

Reframing Prevention Strategic Brief: What do we want to say and what gets in the way?

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Preface by Richard Cooke, CEO, National Association for Prevention of Child Abuse and Neglect (NAPCAN)

A stitch in time saves nine. Prevention is better than cure. We have all heard these phrases before and never questioned their wisdom. As a society, we like the idea of prevention until it comes to ‘wicked’ problems with complex causal roots for which there is no one easy stitch that can save nine, but many interconnected, tangled threads.

In the public mind, prevention takes a back seat to dealing with the problems already in front of us. However, the choice between prevention and remediation is a false one. We can alleviate immediate problems while also working upstream to stop them from happening in the first place. Investing in prevention now can achieve better outcomes for generations of children and families across Australia. The challenge is to shift long-term social norms and policy priorities to unlock investment in prevention.

NAPCAN and partners have been championing prevention for over three decades. However, something is blocking us from making prevention a priority in Australia. The way we all think and communicate about prevention is both part of the problem and the solution.

This is why NAPCAN is thrilled to invest in the first stage of what we hope will be a larger project with our research partner, the FrameWorks Institute. This report locates the nuances of what experts in Australia think about prevention and gets us to an initial sense of what is blocking progress towards a preventative approach.

To make prevention a priority, we need to understand the cultural and cognitive factors that block our ability to engage with prevention thinking. We need to conduct empirical work in Australia to develop and test routes around these roadblocks. The resulting evidence-based communication strategies need to be widely implemented in the sector, mass media, academia and the broader community to create a cultural shift to a preventative approach. This report captures the first stage of our attempt to do this.

Abuse and neglect do not occur in isolation and many social problems have similar roots, which means they can benefit from shared prevention work. A key contribution of the *Reframing Prevention Project* is that it will be helpful across multiple sectors, including child protection, mental and physical health, family and domestic violence, education, housing and justice.

I am committed to finding partners to support the following stages of this work to help focus on the prevention of social problems, including child abuse and neglect. Together, we can make a difference for every child in Australia, today and into the future.

Introduction

Prevention is a key part of addressing social problems and making meaningful change in Australia. On issues as wide-ranging as child protection, justice reform, health and the environment, the evidence is clear that prevention is a policy prescription that leads to better outcomes than remedial cures. Yet Australian society struggles to pass prevention-based policies that keep citizens safe, healthy and thriving. One major reason for this is a lack of broad-based public demand and support for such approaches.

We need to reframe prevention in Australia in order to build public understanding of and support for a preventative approach that can drive change across sectors. Effectively framing prevention for a broad range of social issues may very well be the difference between adoption of preventative approaches to addressing problems and a continued remedial focus on fixing the problems that are already in front of us. Those who communicate about prevention face a choice: they can change the way they frame their messages and present their information, or they can go on as they have been—advancing messages that fall flat, fail to shift thinking and do little to inspire change.

The logic of ‘prevention beats cure’ seems obvious to those working with a detailed analysis of how problems arise and how they can best be addressed, but people do not automatically gravitate to supporting policies that stop situations before they arise. ‘Let’s do a lot and spend a lot of money so nothing happens’ is an inherently difficult proposition and lacklustre call to action. We’ve observed a predictable response to the idea of prevention: people consistently prefer actions that fix problems now rather than avoid them later. This is nowhere more pronounced than on issues of child protection, where the urgency of saving children experiencing maltreatment is impossible to deny and where looking upstream lacks both urgency and a sense of public responsibility.

Researchers at the FrameWorks Institute have spent two decades investigating public thinking about social issues—working on multiple prevention-related issues in Australia since 2010. And while prevention is high on every expert’s list, it remains something for which few succeed in inspiring support.

In the present report, we synthesise the key ideas that those working on prevention—across issues—wish to communicate. These ideas provide a core concept of prevention, clarify the importance of prevention-oriented approaches, detail the challenges that this type of work faces and provide ideas for more successfully implementing preventative approaches. We then take a deep dive into the psychological biases and cultural beliefs that act as barriers to public and policymaker engagement with and support for preventative approaches to policy in Australia.

Next Steps

This report is the first step in a larger effort to use the science of framing to build public support for enacting preventative solutions on a broad scale in Australia. The larger project will further explore the beliefs and assumptions that shape views on prevention, as well as the development and empirical testing of framing strategies that can build support for a preventative approach to policy and practices across social issues.

