

Dept. of Social Welfare
Library
Wellington, N.Z.

DSW

361

.993

NEW

NEW

Preventive social policy: the prospects
for developing policies which will reduce
the incidence of malign phenomena

D.S.W. 1988

DEPT OF SOCIAL WELFARE, W'YOM
LIBR



A00076481B

SPAC 8720
PRESERVATION

1785

PREVENTIVE SOCIAL POLICY:

THE PROSPECTS FOR DEVELOPING POLICIES
WHICH WILL REDUCE THE INCIDENCE OF
MALIGN SOCIAL PHENOMENA

A Paper Prepared for the Royal Commission
on Social Policy

Department of Social Welfare

April 1988

BRN 8728

RESERVATION

TABLE OF CONTENTS

	PAGE
The appeal of social prevention	1
The idea of prevention	2
Some points of terminology	4
The origin of ideas for prevention	6
Multiple objectives	7
Determining preventive efficacy	8
The cycle of policy formulation and amendment	14
Reasons for the difficulties in discovering effective procedures	15
Socially determined constraints on policy alternatives	17
Research on the efficacy of past efforts to prevent delinquency, child abuse and intrafamily violence	18
A rational resource allocation framework for decisions about policies for social prevention	21
Making decisions about potential courses of action whose probable outcomes are unknown	25
Conclusion	29

"In the affairs of this world men are saved
not by faith but by the want of it."

Benjamin Franklin

The appeal of social prevention

Prevention is a notion of obvious appeal, for two reasons. First, it tends to direct attention towards policy objectives which are positive rather than merely remedial. Second, it holds out a prospect of gains in efficiency and economy; for is there not a strong possibility of waste occurring when resources are absorbed in remedying problems which could have been avoided?

Some social policy writing makes strong appeals to the potential power of "the preventive approach" (or, more imposingly, "the preventive paradigm"). These appeals usually occur in discussions of particular problems, most notably juvenile offending, child battering, sexual abuse of children and intrafamily violence. However, the putative advantages of prevention are also promoted in general terms, with prevention sometimes held out as an approach which can fruitfully be applied in most social policy areas.

To give just one of many possible examples, the 1986-87 Ministerial Task Force on Social Welfare Services concluded that one of two fundamental objectives of social welfare services was "to prevent - or, if this is not possible, to alleviate - interpersonal difficulties and problems arising from social disruption and life-cycle crises". (Reference: Ministerial Task Force on Social Welfare Services: Social Welfare Services - The Way Ahead, July 1987.) The Task Force expounded a philosophy for social welfare services which acknowledged a continuing need for "remedial and rehabilitative services ... where problems have developed" but put primary emphasis on "developmental and preventive services." This general orientation was reflected in the proposals made in specific policy areas. For instance, the Task Force stated that "policies so far developed for youth have ... tended to be remedial, focusing on the needs of

young people who have already come to official notice as offenders or for other behaviour which has identified them as members of a 'problem' group. There is a need for greater attention to preventive measures for youth ...". In setting out a policy for "youth in transition", the Task Force identified an important element as being "effectiveness of approach through early intervention and prevention" [emphasis added].

Appeals to the potential fruitfulness of prevention are now encountered in virtually every area of social policy. Reviews of specific policy areas commonly advocate that more emphasis be put on prevention. However, it is less common for this advocacy to be accompanied by a specification of measures which might be employed, or an evaluation of the evidence for the preventive efficacy of proposed measures, or an estimate of the likely reduction they would produce in the incidence of the problem.

The idea of prevention

The essential elements of the "preventive paradigm" are encapsulated in the frequently invoked image of "building a fence at the top of the cliff to avoid the need for stationing an ambulance at the bottom". This image points to the fact that much of the thinking about social prevention arises, implicitly or explicitly, from the extrapolation of models of medical prevention. The fence is put up to prevent physical injuries which, were they to occur, would require medical treatment.

The image of the fence which averts the need for the ambulance is a vivid and easily comprehended one. Furthermore, its strength is reinforced by the great success which the preventive approach has had in medicine. It is now generally agreed by medical authorities that the increases in life expectancy over the past two hundred years have been less the consequence of advances in treatment procedures (although those have been spectacular) than of improvements in living conditions and public health systems. The most important elements appear to have been the provision of clean water and sewerage

reticulation, control of vermin which provide disease vectors, programmes of mass inoculation, improvements in diet, improvements in food handling hygiene, and improvements in shelter.

In the medical field, prevention has been possible and effective because of the existence of certain features common to most illnesses. An illness commonly arises from a specific pathological condition (eg. a disease) with specific causes (eg. viral or bacterial invasion of the body) which it may be possible to remove or neutralise through specific and straightforward measures (eg. inoculation or treatment of reticulated water). Advocates of prevention in the social area sometimes postulate, at least implicitly, that socially undesirable behaviours have parallel features. Thus "social problems" such as criminal offending, child abuse and intrafamily violence are sometimes conceived as reflections (or, more explicitly, as symptoms) of individual pathology. If this conception is accepted, it follows that an appropriate response is to try to cure the individuals afflicted by the pathologies. This in turn raises the issue of whether it might not be possible to "head off" the development of the pathologies. Such prevention may be attempted through either a strategy of social prophylaxis (resulting in efforts to reduce the incidence of deleterious conditions believed to facilitate the development of the pathologies) or a strategy of early intervention (resulting in the provision of early "treatment" for individuals singled out as showing signs of incipient pathology). Alternatively, the social problems may be seen as manifestations of social pathology arising from such causes as structurally determined social conflicts within society or institutionalised racism. Prevention is then seen as most appropriately directed not at individual treatment but at the relevant social processes.

