Community Violence among Young People Research project

PHASE 2 Audit of programs

1.0 METHOD

The programs included in the audit were sourced from recommendations made by members of the Reference Group, the Community Violence Prevention Forum held by the Office of Crime Prevention in December 2005, and the Internet. The first two sources yielded local programs, and the Internet identified many evaluated American programs that sought to decrease adolescent delinquency. The programs are summarised in Appendix I, and a more detailed overview of each program has also been compiled. The programs that have been included in this audit report were chosen based on locality and evaluation. State and national programs were examined as they are applicable to the Australian population, and one of the most significant American programs was included because of its extensive evaluation and use in the United States.

2.0 AUDIT OF PROGRAMS

Program name: Community Mothers' Program

Organisation/s: Swan Health Service, Kwinana Child Health Centre or Mandurah Community Health and Development Centre (Peel Visiting Community Mothers Program), Kalgoorlie Regional Hospital, Bentley Community Health Centre, East Metropolitan Population Health Unit.

Location: Mundaring, Stratton, Koongamia, Swan View, Maylands, Ellenbrook, Peel and Rockingham area, Swan, Bentley, Kalgoorlie.

Start date: 1989 in Dublin and in 1999 in the Peel and Rockingham area. It was operating in 2001/02 in Swan.

Funded by: Swan Health Service funded by Department of Health

Aim: Using experienced volunteer mothers in disadvantaged areas to give support and encouragement to first-time parents in rearing their children using a child development program.

Target group: First time mothers

Strategy/Intervention: Potential community mothers are identified by the local public health nurse, and assessed and trained by a family development nurse. Each community mother supports 5-15 first-time parents, whom she visits once a month.

The program focuses on health care, nutritional improvement and overall child development. The aim is to develop the skills of parents of young children and build their self-esteem by; drawing out the potential of parents rather than giving advice and direction; using a behavioural approach in which parents are encouraged to undertake

agreed tasks; and using illustrated cartoon sequences to show the alternatives available to parents in coping with various child-rearing problems. The program model is one of parent capacitating and empowerment such that parents are able to learn the skills to find as far as possible their own solutions to child rearing problems, thus reducing their dependence on professionals.

Swan Health Service is funded by the Department of Health and has six community nurses and 22 trained volunteer mothers making home visits. Kwinana Child Health Centre has trained volunteers who are also mothers living in the local community, who empower families in parenting and to equip them with skills and advice on breastfeeding, sleeping routines and postnatal depression, as well as games to play with their children. The program allows time for mothers to ask questions, access local resources and seek guidance. They provide first time parents with community contacts and give developmental guidance, critical in the formative months. After some initial training and support sessions these volunteers visit a number of new mums in Mandurah once a month and discuss the everyday joys and challenges of parenthood with those new parents. Program has involved over 20 volunteers between 1999 and 2003, and in 2003, seven local mothers were visiting families in the area, trained by one nurse and local trainer.

Evaluation: The program was evaluated by randomised control trial in 1990 in the UK, at which time children in the program were one year old. Children in the intervention group scored better in terms of immunisation, cognitive stimulation and nutrition, and their mothers scored better in terms of nutrition and morale than those in the control group. A second evaluation was carried out when the children were 8 years old, by follow-up of the original cohort. A lower proportion of children in the intervention group (23.7%) had been bullied in school than in the control group (36.8%) (RR 0.64, CI 0.32-1.3, p=0.215 – not significant). Intervention mothers (51.4%) were significantly more likely than controls (24.3%) to disagree with the statement that 'Children should be smacked for persistently bad behaviour' (RR 2.11, CI 1.1-4.06, p=0.018).

The program is currently implemented by the Swan Health Service, Kwinana Child Health Centre and Mandurah Community Health and Development Centre (Peel Visiting Community Mothers Program), Kalgoorlie Regional Hospital, Bentley Community Health Centre and East Metropolitan Population Health Unit. Mundaring, Stratton, Koongamia, Swan View, Maylands, Ellenbrook, Peel and Rockingham area, Swan, Bentley, Kalgoorlie.

Program name: Positive Parenting Program (Triple P)

Organisation/s: Parenting and Family Support Centre, University of Queensland

Location: Queensland

Aim: The program aims to; prevent severe behavioural, emotional and developmental problems in children; to promote the independence and health of families by enhancing parents' knowledge, skills and confidence; to promote the development of non-violent, protective and nurturing environments for children; and to promote the development, growth, health and social competencies of children and young people. The program also aims to reduce the incidence of child abuse, mental illness, behavioural problems,

delinquency and homelessness and to enhance the competence, resourcefulness and self-sufficiency of parents in raising their children.

Target group: Parents of children in pre-school years who exhibit problem behaviour. However the program also targets the developmental periods of infancy, toddlerhood, pre-school, primary school and adolescence.

Strategy/Intervention: Familial relationships and family functioning strongly influence children's development. Family risk factors such as poor parenting, family conflict and non-supportive environments may increase the susceptibility of young people to major behavioural and emotional problems including substance abuse, anti-social behaviour and juvenile crime. Triple P was developed to equip parents with appropriate skills for managing child behavioural problems. Based on theories of social learning, the program seeks to enhance the knowledge, skills and confidence of parents to deal with family dysfunction and child conduct problems.

Triple P includes five levels of intervention, ascending in intensity and program focus. Level 1 (universal Triple P) targets all parents and involves the provision of information on how to solve developmental and minor behavioural problems. This intervention involves providing parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. This level of intervention aims to increase community awareness of parenting resources, to encourage parents to participate in programs, and to create a sense of optimism by depicting solutions to common behavioural and developmental concerns.

Level 2 (selective Triple P) targets parents with a specific concern about their child's behaviour or development. This intervention involves brief, individual or seminar-based consultation with parents and caregivers. Level 2 interventions provide topic specific guidance to parents of children with mild behaviour difficulties, with the aid of user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies.

Level 3 (primary care Triple P) targets parents who require active skills training. Brief therapy program to teach parents to manage a discrete child problem behaviour. This is a 4-session intervention targeting children with mild to moderate behaviour difficulties and includes active skills training for parents.

