

**The Role of Institutions in Pathways from Educational to Social Exclusion:
Documenting the Life Course of 300 Marginalised Primary School Children
in Queensland**

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Abstract

Engaging social and professional communities around students with high educational needs has come to be seen as an active protective process for these students. This paper examines the role of state and local agencies (education, health, families, communities, and criminal justice) in documenting but not altering student trajectories towards life failure. The most marginalised and disadvantaged youth in our communities are the primary target for exclusionary practice in education around the western world. Yet there has been little impetus to coordinate service delivery between school systems and other services in order to provide stable ongoing supports for progress through education. A detailed investigation of the socio-educational trajectories of 300 individuals excluded from Queensland primary schools between 1973 and 2004 examined data gathered on these children before and after a period spent in a special school setting for intervention in behaviour and learning. This study has revealed extensive record keeping of a downward spiral in the lives of these children but little sharing of this information. Case-by-case treatment of information from child to child, from time to time, and from setting to setting has been a barrier to effective decision-making and to systemic support for a (better) trajectory towards social inclusion.

Keywords

School exclusion, problem behaviour, service delivery, socio-educational trajectories, institutional data

Service to marginalised children

Benson et al. (2004) discussed the emergence of an approach to youth that focused on successful rather than unsuccessful development. They contrasted success- versus failure-oriented approaches to development on a simple, three-part model linking (a) youth policy to (b) pathways (means to change), and then to (c) life outcomes. Prevention science, an evidence-based approach to developmental prevention, was the concern of both versions of this model. Deficit-oriented policies have sought to reduce risks and threats to development in order to lessen or avert negative, health-compromising behavioural outcomes and, thus, to safeguard society against negative trajectories of development. Strength-oriented policies were not oblivious to the need for threat assessment and intervention to counter developmental risks; however, this emerging approach to youth policy has also argued the

need to promote developmental assets, build internal and external resources, provide active supports for system change, and create opportunities for the child to experience developmental success.

In real-world applications, these two approaches are complementary (Benson et al. 2004). While the deficit approach has often over-focussed on within-child risks, the strength approach emphasises contextual supports. The 'problem' for deficit-oriented policies is risk reduction. Within this perspective, an 'at-risk' child's life-course trajectory, which is marked by progressive failures to achieve adaptive adult functioning, has been perceived and interpreted as a series of disconnected shortfalls that may be alleviated by institutional service providers. The focus on the prevention of 'further incompetence' has also reinforced the notion that incompetence lies in the child rather than in the systems in which the child develops. Harm minimisation policy can implement exclusionary practices in order to minimise effects of the problem on the community, instead of using inclusive practices to maximise the child's effective functioning in the community. It appears that deficit policies about troubled and troublesome children have maintained and accelerated deficit outcomes and, in turn, shaped community perceptions to reinforce and maintain a 'vicious circle' of disconnected deficit policies.

However, the emerging way of thinking about the community agenda for the development of its children has started to consider pathways to positive outcomes. Any recommendation that institutional service providers to children with challenging behaviour *should* engage in active protective services, therefore, involves policy reorientation and institutional reform to target and design ways of nourishing positive development.

“The dominant deficit paradigm—variously labeled the risk reduction, the problem behavior, or prevention approach—tends to pay more of its attention to the outcome...even though it also has to consider the means...by which those outcomes can be accomplished. ...In contrast, the youth development perspective has tended to concentrate more on the pathways of promoting developmental nutrients...and only secondarily on the positive outcomes themselves” (Benson et al. 2004, p. 788).

This youth development perspective has implications for how the community views children who are struggling with normative developmental tasks. The community tends to view children through the policies and practices of human services institutions supporting families, community health, education, and justice and through the mechanisms used by their respective agencies to resource and deliver services to youth at risk. The youth development perspective has the potential to transform the way communities manage harm: from isolation and exclusion of at-risk children from the community to the provision of supports to better include them into the community.