It is of interest to note, in passing, that medical prevention has had different levels of success with different ailments. At one extreme, it has been extremely successful in preventing diseases resulting from bacterial infections, its greatest triumph being with smallpox, which it has entirely eliminated. By contrast, it has had little success up to now in

preventing cancer or heart disease. The latter diseases are ones whose aetiologies are extremely complex and still poorly understood. If parallels are to be drawn, it might be argued that the patterns of causation underlying juvenile delinquency, child abuse, and most other targets of social prevention have more in common with the patterns underlying heart disease than smallpox.

Whether or not a preventive programme is grounded specifically in the idea of pathology, it depends upon some claim to an understanding of the causes of the phenomenon which it is intended to prevent. The logic underlying a preventive programme is that intervention to eliminate or weaken the causes will avert or reduce the phenomenon.

Some points of terminology

It is convenient at this point to set some conventions about the use of terms in this paper.

By way of introduction, it is relevant to observe the concept of prevention, as it applies to the social field, does not have sharp boundaries. When an activity is undertaken with the explicit intention of averting or reducing a recognised problem, the purpose is unambiguously preventive. However, most social policy, in conferring social benefit, could be described as preventive in the rather artificial sense of averting the less desirable state of affairs which would come about as a consequence of the loss of that benefit. Thus it could be argued, for example, that the school system prevents the wholesale release onto the job market of young persons without elementary literacy and numeracy (although it does not, unfortunately, entirely eliminate the occurrence of these deficits). In this extreme form, the argument is strained, but it serves to illustrate the difficulty of putting a strict limit on the term prevention.

The phenomenon which it is intended to prevent will usually be referred to as the "target phenomenon" (or, as dictated by context, the "target phenomena", "target behaviours", etc.). Target phenomena are

usually undesirable forms of behaviour (eg. child offending, sexual abuse of children), but they may also be attitudes (eg. racial prejudice) or feelings (eg. anxiety in children beginning school) or psychological states (eg. a sense of alienation and purposelessness amongst some Maori urban youth).

An activity undertaken for the purpose of preventing or reducing the target phenomenon will usually be referred to as the "prevention intended activity" (or, as dictated by context, the "prevention intended programme", "prevention intended measure", etc.). Although this terminology is a little cumbersome, it has the merit of being neutral on the issue of whether an activity intended to be preventive actually is so. It is the intention rather than the effect which is the defining characteristic of a prevention intended activity. Such commonly used terms as "preventive measure" and "preventive programme" are ambiguous in that they could be alluding to either intention or effect. They can also create a risk of these two issues being conflated, with arguments which begin with the endorsement of prevention intended activities later proceeding on the assumption that the activities have a preventive effect, without efficacy being examined.

Three levels of prevention intended activity will be distinguished. Primary prevention concerns a prevention intended effort which is directed at all persons potentially capable of contributing to the target behaviour. Secondary prevention concerns an effort directed at persons identified as being especially likely to display the target behaviour. In both cases the intention is to try to ensure that the behaviour is never displayed. Tertiary prevention concerns an effort directed at those who have already displayed the target behaviour, the intention being to try to reduce the likelihood of repetition. These distinctions may be illustrated in relation to child abuse. A general publicity campaign conducted through the mass media to increase the understanding of all parents of how they can avoid becoming child abusers would be an example of primary prevention. A programme providing social work counselling to young mothers identified as being under psychological stress would be an example of secondary prevention. A

programme providing counselling for parents "coming to notice" as having abused their children would be an example of tertiary prevention.

This usage has been explained at some length because there are possibilities for confusion. Some writers on prevention do not distinguish between the first and second categories. They regard all such efforts as primary prevention and employ the term secondary prevention for the third of the above categories (i.e. the one referred to as tertiary prevention). This latter usage has the advantage of greater simplicity, but it has not been adopted here because the distinction which is lost can be useful.

The origin of ideas for prevention

Where do ideas for preventive schemes come from? A pointer is provided by the observation made earlier that unproven approaches depend for their justification on appeals to theories about the causes of the target behaviours. Ideas for prevention usually derive from current or emerging ideas about causation.

Social scientists are justifiably cautious about their use of the term "cause". Often they limit the goal of their research to the discovery of "statistical relationships", or "patterns of association between variables", and present their results with the ritual qualification that "statistical relationships between variables cannot be assumed to indicate causal relationships." However, the issue of causality cannot be sidestepped in this way when the results are used to justify policy. A policy cannot be expected to succeed if it consists of making changes to variables which are linked to the target phenomenon by nothing more than a statistical connection. The logic of prevention requires the connection to be causal.

To illustrate the point, it is known that many unemployed young persons lack skills commonly sought by employers. This provides a rationale for training schemes for such young persons because the presumption that the lack of skills is part of the cause of the

the young persons' being unemployed. However, to give a deliberately artificial contrast, research might also demonstrate (were the matter to be investigated) that there is a statistical relationship between being unemployed and lacking an interest in (for example) ballet. In the absence of any evidence that the relationship was causal, the result would not provide a reason for expecting that unemployed young persons would be assisted to obtain jobs by being put through programmes to stimulate their interest in ballet.

The importance of recognising the origin of preventive schemes in theories of causation is that the theories which are drawn upon are usually unverified and sometimes frankly speculative. For example, in the 1950s and 1960s, thinking about delinquency prevention tended to be grounded in theories which attributed delinquency to individual pathology. Within that theoretical framework, the most promising approach to prevention was to seek to identify children showing signs of incipient pathology (as indicated by "adjustment problems", "acting out behaviour", extreme scores of psychometric tests of social maladjustment, etc.) and to offer "early treatment". Research on prevention using this approach produced disappointing results. The most common interpretation now made of the research findings is that the theory was wrong. While not disputing that some child offenders have serious psychological difficulties, most authorities on delinquency causation now regard as discredited the idea that delinquency is the product of some distinctive form of psychopathology.

Multiple objectives

When a policy's sole objective lies in prevention, a judgement about its merits will hinge upon its preventive efficacy. However, it is common for social policies to have multiple objectives. For example, parent education is usually presented as having objectives such as improving parents' knowledge and skill, enhancing their confidence, and increasing the level of enjoyment they obtain from being parents. The prevention of child abuse may appear as one such item.

