the theoretical assumptions upon which the approach was based, although we acknowledge the need to continue our evaluation of the way the FIP influences the multiple factors and processes that contribute to family function.

Insert Figure 2 here

Discussion

The correlation analysis helps paint a clear picture of the way children's developing competence is linked not only to the experience of family adversity but to family strengths (e.g., efficacy) that can moderate the impact of those external influences (as long as these factors are themselves not weakened by adversity). The preliminary data showing that involvement in the FIP led to increased levels of parent efficacy and sense of connectedness are a promising sign that the approach to family support taken within the

Pathways family program is an effective way of lessening the potential effects of adversity on family function and children's development.

Our experience within the FIP is very much in line with Halpern's (2000) observation that, to be effective, interventions must start where families are developmentally so they are immediately relevant and responsive to vulnerable participants' own experiences and preoccupations. The implications of this approach are the prioritisation of unique family needs and individualisation of services within program delivery. The difficulties that this approach creates for evaluation are well rehearsed in the literature (e.g., inability to control for selection effects through random allocation when services are tailored specifically to family need). These types of difficulties have prompted authorities such as Halpern and Schorr (1998) to level criticism on the over-reliance on positivist purity at the expense of methods that, while providing persuasive (if not conclusive) evidence of program effects, also take into account the contextualised and multifaceted nature of the interventions. It is for this reason we have not attempted to evaluate individual program components within the family program, opting rather to treat FIP as a single activity, albeit with different levels of duration and intensity for different participants.

What nevertheless remains an essential task is to work within a valid research design to continue to collect data that may reveal in a more persuasive way how the FIP acts as a catalyst that initiates and sustains changes in parenting behaviour and in family functioning that, in turn, influence outcomes for children. Ongoing evaluation and the strengthening of methodological rigour with respect to the systematic collection of family mechanism variables from FIP participants will ultimately determine how effectively the program promotes family resilience in the face of poverty and adversity.

In the absence of broader social policy initiatives designed to reduce inequalities in the distribution of resources, it is not possible for individual preventive programs such as *Pathways to Prevention* (or *Communities for Children*) to eliminate the effects of poverty

on a large scale for young Australian children. However, the present results show that it is possible for family-oriented programs such as the FIP to strengthen the features of family context that facilitate positive child development but which are often the casualties of poverty. It is by promoting these family mechanisms that programs like *Pathways to Prevention* have the potential to ameliorate some of the effects of poverty and social deprivation. However, it is abundantly clear that these mechanisms must be simultaneously strengthened on a much wider scale through reform of social and economic environments within which family life is embedded. Efforts to bring such approaches to scale for the large numbers (14.7%) of Australian children who live in poverty will, in the end, depend on a fundamental reassessment of national priorities and values.

Endnotes

1. Another major program strategy within the *Pathways to Prevention* project was a child-focused Preschool Intervention Program (PIP) designed to promote developmental competencies that are foundational to social and academic achievement. This preschool-based intervention component of the project is described in Freiberg et al. (2005).
2. An effect size of 0.3 to 0.4 is considered fairly average for successful child and parent interventions (Farrington & Welsh, 2003), while anything over 0.5 is generally considered a moderate to large effect (Cohen, 1988). In other words, in this field the obtained effect size in analyses of program effects indicates a substantial program impact.

