DEPARTMENT OF SOCIAL POLICY AND INTERVENTION

Understanding the consequences of prevention policies

Dr Kathryn Oliver

@oliver_kathryn

Kathryn.oliver@spi.ox.ac.uk

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The prevention agenda

- Addressing upstream social problems “before they occur” (Cairney and St Denny, 2016)
- Policy priority in order to
  - Reduce socioeconomic inequalities
  - Cost-effective approach to social problems
  - Move focus to determinants of health and away from health services
  - Badged as an effective way of managing austerity (Cairney 2016)

Assumptions about prevention policies

- Policies and interventions have a linear effect and are unaffected by changing populations and complexities
- Policies and programmes have single and simple aims…
- ….Which are clear to all
- ‘Success’ is easy to define and measure

https://www.cdc.gov/policy/hiap/index.html

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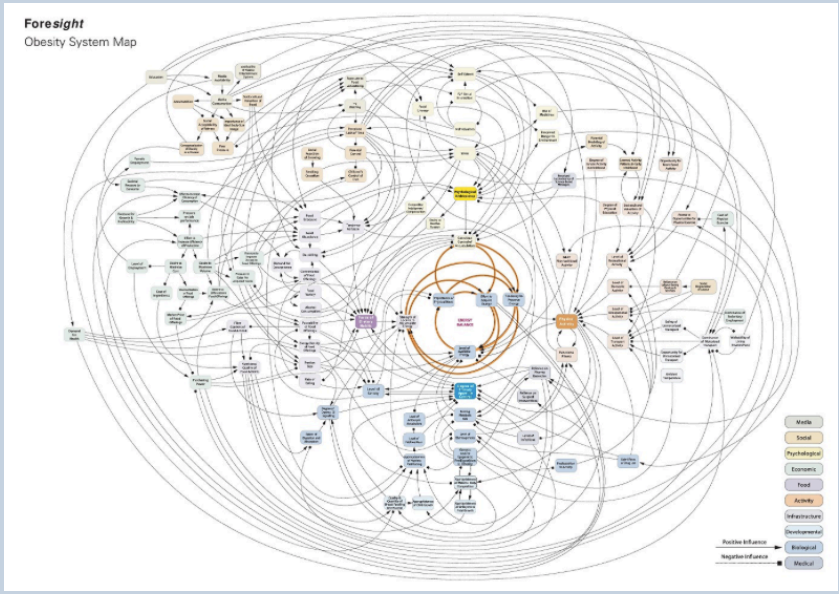
Doing prevention is challenging

- Wicked social problems (Rittell and Weber 1973), which are ambiguous problems with unclear solutions
- Policy makers have limited choices available to them, but must do something (Zahariadis 2007)
- Need to make value-laden choices about redistribution, which may not show benefits for long time (if at all) so politically risky (Hunter 2003)

Demonstrating prevention – even harder?

- Unknowable effect – prevention effects harder to attribute than positive social change?
- Solutions may have unclear effects on complex social systems
- Need for ‘models’ unifying theories of risk, resilience, behaviour change, technological change, systems (Smith et al 2004)
  - i.e. extremely complex and challenging proposition



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296290/obesity-map-full-hi-res.pdf

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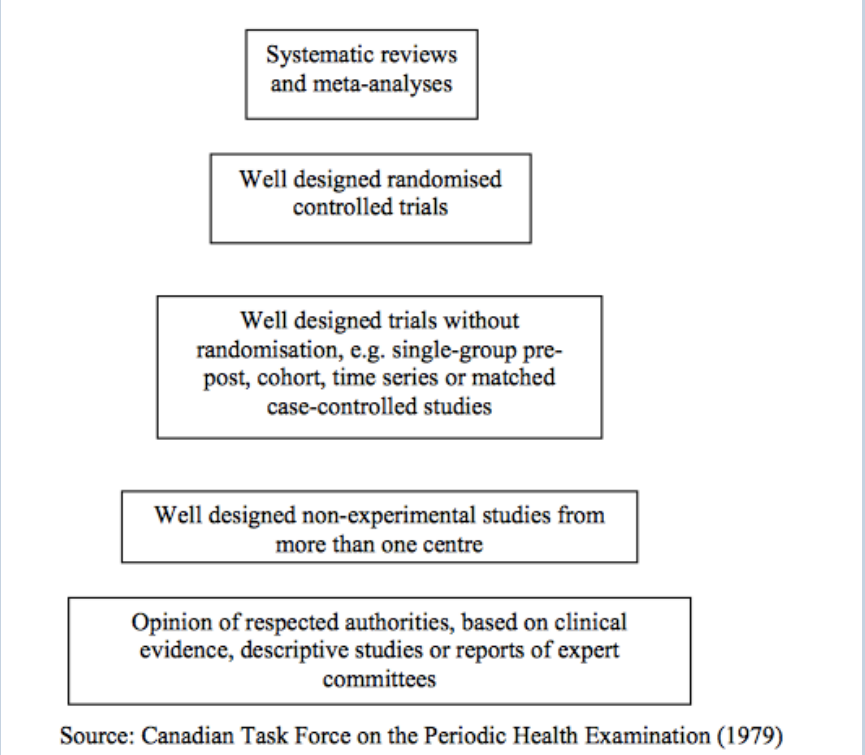
‘Quality’ in prevention implementation and research is