Level 4 (standard Triple P): Targets parents of children with more severe behavioural problems. This is an intensive program focusing on parent-child interaction and parenting skills for a broad range of target behaviours. Level 4 interventions are more intensive than lower level interventions. The intervention can be run with individual parents, groups of parents or simply by guiding parents who are working from a Triple P self-help parenting book. Level 4 interventions take between 8 and 10 sessions and are for parents of children with more severe behaviour difficulties.

Level 5 (enhanced Triple P) targets parents with concurrent child behavioural problems and family dysfunction. The intensive program includes home visits, skill development and partner support skills. Often practitioners work with parents and caregivers experiencing relationship conflict, parental depression or high levels of stress. These parents often benefit from a more intensive family intervention program. Level 5 is usually delivered to parents in addition to a Level 4 intervention in an individual consultation

format. Intervention may involve face-to-face, group, telephone assisted, and self-directed programs, and include programs such as media and information-based strategies; brief consultation primary care interventions; more intensive parent training; and enhanced behavioural family interventions. The multiple tiers of intervention in the program allow it to provide different levels of support depending on parental need.

Evaluation: Evaluation involved families with maternal depression, relationship conflict, single parent household, low grow family income or low occupational prestige, where children were aged 3-4 years, and mothers reported a concern about their child's behaviour. Families were randomly assigned to 1 of 4 groups: Enhanced Behavioural Family Intervention (EBFI; level 5 enhanced Triple P) which integrates a 10 session (1 hour per week) parenting skills program delivered on an individual face-to-face basis with strategies to increase support from partners and to also help parents manage their own feelings; Standard Behavioural Family Intervention (SBFI; level 4 standard Triple P) which offers a 10 session (1 hour per week) parenting skills program delivered on an individual face-to-face basis; Self-Directed Behavioural Family Intervention (SDBFI; level 4 self-help Triple P) which offers parenting information in a written self-administered format; or a waiting list (WL; control).

At post-intervention, mothers in the EBFI and SBFI conditions reported significantly less negative child behaviour than did mothers in the SDBFI and WL conditions. In turn, mothers in the SDBFI reported fewer child problems compared with mothers on the WL. Both mothers and fathers in the EBFI condition reported less use of dysfunctional discipline strategies at post-intervention than those in the SDBFE and WL conditions. Mothers and fathers in the SBFI condition also reported less use than those in the WL condition. At the one year follow-up significant decreases in levels of child negative behaviour were reported for all three interventions.

Program name: Friendly Schools

Organisation/s: WA Centre for Health Promotion Research, Curtin University.

Location: 29 Perth metropolitan primary schools

Start date: 2000

Funded by: Western Australian Health Promotion Foundation (Healthway).

Duration time: 3-4 years

Aim: To evaluate the best whole-school strategies aimed at preventing, reducing and managing bullying in the primary school setting.

The objectives of the program are to measure in the Year 4 cohort, the extent to which a two-year whole school intervention designed to enhance both the school's capacity to respond to conflict-related problems and to empower teachers and students to cope more effectively with these situations can:

- Reduce reported frequency of bullying behaviour;
- Enhance social skills and peer support;

- Improve perceptions of positive outcome expectancies should they become involved in a bullying situation;
- Increase the proportion of students who tell someone they are bullied or observe others being bullied;
- Increase parents' knowledge and skills to help their children to cope adaptively with bullying;
- Improve teachers and school staff's capacity to empower the students and their parents to cope positively; and
- Increase students' feelings of safety, happiness and liking of school.

Target group: 2000 primary school children, and their parents and teachers, in WA government schools.

Strategy/Intervention: The Friendly Schools program includes classroom, family and whole school activities intended to empower children, parents and teachers to reduce bullying. The program focuses on social disapproval of bullying by skilling children to recognise their responsibilities and to take action, especially as bystanders, in a bullying situation. It emphasises building social values, rather than only punishing children who bully. The program also trains teachers to better recognise and intervene in bullying situations and assists school administrators in developing and implementing appropriate school policy.

Evaluation: Evaluation was carried out by following around 2000 students, their teachers and parents across Years 4 and 5 during 2000 and 2001. The major research outcome of the Friendly Schools Project was self-reported bullying behaviour. The project also assessed change in attitudes toward bullying and the impact of the Friendly Schools program on the mental and physical health factors associated with bullying, including symptoms of depression and anxiety, somatic symptoms and self-esteem. The two year classroom and whole-school intervention was found to be effective in reducing self-reported bullying behaviours. For students who were bullied 'lots of times' at the start of the program those who received the intervention were up to five times less likely to be bullied in that way following the intervention compared with those students who did not receive the intervention. Similarly, those students who were bullied 'sometimes' at the start of the program and received the intervention were three times less likely to be bullied at the end of the program than those students who did not receive the program.

This research as shown a very significant reduction in bullying behaviour, greater feelings of safety and happiness at school and an increase in social skills among children who received the program compared to those who did not receive the program. This research has also helped to identify the program components that resulted in the greatest reduction of bullying.

Program name: Friendly Schools Friendly Families

Organisation/s: Child Health Promotion Research Unit, ECU

Location: 20 Perth metropolitan primary schools since

Start date: 2002.

Funded by: Healthway Health Promotion Foundation of Western Australia

Duration time: 3 years

Aim: To assess the effectiveness of a parent, whole-school and classroom based bullying intervention.

Objectives are to measure in the Year 2, 4 and 6 parent and child cohort the extent to which a two-year parent and whole-school intervention, designed primarily to empower parents and school staff to cope effectively with and respond to their children's bullying experiences can:

- Reduce the reported frequency of children's unresolved conflict/bullying;
- Improve children's perceptions of positive outcome expectancies should they become involved in a bullying situation;
- Increase parents' and their children's knowledge of conflict resolution and coping techniques they can use if they are bullied or observe others being bullied;
- Increase parents' self-efficacy to teach their children how to respond adaptively if they are being bullied;
- Increase parents' knowledge, and influence their attitudes, to help their children to cope adaptively to bullying;
- Decrease somatic, depression and anxiety symptoms in children; and
- Increase the school's capacity to empower parents to cope positively with situations where their children are being bullied.