Psychological research on developmental trajectories into adulthood has identified pathways for the development of important competencies in academic learning, relationships with peers, and socially appropriate conduct. Prevention science has recommended universal interventions for all children as well as more targeted child-specific interventions (Greenberg et al. 2001). Prevention science, moreover, has aimed to change the course of development by increasing competence in child skills and by improving contextual supports as well as by decreasing risks that the child will become maladjusted. For example, Masten (1991) proposed that child resilience increases with increasing contextual supports and that vulnerability increases with worsening risk status (e.g., number and severity of risk factors) over time. The longitudinal work of Masten and her colleagues has justified her initial argument (Masten and Coatsworth 1998; Masten and Powell 2003; Roisman et al. 2004). These researchers have recommended a progressive, ongoing process of mobilising supports, across the developmental trajectory to adulthood, in order to ensure competence on normative developmental tasks and to strengthen resilient coping with more-than-normal developmental challenges. The need to intervene to build strengths (as well as to reduce weaknesses) during the developmental years is the focus of an interdisciplinary suite of bio-psycho-social or child-in-context perspectives on normal development. They include developmental ecological analyses of problem behaviour such as an escalating trajectory from early aggressiveness towards adolescent antisocial attitudes and behaviours (Bronfenbrenner 1999; Dodge and Petit 2003; Laborit 1986).

These perspectives on developmental processes articulate multiple levels of organisation (Bronfenbrenner 1999; Laborit 1986). Russian-American psychologist Bronfenbrenner (1979) identified systemic multilevel contextual features of individual differences in life problems. Similarly, French biologist Laborit (1986) documented the pathology of 'inhibition of action' at different levels of organisation (biological, psychological, and sociological) and analysed the mechanisms of their interactions. For example, the child operates (a) at a biosocial level expressed in intrapersonal ways of responding to the community; (b) at a psychosocial level in relationships with family and school and other organisations in direct social contact with the child (e.g. family service agencies); and (c) within indirect macrosocial levels of political and economic influences on developmental services such as belief systems about education of children with problem behaviour.

Across these multiple levels, moreover, there are many concatenating and cascading possibilities for a 'snowballing' change of trajectory towards either empowerment and life success or disempowerment and life failure. From the field of community psychology, for example, Rappaport (1978, 1987) linked multiple levels of organisations and concluded, "If poverty, racism, and other social systems variables act as a harness, or as an inescapable barrier, it is reasonable to expect that they will create learned helplessness and alienation" (Rappaport 1987, p. 103). In summary, these perspectives have collectively recommended a

systemic approach to problem formation, formulation of solutions, and processes of implementing change (Watzlawick et al. 1974).

Society of marginalisation

Increases in crime rates in recent decades have been linked by key researchers (e.g. Farrington 1994) to family instabilities, low educational achievement, and poor work prospects. Criminological analyses of sources of social disorder and crime-oriented trajectories in the post-modern 'exclusive' society of the late 20th century (Young 1999) have pinpointed two defining products of dominant community values of recent times: (a) assessment of problem behaviour and (b) isolation and exclusion of high-risk individuals as implicit and explicit institutional policy. Individuals with 'deficits' have been (a) observed, assessed, and categorised by risk status; (b) then isolated, demonised, and excluded; and (c), in the process, characterised as choosing a self-excluding pathway. Young (1999) charted "the transformation of the social fabric in the last third of the twentieth century from an inclusive society of stability and homogeneity to an exclusive society of change and division" (p. vi). He investigated social exclusion in relation to the labour market, the criminal justice system, and civil society. He argued that the increased valuing of individualism over communalism has served to heighten the social exclusionary power of relative deprivation within a market-based and risk-focused society.

This kind of analysis has shown that policy values and beliefs about privatisation of social problems, demands for privacy, and fragmented concepts of problem behaviour have helped to compromise communication, collaboration, and coordination of services to gather information and deliver services effectively to the developing child. Actuarial risk management fits well with the deficit paradigm. It adds a strong presumption of culpability to already risk-burdened individuals. Essentialist beliefs have represented these children and their families as constantly 'choosing' to misbehave and, through their choices, excluding themselves from the community (Young 1999). Such beliefs have served, implicitly, to justify punitive and exclusionary interventions. Excluding scripts about 'free choice' have blended issues of individualism, personal privacy, and privatisation of services. This free-choice discourse has framed delivery of institutional services even when assessment has clearly indicated situational learned helplessness such as clinically depressed ability to act after long periods of repeated, inescapable punishments (Peterson et al. 1981). For example, service agencies have continued to express unrealistic expectations about the capacity of disadvantaged clients to engage in proactive accessing of services.

Lynch et al. (2003) conducted a cohort study of recidivism, in which they examined 7-year criminal trajectories of 10- to 17-year-old youth following a juvenile court appearance. This study was unique in Queensland in that Lynch et al. matched and merged operational data sets from three services (families, police, and corrections). They reported that peak offending

occurred at 16 years of age and that high recidivism was linked to social disadvantage, indigenous ethnicity, and a care and protection order (for maltreatment). They criticised the interventions available for juvenile offenders and the lack of evaluation of their effectiveness. They urged a focus on early intervention before problem behaviour becomes an entrenched way of life. They argued for a whole-of-government approach to intervention so that resource-intensive multi-agency strategies could provide concerted and ongoing support for high-risk children. “The absence of trajectories research of this kind is largely due to the limited availability of appropriate data, data comparability across criminal justice system agencies, and the substantial resources that are required to piece together the data that are available” (Lynch et al. 2003, p. 2).