Sometimes a review of possible means of preventing a problem will make an examination of certain policies with multiple objectives solely in terms of the policies' likely preventive value, conveying the impression that prevention is their sole (or principle) objective. This may cause such a policy to be undervalued, especially if prevention is merely one of the more peripheral of its objectives. It is possible for a worthwhile policy proposal to be wrongly rejected through being advocated solely on the basis of unsubstantiated preventive claims when its main value is in terms of other purposes.

A multiplicity of objectives compounds the difficulty of evaluating a policy, for two reasons. First, to ascertain the policy's effect in relation to each objective may require the application of several methodologies which cannot be accommodated within a single research design. Second, if (as is likely) it is found that different objectives are achieved to different degrees, making an overall judgement about the policy will require a decision about the relative importance of the objectives. These are important issues of policy analysis but further exploration of them is beyond the scope of this paper.

Determining preventive efficacy

It is often relatively easy to obtain information which some people will interpret as "suggestive" of a conclusion about the effects of a prevention intended policy. Unfortunately, though, the sort of suggestion they see the information as conveying will usually depend upon their prior opinion. It is not uncommon for information of this type to simultaneously harden the convictions of both proponents and sceptics. Such information not only may fail to settle the disagreements but may inflame them.

A recent example of this is afforded by the contrary reactions displayed to the results of research conducted by the Justice Department on the reconviction rates of offenders sentenced to undergo the "short, sharp shock" of corrective training. The Justice Department considers corrective training's primary objective to be the prevention of reoffending,

an instance of tertiary prevention. Information on a group of female trainees discharged from Arohata Women's Prison showed that within a year 63% had been convicted again. The Superintendent of the prison interpreted that outcome as follows: "You're dealing with a pretty hard-core bunch ... the fact that 37 per cent don't reoffend in their first year is a terrific success." (Reference: a feature article called "Short, Sharp But Effective" by James Gardiner, in The Dominion 3 March 1988.) By contrast, the national director of the Prisoners' Aid and Rehabilitation Society was reported as saying that the result demonstrated that corrective training was a complete failure and should be abolished.

In most areas of social prevention it is actually extraordinarily difficult to obtain information which enables a confident conclusion to be reached about the efficacy of policies. The information routinely generated by administrative and monitoring systems has important uses (such as enabling inputs and certain aspects of outcomes to be determined), but it seldom provides valid comparisons between the outcomes of alternative policies. Prevention research is directed towards determining the outcomes which result when different procedures are applied in the same (or strictly comparable) circumstances. Such comparisons are the only true test of the comparative efficacy of alternative policies.

The simplest comparison is between some designated course of action and no action at all. This is the comparison implicitly involved in a question such as: "Does parent education prevent child abuse?" However, in some areas of state responsibility, deliberate inaction is not a feasible option. For example, it would not be publicly acceptable for the police or the courts to decline to respond to acts of serious criminal offending. In such policy areas, comparisons are necessarily between different substantive courses of action.

This section briefly describes the two main methods for determining the efficacy of measures intended to be preventive. The first method is to conduct systematic experiments. The second is to use statistical techniques to try to "control for" the

effect of factors which "confound" (and thereby invalidate) simple comparisons between the outcomes achieved by alternative measures. An examination is then made of some of the practical difficulties to applying these methods, and of limitations on the extent to which the results of specific studies can validly be extended to yield general conclusions.

The most rigorous approach to determining the efficacy of alternative courses of action is the use of an appropriate experimental research design. This approach gives a determination of the incidence of the target phenomenon in groups with in all practical respects can be presumed to be the same save only for their having been subject to different preventive regimes. As a consequence of this feature, any differences between the groups in the incidence of the target phenomenon can be attributed solely and unequivocally to their having been subject to the different regimes.

Experimental designs have been widely employed in medicine (to determine, for example, the relative efficacy of alternative treatments), with great success. There are conspicuous instances of rigorous experiments being conducted to determine the impacts of social interventions, but they are conspicuous precisely because they are so few in number. The rarity of rigorous experimental design in evaluations of social prevention is a reflection in part of the lesser methodological sophistication of much social policy evaluation, but also of ethical objections to some potential applications and the common occurrence of formidable (sometimes insuperable) practical difficulties. For example, to return to the issue of the effectiveness of corrective training, the most straightforward form of experimental evaluation would involve identifying those offenders who might potentially be sentenced to the training and then randomly selecting some to be given the sentence of corrective training, while dealing with the others in the usual way. By this process, potential trainees would be randomly divided into two groups: a group of persons receiving corrective training (the "experimental group") and a control group of persons receiving the usual mix of other sentences. Recidivism rates for the two groups would be

obtained and compared by means of statistical tests to determine the significance of any difference between them. While the procedure is straightforward in principle, it would be extremely difficult to apply in practice because it would involve a great departure from accepted principles of judicial sentencing. A few experiments of this type have been carried out in the Great Britain and the United States of America, but they have involved elaborations of the basic design to try to minimise the conflict with accepted judicial principles and have been confined to sentencing options applying to minor offences.

Aside from the use of experiments, the other main approach is to begin with groups which manifestly are not equivalent and to try to adjust or control for the effects of the more important differences between them. The adjustments are made with respect to the effects of factors which are known or suspected to be causally related to the outcome variable, and thus to be capable of producing (independent of any effect of the different policies) differences in outcomes. These factors may be referred to as potential confounding factors. For example, if this approach were to be applied to trying to determine the effectiveness of corrective training in reducing reoffending, a notional comparison group might be created from the records of offenders sentenced before the introduction of corrective detention. This would be done by selecting a set of past offenders who, in many relevant respects (such as age, educational attainment, employment history, previous offending history, and ethnic affiliation), were similar to the sample of offenders sentenced to corrective training. If it is accepted that all the important factors affecting reoffending have thus been "controlled for", then the reoffending rate of the comparison group can be regarded as the rate which the trainees would have produced had they been sentenced on the basis of the previous sentencing practices. A finding that the comparison group had a reoffending rate of (say) 83% for the first year of follow-up (compared with the rate of 63% for trainees) would support the superintendent's belief that corrective training was relatively effective. If, however, the comparison group's reoffending rate was found to be only 43%, the result would support the contrary view, and would

imply that - in terms of the preventive objective - the introduction of corrective training had been a retrograde step.