Target group: The program targets Year 4 and 6 students, as well as the parents of Year 2, 4 and 6 students.

Strategy/Intervention: Using the results of the Friendly Schools project, Friendly Schools Friendly Families was developed as a more targeted program which included a stronger focus on capacity building and involving families. The intervention included policy review and enhancement, staff training and parent and community involvement aimed at preventing, reducing and managing bullying in primary schools.

Evaluation: The Friendly Schools Friendly Families Project is currently in its third year and as such, no longitudinal data have been analysed. Interim results from the first year of the study suggest that students who received one year of the intervention were significantly less likely to be bullied in every way, compared with students who did not receive the intervention. This research as shown a very significant reduction in bullying behaviour, greater feelings of safety and happiness at school and an increase in social skills among children who received the program compared to those who did not receive the program. This research has also helped to identify the program components that resulted in the greatest reduction of bullying.

Program name: Freedom from Fear

Organisation/s: Department for Community Development Family and Domestic Violence Unit in Western Australia.

Location: Western Australia

Start date: 26 August 1998.

Funded by: Funded by the Government of Western Australia,

Aim: To ensure the safety of those experiencing domestic violence and is targeted towards perpetrators of domestic violence and men at risk of perpetrating domestic violence.

Strategy/Intervention: The campaign messages called upon these men to accept responsibility for their behaviour and take action to end the abuse. Freedom From Fear is a long term strategy that utilises media advertising on television, radio and in the press. Research has shown that a powerful way to motivate men to change their behaviour is by highlighting the effects of their behaviour on their children. The campaign is supported by a Men's Domestic Violence Helpline which provides counseling, information and referral to assist and support men in changing their behaviour.

The advertising strategy was planned around 3 integrally linked elements. These were; the identification of the problem giving personal relevance, depiction of the personal consequences if the problem is not addressed such as damage to children and/or loss of children and a solution, depicted as a 'call to action' to seek help. Providing specific direction towards obtaining help is an integral part of the campaign strategy

Three 30 second television commercials "Nightmare", "Horror Movie", "Backseat", and one additional 15 second commercial "Break the Cycle" were developed to create impact and awareness of the campaign messages and lead men 'at risk' to call the Men's Domestic Violence Helpline. Newspaper advertisements were used to support and reinforce the television messages and promote the Helpline number. Six 45 second radio commercials and six 15 second cutdown versions depicted a range of conversations between a caller (perpetrator) and a Helpline counselor, in order to reduce the stigma attached to calling a helpline. Television, press and radio advertisements were scheduled state-wide. Press and radio advertisements in country areas promoted local counseling services as well as the toll-free 1800 Helpline number. A comprehensive suite of publications were produced to support the campaign.

Six new men's perpetrator programs were established in regional WA in Kalgoorlie, Albany, Narrogin, Bunbury, Mandura/Rockingham and Geraldton. As well, five new country victim counseling services were established in Kalgoorlie, Albany, Narrogin, Mandurah and the Pilbara; and three children's counselling services in Albany, Bunbury and Joondalup. There is ongoing acknowledgement of an increasing demand for counseling services for victims and children as well as perpetrators as a result of the campaign.

Evaluation: A long-term evaluation model designed for the campaign, incorporating process, impact and outcome measures, for comparison against a benchmark survey conducted prior to the launch of the campaign. Process evaluation involved the ongoing monitoring and evaluation of the campaign strategies, including the advertising strategy and the Men's Domestic Violence Helpline. Data was collected from Post-campaign evaluation survey I, completed in October 1998 measured knowledge and awareness generated by advertising campaign, correct understanding of messages, reactions to

campaign, backlash and changes in any beliefs/attitudes, with a repeat of these measures taken in the Post-campaign evaluation survey II during April 1999. A follow-up survey of Helpline callers (performance of counsellors, use of resources, self-reported attitude and behaviour change, action taken as a result of call) and a review of the Helpline and analysis of Helpline client contact sheets (number of calls, caller type, where found out about Helpline, type and level of violence perpetrated etc) - in cooperation with Family and Children's Services (now the Department for Community Development).

Impact evaluation involved medium term (6mths- 2yrs) monitoring of campaign performance and included medium term changes in beliefs and attitudes; trends in use of the Helpline, caller type, and reported action taken; monitoring of participation in counselling sessions/programs, including attrition rates, and observed changes in attitudes and violent behaviour, validated by the perpetrator's partner (victim); and monitoring of the impact of the campaign, and unintended effects (positive and negative) on victims.

Outcome evaluation involves long-term (3 - 10 yr) outcomes attributed to the campaign. This included: longer term (ie sustained) outcomes of counselling sessions/programs; changes in reported incidence and prevalence indicators of domestic violence, such as police, hospital and women's refuge statistics; and state and national victimisation surveys; changes in structural, environmental, legislative, and cultural systems that support a reduction of violent behaviour, such as referrals and response by police and the judiciary, employers and managers in workplaces, and changes in general community attitudes.

The Results indicated the creative strategy was very effective in reaching and engaging the primary target audience, establishing credibility and effectively communicating the desired messages. Overall campaign recall (awareness of one or more elements of the campaign) was 91%. The primary perceived message was the effect of domestic violence on children. However from October 1998, the communication of the help-related message improved significantly to now be the clear second message. The new commercial 'break the cycle' was very effective in communicating a help message, with 87% of those who saw the ad taking out a help-related message. The campaign improved the high level of believability that was recorded at ADTEST (84%-96% depending on the commercial). A positive result was that the 'very believable' ratings for all ads were slightly higher for perpetrators than for non-perpetrators.

There were significant increases in awareness of support services in general and the Men's Domestic Violence Helpline. The proportion of men aware of where violent men can go for help significantly increased from 21% at benchmark to 52%. The proportion of men aware of a telephone counseling line for men who were or could be violent significantly increased from 20% at benchmark to 69%.The proportion of men who could correctly name the Men's Domestic Violence Helpline significantly increased from 0% at benchmark, to 10% in to 28%.

