Beyond Risk Factors: Towards a Holistic Prevention Paradigm for Children and Young People

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Abstract

Since the mid 1990s early intervention and prevention has become a central feature of public policy across the western world. This development has had a major impact on reconstructing the prevention paradigm in children and youth services. It has been underpinned by the emergence of the science of risk factor analysis (RFA). This paradigm has had mixed success in prevention work but has gained significant political credence and support. While RFA has reshaped prevention approaches it does have methodological and practice limitations. This paper argues for a more holistic approach to prevention policy and social work practice, one that recognises risk but does not allow it to dominate. We explore the growing body of evidence for RFA, outlining both its strengths and weaknesses and show how a more holistic approach can be adopted. We argue that the fundamental focus for analysis and intervention needs to recognise the social and cultural context of developmental pathways, and emphasises needs to be on relations between levels of organisation in a child’s or young person’s developmental process. We draw on the Australian Pathways to Prevention Programme to illustrate how social work can and should be developed to create more holistic approaches to prevention.

Keywords: Prevention, risk, children and adolescents

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Introduction

Throughout the twentieth century, social science has sought to make a contribution to prevention policy by constructing an evidence base that, amongst other applications, highlights the critical stages at which intervention in childhood is needed to avoid future social problems. In more recent times, social prevention has been shaped by risk factor analysis (RFA), which has had significant political support as a method of identifying and intervening in the lives of those most at risk of becoming future social problems.

This paper starts from a position that RFA is a narrow approach that while generating an expanding evidence base, is unable as a theoretical and empirical tool to provide an effective foundation for tackling future social problems. In the first part of the paper, we outline the forces that have put RFA onto the policy map and into social work practice. In this discussion, we highlight the growing evidence of its limitations and how it can be used, and is sometimes abused. In the second part of the paper, we theorise on the life course and on developmental prevention, outlining the importance of understanding relational developmental systems and especially ‘mutually influential, individual-context relations’ that are the central tool for exploring the links over the life course between individual psychology and ever changing social contexts, societal structures and human culture (Lerner and Overton, 2008, p. 246). Understanding this is, we argue, critical if prevention policy and practice are to engage effectively with contemporary theory and research and to contribute to sustained, positive change for children and young people, especially those living in socially deprived circumstances. Finally, we illustrate how this theorising of developmental systems and the life course can be moved from theory into practice by focusing on the Australian-based Pathways to Prevention programme. In this discussion, we show how a programme set in a disadvantaged community that aims at promoting ‘pathways to wellbeing’ and at opening up ‘societal access routes’ can begin to create the conditions in which individually and socially beneficial changes are easier to achieve in the pathways children and young people negotiate across the life course.

The emergence of a ‘new’ prevention paradigm

Over the years, social science disciplines involved in the enterprise of prevention have included developmental psychology, education, social work, lifespan sociology, public health and developmental criminology (Elder et al., 2004; France and Homel, 2006). Approaches as to how prevention should be undertaken have, historically, reflected this diversity. While risk factor analysis has a long history, it emerged in the 1990s as a major
force in prevention research (France and Utting, 2005). Within this model, causal pathways are seen as complex, and prediction at the individual level problematic, yet at a group level, the evidence seems strong that those children and young people with *multiple risk factors* are more likely to have future social problems (Farrington, 2002; Hawkins *et al.*, 2002).

While much of the research evidence for RFA evolved in the USA, it has had a growing impact on UK social science and preventive practice. For example, West and Farrington’s longitudinal study of East End boys in the 1950s has provided a wealth of scientific evidence on risk factors (Farrington, 2002) and this has been highly influential in shaping crime prevention and social policy since the 1990s (France, 2008).

**Risk factors and the shaping of prevention policy and practice**

Part of the reason for this acceptance of RFA is political. RFA is not a late-modern discovery, yet its recent influence on social policy, especially in the UK, has been enormous. Part of this arises from improved science, but it is also the case that since the 1990s, politicians across the globe have been searching for scientific solutions that would help them address a wide range of large-scale social problems. Thus, it is no accident that the work of West and Farrington (which has been around since the 1960s) found favour with the UK government in the 1990s, since politicians and civil servants were seeking an evidence-based approach to reduce high levels of youth crime.