There are many different techniques, some highly sophisticated, for trying to control for the effects of potentially confounding variables. These techniques include interrupted time series analysis, regression discontinuity analysis, standardisation based on regression prediction equations, and quasi-experimental designs. However, even the most sophisticated techniques are usually incapable of producing results which are not clouded by uncertainty. One reason for this is that it is often unclear what statistical models are most appropriate for the purpose of "standardising out" the effects of the confounding factors. Even more serious, it is rarely possible to be confident that all potentially confounding factors have been identified, leaving open the possibility that the result has been crucially influenced by a factor (or set of factors) omitted from consideration. Confounding factors which are known to be important sometimes have to be ignored because of such practical constraints the need to confine questionnaires to acceptable length, the absence from administrative records of desired categories of information, and the lack of measurement procedures capable of being applied within in the context of the research.

Unfortunately, these methodological problems do not exhaust the range of common difficulties. Another is the lengthy time scale required to obtain findings on some issues. For example, research on measures designed to break patterns of intergenerational transmission of certain propensities (such as violence in response to stress) necessarily requires a generational time span; that is to say, such research requires two or three decades to produce results, which may be negative.

Another difficulty is the lack of adequate measures of important variables. This plagues a lot of prevention research. Target phenomena, in particular, are often extremely difficult to measure in a satisfactory way. The sorts of information commonly reported (such as counts of various types of

activities undertaken by official agencies) are generally flawed as research measures of incidence. For example, the most commonly used measure of the incidence of child abuse is the number of cases dealt with by social agencies (Department of Social Welfare, Police, etc.). However, increasing awareness of child abuse could, of itself, cause the number to rise. It is quite conceivable that the development of effective preventive programmes could be accompanied by a rise in cases coming to the attention of official agencies. This would happen if the fall in the true incidence of abuse was more than outweighed by the rise in the visibility of the abuse which continued to occur. Such a contrary relationship between the actual and apparent trends is not improbable when the measure employed omits a high proportion of occurrences of the phenomenon, as is known to be true of official statistics on child abuse, domestic violence, rape, juvenile offending, and so on.

Finally, the practical significance of the results of any particular study depends on the confidence with which the results can be generalised. Confidence to generalise develops when a consistent pattern of results emerges from many different studies carried out in many different settings. Unfortunately, different studies often do not produce convergent results. The accumulation of research suggests that the effects of many procedures depend on such "mediating" factors as the socio-economic background of the persons concerned, the nature and extent of social support mechanisms, age, employment circumstances, social expectations within peer milieus, ethnic background, and historical and cultural considerations. Thus, a conclusion derived from a study of black Americans in a large industrial city will not necessarily hold for people in a New Zealand South Island provincial city; and a conclusion applying to the latter setting will not necessarily hold for people in a predominantly Polynesian suburb of Auckland.

Because of the practical obstacles to obtaining rigorous evidence, reliance is often placed initially on anecdotes, case studies and endorsements. Information of that sort can generate an early optimism which tends to wane however as a greater

range of evidence accumulates. Eventually disillusionment sets in, clearing the way for enthusiasm to alight on some other approach and thus for the cycle to be repeated.

The cycle of policy formulation and amendment

Some authorities on policy formulation have sought to identify the essential functional components of an ideal social policy development cycle. As it applies to social prevention, such a cycle might be as follows:

- * recognition of a problem (or, the development of a common opinion that a certain phenomenon constitutes a problem);
- * formulation of ideas about the cause(s) of the problem;
- * formulation of ideas about a course of action which might prevent the problem;
- * implementation of the course of action intended to be preventive, on either a test basis or a routine basis (the "leap of faith" approach);
- * accumulation of information (or more information) about the effectiveness of the prevention intended action;
- * modification of the preventive effort (eg. abandonment of some measures because of their ineffectiveness, alteration of some measures to try to improve their effectiveness, incorporation of the measures into routine procedures because of the accumulation of evidence about their consistent effectiveness, etc.), with repetition of the appropriate part of the formulation-evaluation cycle.

Unfortunately this cycle continues to be no more than a theoretical ideal. There are very few examples of the efforts at social prevention having proceeded

through the whole cycle, leading to a well developed policy of established effectiveness.

A later section will contain comment on efforts to develop policies in three particular areas, namely juvenile delinquency, intrafamily violence and child abuse. The main reason for the lack of orderly progress has been the failure to find preventive measures which can be demonstrated to be effective.

Reasons for the difficulties in discovering effective procedures

The above considerations could lead one to anticipate that the development of effective procedures of social prevention would prove to be difficult. This indeed has been the case, as will be elaborated in a later section. At this point, however, it is relevant to ask, as a continuation of the preceding discussion, why the difficulty should have been as great as it has.

An extended examination of the question is beyond the scope of this paper but, briefly, it could be suggested that the answer lies in the extreme complexity of social and human developmental processes. The outcome of a prevention intended policy cannot be confidently predicted unless the processes which determine the outcome are well understood. At present, those processes are not well understood. It is true that some elements have been identified, but the processes are not understood in a comprehensive way. This leaves open the possibility (often the likelihood) that the influence of the processes which are understood will be negated by the unanticipated influence of other processes which are not understood. Furthermore, much of the current knowledge about social processes is qualitative rather than quantitative: it predicts the direction of an effect, without quantifying its magnitude. In making a practical evaluation of a policy, the magnitude of the impact is crucial.