An early step towards exclusion from civil society is exclusion from school (Blyth and Milner 1993; Hayden 1994). Schooling, depending on its philosophy and values, its organisation, its particular curriculum and pedagogies, can be an agent for either risks or protections. The 'hidden injuries' of schooling have been widely discussed (e.g. Furlong 1991). Like other institutions, educational institutions can adopt a strict, exclusive interpretation of a deficit model, which eschews any systemic analysis and rectification of their operation, individualises social problems, and excludes individuals and subgroups with problem behaviour. Alternatively, schools can move towards a strength-based perspective, which involves awareness, understanding, and rectification of systemic failures in order to provide developmental support. Yet schools have not maintained ongoing data gathering and monitoring of an excluded student's trajectory through the school years.

Schooling for marginalised students

Sound longitudinal evidence that disruptiveness in the western classroom predicts chronic lifetime adversity has been published in Queensland (Bor et al. 2001) and in the USA (e.g. Dodge and Pettit 2003). Iterations over time among biological, socio-contextual, and personal-experiential variables, particularly through the primary school years from Year 1 to 7, can amplify or diminish early developmental trends (Dodge and Pettit 2003). Transactional modelling of the developmental trajectory to serious aggression by Dodge and Pettit (2003) has strengthened the case for prioritising efforts to “change the system rather than control the child”. Through the primary school years, disciplinary practices intended, in some way, to minimise and control conduct problems may have iatrogenic, reverse effects. Children have been redirected away from other children, and their differences from other children have been amplified by strategies such as (a) grade retention (to cope with academic difficulties underlying problem behaviour); (b) placement in special education (behaviour-based exclusion from regular schooling); and (c) negative feedback from teachers. As Thomas (2004) remarked, the international perspective on the character and construction of problem behaviour in theory, research, and practice has lacked coherence, and the language of educational practice has become mired in child-focused concepts of difference, deviance,

dispositional weaknesses, deficit, and disadvantage rather than school-and-system concepts of change processes.

Educational policies in Australia value mainstream inclusion of all children, but regular school practice is exclusionary. There are general system provisions for children whose behavioural problems reflect intellectual developmental disabilities and other seriously impairing pervasive disorders. However, regular classroom teachers in Australia generally and, more specifically, in the Queensland state school system are expected to manage students with difficult behaviours as part of normal duties in the classroom (Bryer et al. in press). Systematic access to support is not available to those children whose problems reflect either socioeconomic disadvantage or socio-emotional developmental disorders such as impulsivity, defiance, and aggression and related mental health issues, or both.

Research has shown that regular teachers do not modify their instructional or management techniques for these students (Landrum et al. 2003). Regular teachers are neither appropriately trained in effective practice for students with affective, behavioural, and learning difficulties nor able to obtain adequate support. In the teacher-centric system of Australian government schools, on-site access to other human services personnel (e.g. behavioural psychologist, developmental psychiatrist, speech therapist, social worker, etc.) to support students and their teachers in the regular classroom is rarely available. Thus, the child with problem behaviour associated with difficulties in learning, self-regulation, or both has continued onto a pathway to an 'exit from school' outcome. That is, various exclusionary practices have been applied to remove the child from the school for various periods of time, to move the child to another school, or to punish deficient behaviour. The widespread adoption of zero tolerance policies in the USA has fostered rapid growth of interim placement in alternative education centres (Bear et al. 2002).

The Study

Aim

The aim of the present intensive study of a cohort of 300 students with emotional, behavioural, and learning problems was to examine developmental outcomes of exclusion and to explore one shared pathway — through a brief placement in a long-established alternative education centre — to those outcomes. The cohort was defined by attendance at this centre between 1973 and 2004.

Data collection

With the consent of the principal of a small alternative school for formally excluded and otherwise referred school students, in their primary years, the first author began an archival analysis of the school's records over a 30-year period. Bouhours et al. (2003) reviewed

school files that documented a particular period in the socioeducational trajectories of these individual children.

The files included two A3 registry books (1973–1996; 1996–2003) and a storage room full of numbered boxes with additional documentation for long-term programs and other records. It was discovered that a number of early paper files stored off-site had been destroyed, but there was sufficient data on-site for this period to be coded. The files contained information about how a child was referred to the school, provided reports of what happened during placement at the school, and followed students for a short time after they left the school.