RFA’s acceptance within international political discourses of prevention is partly due to the work undertaken by Hawkins and Catalano in promoting their Communities that Care (CTC) intervention programme (Hawkins *et al.*, 2002). This approach is focused not only on building a strong risk factor evidence base, but also providing community and individually based solutions (interventions). In the USA, over 600 CTC programmes have been set up in many states. More recently, the programme was adopted by the USA and its appeal has expanded across national boundaries. For example, in the UK, CTC has established over fifty projects. Similar developments have taken place in the Netherlands (Jonkman *et al.*, 2005) and Canada ([www.gov.bc.ca/mcf/](http://www.gov.bc.ca/mcf/)). Evidence of CTC’s success remains limited, although recent research suggests that it can have an impact on levels of risk (Hawkins *et al.*, 2008).

In the UK, early intervention and prevention have become a key policy area and were central to *Every Child Matters* (Pugh, 2007). In the late 1990s, New Labour established programmes such as Sure Start, the Children’s Fund and On Track. These all aimed to bring together a wide range of professionals from agencies such as children’s services, health services, youth justice and education to tackle future risks of vulnerable children.
All the programmes were developed and influenced by RFA evidence: Sure Start was shaped by research that showed intervention in the early years would reduce risks and the likelihood of future social problems (Pugh, 2007); On Track was influenced by research that showed a relationship between risk factors and future offending (Farrington, 1996); and the Children’s Fund targeted risk factors that increased the risk of exclusion (Morris and Barnes, 2008). In all these contexts, RFA evidence defines the problem and underpins guidance for how professionals working with children and families can reduce risks and tackle future social problems.

In the 2002 UK Spending Review, it was recommended that prevention services become more mainstream so that they could address the recognised risk factors (HM Treasury, 2002). This re-focusing was further emphasised in the Every Child Matters legislation and the new Children’s Plan (DCSF, 2008a). Social prevention has now become a core responsibility of those agencies, delivering not only child protection services, but all services to children and young people. As a result, RFA has taken a central place in the delivery of children’s services across the UK, leading to the creation of strategies that would identify, refer and track those children most at risk (Parton, 2008).

In 2006, the UK government launched its Respect Action Plan (Respect Task Force, 2006), which proposed targeting some of the most problematic families and children. This focus has turned into a wide range of programmes aimed at families. For example, government is funding a large-scale intervention programme that aims to tackle ‘causes’ of risk (Cabinet Office, 2008a). It has also recently established twenty Intensive Intervention Projects and fifty-two Challenge and Support Projects that aim to prevent future anti-social behaviour (DCSF, 2008b). Targeted provision for ‘at risk’ children has also been developed by the Youth Justice Board to inform their prevention strategy (Youth Justice Board, 2001). Other types of interventions being developed are targeting children at risk of developing personality disorders or mental health problems. For example, there has been a growing interest in Multi-systemic Therapy as a holistic approach that helps address problem behaviour amongst young people aged ten to seventeen (Utting et al., 2007). Evidence suggests it has much to offer in reducing risks and promoting more positive forms of behaviour. Not only does this approach have a strong emphasis on using RFA as a way of identifying problems, but it brings into the process the need to recognise the social context of people’s lives and the need to build such understandings into programme design and implementation. How this will play out in terms of future interventions remains to be seen. As a result of this new evidence, the UK government has recently funded a £17.65 million programme that implements twelve pilot projects (www.cabinetoffice.gov.uk/social_exclusion_task_force/multi_systemic.aspx).
Challenges for RFA

RFA has made a significant contribution to the prevention agenda, giving social science a voice in an important area of social policy. Until the mid-1990s, social prevention remained marginalised in the work of children’s services, being seen as making little contribution to the challenges that social workers and others faced (Parton, 2008). With the emergence of RFA came debate, dialogue and legislation, at both national and local levels, which has given social prevention a central role in social work policy and practice frameworks. Its influence in areas such as crime prevention, health prevention services and children’s services in the UK should not be underestimated. Positive aspects of this influence have been a renewed commitment to social prevention and a rediscovery of the importance of ‘social context’ in how we understand the lives of vulnerable children and young people, offering an alternative to the punitive measures that were the hallmark of prevention in the 1980s and 90s.