The larger project is based on the idea that there are core principles of prevention that run across and are central to multiple social issues—whether that be justice, child protection, substance use, mental health, injury prevention or gender violence. Using a common set of frames—values, metaphors, examples, messengers and narratives structures—to communicate about these ideas can amplify effects and help drive culture change. This shared approach to framing is, in some ways, an antidote to the siloed and issue-specific ways in which prevention discussions are currently taking place in Australia. Shifting culture and mindsets on a broad scale is vital to moving from reactive and remedial public systems to an orientation and approach that supports people and keeps harm from occurring in the first place. Framing is a necessary part of making this transition.

Once funded, the larger project will seek to answer and address the following questions:

1. What are the patterns of public thinking—the deep assumptions and understandings—that both challenge and potentially facilitate more effective engagement with and support for prevention? In other words, what are prevention messages up against?
2. How can communicators frame prevention messages to improve understanding, support and engagement with preventative approaches?
3. How can advocates mobilise prevention frames to change the public discussion, shift culture and alter the policy context to improve outcomes for children, families and communities on a range of social issues?

I. Methodology

Identify the core ideas that Australian prevention experts want to be able to communicate

To identify the key ideas that those working on prevention—across issues—wish to communicate, we gathered information from eight leading Australian prevention experts working on child protection, addiction, justice, gender violence, substance use, mental health and injury prevention. Looking across issues helped us identify meta concepts and get a well-rounded understanding of prevention instead of homing in on issue-specific dimensions of prevention. This broad view of prevention is key as the larger *Reframing Prevention Project* attempts to find ways of framing prevention that can be deployed *across* social issues.

Interviews with experts were one-on-one and semi-structured—designed to cover a set of general questions and issues but open to directions that participants thought relevant and important. Interviews between 60 and 75 minutes in duration were conducted via Zoom in December 2020 and January 2021 by a FrameWorks researcher trained in psychological anthropology. With each participant’s permission, interviews were recorded and transcribed for analysis. Grounded theory¹ and NVivo qualitative analysis software were used to analyse the interviews. An initial analysis of the transcripts identified common themes, which were then tested and refined in subsequent in-depth reviews of the interview data.

Identifying the psychological and cultural barriers to supporting preventative approaches

To get a better sense for how the Australian public might think about preventative approaches across fields, we adopted a two-pronged approach:

- We conducted an in-depth literature review of the psychological biases and heuristics that come into play when humans think about prevention. We focused on research that examines how humans think about concepts that are relevant to prevention, including risk, the future, action and social responsibility.
- To explore the cultural beliefs and assumptions that make it hard for the Australian public to support preventative approaches to social issues, we relied on interviews with a second set of experts. These experts work across a range of social issues, including environmental protection, justice, child protection and public health, and have specific knowledge of Australian public beliefs and attitudes as they relate to prevention. These interviews used the same interview and analysis methods as those described above.

II. Expert perceptions of prevention in Australia

In this part of the analysis, we identify core features of the concept of prevention that those in the field wish to communicate more effectively. Specifically, we are interested in how prevention experts conceptualise prevention, what they see as the value of preventative approaches, what challenges they identify in implementing these approaches and the ideas they see as important in advancing prevention work.

How do experts understand prevention?

While there were subtle differences in the terminology that experts from various sectors used to talk about prevention (for example, some used ‘universal prevention’ while others used ‘primary prevention’), all of the experts we interviewed discussed the same ideas and focused on the concept of proportionate universalism. They agreed that prevention exists along a continuum. Rather than types or categories of prevention, they saw degrees and positions on a spectrum of activities that, in practice, were frequently difficult to distinguish and blended in their application.

They discussed three main points along the prevention continuum: universal, secondary and tertiary. These positions differ in their scope (ecological, population and individual focus), timing and relationship to risk and harm.

The universal dimension addresses risk factors *before* they present by providing supports that all people need to be well and avoid harm. Experts described universal prevention as a set of supports that are appropriate for and benefit *everyone*. Examples of universal prevention include supports in housing, transportation, child care, health care and education.

The next position on the prevention continuum is secondary prevention, which experts described as focusing on those who face a more specific set of circumstances. Secondary prevention is designed to keep risk from turning into harm and is provided once risk factors are *already* present, but harm *has not yet* occurred.

The final position on the continuum is tertiary prevention. Experts explained that tertiary prevention aims to prevent harm that has already occurred from continuing or reoccurring. It includes targeted services designed for those who are directly experiencing or have experienced harm.