Subsequently, in December 2003, the first author obtained consent from another government department, the Department of Family Services (DFS), to examine matching files on these students and their families, to merge entries, and to compare parallel, complementary, and discrepant entries across agency records. Bouhours and Bryer (2004) assessed risk and protection status and found that most children brought multiple risks into the alternative school setting and continued to experience great distress throughout their documented lives.

Cohort: 'Participants' in the alternative school programs

Selection for withdrawal to this alternative school setting involved, at any one time, a small group of students and a very low teacher-to-student ratio. Moreover, selection to this setting reflected some expectation of 'improvement', whether a reduction of problem learning or problem behaviour or a likely benefit in school-related socialisation (e.g. social skills, social problem solving, or emotional regulation).

This cohort was unique in several ways. First, their attendance at an alternative school setting for problem behaviour was a departure from usual exclusionary practice, in that it specifically catered for problem behaviour in primary school students. About 80 per cent of suspensions and exclusions that are reported and available for public scrutiny across all western jurisdictions involve secondary school adolescents with a well-established record of school difficulties (e.g. Hayden 2002). An unusual partnership between education and health departments in the 1970s, based on shared issues around learning and mental health, enabled this small school site to be re-designated in place of a decommissioned regular school. To the present time, the school has maintained its 'special school' status and funding and has developed its specific focus on problem behaviour. The cost per child has recently been estimated at \$22,000 (Manning 2004), which is a substantial one-off/one-site investment in 'behaviour' per se. Children might come from state schools throughout south-eastern Queensland, but they typically come from the local and surrounding educational districts.

Second, archival data on the 30-year history of this small school overlapped the very period that Young (1999) had bracketed in his analysis of the development of the exclusive society, marked by the increasing use of social exclusion and rising juvenile crime rates. Third, this child cohort conceptually preceded and connected with the Lynch et al. cohort of juvenile offenders in Queensland, which began with students who had reached the courts.

Trajectory of cohort: Archival materials and study design

Data coding involved both quantitative coding of recurrent categories of file entries and qualitative coding of commentary. In the school archive, qualitative data mainly comprised administrator's notes, teachers' case notes on a child's daily and weekly progress, and a home book of contacts between teachers and carers. Table 1 shows the seven major categories developed to accommodate most school file entries, the subcategory coding scheme, and the main features of this data set. Follow-up of school data into other government departments continued to apply and adapt these coding procedures in collecting this combination of quantitative and qualitative data.

Coding has required a huge commitment of time by the first author, his research assistants, and various agency staff (e.g. school principal and DFS archivist). Because information was being coded in fine detail and because notes were being integrated across archives, the project has been resource-intensive. The data trail extended from micro-level situations to macro-level political events that affected the life of these children. Accessing data outside the school also involved extensive negotiations about administrative and ethical issues.

Documentation of school archives

Table 2 summarises some distinctive demographic features of the student population in this Brisbane special school setting over three decades. Between 1973 and 2003, most children were in the middle of their primary school years, with a few as young as six years of age. The table shows the increasingly gendered and socioeconomic basis of selection. The period of temporary placement for children with learning and behaviour problems became shorter over the three decades. Feeder schools in the most recent decade tended to have bigger enrolments and lower socioeconomic status (SES). Thus, teachers were working with more children with more difficult and disadvantaged family backgrounds for shorter periods. Over the three decades, most students returned to a regular state school. Increasingly, receiving schools also tended to be lower SES schools, with a large enrolment. Thus, conditions for reintegration were likely to be difficult.

Records were kept fairly consistently across periods of change in pedagogy, staffing, and student population. The kind of entries underwent some changes, and behavioural data swelled the size of files in later years. As policy-defined selection criteria for student placement shifted from learning to behaviour, the earlier approach (viz. flexibility in

approaching each case and relatively little monitoring of progress) shifted to less flexibility and more intensive classification and monitoring (Foucault 1977; Young 1999). The volume and richness of data tended to increase over this period, with the 1990s decade accounting for half of the school records. More detailed teacher observations during the 1980s appeared after in-service training in behavioural methodology and compliance training, which was then applied to the more aggressive behaviour of students.

Multiple risks in context (family, health, school, and law) characterised students (Bouhours and Bryer 2004). File notes on family structure reported in the 1980s and 1990s revealed a decline in the number of intact families. In the 1990s, file entries increasingly specified that the student's life context involved single parents, stepfamilies, and foster care.