However, these positive aspects should not distract us from the problems with the RFA approach. Although RFA does have strong claims to be scientific, its evidence has to be approached with caution. While it does not usually claim to predict which individuals will become a future social problem, RFA does suggest a causal relationship at an aggregate level. These research findings can be interpreted in unfortunate ways. For example, Stephen Scott reproduced in the *Every Child Matters* green paper (DfES, 2003) a graph showing how half the children in his study who were viewed as anti-social at the age of eight could still be diagnosed as anti-social at the age of seventeen. This was then used as evidence for a causal relationship between early anti-social behaviour and future social problems. However, the same data can also show that a large number of *false positives* exist, in that over 50 per cent of children did not go on to have any future social problems.

There are also problems concerning RFA’s theoretical underpinnings and understandings of childhood and the life course. RFA starts from a set of assumptions about the notion of childhood as a developmental stage that leads to later outcomes through the unfolding of a predetermined programme. This perspective is dominated by what Taylor-Gooby and Zinn (2005) call the ‘empiricist psychometric’ approach. In this, childhood is seen almost as context-free and development is understood as linear and standardised. While RFA has avoided the most reductionist elements of this approach through a limited recognition of context, the complexities of the life course that have been explicit in ecological perspectives on human development since the late 1970s (Bronfenbrenner, 1979) have tended to exert a minor influence. Paralleling these developments, social theory and sociology approaches to understanding childhood have emerged that suggest that childhood cannot be separated from its social
context (Prout, 2000) and that the life course is influenced by cultural, economic and political factors as well as psychological factors.

In light of these weaknesses, it is not surprising that we argue that RFA fails to come to terms with the theoretical perspectives that drive social work practice. RFA assumes not only that a consensus exists over what the life course and childhood ‘is’ or should be, but also what the purpose of intervention should be. Such a view fails to take into account the widespread ambiguity over values and norms and the complexity of how social problems might emerge.

A no less important issue relates to the difficulties risk reduction prevention programmes have in tackling the diversity of social problems. It is well recognised in the literature that it is the complexity and clustering of risk factors and needs that increase the probability of future problems and that to tackle these issues requires co-ordinated or multi-module services and interventions (Farrington, 2002). Yet, evidence from a wide range of risk reduction programmes suggests that, as yet, this is not recognised. CTC, for example, tackles risk as a broad category evident within communities and while it provides a range of interventions, there is little co-ordination of multiple interventions for families and children (Crow et al., 2004). In other programmes, multiple solutions to complex problems have been recognised but not achieved. For example, On Track aimed to provide co-ordinated services for those ‘at risk’ but services were usually spread thinly and did not provide the co-ordinated services that individuals needed (Ghate et al., 2008).

Even more telling is that risk reduction programmes tend to focus on changing the child’s or parent’s behaviour when, in many cases, the risks emerge or are created by the broader social structure (France and Homel, 2006), systems of governance and/or local barriers (Homel, 2005). For example, one of the major weaknesses of both On Track and the Children’s Fund was the failure, at the local level, to tackle barriers to inclusion (Ghate et al., 2008; Morris and Barnes, 2008).

A further problem with many RFA programmes is that they give limited attention to more positive activities such as ‘protection’ (France and Utting, 2005). Most risk reduction programmes focus on negative aspects of behaviour, which can have a significant effect, not only on how children and families experience interventions, but also on professionals who have to find ways to work around negative behaviours (Ghate et al., 2008). One of the dangers of such approaches is that they stigmatise targeted groups and create services that are unappealing to service users. This said, the challenges of implementing a risk reduction programme such as On Track do create new learning and a recognition that for risk reduction to be effective, the empowerment and active engagement of participants is a necessity if it is to be successful. RFA needs to be adapted and built upon more empowering strategies (Ghate et al., 2008). An alternative approach being promoted that accepts this as a fundamental requirement is the Australian Pathways
Programme, discussed later. It concentrates on building strengths in individuals and families while also actively engaging parents and children into the process. Resilience is also important in that it is seen as a central feature of how to address risk. While here remain sophisticated and complex debates about the meaning of resilience (Bottrell, 2009), there is growing evidence that points to its importance for families and children at risk (Cabinet Office, 2008b). Programmes need to help families understand the causes of their difficulties, to increase family cohesion and develop coping strategies (Cabinet Office, 2008b; Homel et al., 2006). Increasing resilience also needs to contextualise the situations families find themselves in. For example, issues of poverty, single parenthood and teenage childbearing and the types of social networks families have (or do not have) can have a major influence on levels of resilience (Cabinet Office, 2008b).