Experts unequivocally agreed that all three of these dimensions are necessary to assure the best social outcomes for the greatest possible number of people. They explained that they do not see hard boundaries between these three dimensions—rather, a mixing and blending between positions on the continuum is both optimal and realistic in practice.

According to experts, a true public health approach to prevention needs to rely on the concept of proportional, or progressive, universalism and extend prevention services to everyone according to their needs: universal prevention services to everyone, secondary prevention services to those with certain risk factors and tertiary prevention activities to those who are experiencing harm. They explained that in this blended approach, secondary and tertiary prevention require an understanding of the population experiencing risk or harm; a sense of the “critical windows” (i.e., timing) to most effectively intervene; a way of matching specific interventions to the particular needs of individuals within the population; and the ability to implement interventions at a scale (the community rather than the family or individual level) sufficient to create measurable effects at a population level. Experts described these components as being essential to a “public health approach to prevention.”

One expert used the example of parenting supports as a way to illustrate how these three dimensions of the prevention continuum work in practice. Universal prevention would be those supports that help all parents to be more effective in their parenting and from which *all* parents can benefit. These supports do not address specific risk factors or remediate harm, but rather *promote* positive parenting and parent-child relationships. This universal dimension of prevention might include the Triple P Parenting Program, which is designed to improve parent and caregiver skills and confidence to positively and proactively manage child behaviour and family relationships and dynamics. Moving along the continuum, secondary prevention would consist of supports for parents who have demonstrated risk factors known to predict subsequent parenting difficulties. This might include services to support parents experiencing mental health difficulties or substance use issues but whose families have not experienced child abuse or neglect and have not been involved with the child protection system. At the tertiary end of the continuum would be therapeutic interventions designed to remediate the effects of trauma for families who are experiencing or have experienced issues of child maltreatment or family violence. These services and supports would be designed to address trauma and prevent harm from reoccurring.

Experts agreed that public health is the domain where the public and policymakers best understand prevention approaches. Several experts cited drunk driving and smoking as examples of issues that preventative approaches have effectively addressed in Australia. Experts outside the field of public health noted that they use health-related comparisons to campaign for preventative policies on their issue—for instance, using the metaphor of “planetary health” to increase public understanding of environmental sustainability. Experts explained that the effects of prevention on health may feel more accessible and immediate to the public, making health prevention policies easier to understand and support. Additionally, several experts mentioned that the current COVID-19 pandemic may be changing mindsets regarding the importance of preventative public health strategies and increasing public support for these efforts.

Despite acknowledging the importance of all three dimensions of the continuum of prevention in building wellbeing, there was consensus that universal prevention is the area of the spectrum of prevention where building public understanding and support is most important. Experts explained that, with better understanding and broader implementation, universal prevention—with its focus on changing contexts—stands to do the most good for the greatest number of people in society. Because this is the most important dimension around which to build public understanding and will, we focus primarily on this type of prevention throughout the remainder of the report but touch on secondary and tertiary prevention throughout the discussion.

Why is prevention so important?

The eight experts we interviewed all stressed the importance of prevention and the potential for prevention approaches to dramatically improve social outcomes. When asked to unpack the reasons *why* they thought prevention was so important, they placed particular emphasis on the following points:

Prevention creates better outcomes. There was a clear outcomes-based rationale for the importance of universal prevention approaches. Experts explained that giving people the support they need to avoid problems in the first place, instead of working to remediate the effects of harm once it has been experienced, is the best way to ensure that individuals can be well throughout their lives. For example, if government can support someone in ways that keep them from becoming addicted to harmful substances, this will assure better outcomes than dealing with the harm of addiction. One expert explained:

It's much easier to work to set someone up in a positive way to engage in society and be a productive member of society than it is to come in later and try and fix the damage when someone's already been harmed. [...] So, we all get better outcomes when we help someone become well-functioning than if we wait until they go off the rails and have to deal with issues. That sort of treatment, that response, that recovery takes time, money, and effort. [...] Why put all that effort in if you can do things that actually prevent that from happening in the first place?