File entries also indicated the presence of many kinds of child needs relating to abuse, illness, speech and language difficulties, and psychological problems. These needs often required specialised services, and administrators' entries signalled some frustration with limited access. For example, failure to attend to a speech problem had contributed to the student's referral to the school and continued to restrict child success after return to the regular classroom. Request for these services at a small school necessitated appointments outside the school and resultant loss of schooling time, with very occasional on-site visits by a specialist to talk with a teacher.

Contextualising data in the school's files

Analysis of electronic records and later, the less accessible paper files, from family and police services extended school data. Merging and matching these records helped to consolidate the documentation of developmental trajectories across familial, educational, socioeconomic, and multi-agency contexts. Much of the information in the school files was confirmed in other files, but teachers at this school, and, more generally, in regular schools, often had only a fragmented grasp of the child's ongoing problems and contacts with other agencies.

Yet, the brief period of time that the child was placed in this alternative school setting provided these teachers with the best opportunity to understand and coordinate services for the child. Teachers' case notes indicated some gains in academic performance, improved behaviour towards peers and teacher in the small class setting, and better social skills. Moreover, teachers worked actively to communicate with carers and foster their trust and engagement. These informal caseworker and trust-building roles reinforced each other, although there were some situations where the teacher's legal duty to report child abuse (alleged or witnessed) interfered with progress towards trust.

Table 1. Data coding map across institutions for a 1973-2004 special school cohort (n = 300)