**RFA and social work practice**

The growth of RFA in prevention practice has provided opportunities for innovation and new forms of professional practice, but has also posed challenges for social workers (Barnes and Morris, 2008). On Track, for example, allowed professional social care workers to become involved in more empowering work with families (Ghate et al., 2008). Prevention programmes have also created new opportunities for social workers to engage with children and families in positive relationships and to concentrate on personal development, support and building trust, moving them away from being regulators responsible for control of dangerous and risky populations.

Nevertheless, RFA prevention programmes can challenge traditional social work roles and create confusion or uncertainty over responsibilities, especially in inter-agency partnerships (Barnes and Morris, 2008). An even greater challenge is posed by the expanding usage of risk assessment tools, which have become a central part of social work practice (Crisp et al., 2005). For example, the Common Assessment Framework (CAF), while constructed and framed around need, makes risk factors and the identification of ‘risky’ individuals central to the assessment process (Berry, 2007). Similarly, in Youth Justice, the ASSET assessment process, recently expanded to become the ‘Scaled Approach’, aims to identify the level of risk a young person may have of re-offending or harming others, to interpret this by drawing on risk analysis evidence and then to target youth justice resources to the most at risk young people (Youth Justice Board, 2009).

Risk assessment, presented as a value-neutral process that provides technical solutions to a wide range of social problems, can be viewed as part of what Webb (2006) calls a growth of the ‘technologies of care’. These are concerned with the ‘governance of uncertainty’ (Webb, 2006, p. 142) or the management of risk whereby social work practice is being reshaped
in late modernity. In this context, risk assessment is concerned with the routinisation of social work around performance management targets, focusing on ‘tick box schedules’ (Webb, 2006, p. 153). Risk factors are normalised and structured in such a way that alternative evidence is marginalised and the perspectives of children or their families remain unheard. Yet, measuring risk factors, as a part of everyday practice, entails considerable difficulties (Crow et al., 2006). Risk assessment is not a neutral process and even when standardised processes such as ASSET are used, the personal judgements of probation and social workers remain hugely influential in shaping the assessment process, not to mention the quality of their relationships with clients and their understanding of the subtle nuances of specific cases (Baker, 2007).

Recent developments in prevention science: relational developmental systems theories

Internationally, RFA is by no means at the forefront of much prevention research and practice. As the American developmental scientists Lerner and Overton (2008, p. 245) put it, ‘today, the cutting edge of the study of the human life span is framed by a developmental systems theoretical model’. This ‘postpositivist relational metatheory’ emphasises contexts, relations and systems and rejects all forms of reductionism, including a focus on single factor ‘causes’ and the reduction of complex human change processes to a series of statistically derived risk factor scores. Certainly, risk factors within this framework are understood as useful, since, often, simplification is necessary to grasp some important aspects of complex phenomena. However, RFA is regarded as one tool amongst many, and by no means the most important, especially when planning and implementing preventive interventions.

Understanding how intervention programmes achieve (or not) their effects, particularly as they become larger and more complex, requires a theoretical frame that facilitates the analysis of changing individuals within changing contexts and societal institutions. Relational developmental systems models provide such a frame, viewing development as systematic and successive change in individuals or in other units of analysis that is associated with the dynamic relations over time among structures from multiple levels of organisation (Lerner and Castellino, 2002). These levels of organisation range from the biological and inner-psychological through the proximal social relational—especially within the context of the family—through local community levels to the socio-cultural and social structural. Within this inter-disciplinary perspective, human agency and relative plasticity across the life course are central concepts, and family processes, social institutions and societal access routes that open up
opportunities to take new directions are fundamental to the preventive enterprise (France and Homel, 2006).