The exploration of the quantitative relationships between variables involved in social processes is extremely complicated. It involves ascertaining which

variables are related to which, and then ascertaining the pattern of relationships by which they are interconnected. Research on social processes typically reveals patterns of relationships which are both complex and diffuse. It is common to find that almost every variable seems to have some relationship with almost every other variable, but that many of the relationships are weak. The pattern of relationships tends to be "spongy", with a sharp change in a single variable seldom producing a correspondingly sharp change in any other variable, but instead setting off a generalised reactive reverberation throughout the whole nexus of relationships. It is rare to find clear, strong, simple causal links.

A parallel could be drawn between some of the more ambitious current notions about prevention and the ideas about "social engineering" which were widely discussed in the 1960s and 1970s. In retrospect it is clear that those ideas were, at best, ahead of their time. Physical engineering rests on a base of well established technological knowledge. Efforts at social engineering (as exemplified by some of the American "Great Society" programmes to eliminate poverty and racial disadvantage) foundered from the lack of any comparable base of social knowledge. Social processes hypothesised on the basis of particular research studies turned out not to apply generally, but to be specific to the circumstances of the studies. When social programmes deriving from such generalisations were formulated and implemented, the desired outcomes often failed to materialise.

The preceding considerations point to the conclusion that an understanding of the potential for social prevention is likely to come about not as consequence of studying prevention as a discrete topic, but as a side benefit of developing a general, quantitative understanding of social processes. Such an understanding does not seem to be immediately at hand. Some social scientists would argue that it is not a prospect at all. In the meantime, it is possible to seek to develop partial knowledge which enables outcomes to be roughly predicted within particular settings, and permits the formulation of practical rules of thumb. However, in applying such a rule of thumb it is important to remain aware of its

provisional nature. Because its validity may be contingent upon variable conditions, the domain of its useful application may change. It may turn out to work only temporarily or in a very specific setting. As a consequence, such a rule of thumb can never be entirely relied upon: its usefulness must be continually re-assessed.

Socially determined constraints on policy alternatives

As well as being constrained by limited resources and limited knowledge, social policy is also subject to socially determined constraints. This matter arises in some quite pointed ways in the area of social prevention, because the sorts of policy measures which are commonly proposed tend to raise issues of individual rights, liberty, and stigmatisation.

In practice, preventive options are restricted to those which do not outrage accepted ideas about the proper limits of state power. Thus options must be consistent with constitutionally entrenched notions of individual liberty and due legal process and with the widely espoused "motherhood values" of fairness and compassion. Research directed towards discovering effective preventive procedures therefore cannot be grounded simply in issues of cause and effect. In practical terms, the nature of the research task is to discover effective procedures from within the range of possibilities which are acceptable on social, cultural, political, legal and philosophical grounds.

In some social policy areas, ensuring effectiveness would be easy in the absence of these constraints. For example, the state could almost certainly achieve a great reduction in physical child abuse if it were willing to subject parents to exhaustive surveillance and take into permanent state custody all children who conceivably might be in jeopardy. However, the adoption of such practices would produce a society likely to be seen as intolerable by many people.

This illustration raises the question of whether there might not be problems of such a character that

the policy measures which might be effective against them are not acceptable and the measures which are acceptable are not effective. Present knowledge cannot settle this matter. However, raising it here serves to warn against the incautious assumption that for every issue of social prevention there exists a solution, with the corollary that present ignorance of the solution reflects simply a failure to exercise sufficient ingenuity or persistence.

It would be unfortunate if the preceding comments have conveyed the impression that socially determined constraints are either precisely delineated or unchanging. In general, they are neither. There are many people who are willing to "trade away" some rights and protections for social benefits which are substantial and assured. Examples of this are provided by the considerable public support for legislation requiring the compulsory wearing of vehicle seatbelts and the fencing of private swimming pools. Intrusions on traditional rights which would not be accepted in the dubious hope of reducing some form of social nuisance might be accepted when they offer (for example) a strong prospect of saving lives.

Research on the efficacy of past efforts to prevent delinquency, child abuse and intrafamily violence

It is not feasible to provide in this paper an extensive review of past efforts at social prevention, but some general observations are relevant. They draw upon the literature surveys made by Neil Hutton and Jenny Neale in the accompanying papers on delinquency prevention and family violence prevention.

There is now a large accumulation of research on delinquency prevention. Much of it was carried out in the United States of America, where there has been a history of such research which extends from the 1940s (with isolated projects even earlier) up to the present. The emphasis of the research has varied. Some early schemes were directed at enhancing social integration through clubs and recreational opportunities (primary and secondary prevention), while schemes in the 1950s and 1960s were more oriented towards providing "treatment" of young

persons exhibiting social or individual maladjustment hypothesised as causing delinquency (secondary prevention). One aspect which has been the focus of considerable effort is the "treatment" of delinquents to prevent reoffending (tertiary prevention). Most efforts aimed at secondary and tertiary delinquency prevention have been based (at least implicitly) on pathology models. In the late 1970s and the 1980s attention has focussed on situational factors which may affect the probability of offences occurring. This approach commonly consists of trying to modify either the physical or social environment to reduce opportunities for successful crime.

The results of therapeutically oriented approaches have been disappointing. Early accounts of such schemes by those providing the services often displayed great enthusiasm and an optimistic conviction about the efficacy of the work, supported by vivid illustrative anecdotes and case histories. However, systematic research has not supported this optimism. It tends to imply that such approaches have little general effect, while possibly benefiting a minority of young persons with particular characteristics. Research on situational approaches to delinquency prevention is less well developed. Some results are encouraging, but suggest the impact is modest in size.