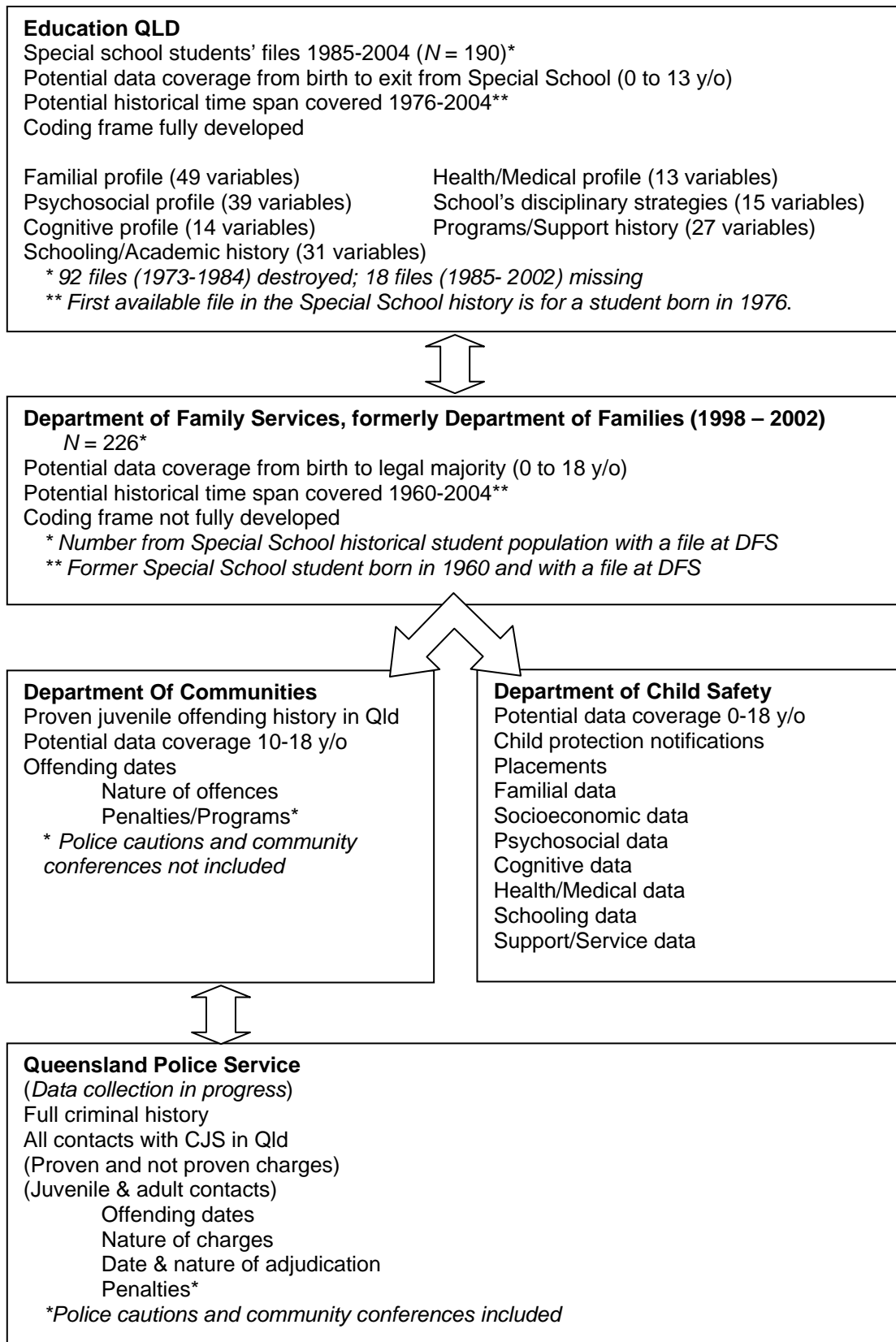


Table 2. Three decades of school data on student age, gender, socioeconomic family status, and length of placement

Total n = 300		1973-1982* <i>n = 57</i>	1983-1992 <i>n = 97</i>	1993-2003 <i>n = 146</i>
Gender	Male	43 (75%)	89 (92%)	142 (97%)
	Female	14 (25%)	8 (8%)	4 (3%)
Age at entry (in years)	Range	5.3-13	6-13.5	6-13.5
	Mean	9.6	9.8	9.6
	Median	9.6	10.3	9.6
SES student's home area	Low (<25th percentile)	18 (32%)	38 (39%)	64 (44%)
	Medium (26-75th percentile)	23 (40%)	37 (38%)	56 (38%)
	High (>75th percentile)	16 (28%)	23 (23%)	26 (18%)
Length of stay (in teaching weeks)	Mean	79	45	23
	Median	70	40	21
	Range	10-196	4-141	3-92

* Arbitrary chronological split into three decades was found to be associated with changes in policy, philosophy, and practice.

Subsequent inspection of DFS files confirmed that the alternative school had provided a 'stabilising' role in the child's developmental trajectory, which later showed signs of breakdown after the children returned to the regular school environment. All files featured a perennial quest to 'find the appropriate placement' with a school, an agency, or health and counselling services. This search was not easy, waiting lists were long, families were highly mobile, and their repeated failures to access services increased despondency and a sense of 'support exhaustion'. Uptake of possible choices was reduced, consistent with exclusive society projections.

Institutions serving these students, their services, and their outcomes

School is one of the institutions providing services to these marginalised children. However, year-by-year documentation of progress by an individual child with problem behaviour has not been a normal practice of regular schools. Annual segmentation within school records means that other agency files provided a better account of student progress through their schooling. Documentation of child needs by other agencies, however, was also segmented into problem-specific domains of family services, health and medical services, educational services, and community and legal services. Hence, a deficit-based policy model does fit the service-delivery system provided by different government departments. For the most part, access to

these services has been predicated on existing negative outcomes that are associated with the presence of predefined combinations of child-and-context risks and lack of active protective supports. Table 3 presents preliminary findings within four areas of institutional service for 75 per cent of the original sample represented in DFS files (i.e. 226 of the original 300 files), in the order in which they initially influenced the child's life trajectory.

Table 3. Trajectory to developmental failure (adapted from Benson et al. 2004)

POLICY Institution	PATHWAY (MEANS) Services and departmental affiliations	OUTCOMES Negative consequences
Family	Social work Child protection Foster care	Abuse: 20% notified for comorbid physical, emotional, neglectful, and sexual harm Care and protection orders increased from 59% to 79% to 82% across 70s, 80s, & 90s 65% placed outside home
Health	Paediatricians Psychiatrists Psychologists Referrals to clinics and private hospital services	Physical & mental illness Child socio-developmental disorders Drug abuse Suicide
Education	Regular school Poor EBD practice in school system	Exclusion: Multiple suspensions and multiple schools Academics: School drop-out and ongoing illiteracy
Law and Justice	Police Court Corrections Poor preventative monitoring	Offending: 49% have offended, and 26% of them went to detention centres.

Family

DFS files revealed that the problem behaviour that had resulted in the referrals and exclusions of the target child was embedded in the child's family life. Many parents and siblings had their own problematic histories, and their intersection with those of the target child indicated the contextual difficulties of the child's life experiences prior to starting school, during the primary school years, and, later, throughout adolescence. Often, the systematic nature of the family struggles exerted an ongoing influence on the child and, moreover, showed evidence of an intergenerational cycle of abuse and violence in these families from previous generations, through the target child, and 'primed' to be expressed in future

generations. Such families were often large, reconstructed, dysfunctional, and living in poverty. Many parents had been maltreated in childhood, had spent time in care, and been institutionalised. Mothers and sisters frequently experienced teenage pregnancy, early motherhood, and desertion by male partners. There were many cases of domestic violence, single mothers under great stress, and serious financial and accommodation difficulties.