Perhaps most important for our present discussion, the basic unit of analysis in developmental systems models is relations, connections or transactions between individuals and contexts and between levels of organisation (Homel, 2005). The relation as the basic building block of a developmental system is fundamental not only to theoretical analysis and to measurement, but also to preventive practice. Putting the proposition most simply, the effectiveness of preventive interventions designed to promote positive human development depends not only on the quality of specific contexts (such as home or school) or even the strength of the connections between such settings, but also on the extent to which activities in one setting reinforce, support or amplify the benefits of activities in other settings.

To illustrate what these abstract concepts might mean in real-world settings, we draw in the remainder of this paper on the Pathways to Prevention Project, a long-term prevention initiative in a highly disadvantaged area of Brisbane, Australia. This project is important partly because it has been able to demonstrate both effectiveness and cost-effectiveness (Freiberg et al., 2005; Manning et al., 2006), but mostly because it is attempting to put into practice the principles of relational developmental systems theories.

The Pathways to Prevention model: beyond risk factors

Beginning with the Australian Government report by Homel and colleagues (1999), Pathways has evolved since 2001 as a comprehensive service offered through a partnership between the national community service agency Mission Australia, local schools and Griffith University, in several ethnically diverse and socially disadvantaged Brisbane suburbs. It is not government-funded, nor operated by government agencies (with the exception of local schools as participants). In 1998–99, the rate of juvenile court appearances of adolescents resident in the area per 1,000 ten to sixteen-year-olds was 158, nearly eight times the Brisbane metropolitan area rate of twenty. This was one reason why this area was selected for this experimental research–practice partnership, but other statistics such as income and unemployment levels that identified the area as socially vulnerable were also influential. Indeed, the process of area selection was probably the point at which traditional RFA was most influential in the development of Pathways, since, as explained below, risk factors or risk assessments are not used to identify or target children or families at risk. Although Pathways could be viewed as a targeted intervention because it is located in a disadvantaged area, within that area, it has operated within
a universal prevention framework through its presence in the community and in the seven state primary schools in the area.

Participation in Pathways, which is always entirely voluntary, is associated with a range of positive outcomes, including: reduced levels of difficult child behaviour; increased pre-school language skills; improved Grade 1 school performance; and higher ratings of school readiness. Importantly, evaluation using a matched pairs quasi-experimental design has shown that the combination of enriched preschool programmes in concert with family support produced better outcomes than either on its own (Freiberg et al., 2005; Homel et al., 2006).2

Within its universal focus, the Pathways model emphasises comprehensive and integrated practice that supports development in a holistic way. Its overriding goal is to create a pathway to well-being for all local children as they transit through successive life phases, from conception to youth. This approach stands in sharp contrast to single-focus programmes that address specific risk factors by delivering defined content within a defined timetable (e.g. parenting courses for managing children’s behaviour). However, Pathways does incorporate many such programmes within its wider mosaic of resources, while adapting them where necessary to local circumstances. These focused programmes constitute some of the resources offered within a comprehensive range of support for children and their families. These support efforts are co-ordinated as far as possible to form cohesive networks that promote young people’s well-being in all areas of their development (social, emotional, cognitive, physical, spiritual). Development is understood as a complex and multi-faceted process that is influenced by a range of contexts and systems (e.g. families, schools, neighbourhoods, ethnic and spiritual communities), and by the relations between them.

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

The central goal of interventions is better outcomes for children and their families, now and across the life course;

(1) Interventions in one context (e.g., the home) interact with, complement, and support interventions in other contexts (e.g. school).

(2) Relationships, trust and cooperation between staff and clients are valued equally with evidence on what works.
Better individual outcomes are achieved by enriching all relevant developmental settings. Child-oriented programmes are integrated with family support initiatives and programmes introduced through appropriate systems such as schools, childcare and family health centres, or community groups.