There is not such a depth of prevention research in the areas of child abuse and family violence. In the 1970s, prevention of child abuse tended to focus on secondary prevention, with much effort being given to attempting to develop methods of identifying parents who are especially likely to become abusers. The potential value of this approach is unresolved. However, results presently available have blunted the enthusiasm of some of those working in the field, leading to greater advocacy of primary prevention, often with an emphasise on an "holistic" approach in which the prevention of abuse is seen as simply one element of the general objective of improving the quality of parenting. Concerning the prevention of family violence, many of the most interesting developments are too recent to have been subjected to rigorous scrutiny. Descriptions of schemes are available, as are endorsements based on anecdote and

practitioners' personal conclusions, but there has been little systematic research on efficacy.

As a terse summary of present knowledge of prevention in these areas, it could be said that research has failed to establish the means by which preventive goals can be achieved with any degree of confidence. Furthermore, because of the inherent obstacles to obtaining authoritative knowledge in these areas, the lack cannot be remedied easily or quickly. If a sound basis for prevention in these areas develops, it will not be in the immediate future. It will come about only through the progressive accumulation of research results from diverse sources. This conclusion could be extended, without requiring much qualification, to social prevention generally.

It is important to explicitly state this conclusion, even though it is a dispiriting one, because it represents a state of affairs which is not generally appreciated. Some commentators, having argued for the rationality of prevention, assume that it is a relatively trivial matter to devise effective procedures for achieving it. Sometimes the assumption is made that effective procedures are known, and that all that remains is for the procedures to be applied. For example, the previously mentioned report of the Task Force on Social Welfare Services refers to "early intervention and prevention" as a means of acting effectively, as though a positive result from prevention intended measures could be confidently assumed. To give another example, the working party which produced the 1987 review of the Children and Young Persons Bill advocated a strengthening of child protection through the application of "proven strategies relating to primary prevention and early detection of family difficulties ...". (Underlining added; reference: Working Party on the Children and Young Persons Bill: Review of the Children and Young Persons Bill, December 1987.)

A rational resource allocation framework for decisions about policies for social prevention

It was observed earlier that part of the reason for the great appeal of the idea of social prevention is the enormous success achieved by medical prevention. This has given rise to a predilection for pathology-oriented models of social prevention.

When the target phenomena of prevention are perceived as being reflections of pathology, the goal of prevention is likely to be defined primarily as a reduction in the prevalence of the pathology. This view does not involve an outright denial that the behaviours viewed as the "presenting problems" of hypothesised pathologies are usually causes of distress, and thus undesirable in themselves. None the less it encourages a perception of the behaviours as having significance primarily as symptoms. This perception tends to lead to a strong distinction being made between the preventing the undesirable target behaviour from ever arising (primary or secondary prevention) and preventing repetition of the target behaviour by those who have already displayed it (tertiary prevention). The reason for the distinction is that the primary and secondary forms of prevention are the only ones which are consistent with the goal of preventing the development of the pathology. Within this frame of reference, tertiary prevention is not seen as prevention per se, but rather as an indication of successful treatment. However, the preference for primary and secondary prevention is not always reflected in practice because it tends to generate prescriptions for action which, compared with those aimed at tertiary prevention, are both more grandiose and more nebulous.

A further consequence of a pathology orientation is a failure to give much attention to the potential contribution of deterrence and other approaches which may diminish the incidence of socially undesirable behaviours but are unlikely to affect any underlying pathological conditions. Thus such approaches are sometimes dismissed as merely social palliatives; at the extreme, they may be regarded as being actually pernicious, reducing awareness of the malaise by

suppressing its symptoms and, as consequence, reducing the impetus to tackle the root of the problem.

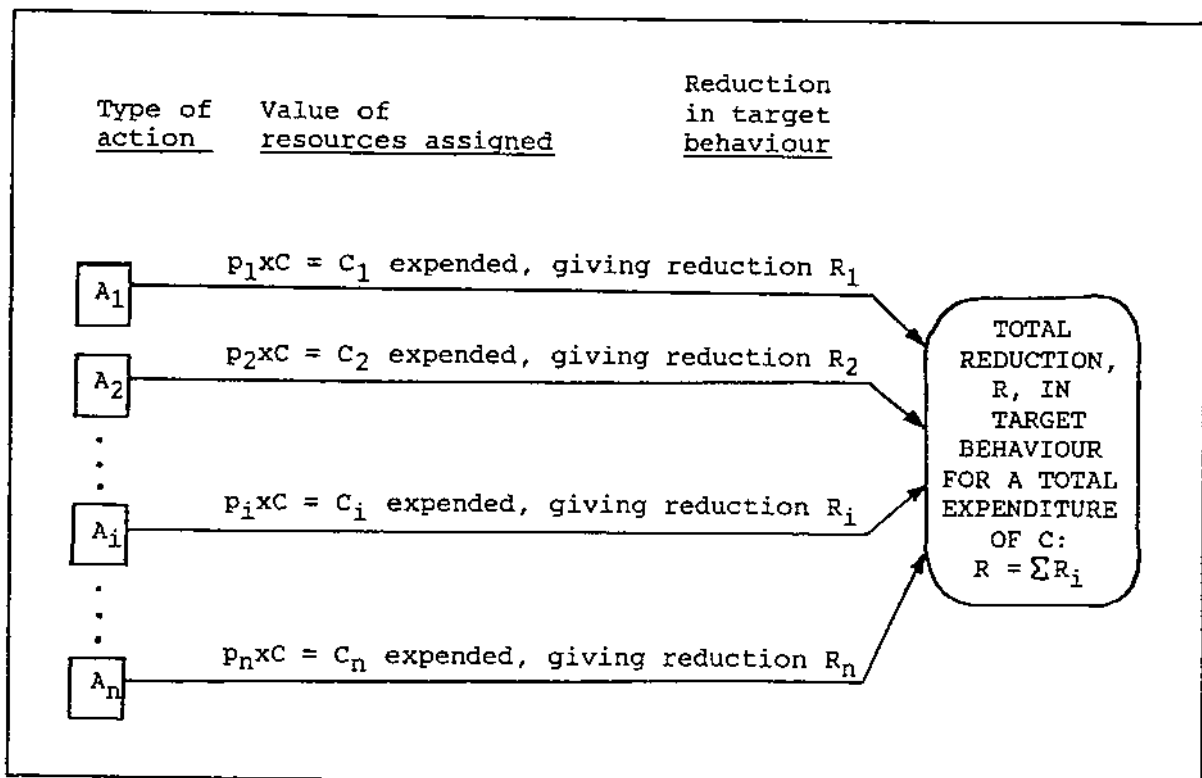
The medically-derived pathology orientation has always had its detractors. In recent years it has come to be regarded with increasing scepticism. The reasons are two-fold. Firstly, it has not been possible to identify and examine the pathologies which have been hypothesised to underlie some types of problematic behaviour. Juvenile offending is an example of a type of behaviour for which a specific underlying pathology has remained elusive. Secondly, there is increasing acceptance of the idea that forms of behaviour which are destructive, injurious or socially offensive are of themselves proper targets of preventive action, irrespective of whether they are manifestations of pathology. This view has wide currency in relation to child battering, sexual abuse of children, and male violence against female partners.