= policies and programmes do what they say, or are designed to do

= research demonstrates this through robust (quantitative), peer-reviewed research which shows the desired (pre-specified) impact



Boaz & Ashby 2003

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Markers of (research) quality

- Reliability, replicability, validity (Bryman 2001)
- Acceptability (Ryan 2001)
- Thoroughness, generalisability, transferability, reasonableness (Harden 2011, Straus and Corbin 1998)
- Clear, reflexive, systematically reported, grounded in data (Popay 2001, Medical Sociology Group 1996)
- Relevant, contributes to theory, coordinated with current research (Tooley and Darby 1996)
- Fit for purpose….?

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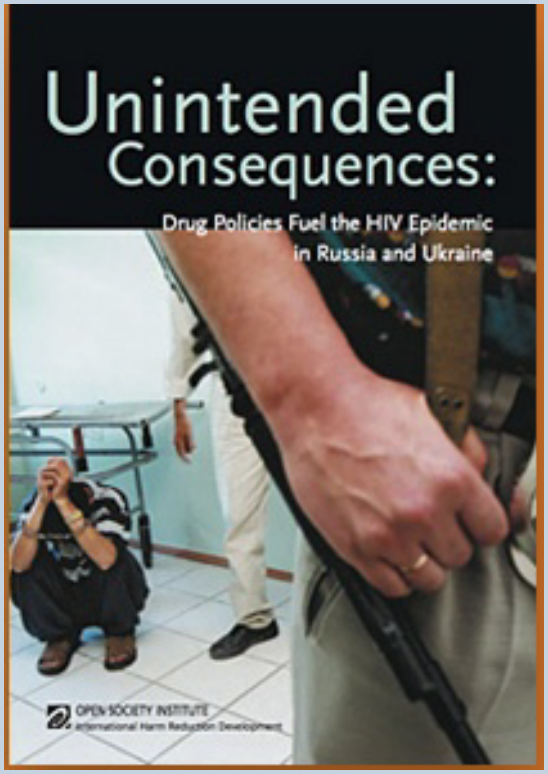
Quality in prevention

1. Do prevention programmes / policies do what they are intended to do?

2. Can we tell why prevention programmes / policies do or do not have the intended effect?

1. Do prevention programmes / policies do what they are intended to do?

- Unintended effects (where identified/sought) are not uncommon
- Bonell (2015) found increased teen pregnancy in intervention arm of prevention RCT
- Smoking ban intended to reduce passive smoking, but led to huge decrease in heart attacks and strokes immediately



https://www.opensocietyfoundations.org/

Example: Alcohol policy in NT, Australia

Eric Lobbecke, for The Australian 2012

- Indigenous communities in NT, Australia, suffer disproportionality from effects of alcohol misuse
- Community, state and Commonwealth prohibition policies have been implemented since early 2000s

http://www.cis.org.au/app/uploads/2015/07/pm116.pdf

Intended effect: Tighter control of alcohol access would reduce violence, problem drinking and alcohol abuse

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Example: Alcohol policy in NT, Australia

- Actual effect: Increased illegal alcohol production, criminalisation of alcohol users and sellers, appearance of ‘drinking camps’, further negative stereotypes of indigenous peoples

- In addition:

  - In Palmerston, wholesale alcohol consumption increased by 4% between 2008 and 2009, while violent crime in the 12 months to July 2010 increased by 25%.
  - In Alice Springs, between 2008 and 2009, wholesale alcohol consumption increased by 9%, while violent crime in the 12 months to July 2010 increased by 25%.

http://www.cis.org.au/app/uploads/2015/07/pm116.pdf

- Poor theory? Poor implementation?

Example: Troubled families

- Commentators described policy as failure

  "despite persistent claims by politicians that it had "turned around" the lives of tens of thousands of families and saved over a billion pounds."

- Selection of outcomes / measures / indicators…. inevitably proxies

- Process of involvement changed local practice and integration of services, and increase in staff capacity

- Identification of best practice

More than £1bn for troubled families 'has had little impact'

Study of flagship social policy suggests small number of positive or negative results in tackling addiction and truancy

The initiative was designed to turn around the lives of 120,000 of the most 'troubled' families in England. Photograph: Alamy

The government's flagship social policy, announced after the 2011 riots and intended to correct the anti-social behaviour of "troubled families", has failed to achieve any significant impact, an official evaluation has found.