Intervention effects are enhanced by focusing on life transitions (such as birth and starting school or high school) when people are both vulnerable and receptive to help.

A continuum of age-appropriate programmes and resources is used to enhance developmental pathways over time.

Integrated practice is achieved through concerted efforts to build collaborative working partnerships between organisations, institutions and systems relevant to child and family wellbeing.

In the remainder of this section, we amplify some of the above principles and provide three illustrations of how risk factors are identified, interpreted and transformed in the Pathways model. The third illustration is particularly pertinent to the second principle above, which is italicised because it is, as we argued earlier, one of the most critical consequences for practice of a relational developmental systems perspective.

Risk factors as a lack of fit between elements of the developmental system

A core value underpinning the Pathways to Prevention model is that it places the interests, concerns and perspectives of local people at the forefront of its action plan. Flowing from this, risk factors are regarded as indicators of obstacles to the achievement of participants’ own goals. For example, if a child lacks parental supervision, a common risk factor for engagement in youth crime, this is taken not as a sign of parental delinquency, but as an indicator of parents or carers who need support to succeed in their parenting goals. It is also taken as a sign of systems failure, in the sense that schools and other caring agencies have failed in the past to respond adequately to the needs of this family (Homel, 2005). While it is imperative that children are protected and their safety prioritised, part of a comprehensive plan for doing so can include family support, since even the most stressed parents generally want the best for their children. Invariably, the problems that are overwhelming the carers require resources that are currently beyond their means, but often, through involvement in Pathways or referral to another service, the family can work their way back to independence and to effective functioning (as in the case study later in this section). Thus, information about ‘risk’ forms part of a broader analysis of the lack of fit between the resources required to meet needs within families and the wider community (as defined by them), and the resources actually available. This analysis is
used to highlight the way various mismatches between strengths and needs limit access to the kinds of opportunities, privileges and resources that help guide individual pathways in positive directions.

Viewed from this perspective, risk is a form of inequality. It serves as evidence of a contextual or system-level failure to support development. It follows, then, that the intent of the intervention activities undertaken within the project is two-fold—first, to enhance the capacity of individuals, families and communities to gain access to resources and opportunities (that is to empower and promote efficacy), and, second, to contribute to reform of wider systems and social structures that limit options for certain members of society (i.e. to establish processes for working within a developmental systems framework and to open up societal access routes).

Risk, prevention science and trusting relationships

The concept of prevention amongst social scientists who work within the prevention science paradigm is simple: identify key risk factors from longitudinal studies and select for implementation the most suitable programme(s) from a menu of interventions tested in randomised controlled trials (Society for Prevention Research, 2007). A major problem with this ‘one size fits all’ approach is that evidence comes in the form of ‘programme packages’ rather than models of practice that are flexible enough to comprehend local contexts and the challenges involved in achieving effective and sustainable engagement with local people and institutions. Successful practitioners, such as Hilton Davis (Braun et al., 2006), have long struggled with how to conceptualise and properly value not just the scientific evidence on effective programmes and the technical expertise of helpers, but also the qualities that make their work effective: respect, empathy, genuineness, humility, quiet enthusiasm and personal integrity. The need for such qualities is inherent in the relational systems model and they are fundamental to effective prevention practice, but such interpersonal dynamics are presently largely ignored in the prevention science literature.

Consistent with the developmental systems emphasis on mutually influential relations, Pathways builds programmes on the foundation of relationships with participants characterised by trust, co-operation, mutual caring and shared responsibility. Everyone, including the family being supported, participates on an equal footing to set goals, plan a way forward and then put those plans into action. Participation under these conditions, therefore, represents a form of empowerment in which staff and participants jointly recognise ‘risks’ and decide together how to deal with them. These qualities make the service accessible by the community it seeks to support. The service is also provided by people who see their role as agents of positive change in the lives of families and within the community, to which they maintain a long-term commitment. That is, the service is embedded as part of the community.
Fragmentation of services as a risk: building mutually beneficial relations in the developmental system

