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Prevention is Better Than Cure, So Why isn't Government Policy More Preventive?

Prevention has become a watchword in UK policy debates – so why do governments seldom follow through on commitments to implement prevention policies? Paul Cairney and Emily St Denny report on new research on prevention in practice.

We are living in an 'age of austerity' in which the UK Government seeks to reduce spending to deal with economic crisis and the rising demand for public services. It is common to hear that our public services are close to breaking point. But while 'austerity politics' grabs the headlines, another agenda is equally important in policymaking circles – 'prevention'. NHS England has said that a 'radical upgrade in prevention and public health is necessary to ensure service sustainability, while the Treasury considers that preventing 'poor outcomes from arising in the first place' would benefit everybody by stemming costly social and health problems. In Scotland too, prevention is at the heart of the 'radical, new, collaborative culture' underpinning the current public sector reform agenda.

Prevention Policy

Prevention policy refers broadly to government actions to intervene early in people's lives, to reduce their need for acute and reactive services. Prevention can take many forms, across a notional spectrum, from the preemption of issues appearing in the first place, to efforts aimed at preventing further harm from occurring. Primary prevention aims to stop problems from emerging. Seat-belt laws and population-wide vaccination campaigns, are common examples of primary prevention policy. Secondary prevention refers to early interventions aimed at stopping problems getting worse. Breast cancer screening protocols

fall into this category. Lastly, tertiary prevention, such as chronic disease management for individuals living with diabetes or arthritis, aims to soften the impact of problems with long-term consequences that have already emerged.

In the UK, prevention policy has become a vague, but widely supported solution to the three major crises of British politics. First, preventive spending addresses the argument that if we don't make fundamental changes to the way we fund and deliver services, they will go bust. Here, prevention signifies the shift from expensive demand-led reactive services – such as acute care hospitals, jails, and police and social work interventions for 'troubled families' – towards early intervention in people's lives to improve their life chances and reduce their reliance on the state. Public health initiatives such as the UK Government's healthy living Change4Life campaign and Family Nurse Partnerships (see box) to improve the health and wellbeing of teenage mothers and their children are classic examples.

Second, prevention is often sold as a way to reduce major inequalities within society by addressing the 'root causes' of social problems, such as poverty, social exclusion, and poor accommodation. This is done through early intervention, including pre-school provision and parenting programmes to address major gaps in key indicators, such as in education attainment, that can be identified from a young age. Here, the emphasis is on addressing the social determinants of negative outcomes. For instance, New Labour's flagship Sure Start support programme for disadvantaged families was framed as a long-term social exclusion prevention strategy.

Third, prevention may be sold as a solution to a governance crisis and, in particular, to the failings of top-down centralist government that seeks to do things to you, rather than with you. Prevention is the manifestation of a commitment to: 'holistic' government that encourages a common aim for departments, public bodies and stakeholders; 'localism', or fostering the capacity of local communities to tailor national policies to their areas; adapting public services to their users, by focusing on their 'assets' and encouraging them to 'co-produce' their services; a shift from simplistic short-term targets and performance management towards meaningful long-term outcomes-based measures of policy success and population wellbeing; as well as some reliance on 'evidence-based policy making' to identify the most beneficial and investment-worthy interventions.

Consequently, when described this way, prevention can appeal to the right (to reduce public spending and reliance on the state) and the left (to reduce inequalities). It generates high levels of cross-party agreement and high levels of 'ownership' among the public sector, stakeholders and the interested public. Few people have a bad word to say about it.

Examples of early interventions in the UK

The Early Intervention Foundation (EIF) Programmes Library provides a rating system – from one (low) to four (high) – according to the evidence of success of interventions in relation to key outcomes. The focus is on relative success (not failure), perhaps with the general expectation that only the highest rated interventions will receive sufficient policymaker support. Even then, cases such as 'Triple P' (see below) demonstrate that highly rated programmes can be undermined by new evaluations.

The Family Nurse Partnership (FNP) is the programme most frequently referenced by our interviewees when describing early intervention, and it receives a four rating by the EIF. Developed in the United States in the late 1970s, the FNP is an evidence-based targeted programme aimed at improving the health and life opportunities of first time teenage mothers and their children. The programme focuses on the prevention of illnesses, injuries and developmental issues linked to maternal behaviour from early in the pregnancy until the child is two years old. The programme was introduced in the England in 2006, and in Scotland in 2010. The programme's perceived strong evidence base, which has featured extensive use of randomised controlled trials to measure impact, has been significant in building support for its uptake, expansion, and continued funding. In both the UK and Scotland, the FNP is widely considered to be an exemplary prevention programme and the initiative has secured continued commitment from both governments.

Triple P refers to a set of 'Positive Parenting Programmes' for children up to 12, focusing on using psychological techniques to address social and behavioural problems. These programmes have received EIF ratings from two to four. A recent evaluation by Glasgow University concluded that one programme, which is funded by Glasgow city council and the local health board, had a low completion rate and yielded few concrete benefits. Glasgow city council cut funding for the programme, citing the evaluation's 'lack of robustness' and limited data. A recent RCT-based evaluation by Cardiff University found little added benefit to FNP (in its current form, in the short term) than existing provision.