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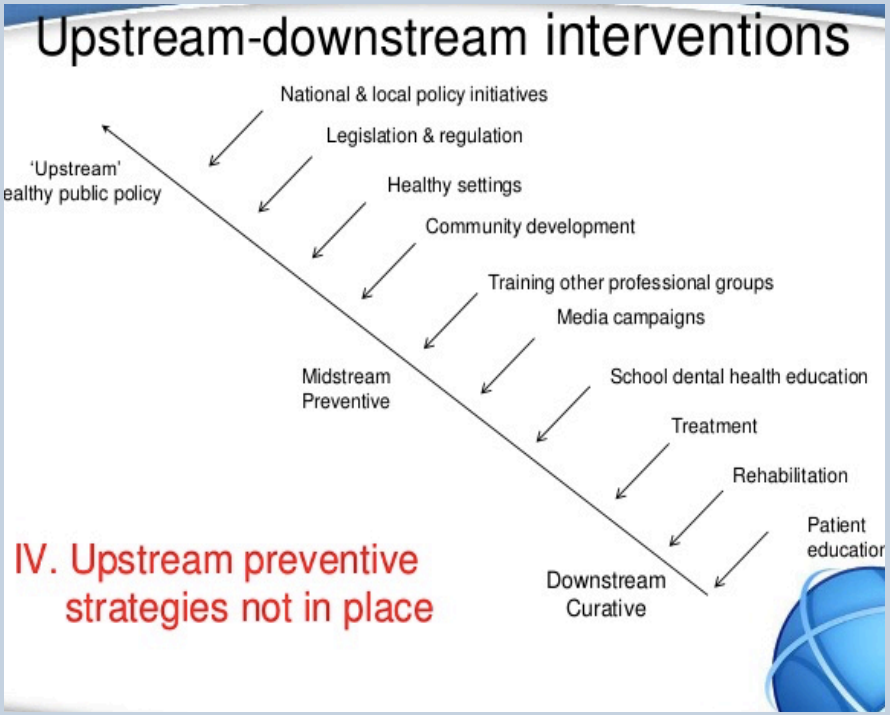
1. Do prevention programmes / policies do what they are intended to do?

Multiple causes of unintended consequences	Example
Poor design, or unclear policy goals	Drug-driving campaigns, Scared Straight
Poor implementation	Parental leave, universal benefits
Wrong, or no theory	Ideologically driven policy e.g. Scared Straight
Not understanding context of population	Child benefit to mother
Lack of evidence	Brexit? Same arguments made on both sides
Accepted tradeoffs	Cycling to School programmes (increased A&E visits)
Caused by evaluation technique, selection of outcomes	Sure Start, Troubled Families

2. Can we tell why prevention programmes / policies do or do not have the intended effect?

- Exploring UCs shows we need to think about evaluation methods
- Measure outcomes we can (or are allowed to), which affects questions we ask
- Evaluation itself creates appearance of unintended effects – but not how policy works
- Politics / political environment can dictate methods used… (RCT not qualitative)



http://www.slideshare.net/TutyNingsih/periodontal-health-through-public-health-approaches

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Evaluating effects of prevention policies

- Done in order to measure scale and scope of impact, value for money, inform future planning, ensure accountability
- Use mixed methods, ideally experimental, to address confounding, bias, validity etc. (ICAP 2010)
- Methodological rigour (the RCT) important…
- Yet, considering unintended effects shows us that it is not always possble to specify in advance what outcomes will change….
- And evaluations can often miss important changes in context, during process, or outside of main timeframe

Assessing policy success

1. Form of policy success	Which form or forms of success is/are being assessed? Process? Programmatic? Political?
2. Timeframe	What time period(s) is/are being assessed? Short-term? Medium-term? Long-term?
3. Interests	In relation to whose interests is success being assessed, for example, target group? stakeholders? institution? interest group? individual? collective?
4. Reference points	What is the standard by which success is to be judged? Compared to intentions? Compared to policy domain criteria, for example, efficiency and effectiveness? Compared to the past? Compared to ethical or moral principles? Compared to another jurisdiction?
5. Information	Is there sufficient and credible information to assess the extent of success?
6. Policy isolation	With what degree of certainty and credibility it is possible to isolate and assess the impact of a policy from other factors such as other policies or media influences?
7. Conflict and ambiguity	What significance should be given to conflicts and ambiguities, and how should they be weighted in the overall judgement of success? E.g. –process vs. programmatic vs. political success –short-term vs. long-term –availability of information vs. lack of information –certainty in isolating the 'policy effect' vs. uncertainty in being able to do so –unintended consequences vs. actual or intended consequences –foreseeable shocks vs. unforeseeable shocks