A major risk factor in disadvantaged communities is the way the experience of long-term adversity can contribute to the creation of a service delivery industry and a community that are mutually dependent (e.g. Kretzmann and McKnight, 1993). In particular, there is a risk that separate agencies, each with their own eligibility criteria, are set up to address different issues so that families with complex needs are left to negotiate a maze of service options. When this occurs, families experience services in a piece-meal and fragmented way that reinforces their powerlessness and perpetuates dependence. To address this challenge, Pathways strives to create an integrated system of care that not only involves families as active participants, but is able to respond in a holistic way to participants’ complex needs. The aim is for professionals from different disciplines to extend their view of development and see their role in a wider sense that is not restricted to taking responsibility for one piece of the child’s development (e.g. academic achievement, emotional health, positive parenting). Pathways family support staff forge partnerships with other service providers who have complementary expertise, as in the case study that follows.

The Circles of Care programme in Pathways is designed specifically to strengthen working partnerships between children, parents, schools and community agencies. Circles of Care take two forms: universal and targeted. The universal version creates a circle around an entire class to facilitate the transition to school. The circle consists of the teacher and all the parents, supported by a Pathways worker and other personnel as required. Work begins prior to school through such methods as playgroups that include interactions with the children’s expected teacher and continues through the first year of enrolment by providing direct access to family support and creating opportunities for families and the teacher to become involved together in the children’s learning. The goal is to link families, schools and community agencies and ensure that each child’s experiences at home and school reinforce each other to promote positive development. In the targeted form, a circle usually consists of an individual child or siblings identified as needing extra support, the teacher, family support staff, parents or carers and community members who commit to work together over time in support of the child. The idea, illustrated in the case study that follows, is to create supportive environments by focusing on building relationships and connections across the systems and contexts that are critical to children: families, schools and cultural communities.

A Circle of Care plays out a cycle of conferencing, planning, harnessing resources and working together towards agreed goals. As such, it creates a process for building resilience in the face of adversity. The approach is as much about fixing the system to facilitate a holistic approach as it is
about fixing the immediate situation for the child (although that is the desired consequence). The model does not mandate participation, but by focusing on building relationships not only with clients but also between and across developmental systems, it pointedly makes engagement (of families and service agencies) part of programme work. That is, empowerment or the capacity to participate is itself an outcome, and evaluation reflects this broad understanding. The multilevel nature of the intervention model is mirrored in the multilevel nature of programme evaluation, which uses a range of quantitative and qualitative methods to monitor specific outcomes for children as well as factors that mediate the achievement of such outcomes. Evaluation tools include Journey Mapping, network analysis and direct measures of children’s behaviour and development (e.g. Kibel, 1999; Milward and Provan, 1998; Rowe and Rowe, 1995). These and other methods are used to gather evidence of outcomes as diverse as: a family’s progress in the process of engaging with the programme; children’s well-being, behaviour and academic success; parent efficacy; cross-system collaboration and co-ordination of effort. The comprehensive nature of the evaluation highlights the complex way the model operates.

Circles of Care case study: a multi-risk family

A blended indigenous family comprising nine children was referred to Pathways by the local primary school attended by three of the younger children (boys aged ten to eleven). The parent of one of the children was in prison and although the family bonds were strong, relationships were strained by chronic ill-health (mental and physical), feelings of despair and inability to cope, younger children being introduced to petty crime and petrol sniffing by older children, and violent death within the extended kinship network. The children’s behaviour was causing major disruption at the school. Not only were they unable to participate effectively in the classroom, but they were disturbing the entire school with bouts of extreme behaviour such as climbing onto the roof from where they would hurl abuse and objects and threaten to jump off and hurt themselves. Regular school suspensions were applied to no effect, and the relationship between home and school was fragile.