Two significant changes were noted in terms of specific beliefs, which indicated a promising attitudinal trend emerging over the course of the campaign. These were; "Campaign has changed the way that I think about men being violent towards a female partner" increased from 14% in October to 21% in April 1999 and "Domestic violence

affects the whole family" (as opposed to the children/woman/man only) increased from 34% in October to 58% in April 1999.

Encouraging trends were noted in terms of a significant increase in the proportion of men who feel women never deliberately provoke being slapped; a reduction in the frequency with which men admit to yelling loudly at their female partner and putting down or belittling their female partner. This last result could represent a real decrease in these behaviours or greater reluctance to admit these behaviours, because of a shift in the 'social norms' regarding the acceptability of yelling/belittling one's partner.

In terms of longer-term attitudes and behaviours, there were no significant shifts on most measures. However it was noted that 6-7 months into what was planned as a 10 year campaign was not long enough to effect changes to well-established attitudes and behaviours.

From September 1998 to May 1999 the Men's Domestic Violence Helpline received a total of 2762 calls. A large proportion (64%) of these was men in the primary campaign target group (i.e. perpetrators or men 'at risk'). A total of 1129 (40% of calls) self-identified themselves as such. Approximately half (48%) of these men (546) were actively referred into men's behaviour change counseling programs. There is a strong correlation between the number of calls and the advertising schedule.

Program name: Mentally Healthy WA

Organisation/s: Organisations involved in the program include Healthway, WA Country Health Services, Lotterywest, Pilbara Iron, Centre for Behavioural Research in Cancer Control Curtin University.

Location: Three coastal, two mining and three farming communities in WA: Albany, Esperance, Geraldton, Kalgoorlie, Karratha, and Northam/York/ Toodyay

Start date: 2005

Funded by: Healthway, Lotterywest, WA Country Health Services.

Duration time: 2 years

Aim: To improve mental health in six demonstration sites in regional Western Australia. Mentally Healthy WA also aims to replace negative, coercive management/supervision styles, with positive, encouraging styles to help develop positive relationships in workplaces, schools, community organisations and families. The project intends to reframe people's perceptions of mental health from illness to one where they think about how they can actively protect and strengthen their own, and others' mental health. Mentally Healthy WA will help communities to reduce the long-term outcomes of mental health problems including depression, suicide, alcohol and drug abuse and juvenile delinquency.

Target group: Residents of rural Western Australia

Strategy/Intervention: The campaign is developed around the A-B-C guidelines for positive mental health: Act-Belong-Commit. During the first year Project Officers will utilise a community-based social marketing strategy to encourage community members to be more mentally, physically and socially active; join local clubs and organisations; and increase their level of commitment. The project will also study and document ways to develop and implement partnerships and build cohesion by fostering links between individuals and organisations.

The objectives of the project are to:

- Implement a range of interventions in six regional centres in WA to influence people's understanding of mental health, awareness of their own mental health, and the desirability of being proactive about one's own and others' mental health
- To increase individual's participation in individual and community activities to increase mental health and reduce vulnerability to mental health problems. The interventions will be related to the theme: 'Act-Belong-Commit'.

  Act – Individuals should strive to keep themselves active in as many ways as possible, including physically, socially and cognitively, e.g. walking, reading, visiting a museum, doing a crossword, visiting a friend.

  Belong – Becoming a member of an organisation to strengthen an individual's connection to the community, e.g. joining a book club or walking group, going to community meetings and events, participating more often in organisations of which the person is already a member.

  Commit – The level of effort an individual commits to the activities they are engaged in, e.g. becoming a volunteer for charity or community organisation; taking up challenging tasks; becoming involved in a good cause.
- Increase the understanding of employers, and other persons in authority, of the importance of how they deal with those in their care, and increase the used of positive rather than coercive practices amongst parents, teachers, supervisors/managers, coaches, etc.
- Build cohesion in communities by fostering links between organisations around a unifying theme promoting positive mental health.
- Build links between those in the community dealing with mental health problems and those in the community with the capacity to strengthen positive mental health.
- Study and document how best to develop and implement partnerships related to mental health promotion across government departments and local organisations.
- Help communities reduce the incidence of mental health problems such as depression, alcohol and drug abuse, juvenile and adolescent delinquency, and suicide.

During the Developmental Phase the campaign team has developed a training program and resource materials, a logo, banners, posters, brochures, supporting merchandise, a web site, the benchmark survey and a series of press ads.
The launch of the campaign included community forums. Ideas suggested at the community forums included: 'Have a go' days for sport and recreation activities, orientation and welcome packages for people new to town, family events, create opportunities and promote volunteer work, inter-generational activities, arts, music and drama activities and mentoring programs.

Evaluation: Evaluation has not been completed at this stage. A benchmark telephone survey of 2,200 adults, aged 18 years and over, was conducted by random digit dialing in

October/November 2005, prior to local campaign implementation. The sample consisted of 200 adults in each of the six regional intervention communities (Albany, Karratha, Geraldton, Northam, Kalgoorlie-Boulder and Esperance), 200 adults in each of three regional comparison communities (Bunbury, Port Hedland and Busselton), and 200 adults in the Perth metropolitan area. Respondents were recruited in two age groups (18-39 years and 40+ years), with equal split of males and females in each age group. The questionnaire gathered self-reports on the salience of mental health promotion, people's understanding of mental health and what they believe they can do for their own and others' mental health. The questionnaire also recorded self-reports on behaviour changes, e.g. individual and group activities such as reading, walking, joining a club, etc; and assessed social capital, community cohesion and general mental and physical health. A number of socio-demographic measures were included in the survey. The survey will be repeated on independent samples at the end of 12 months and 24 months of the campaign.

Program name: Pathways to Prevention Project

Organisation/s: Mission Australia, the Key Centre for Ethics, Law, Justice and Governance at Griffith University, and the Queensland Government.

Location: Disadvantaged urban area (the Inala cluster) in the south west of Brisbane

Start date: 2001-2002

Funded by: Westpac Foundation, the John Barnes Foundation, the Criminology Research Council, the Queensland Government, and the Australian Research Council.