Marsh & McConnell 2010

Factors to include in evaluations

Table 2. Quantitative and qualitative factors in decision making

Factor	Specific questions
Size of the problem	Is it important? What is the public health burden?
Problem preventability	What is the efficacy? Can it work at least in ideal circumstances? What do we know about the biological plausibility. Is it logical (theory-based)?
Intervention effectiveness	What is the effectiveness? Does it work in real-world settings? Would it work in the settings being considered (is it generalizable)? How much less effective would it be compared with ideal settings? Is there better evidence for alternative interventions?
Benefits and harms	What are all the consequences of the intervention? What are the trade-offs?
Intervention cost	Is it affordable?
Comparison of benefits and costs	What is the value? How does it compare to other alternatives?
Incremental gain	What are the additional cost and benefits (value) compared to what is already being done (if anything)?
Feasibility	Are adequate time and money available?
Acceptability	Is it consistent with community priorities, culture, values, the political situation?
Appropriateness	Is it likely to work in this specific setting? Are there ways to better understand the context for intervention in various populations?
Equitability	Does it distribute resources fairly?
Sustainability	Are resources and incentives likely to support conditions to maintain the intervention?

Anderson, et al 2005. *American journal of preventive medicine*, *28*(5), pp.226-230.

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What might quality evaluation look like?

- Bonell et al describe a process to formulate evaluations of harmful effects
    - Scrutinising the assumptions underpinning the theory for the intervention's (positive) effects
    - Identifying inputs to interventions, processes and mechanisms by which these components are meant to lead to outcomes
    - Reflecting on unintended interactions between the agency of stakeholders and the social structures which constrain them
    - Drawing on existing mid-range sociological and psychological theories
- Project to translation into an operationalisable evaluation framework
- And most importantly, build theory to enable more effective prevention in the future

Beyond quality evaluation

- Quality has tended to mean “methodological rigour”
- Need a broader frame, to include fitness for purpose, presentation, usefulness and other dimensions (to be further mapped out)

• Relevance • Usefulness • Done by the right people • Potential for scaling up or transferability • Evaluated using appropriate methods	

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Stakeholder-led holistic evaluation

- Bonell says identify theories, components and agents
- Key may be to develop a set of proposed mechanisms through which prevention policies / programmes are expected to work
  - E.g. induce empathy in violent offenders, leading to reduced relapsing
- But this requires input from, and a managed process of collaboration between multiple stakeholders
- Power issues around evaluation – who funds, and owns problems and solutions?
- Who will implement and act on evaluation findings?

Example: Rape prevention

- Stakeholders may include: rape survivors, offenders, probation workers, justice and legal representatives, families, researchers, pub staff, higher education staff, feminist scholars, …..?

- Process of developing evaluation framework may include
  - Framing ‘problem’
  - Identifying resources
  - Committing to ‘wanting to know’ and selecting outcomes and methods
  - Discussing ownership of problem, research process and solutions
  - Developing and refining (multiple) theories of change

- Realistically, a very challenging process which requires careful consideration of power, agency, rights, ethics and more

- But potentially very rewarding

Why does this not happen?

- Central government is culturally not very interested in the past
- Expensive, potentially humiliating, politically risky for all involved
- Evaluations not embedded into policy design / are poorly executed
- No training for policy evaluation skills or competencies (unlike policy design)
- Findings not managed well

Adapted from Institute for Government, 2011

Returning to our questions

1. Do prevention programmes / policies do what they are intended to do?

    - Not always
    - Don't always know
    - Only measure a priori outcomes – to ensure rigour

2. Can we tell why prevention programmes / policies do or do not have the intended effect?

    - Only with luck. Rebooting the evaluation framework can help us to think about mechanisms as well as improving quality of work

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Facilitated process with relevant stakeholders

Effective prevention + Informative evaluation

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Considering evaluation

- Evaluation is inherently political process
- Effectiveness, efficiency, equity – these terms imply a technical objective process
- But whole process of evalution (selection of outcomes, populations, methods) all value-laden choices
- Evaluation methods can tell us part of the policy story…
- ...but always important to reflect on whose story, for what purpose is being told
- Unintended consequences cna help us to think about the mechanisms which underpin our policies and intervnetions – challenging our unspoken assumptions

Conclusions

- Looking at unintended effects can help us to think about which mechanisms we think are playing out through our policies and programmes
- Clear that theories currently held not always appropriate or adequate
- Raises important questions about what we evaluate and how
- For example, participating in research is not just about effect on population. Broader benefits of being involved in prevention interventions and evaluations, and are a valid part of the story
- Considering broader frame of ‘quality’ in evaluation may improve prevention policies and research

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&

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