A circle was therefore formed, consisting of the children’s parents/carers, teachers and Pathways family and cultural support team. This pivotal group began by setting some short-term goals and working together to take immediate action to achieve them. This included:

1. facilitating a referral to a paediatrician with an ensuing diagnosis of ADHD and prescription of medication for one of the boys (and subsequent calming of some of the more extreme behaviours among the trio);
(2) negotiating innovative ways for the family and children to get more involved with learning and the school community (e.g. using school activities like boomerang painting in art to help the children explore their cultural heritage and share this with other children to develop a sense of pride; encouraging the children’s sporting prowess and acknowledging the contribution they made to school via their representation on school and district football teams—one teacher even began supporting the children’s local football team and attending weekend fixtures with them);

(3) providing intensive assistance in household management by the Pathways Indigenous family support worker (e.g. advocating with legal and social services; arranging appointments and transport to access basic services; facilitating entry to wider social networks);

(4) organising for the Indigenous community worker to accompany the children at school to troubleshoot and help maintain some sense of equilibrium during periods that had been identified as flash-points for difficulties (such as returning to school after holidays and visits to family members in prison).

As participants found their feet, the group developed strategic relationships beyond the nucleus to pull in an extended range of specialist services, such as a local Indigenous counselling service to provide individual therapy for the children. As these services were enlisted, the circle co-ordinator organised for representatives from the associated agencies to come together with other circle members to consider how they could contribute in a co-ordinated way to the children’s welfare and become part of an ongoing cycle of resetting goals and refining action plans.

In effect, the circle of care was both a catalyst and facilitator of cross-system synchronisation. However, the task of establishing processes for effective collaboration was formidable, not in the least because of institutional barriers faced by circle members who had to find ways to overcome the natural resistance to change and discipline-specific perspectives that initially made it hard for some members to see how each person’s work complemented the others’. Nevertheless, overall, the approach was effective. For example, circle members found ways to work within people’s competing agendas to undertake essential joint planning to reduce duplication and create a healthier developmental system. The children’s behaviour and performance at school also measurably improved (despite regular setbacks). Children’s parents also began to approach the school independently (indicating not only that the quality of relationships between home and school had improved, but that they had become empowered to take greater control of their lives) and although the children ultimately changed schools, the school developed strategies to deal more effectively when trouble erupted (e.g. a special ‘dreaming space’ was set up as a cultural precinct for indigenous children to use at their own discretion as a
haven to distance themselves from emotionally charged situations and regain their composure and equilibrium).

**Conclusion**

Over the past ten years, risk factor analysis has had a significant role in shaping prevention practice around the world. It has infiltrated not only the policy nexus of social work, but also social work training (Crisp *et al.*, 2005) and the everyday practice of those working with vulnerable and challenging children and families. RFA has brought new evidence and thinking to the debates about social prevention and has given politicians a framework for implementing intervention programmes with children and young people most ‘at risk’. Yet, as we have shown, RFA has its limitations and is open to political (and practical) abuse that can increase risk for some of the most vulnerable children and young people.

A critical gap in RFA is its lack of a sophisticated theoretical foundation that offers an adequate account of developmental processes. Not only does it fail largely to incorporate basic features of social ecological analyses (Bronfenbrenner, 1979), but it is unable to accommodate the socio-cultural features of childhood and youth and the broader social processes, identified by disciplines such as sociology and cultural theory, that shape the life course. By drawing upon a *developmental systems model*, we can show how changing behaviour can be understood through a holistic theory of social life that adequately contextualises individual and social change. What then becomes central to prevention policy and practice is the focus on changing institutional systems, opening up societal access routes and prioritising relationships, connections and transactions.

In our discussion of the Australian Pathways to Prevention programme, while not rejecting RFA, we have shown that we need an approach that goes beyond the individual focus that RFA tends to encourage, offering a framework that allows the whole child in their whole environment over the whole of their childhood to become the focus of preventive action. The purpose of intervention is not only to modify proximal developmental settings such as the family or the classroom in ways that create the possibility of individual change, but to build the capacity of the whole developmental system. This is achieved by strengthening connections and enhancing the relational context of intervention to ensure that activities and resources in one context complement and reinforce activities in other contexts. Better integrated community services are important in this process, but more fundamental is the need for structural and cultural changes within key developmental institutions such as education or childcare that reduce sectoral silos and
enable the developmental system to work more effectively on behalf of vulnerable children and young people.

1. See Youth Justice Board (2001) for a good review.

2. For further details of publications, see the website www.griffith.edu.au/pathways-to-prevention.

References

Department for Children, School and Families (DCSF) (2008a) Ten Year Children’s Plan, London, DSCF.