Aim: The immediate goal of the Pathways to Prevention Project is to promote conditions that support adjustment to school, with the ultimate aim of reducing crime and other anti-social behaviours occurring in later life. The focal goals of the program are to promote child competencies related to school success, promote family capacity to nurture child development and promote equitable relationships between families and schools. The target groups include

Target group: Preschool and Grade 1 children aged 4-6 and their families living in a disadvantaged suburb in the south west of Brisbane. The children attend seven state primary schools in the Inala cluster including Carole Park, Durack, Inala, Inala West, Richlands, Richlands East, and Serviceton South. Pathways to Prevention also target local Indigenous and ethno-specific communities, which make up one third of the local population.

Strategy/Intervention: The project is based on the concept of "developmental prevention" or intervention at crucial transition points which mark new experiences and relationships in life, such as when a child starts school. Key components include; Family support, counseling, parent skills training, culturally specific supported playgroups, community development, school based programs, research and evaluation.

Pathways to Prevention work with preschool children and their families, in school, home and social environments. The aim is to improve a child's social, communication and behavioural skills and enhance the caregiver's ability to respond to their child

appropriately. The project team includes teachers, social workers, psychologists, family support workers and early childhood specialists, as well as academics and researchers. Community support workers are also employed to run programs in first language with appropriate cultural and linguistic support.

Pathways to Prevention combines two major program components, The Preschool Intervention Program (PIP) is the child-focused school-based component of the project, and the Family Independence Program (FIP) is the family-focused community-based program component.

PIP incorporates two main elements. A communication program aims to enhance children's functional communication skills through a teaching sequence that gradually introduces children to more abstract language and complex vocabulary and syntax formats during structured interactions with teachers. A social skills program aims to reduce the incidence and severity of behaviour problems and increase prosocial behaviour/positive peer relationships through a program that focuses on children's ability to accurately interpret social information, overcome unproductive emotions (e.g. anger and anxiety), consider the consequences of their actions, and develop a repertoire of strategies for solving social problems that commonly occur during interactions with peers.

FIP includes a range of activities:

- Behaviour management (parent training programs such as Triple P).
- Playgroups (facilitated activity groups for parents and 0-5 year-olds, provides developmentally appropriate activities and learning materials and encourages strengthening of first language skills).
- Couselling (individual and family therapy – for parents and children).
- Support groups (survivors of abuse and violence, dealing with grief and loss, network building, social support).
- Individual advice, support, advocacy and liaison (assisted referrals to other services, liaising on behalf of family with schools and other agencies).
- Other adult services (e.g. life skills, computing, English classes).
- Welfare assistance (crisis accommodation, material assistance).
- Youth program (cultural, sporting and personal development activities for older siblings of preschool children).
- Other children's services (holiday activities, fun days and festivals).

Evaluation: Within the cluster of seven schools, four preschools participated as the PIP intervention group (Inala, Serviceton South, Carole Park, Durack) and three as the comparison group (Richlands, Richlands East, Inala West). Two of the PIP intervention preschools received the Communication program and two received the Social Skills program. All children attending the four intervention preschools received program input during regular preschool sessions throughout the preschool year. Pre- and post-intervention measures of children's behaviour and language skills were taken for all children enrolled at all seven schools. PIP participation was associated with accelerated improvement in language proficiency. PIP was also effective in improving the level of children's behaviour and communication skill over and above the effect of the regular preschool curriculum. Results also show the value added by a comprehensive approach that combines child-focused and family-focused programs, indicating that the comprehensive approach was effective in reducing the impact of family adversity on child behaviour. Other results which also emphasized the importance of taking a

comprehensive approach include analysis of both PIP and FIP program elements on (i) teachers' ratings of children's readiness to succeed at school (collected at the end of the preschool year) and (ii) teachers' ratings of children's performance during their first year of formal schooling (collected at the end of the children's Grade 1 year). Furthermore, the degree to which parents were involved in FIP activities was found to have a significant effect on teachers' ratings of children's readiness. Medium level of FIP involvement was associated with significantly higher school readiness ratings than both low and no FIP involvement.

Program name: The Parents as Teachers Program (home visiting program)

Organisation/s: The Department of Education and Training - Early Learning Unit.

Location: US, Australia, New Zealand, Canada, the UK, Malaysia and the West Indies. In Australia in 2004 there were 15 locations and these included Orange, Goodooga, Hamilton, Ivanhoe, Whalan, Manly, Moree, Punchbowl, Liverpool, Wagga Wagga, Tweed Heads, Warilla, Ermington, Tuggeranong, Gungahlin, Alice Springs

Start date: 1981 in the US and 1991 in NSW.

Duration time: 3 years

Aim: To emphasise positive parenting behaviour as the vehicle to achieve developmental benefits for children. Its purpose is to give children the best possible start in life and to assist new parents in their roles as early childhood teachers. Major goals include increasing parents' knowledge of early childhood development and improving parenting practices, providing early detection of developmental delays and health issues, preventing child abuse and neglect, preparing young children for success in school, and increasing parents' feelings of competence and confidence. Healthy, well-developed children who are ready for school are the ultimate intended result.

Target group: The program is targeted towards parents from disadvantaged groups (including teenage parents, parents with intellectual disabilities, single-parent families, children with disabilities, Aboriginal families, families from non-English speaking backgrounds and families from low socioeconomic status backgrounds) with children aged from birth to three years of age.

Strategy/Intervention: Parents as Teachers (PAT) is an international early childhood parent education and family support program serving families throughout pregnancy until their child enters kindergarten, usually age 3. The program is designed to enhance child development and school achievement through parent education accessible to all families. It is a universal access model, but has been used to target groups. Recognising that all families can benefit from support, Parents as Teachers families come in all configurations, from all socioeconomic levels, and from rural, urban and suburban communities. The program is adaptable to fit community needs. It is a national model, but a local program. Family participation is voluntary.

In the US, The Parents as Teachers National Center, Inc. (PATNC) develops curricula, trains early childhood professionals, and certifies parent educators to work with parents to provide them with parenting support and information on their developing child.