Records showed a high level of child abuse in terms of four types of harm: physical (70 per cent), emotional (64 per cent), neglect (64 per cent), and sexual (26 per cent). Nearly 20 per cent had been notified for the four types of harm. Most cases presented with multiple notifications that spanned a ten-year period. At least 65 per cent of children with a record at DFS had been placed outside their natural family. Duration of placement ranged from short-time respite care to long-term institutionalisation. The number of placements ranged from one to 75. The average of 13 different placements per child revealed the precariousness of many of these placements and the resulting emotional, relational, and educational chaos experienced by these children.

Health

Chronic health problems were widespread and often affected several members of the family unit (student, parents, siblings, and other relatives). At least 44 per cent had been medicated for these chronic health problems, mostly with psychoactive and immuno-depressive drugs. At least 55 per cent of the DFS cohort had been diagnosed with chronic health problems including behavioural problems (e.g. EBD, CD, ASD, ADHD), mental illness (e.g. depression, schizophrenia), and immune system dysfunctions (e.g. allergies, asthma, eczema). Comorbidity was high. More than a third presented with suicide ideation and attempts. At least 20 per cent abused drugs, both illegal substances such as marijuana, speed, and heroin and 'legal' substances such as alcohol, petrol, and glue. Alcohol and drug abuse, illness, disabilities, and early death were common themes in health-related data.

Education

Educational deprivation was another characteristic of the family unit in which these children developed. Parents were often poorly educated, sometimes illiterate, and frequently unemployed. School exclusion was also frequent among siblings and sometimes intergenerational. DFS records indicated a high frequency of further exclusion from primary and secondary schools after the temporary alternative placement. For many, even successful Year 10 completion was out of reach, and illiteracy was an ongoing handicap.

Justice

The child, parents, siblings, or other relatives had a high level of involvement with the criminal justice system. Fathers, brothers, and even mothers in jail were not extremely rare events. At least 111 (49 per cent) had a proven juvenile offending history in Queensland. Violent

offending was recorded for 37 per cent of those who had an offending history, and at least 29 (26 per cent) had spent time in juvenile detention. Types of recorded offences included 'good order', property, criminal damage, sexual offending, violent offending, and drugs.

Consistent with the 'early onset' categorisation of delinquent trajectories identified by Moffitt (1993) in a comparable Dunedin, New Zealand sample, many started offending when young (usually between 10 and 12 years of age and sometimes even before) and did not desist in late adolescence. The path often began with charges covering relatively minor property offences and then moved increasingly into far more serious offending, including assault with bodily harm, robbery, rape, and even murder.

Segmented services and institutional use of data

These institutions have essentially provided segmented services and documented their contact with the target child. Narrow perspectives on each child have operated on the assumption that the problem is domain-specific. Yet, our preliminary results indicate quite the opposite. Comorbidity within and across domains was a striking characteristic of this cohort. Moreover, poor communication with other institutions restricted awareness of other problems and thus served to foster cycles of assessment of deficit outcomes to warrant attention of the institutions (i.e. gate key to access to institutional services).

However, assessment cycles can parallel a developmental trajectory at risk without helping. Assessment can substitute for service mechanisms to change predictable outcomes. For example, a first assessment for Child X recommended speech and language therapy, which was not followed through due to a long waiting list, a change of residence, and the rationale that, given resource shortage and difficulty of access, priority should be given to behaviour management. A couple of years later, a second assessment confirmed the recommendation of the first assessment and registered the accumulated developmental delay. A third assessment was then necessary to specify the mechanisms of service delivery and to meet institutional needs for internal responsibility and accountability. Resulting cross-institutional boundaries created barriers to a developmentally timely multi-agency response to a child's need for therapy to improve communication skills to a level at which frustration and aggression in interactions could be avoided.

Duplication of agencies, case assessment, and need evaluation were expensive and inefficient. Moreover, service overlap arose because agencies did not clearly own the whole case and because institutions 'shared' principles of cost-shifting (i.e., transferring case ownership to another agency). For example, one desperate mother sought assistance from a particular department for her family and her son who was exhibiting serious aggression towards his siblings. The services of this department were denied because child Y did not fit child abuse requirements for agency access. The mother was advised to pursue service from

a different department. It was not surprising to find many cases of abuse notifications documented over a span of years, with this child experiencing ongoing abuse.