These developments favour an orientation which gives less emphasis to pathology (without denying that pathology is sometimes a relevant factor) and instead seeks to account for the incidence of problematical behaviours on the basis of what, for want of a better term, might be called cultural factors. Examples of these factors are social norms, socially conditioned patterns of interactions between persons, social institutions, and structurally determined social conflicts. In terms of their impact on the incidence of the target behaviours of prevention, these factors may be subdivided into those which generate or facilitate the behaviours, and those which inhibit them. This perspective offers two broad complementary strategies for seeking to reduce the incidence of the target behaviours: diminishing the influences which generate or facilitate the behaviours, and expanding the influences which inhibit them.

From this perspective, the distinction between primary, secondary and tertiary prevention is not of fundamental importance. It becomes an open question whether an effort to prevent (in the sense of reducing the future incidence of the target behaviour) is best directed at persons who have not yet displayed the target behaviour, or at persons with well established

patterns of engaging in the behaviour. If the primary objective of prevention is taken to be simply the reduction in the future incidence of the target behaviour, it is sensible to try to employ a resource allocation framework as a tool for characterising the sorts of policy decisions which are required. The framework can also be applied to identifying the sorts of information (including research derived information) likely to be useful in making policy decisions about prevention.

The framework might begin with a specification of the various types of actions judged to be worth considering as options for attempting to reduce the incidence of a designated target behaviour. For convenience, these courses of action will be labelled $A_1, A_2, \dots, A_i, \dots, A_n$. It is assumed that resources with a total value of C will be available for the various efforts made to reduce the incidence of the target behaviour. The proportions of this amount provided for each various courses of actions will be designated as $p_1, p_2, \dots, p_i, \dots, p_n$. The actual amounts will be designated as C_1 , etc., where $C_i = p_i \times C$. Further, it will be supposed that the reductions in the incidence of the target behaviour achieved by these expenditures (C_1 , etc.) are $R_1, R_2, \dots, R_i, \dots, R_n$, the total reduction being $R (= \sum R_i)$. This may be shown diagrammatically as follows:



The policy task is the allocation of the available resources to the various types of action which might be taken. If this allocation is to be made in the way which maximises the return from the resources, it is necessary to determine, for each type of action, the quantitative relationship between level of resources expended and change in the incidence of the target behaviour. Knowledge of these relationships would enable the determination of a set of p values which would maximise the reduction in the incidence of the target behaviour.

In practical terms, it would be utopian to expect the last matter ever to be definitively resolved. However, the adoption of the perspective set out here has some important implications for the sort of information most useful in making allocation decisions. It highlights the limited value in investigating simply whether a certain type of action produces some reduction in target behaviour. Such an investigation will permit an unequivocal conclusion only when it demonstrates that there is no effect (or an effect in the opposite direction to that desired), in which case it will indicate that the type of action being studied is valueless as a preventive measure. A result demonstrating a positive effective will not of itself indicate whether the type of action being studied should actually be taken, because it does not reveal whether resources so used are likely to have as great an effect as resources used for some other type of action. Thus a resource allocation perspective points towards the need for comparative information, and emphasises the importance of quantifying the magnitude of effects rather than simply establishing whether they occur and are in the hoped for direction.

It was observed earlier that the introduction of a new prevention intended measure (for example, greater state powers to enhance child protection) may involve some diminution of established rights or protections, or create new obligations, or otherwise impose burdens. One way of viewing such consequences is to regard them as non-financial costs of the measures. This approach leads to prevention intended policies being regarded as having two sorts of costs: financial and non-financial. It is possible for the resource allocation framework to be elaborated to

accommodate this expanded concept of cost. However, that has not been done because it would add complication without substantially altering the conclusions reached.

Making decisions about potential courses of action whose probable outcomes are unknown

The burden of the preceding argument is that rational policy decisions on social prevention require information on the costs and probable impacts of prevention intended policy options. However, the accompanying literature reviews by Hutton and Neale show that such information is almost never available, and that there is very little prospect of obtaining it in the near future. On what basis, therefore, should decisions about prevention be made? Are there sensible strategies or guidelines which could be followed?

One possible response, of course, is to disavow policies of social prevention, to argue that no such policies should be adopted until social knowledge develops to a stage where it is possible to be confident about the outcomes. Against this, however, it could be said that in some areas of prevention it is worth taking a gamble that approaches believed likely to be effective will eventually be demonstrated to be so.

There is also a tactical consideration: in some policy areas, the best prospect for developing effective measures is through forms of experimentation which necessitate at least limited application of the promising options. Such an application may be necessary to determine the practicability of the options as well as to determine their relative preventive efficacy. Furthermore - to intrude a quite different consideration - it could be observed that outcomes are also uncertain in many other areas of social policy. What especially marks out preventive policies from policies of other types is the explicitness of their objectives, which draws attention to the issue of whether the preventive objectives are achieved through the measures taken.