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Prevention Failures

Given the near universal support for 'prevention', what explains the gap between our great expectations for prevention policy and the actual result? Why do so many governments make such major commitments to prevention, only to fail to follow through properly? Although there may be a wide range of explanations specific to particular governments, countries or policy areas, there are factors that they have in common.

Difficult to operationalise

It is difficult to turn an idiom – prevention is better than cure – into concrete objectives that can be sold politically. What prevention can mean varies greatly, from whole-population initiatives to stop problems occurring by investing early, to 'tertiary' prevention aimed at mitigating the impact of problems that already exist. As a result of this vagueness, policymakers may adopt a wide range of measures in the name of prevention, without expecting them to reduce costs or inequalities, or to involve decentralised forms of governance. Public bodies can redefine most of their existing tasks (including emergency care) as somehow preventive.

Scale of the task

Elected policymakers may decide that preventive principles are sound, but that the problems they face are intractable in their four- or five-year-long electoral terms. This problem is double-sided, revealing the difficulty of carrying out complicated policy aims, at the same time as effecting fundamental public service reform. Further, even if governments could simply select from existing and well-proven policies, their full effects may still take a generation to develop.

Competition for policymaking

As a broad, long-term, low-key aspiration, prevention suffers in competition with highly salient short-term problems that politicians feel compelled to address first. Prevention projects are long-term investments, with only the vague promise of spending reductions in the future. During periods of high and growing public expenditure, prevention can be sold as a long-term investment. During periods of austerity, however, vague promises of long-term savings rarely prompt immediate action. In this context, reductions in funding for reactive, acute, 'fire-fighting', 'frontline' services to pay for new prevention initiatives that may only produce results after a generation are hard to sell.

Prevention involves redistribution

Prevention may generate consensus when designed on a blank sheet of paper, but not when mapped onto an existing public service, producing critical choices

about the reduction of current services for one group or generation to benefit the next. As a result, governments tend to invest in prevention in small steps, and that investment is vulnerable when money is needed quickly to fund public service crises.

Benefits are difficult to measure

Policy interventions are favoured if their effects can be easily understood, through cost-benefit analyses detailing the impact per pound spent, for example. With prevention, however, short-term impacts are hard to measure and long-term impacts are hard to attribute to a single intervention. In contrast, reactive policies, such as funding to reduce hospital waiting times, increase the number of teachers or the presence of police officers in the streets, generally address more visible and urgent problems, and have a more immediate and measurable impact.

Problems are 'wicked'

Getting to the 'root causes' of problems is not straightforward; policymakers often have no clear sense of the cause of problems or effect of solutions. Few aspects of prevention in social policy resemble disease prevention, in which we know the cause of many diseases, how to screen for them, and how to prevent them in a population with the same biological characteristics.

Performance management is not conducive to prevention

Performance management systems encourage public sector managers to focus on their services' short-term and measurable targets over shared aims with public service partners or the wellbeing of their local populations. Performance management is about setting priorities when governments have too many aims to fulfil. When central governments encourage local bodies to form long-term partnerships to address inequalities and meet short-term public service targets, the latter comes first.

Governments face major ethical dilemmas

Underpinning each discussion is an ethical dilemma about how appropriate government intervention is, and what level of government intervention is appropriate. Political choices co-exist with normative judgements concerning our understanding of the policy problem, and the role of the state and personal responsibility in solving it. These normative decisions combine with empirical evaluations – on an intervention's likely success and impact on different groups – to inform debate on the most appropriate policy. While analytically distinct, the ethical and scientific basis for intervention cannot be separated in practice. In each case, target populations, desirable social behaviour, and trade-offs between individual liberties and government intervention must be justified, often undermining any cross-party agreement or shared 'ownership' of prevention that existed in rhetoric.

One aspect of prevention may undermine the other

A cynical view of prevention initiatives is that they represent a quick political fix rather than a meaningful long-term solution: central governments select prevention as the solution to excessive public sector costs while also delegating policymaking responsibility to, and reducing the budgets of, local public bodies. Thus, long-term prevention initiatives are undermined as public bodies struggle to address their most pressing needs and the performance management targets associated with reactive services.

Evidence does not settle the matter

'Evidence' can take many forms on a notional spectrum from, on the one end, evaluation based on evidence-based medicine which favours randomised control trials and their systematic review, and, on the other, practice-based evidence which favours 'street level' professional experience and service user-based feedback. In many cases, a reliance on expert opinion to settle political matters simply exposes disagreement and a lack of respect for each other's evidence. Moreover, the contemporary localism agenda raises new issues about how to implement and 'scale up' evidence of 'best practice': from 'proven' initiatives that are centrally prescribed and must be followed to the letter, to policy developed more flexibly by sharing and learning from users' and practitioners' experiences.

Time for another idiom?

As we can see, what begins as a depoliticised issue, to deal with economic and public service crises in a cross-party way, ends with the identification of a large number of political obstacles and points of fundamental disagreement. The slow progress of prevention policy only seems counterintuitive when we rely on a misleadingly harmonious idiom rather than a necessary debate on how we should redistribute resources, who should benefit, how much short-term pain we are willing to endure for uncertain long-term gain, and which kind of governance model we should use to pursue fundamental reforms. 'Prevention is better than cure' sounds like a commonsense way to solve a country's most pressing problems, but 'drastic times call for drastic measures' may provide a more accurate idiom for current policy.

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