In Punchbowl in NSW, the program recognises that parents are their children's first and most influential teachers. It promotes children's cognitive, language, social and motor development through the provision of regular home visits, group meetings, referrals to other services, and written developmental information. Families who cannot be included in the home visiting program attend monthly group meetings and play sessions and receive printed information. Parenting consultants adapt the program, including the provision of specific group meetings, to accommodate the special needs of each disadvantaged group targeted. Written material has been translated into Korean, Arabic, Vietnamese and Chinese for parents of CALD communities, and interpreters attend home visits and group meetings as required.

In Warilla in NSW, the program supports families of newly born children. Referrals to the program are made by the local Early Childhood Nurse. First, together with health professionals, bonding between parents and their new babies is aided by helping parents adjust to the practical and emotional changes parenthood brings into their lives. Parents are given help with feeding the baby, sleeping and adjusting to having fewer financial resources. Families receive one visit per month from the Parenting Consultant, and group meetings and drop-in mornings are held regularly. The problems of each family are shared within the groups. Second, the educational program shows parents appropriate disciplinary techniques and how to maintain positive family relationships.

Evaluation: The Warilla Parents as Teachers Program is subjected to ongoing systematic evaluation of impact. Collaborative evaluation with the New South Wales Department of Education, the Centre for Child Development, Macquarie University and Uniting Care has taken place. The evaluation involved pre and post test design with 24 families across the participating sites. Impacts assessed were, if developmental and academic preparedness was improved among the children involved, if stress was diminished among parents involved thus reducing the risk of child abuse, and if the program reduced parental isolation.

Results indicated that over one year there were significant gains in children's cognitive and communication development, children's interest in books and reading increased, children were read to more frequently by more family members, using an increased variety of books, and there were significant decreases in parental stress with parents reporteding that they felt less depressed, less isolated and that the relationship with their partner improved.

The most significant positive outcomes of the program to date are increased self-esteem and heightened awareness of the value of and importance of child-rearing. The short-term effects of the program are already visible in increased parental participation in all aspects of the educational process, together with noticeable changes in the behaviour of some children.

At three years of age, children in the program were significantly more advanced than those who were not in the program in language development, intellectual abilities and social skills. They were also found to perform significantly above national norms on language and intellectual abilities, despite being over-represented on risk characteristics. More than half of children with observed developmental delays before age three overcame them. By the end of their first few years of primary school, children in the

program scored higher than controls on reading and mathematics achievement tests. Importantly, teachers rated them as having fewer behavioural problems.
Parents in the program were more knowledgeable about child rearing practices and child development, more likely to initiate contacts with teachers and to take an active role in their child's schooling, and exhibited decreased child abuse and neglect.

Program name: Strengthening Hawaii's Families (SHF) (family skills training)

Organisation/s: Coalition for A Drug-Free Hawaii (CDFH)

Location: Honolulu HI

Funded by: SHF program costs incurred to the implementing agency include purchasing parent, children, and family workbooks for each family. These workbooks are ordered through CDFH for a cost depending on number of copies ordered and shipping/handling fees. Other program costs include food/refreshments for each session, childcare expenses, transportation, supplies such as chart paper, markers and art supplies, and incentives. Training of Facilitators also needs to be paid for, and includes all training materials for facilitators, an SHF program guide, facilitators manual, curriculum for parent sessions, children sessions and family sessions, workbooks for parents, children and family, and other resources.

Duration time: 14 weeks

Aim: To reduce and ultimately prevent such problems as substance abuse, domestic violence, and gang involvement by reducing risk factors and increasing resiliency factors in the family and community.

Target group: The target group Elementary school aged youth (ages 8-11) and their families.

Strategy/Intervention: SHF is a cultural values-based primary prevention program that was developed by the Coalition For A Drug-Free Hawaii.
The program provides the tools and the process to build on existing family strengths through values clarification, family skills-building, and nurturing connections among families and their community.
SHF is implemented as a 14-session series for 8-10 families attending weekly 2-hour meetings. Trained facilitators provide families with the opportunity to discover for themselves what will work best based on their values and vision. Topics include:

- connecting with one another
- exploring and practicing family values
- cultural and generational continuity
- family vision
- family resilience
- communication
- making choices
- problem-solving
- decision-making, anger management and stress management
- wellness including substance abuse prevention, and healthy lifestyle choices

- ‘ohana’ (family) time

The SHF program is age and developmentally appropriate and provides a culturally comprehensive framework that allows communities to easily and effectively adapt and implement the program for diverse populations. Being a values and assets-based program, SHF is appropriate for families in multicultural group settings, which are inclusive and embracing of all ages, ethnic, cultural, and socioeconomic backgrounds.

Evaluation: SHF has been shown to have a positive impact on the families that participated. The University of Hawaii Social Welfare Evaluation and Research Unit (SWERU) found significant improvement in family cohesion, family organization, and family communication; and a significant decrease in family conflict as well as decrease in parental depression. Follow-up research done by SMS, Inc. to determine long-term impacts of participation found that past participants reported better relationships among family members, a clearer understanding of parental roles, more awareness of children's needs, improved behaviors for children, and general improvement in communication skills for all family members. Participants also remarked on the amount of bonding and fellowship that accompanied each SHF session.