On balance, complete disavowal of social prevention seems an unduly conservative and austere reaction.

Assuming that prevention intended policies will continue to be adopted, is it possible to develop useful guidelines for making decisions? It is suggested that that may well be possible. The following points are put forward as a starting point for developing such guidelines.

1. As noted earlier, the results of past preventive efforts have been disappointing on the whole. It is difficult to think of any such efforts which have been vindicated by rigorous evaluation as being preventively effective and retained on the basis of continuing confidence in their worth. Prevention intended policies which operate for any length of time tend either to be retained in a climate of increasing doubtfulness or to be abandoned as ineffective. (In medicine, by contrast, the discontinuation of a procedure is usually the consequence of its having been superseded by a new one of demonstrably greater effectiveness.) This observation is not reason to conclude that effective procedures for social prevention will not be discovered in the future. However, it should condition the policy maker to a cautious (indeed, sceptical) initial response to enthusiastically promoted claims which are plausible but unsubstantiated.

2. An especially large measure of scepticism is appropriate concerning claims about long delayed effects. Such claims most commonly arise from a belief in the possibility of early childhood interventions being capable of averting an adult propensity for violence, criminal offending, psychopathological behaviour, etc.. Schemes based on early childhood interventions are capable of being formulated with seductive plausibility but usually have very little evidential support, notwithstanding the considerable research effort which has been expended in trying to obtain support.

3. Clarity of analysis about prevention intended policies requires the clear and explicit specification of what the policies are intended to prevent. It is not helpful for the advocates of a policy to propose

it as being preventive in some general, unspecified sense, or to imply that it may be some sort of universal elixir for social ills.

4. When a policy has several objectives, including prevention of some specified target phenomenon, the preventive objective usually should be put at the end of queue, so to speak. The rationale for this suggestion is that the policy's preventive efficacy is likely to be unknown, while its efficacy in relation to some of the other objectives may be well established. There may be adequate justification for adopting the policy without an appeal to its possible preventive effect.

5. It is obviously not sensible to continue a prevention intended policy which has been demonstrated to be ineffective. However, a policy shown to be ineffective in preventing its originally designated target phenomenon may none the less attract advocates who argue for its effectiveness in preventing some other undesirable phenomenon. Such claims deserve to be treated sceptically, especially when they come mainly from persons with a vested interest in the continuation of the policy, although occasionally they may turn out to be correct. Alternatively, advocates of the policy may argue that although its original purpose was preventive, its true value is of a different character. This claim may prove to be correct. Policies begun for one reason are sometimes validly continued for another.

6. The willingness to entertain a speculative preventive proposal should be in proportion to the importance placed on averting the target phenomenon. When the importance is sufficiently great, it can be rational to apply an unproven remedy if there is some reason to believe it might work and if its application is only interim, pending the acquisition of firm evidence. The other relevant considerations are the resources required and the social costs incurred through restrictions of freedoms, reductions of rights and protections, and so on. The application of an unproven remedy has less justification when the target phenomenon is relatively trivial. For example, most juvenile offending is trivial, with minor property offences accounting for the overwhelming majority of

cases. An offence of that type undeniably can be an aggravation and a nuisance, but the social cost of failing to avert it is modest. By contrast, the serious physical abuse of an infant can result in death. Given that evidence about the effectiveness of prevention is sparse in both areas, it would reflect New Zealand social values for those allocating resources to be more receptive to proposals for preventing serious abuse of infants than proposals for preventing juvenile offending. It was proposed earlier that the distinction between primary, secondary and tertiary prevention is not of practical importance when it comes to allocating resources. However, when the target phenomenon involves a very great social cost (such as the loss of life) there may be justification for an emphasis on primary prevention. This is because any occurrence at all of the target phenomenon constitutes a significant failure to achieve the policy goal.

7. The main route to developing preventive procedures should be through experiments involving localised applications for limited periods, carried out for the purpose of determining efficacy. The cost of such experiments can be considerable, but is likely to be modest beside the wastage which would result from the general adoption of an ineffective procedure. Unfortunately, there are some preventive policies whose nature precludes a restricted adoption. Prevention inspired sentencing options in the criminal justice system are of this type.

8. Even when there is an accumulation of evidence of the preventive efficacy of a policy, it cannot be assumed that the policy will continue to be effective, or that it will be effective under circumstances different from those under which it was tested. The outcome may be specific to certain social groups, or certain sorts of prevailing social conditions. For this reason, acceptance of the effectiveness of a policy should never be more than provisional. Continuing confidence in its efficacy can be maintained only through continuing verification.

Conclusion

While social prevention is an attractive idea, its successful application requires knowledge of procedures which will actually prevent. In the past, policies have been adopted largely on faith. This was not necessarily irrational, given a prevailing climate of optimism about the prospect for discovering effective preventive procedures. However, the returns from prevention have been disappointing. The weight of the evidence which has accumulated suggests that social prevention is not easy to achieve. It now seems sensible to take a generally sceptical stance to unproven claims about preventive efficacy, granting always that such scepticism should be put aside if evidence of efficacy emerges. This is not an argument against a willingness to try out new prevention intended measures, but it is an argument against making a prior assumption of efficacy.

There have been occasions when an appeal to the potential returns from prevention has possibly been a means of providing policy proposals with an easy ride to acceptance. Adoption of the guidelines sketched in this paper would result in a more cautious approach to the development of preventive policies. It would place emphasis on trying out new policies on an experimental basis to enable information about their effectiveness to be obtained before a commitment was made to their general application. Unfortunately, not all types of prevention intended policies are amenable to this process of development.

Preventive policies should always be regarded as provisional and therefore should never cease to be subject to scrutiny.

DEPT OF SOCIAL WELFARE
LIBRARY, WELLINGTON, N.Z.

361.
9931
NEW

42881

Date Due

19 Jun 95 27/3/95			

2619931ME2