Developmental model of service delivery

A few cases in our data showed some evidence of cross-institutional coordination. The corresponding socio-educational trajectories appear to be marked by relatively better outcomes. These cases seem to be consistent with the premises of the strength-based youth development perspective. A greater focus on changing the pathway and on the process of building the child's strengths, as well as reducing the effects of deficits, might produce better outcomes. For example, child Z was in care for many years and had many foster placements. This exceptional case was reconstructed from school and DFS files, in which DFS, Education Queensland, and the local state school coordinated their efforts to keep the child in the same school from Years 1 to 7, despite continual domestic changes. The child's behaviour remained challenging to this regular school, but he managed to close an initially serious academic delay. When he was eventually excluded for three months before the end of Year 7 and referred to the special school, his academic performance was at year level. Although he did get involved in delinquent activities, his juvenile offending history was not extensive, and he managed to pursue his education up to Year 12, a rare occurrence in other, similar cases.

Working with these institutions to research service documentation

Researchers' problems in accessing cross-institutional data mirror a child's progressive problem in having data used to document institutional contact rather than to provide and integrate services (Lynch et al. 2003). Legitimate institutional concerns about privacy and confidentiality have hedged interagency and research access to data files. Cases overlap institutions and are not institution-specific. However, agency guidelines to privacy and informed consent often hinder holistic management of cases (i.e. the children) and effective interagency dissemination and evaluation of information about them. Philosophical compartmentalisation and atomisation and pragmatic issues of cost-shifting and narrow service criteria act against the child's interests in meeting actual need and appear, instead, to serve an institution's bureaucratic interests in documenting and segmenting need.

Restructuring of the Department of Family Services, which occurred during data collection, further confounded difficulties also reported by Lynch et al. (2003). Reports of systemic abuse of children in care, and a subsequent independent enquiry of the Crime and Misconduct Commission (2004), in part, motivated this restructuring. Two distinct departments formed out of the DFS restructure were the Department of Communities (DOC), focused on prevention, communities, and youth justice, and the Department of Child Safety (DCS), focused on protection from child abuse and on intervention (Table 1).

In the middle of DFS data collection, our initial agreement with DFS about data access and its confidentiality had to be reviewed. Working through new agreements with DOC and DCS raised new issues of departmental ownership of, and responsibility for, data and legal concerns about privacy. The lack of formal provision for research access to data from governmental departments has created difficulties during negotiations with the two new departments responsible for these files. Previously accessible DFS files became unavailable in the new DCS, which had no policy provision for research access to these same files. This issue of human research ethics in access to government data is currently under active scrutiny by Israel (2004).

“There are a variety of serious problems confronting children, youth, and families today that require our immediate and concerted efforts. Too often, however, policies and programs are based on ideology, misguided efforts, and solutions designed with too little information. Therefore, the importance of building and maintaining substantial connections between research and policy has never been more important” (Sherrod et al. 2004, p. 769).

The difficulties experienced in matching data between departments in one particular jurisdiction (Qld) have been multiplied when attempting to match and merge data across jurisdictions. High mobility was a characteristic of the cohort. Cross-jurisdictions matching of data across many states and many agencies within those states imposed prohibitive costs in time and resources.

Conclusions and recommendations for services

These files demonstrate the argument for active protective process. School-based services need to coordinate with family and with other institutional services on site, as they have the most direct contact with children during critical developing years. For example, Dishion and Kavanagh (2002) demonstrated an effective program that coordinated family with school and provided different levels of service to families within a large school site. School provides a magnet for services and warrants an onsite psychologist and speech therapist, so that services are available at time of developmental need, to provide a preventative service rather than to provide an inadequate follow-up intervention that compounds existing problems when late and off-site. Off-school site services reduce opportunity for school learning, as number of hours off-site (out of classroom) accumulates.

Life as a pinball machine ball: Rectifying systems

A recurring analogy of the pinball machine game haunted the process of reconstructing the life course of these 300 marginalised children and their families and recording their downward spiral toward perdition. The pinball machine is inclined downward, designed for instability and ultimate failure. The children were like little balls bouncing hazardously between traumas, families, schools, communities, agencies, services, and programs (Benson et al. 2004).

Sometimes, a timely support helped them to bounce back from near perdition, but they always went down irremediably. Like the pinball machine, the system(s) in which they were developing inclined downward, designed for instability and ultimate failure. To provide a level playing-field, deliver efficient support, and permit successful development, it would seem that the fatal inclination of the machine needs to be rectified.

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