APPENDIX 1: Audit of Programs – Summary

Program Name	Organisation/s	Contact
(Dublin) Community Mothers' Program (home visiting program)	Swan Health Service Kwinana Child Health Centre or Mandurah Community Health and Development Centre (Peel Visiting Community Mothers Program) Kalgoorlie Regional Hospital Bentley Community Health Centre East Metropolitan Population Health Unit	
Universal Home Visiting Program (home visiting program)	Children, Youth and Women's Health Service (SA) Central Sydney Area Health Service – Families First (NSW)	
Positive Parenting Program (Triple P)	Parenting and Family Support Centre, University of Queensland	Dr Clare Roberts, Curtin University Parenting and Family Support Centre, University of Queensland
Teen Triple P		
Friendly Schools	WA Centre for Health Promotion Research, Curtin University	
Friendly Schools Friendly Families	Child Health Promotion Research Unit, ECU	
Friendly Schools and Families	Child Health Promotion Research Unit, ECU	www.friendlyschools.com.au/contact.php
Freedom From Fear	Department for Community Development Family and Domestic Violence Unit	
Together We Do Better	VicHealth	http://www.togetherwedobetter.vic.gov.au/
Mentally Health WA	Healthway, WA Country Health Services, Lotterywest, Pilbara Iron, Centre for Behavioural Research in Cancer Control Curtin University	Healthway, WA Country Health Services, Lotterywest, Pilbara Iron, Centre for Behavioural Research in Cancer Control Curtin University 9266 4648 or ray.james@curtin.edu.au) www.mentallyhealthywa.org.au
Mirrabooka Area Community for Children	The Smith Family Stronger Families and Communities Strategy	Craig Stewart, Project Manager (9343 5421 or craig.stewart@smithfamily.com.au)
Pathways to Prevention	Mission Australia, the Key Centre for Ethics, Law, Justice and	Mission Australia (07) 3278 9130

Project	Governance at Griffith University, and the Queensland Government	
The Parents as Teachers Program (home visiting program) (parent training)	Department of Education and Training - Early Learning Unit, Bowen Public School (Orange) Goodooga Central School Hamilton Public School Ivanhoe Central School Madang Avenue Public School (Whalan) Manly Village Public School Moree Public School Punchbowl Public School Sadleir Public School (Liverpool) Tolland Public School (Wagga Wagga) Tweed Heads South Public School Warilla Public School UnitingCare Burnside - Pfizer Ross Park Primary School	info@parentsasteachers.org
Resources for Teaching Against Violence	Kit development organisations include the NSW Domestic Violence Committee, the Police Service, gay and lesbian community groups and memers of the NSW Teachers Federation.	Dr Lesley Lynch – Director of Curriculum; Ms Helen Kerr-Roubicek and Mr Kevin Gardner
The Comprehensive Child Development Program (CCDP) (home visiting program)	The program is administered by the Administration on Children, Youth and Families (ACYF) within the Administration for Children and Families (ACF), in the US Department of Health and Human Services (DHHS). CCDP grantees include universities, hospitals, public and private non-profit organisations, and school districts.	
Nurse Home Visitation Program (home visiting program)		
Hawaii's Healthy Start Program (home visiting program)	Hawaii Department of Health administers the program, and the Hawaii Medical Association works to integrate home visiting with primary health care services.	
Healthy Families America (HFA) (home visiting program)	Prevent Child Abuse America, Ronald McDonald House Charities, Freddie Mac Foundation, the American Academy of Pediatrics, the National Association of Children's Hospitals and	

	Related Institutions, the National Head Start Association, the Cooperative Extension Service of the US Department of Agriculture.	
Infant Health and Development Program		
Home Instruction for Parents of Preschool Youngsters (HIPPY) (In-home support)	HIPPY USA	Barbara Gilkey, Arkansas State HIPPY Director Arkansas Children's Hospital 800 Marshall Street, Slot 651 Little Rock, AR 72202 (212) 523-7730
Make Parenting a Pleasure (MPAP) (parent training)		Minalee Saks, Executive Director 86 Centennial Loop Eugene, OR 97401 (541) 484-5316
MELD (family skills training)	MELD	Julienne Smerlinder 219 N. 2nd Street, Suite 200 Minneapolis, MN 55401-1453 (612) 332-7563 Fax: (612) 344-1959 www.meld.org
Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (parent training)		Myrna Shure Drexel University 245 North 15th Street, ADD MS 626 Philadelphia, PA 19102-1192 (215) 762-7205 Fax: (215) 762-8625 mshure@drexel.edu
Dare To Be You (DTBY) (family skills training)		Jan Miller-Heyl Colorado State University Cooperative Extension Fort Collins, CO 81321 (970) 491-2666 Fax: (970) 491-5108 darecort@coop.ext.colostate.edu
Prenatal and Early Childhood Nurse Home Visitation Program (family in-home support)		David Olds, Ruth A. O'Brien Kempe Prevention Research Centre for Family and Child Health 1825 Marion Street

		Denver, CO 80218 (303) 864-5210 Fax: (303) 864-5236 obrien.ruth@tchden.org
Center for Development Education and Nutrition (CEDEN) Family Resource Center (in-home support)	CEDEN Family Resource Center	Terry Aruguello, Program Coordinator 1208 East 7th Street Austin, TX 78702 (512) 477-1130 Fax: (512) 477-9205 ceden@bga.com www.main.org/ceden/educ.mat
Helping the Noncompliant Child (parent training)		Robert J. McMahon University of Washington Department of Psychology, Box 351525 Seattle, WA 98195-1525 (206) 543-5136 Fax: (206) 685-3157 mcmahon@u.washington.edu
Preparing for the Drug Free Years (PDFY) (parent training)		David Hawkins & Richard Catalano Developmental Research and Programs Contact: Channing Bete 200 State Road South Deerfield, MA 01373 (877) 896-8532 Fax: (800) 499-6464 Custsvcs@channing-bete.com www.drp.org
The Incredible Years: Parents, Teachers, and Children Training Series (comprehensive)	The Incredible Years	Carolyn Webster-Stratton The Incredible Years 1411 8th Avenue West Seattle, WA 98119 (206) 285-7565 (888) 506-3562 Fax: (206) 285-7565 incredibleyears@seanet.com www.incredibleyears.com
Strengthening Families Program		
Strengthening Hawaii's Families (SHF) (family skills training)	Coalition For A Drug-Free Hawaii (CDFH)	Alan Shinn 1130 North Nimitz Highway, Suite A-259 Honolulu, HI 96817 (808) 545-3228 Fax: (808) 545-2686