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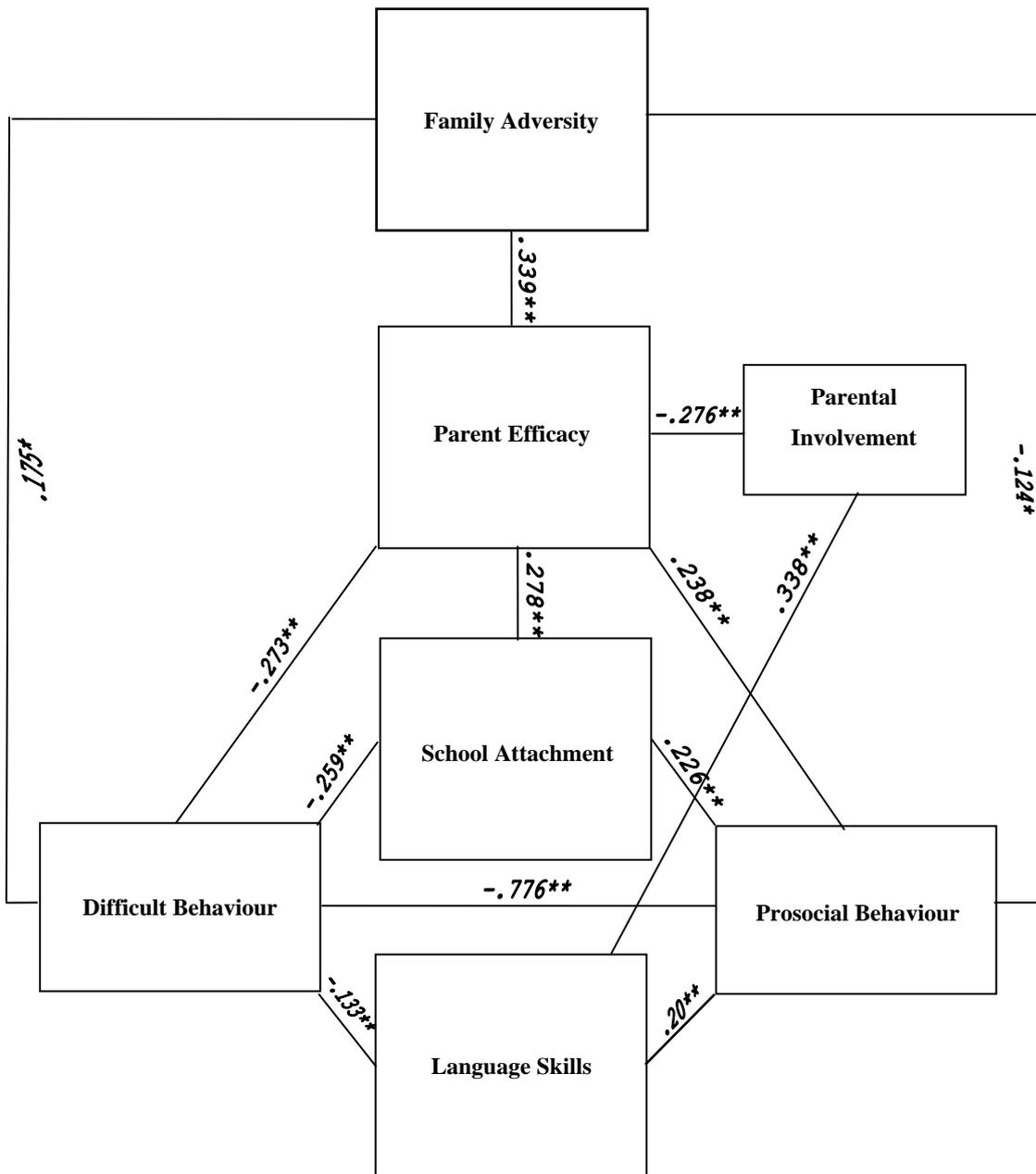


Figure 1. Pattern of relationships between child and family measures

* $p < .05$ ** $p < .01$

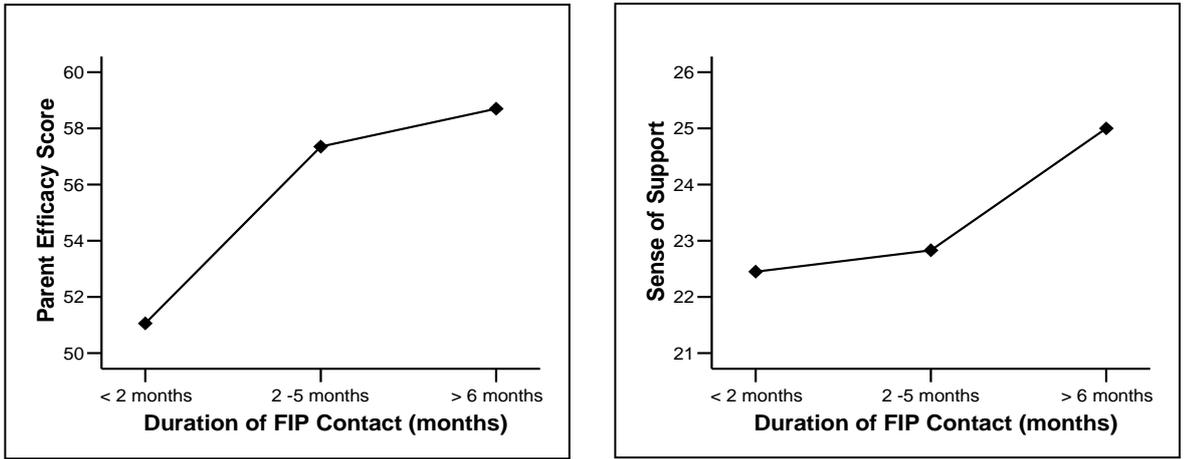


Figure 2. Relationship between duration of FIP contact and scores on measures of parent efficacy and parent sense of support.