		cdfh@pixi.net
Families and Schools Together (FAST) Program (comprehensive)	FAST National Training and Evaluation Center	www.wcer.wisc.edu/fast
Focus On Families (parent training)	Social Development Research Group	Richard Catalano, Ph.D., Contact: Kevin Haggerty, M.S.W. Social Development Research Group 9725 3rd Ave., NE Suite 401 Seattle, Washington 98115 (206) 685-1997 Fax: (206) 543-4507 E-mail: haggerty@u.washington.edu
Parents Who Care (PWC) (family skills training)	Channing Bete/Developmental Research & Programs	www.drp.org www.channing-bete.com
Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14) (family skills training)		www.exnet.iastate.edu/Pages/families/strength.html
Adolescent Transitions Program (ATP) (parent training)		Thomas Dishion, Ph.D. (Contact) Kate Kavanaugh University of Oregon Department of Psychology Eugene, Oregon (503) 282-3662 Fax (503) 282-3808 katek@hevanet.com
Creating Lasting Family Connections (CLFC) (parent training)	Council of Prevention and Education: Substances, Inc. (COPES)	Ted Strader, Ph.D. Council on Prevention and Education: Substances, Inc. (COPES) 845 Barret Avenue Louisville, KY 40204 (502) 583-6820 Fax: (502) 583-6832 tstrader@sprynet.com http://copes.org
Bethesda Day Treatment (comprehensive)	Bethesda Family Services Foundation	Dominic Herbst, President P.O. Box 210 West Milton, PA 17886 (570) 568-2373 Fax: (570) 568-1134

		staff@bfsf.org
Brief Strategic Family Therapy (BSFT) (family therapy)	The Center for Family Studies, University of Miami Medical School Department of Psychiatry and Behavioural Sciences.	JosÈ Szapocznik, Ph.D. (Contact) Carleen Robinson-Batista 1425 NW 10th Avenue, Third Floor Miami, Florida 33136 (305) 243-2226 Fax: (305) 243-5577
Functional Family Therapy (FFT) (family therapy)		James F. Alexander, Ph.D. 1329 Behavioral Science University of Utah Salt Lake City, UT 84112 (801)581-6538 Fax: (801) 581-5841 jfafft@psych.utah.edu
Multidimensional Family Therapy (MDFT) (family therapy)		Dr. Howard A. Liddle Center for Treatment Research on Adolescent Drug Abuse Dept. of Psychiatry and Behavioral Sciences University of Miami School of Medicine Dominion Tower 1108; 1400 N.W. 10th Avenue; M-711 Miami, FL 33136 (305) 243-6434 Fax: (305) 243-3651 hliddle@med.miami.edu
Multisystemic Therapy (MST) (comprehensive)	MST Services	Scott W. Henggeler, Ph.D. (Contact) Marshall E. Swenson, MSW, MBA, Manager of Program Development MST Services 710 Johnnie Dodds Blvd. Mt. Pleasant, SC 29464 (843) 856-8226 ext. 215 Fax: (843) 856-8227 ms@mstservices.com
Treatment Foster Care (TFC) (also known as Multidimensional Treatment Foster Care (MTFC) (parent training)	Oregon Social Learning Center	Patricia Chamberlain, Ph.D., Director Oregon Social Learning Center 160 East 4th Eugene, OR 97401 Contact: Gerard V. Bouwmak (541) 485-2711 Fax: (541) 485-7087 pattic@oslc.org

NICASA Parent Project (parent training)	Northern Illinois Council on Alcoholism and Substance Abuse (NICASA)	Wendy Gwaltney, Parent Project Coordinator Northern Illinois Council on Alcoholism and Substance Abuse (NICASA) 31979 N. Fish Lake Road Round Lake, IL 60073 (847) 546-6450 ext. 232 Fax: (847) 546-6760 wgwaltney@nicasa.org
Parents Anonymous (comprehensive)	Parents Anonymous, Inc.	Teresa Rafael, M.S.W., Vice Pres. of Programs Contact: Kathy DuVernet Parents Anonymous, Inc. 675 W. Foothill Blvd, Suite 220 Claremont, CA 91711-3475 (909) 621-6184 Fax: (206) 526-0220 parentsanon@msn.com www.parentsanonymous-natl.org
CICC's Effective Black Parenting (parent training)	Center for the Improvement of Child Caring (CICC)	Kerby T. Alvy, Ph.D., Executive Director Center for the Improvement of Child Caring 11331 Ventura Boulevard, Suite 103 Studio City, CA 91604-3147 (818) 980-0903 or (800) 325-2422 Fax: (818) 753-1054 cicc@flash.net www.ciccparenting.org
Nurturing Parenting Program (family skills training)	Nurturing Parenting	Stephen Bavolek, Ph.D. PO BOX 2530 Hendersonville, NC 28793 (828) 681-8120 Fax: (828) 681-8620 fdr@nurturingparenting.com www.nurturingparenting.com
Strengthening Multi-Ethnic Families and Communities (parent training)		Marilyn L. Steele, Ph.D. 1220 S. Sierra Bonita Ave. Los Angeles, CA 90019-2552 (323) 936-0343 Fax: (323) 936-7130 dr_mls@earthlink.net
HOMEBUILDERS (comprehensive)	Institute for Family Development	Charlotte Booth, Executive Director Institute for Family Development (Contact) Shelley Leavitt, Ph.D., Assistant Director

		181 South 333rd Street, Suite 200 Federal Way, WA 98003-6307 (253) 874-3630 Fax: (253) 838-1670 info@institutefamily.org
Parenting Wisely (PW) (parent training)	Family Works, Inc	Donald A. Gordon Psychology Department, Ohio University Athens, OH 45701 (740) 593-1074 Fax: (740) 593-0579 Gordon@ohiou.edu www.familyworksinc.com
Project SEEK (Services to Enable and Empower Kids) (comprehensive)		Carol Burton, Program Consultant 175 Remsey St, 8th floor Brooklyn, NY 11201 (718) 637-6560 carolb190@aol.com cburton@osborneny.org
Nurturing Program for Families in Substance Abuse Treatment and Recovery (family skills training)	Institute for Health and Recovery (IHR)	Norma Finkelstein, ED Institute for Health and Recovery (IHR) 349 Broadway Cambridge, MA 02139 (617) 661-3991 Fax: (617) 661-7277
Aboriginal Alternative Dispute Resolution Services		Department of the Attorney General, Government of WA – Aboriginal Policy and Services