Prevention is fiscally prudent. Experts consistently argued that we can pay to support wellbeing now or pay more later to deal with risk, harm and social problems. This has been described as the 'pay now or pay more later' argument. Experts explained that supporting wellbeing 'isn't cheap' but is always less costly than addressing risk or remediating harm. James Heckman's research in the field of early childhood is a hallmark example of this argument. In Heckman's work, services that support healthy early childhood development provide a positive return on investment by creating cost savings in remedial human services in education, health, criminal justice, mental health and addiction. All expert participants evoked this fiscal

savings argument irrespective of what content issues they focused on. This argument and its perceived persuasiveness have led many fields to conduct economic analyses of the return on investment of prevention^{2,3}—showing how much dealing with problems like gender violence or child maltreatment costs society and, by extension, how much could be saved by keeping these problems from occurring in the first place.

Prevention is ethical. Experts also made an ethical argument for the importance of universal prevention. They explained that if it is within society’s ability to help people experience wellbeing by preventing problems from occurring, we are morally obligated to do so. The ethical argument rests on ideas of the *obligation* to reduce suffering and the imminent *possibility* of doing so. One expert said, ‘If you can prevent a problem—if it’s something we can do—we are obligated to do so to keep people from suffering and experiencing poor outcomes. It’s an obligation.’

Universal prevention makes targeted approaches more effective. Experts explained that using universal prevention strategies ensures that everyone who would benefit from secondary and tertiary prevention services receives them. Because secondary and tertiary approaches to prevention focus on addressing risk and harm, they only serve people who have already been identified as experiencing risk and harm. Research shows that only a very small percentage of individuals with risk factors or who are experiencing harm are identified and matched to services. Secondary and tertiary prevention programs thus do not reach a large number of people who would benefit from them *when* they would benefit from them (i.e., early), which seriously compromises their effectiveness. Paradoxically, universal prevention can help address this limitation. Universal prevention, by definition, includes *everyone*, and can both help decrease the number of people who require secondary and tertiary services *and* assure that all of those who do receive these more targeted supports.

Prevention is non-stigmatising. Experts explained that universal prevention is powerful because it does not contribute to the stigmatisation of groups that are typically cast as “vulnerable” or “at-risk”, based on their involvement with secondary and tertiary approaches. Because universal prevention services are offered to everyone, they do not carry or cast stigma on those who receive them. In this way, universal prevention has the advantage of not reinforcing stereotypes of overburdened and under-resourced communities and avoids perpetuating negative self-perceptions of those who belong to groups who disproportionately access more targeted services.

Prevention is possible. Experts repeatedly emphasised how feasible universal prevention work is—citing examples of child care, parenting support and maternal mental health. This argument felt somewhat reactive—as if experts were used to evoking this argument to push back against claims from policymakers and members of the public that preventing problems before they occur was impossible or impossibly expensive. There was a strong consensus that universal prevention is important because it is within our reach to do.

Prevention effects spill over into multiple issue areas. Experts also discussed the cross-issue effects of universal prevention work. They explained that the effects of universal prevention services—say, playgroups that bring together parents and children in an informal, community environment—are felt beyond the immediate issue at hand. In addition to the immediate benefits of play and socialisation for young children, playgroups also offer parents the opportunity for social support, connectedness, informal learning opportunities and linkages to other community resources and services. These linkages and supports are not limited to childrearing, with connections between families often forming the basis for increased community cohesion more generally. Importantly, feelings of social inclusion are linked to positive effects on mental health (for both children and parents), which benefits families in other areas of their lives such as employment and education.

The pandemic highlights the importance of universal prevention. Each of the experts we interviewed brought up COVID-19 and discussed how the pandemic illustrates the importance of universal prevention. Experts explained that the COVID-19 pandemic has shown how we all rely on public services to prevent problems. As some social supports have fallen away, more people are having problems, highlighting the role that basic wellbeing supports have in keeping problems from occurring in the first place. In the absence of such supports, we are seeing problems that wouldn't have happened had these services remained in place. The COVID-19 pandemic has also shown the importance of universal prevention in the other direction. Most notably, increased financial support in the form of the Coronavirus Supplement demonstrated what it looked like to lift families out of poverty. According to the Australian Council of Social Service (ACOSS), 'Single parents joined their kids at the dinner table, not needing to skip meals so their kids could eat. Women escaped domestic violence, having the financial supports to do so. People went to the dentist, bought medication, replaced broken fridges, and bought fresh fruit and vegetables.'⁴

What challenges prevention work?

Given the reasons cited above for why prevention approaches are so important and expert consensus regarding their potential to improve social outcomes, why aren't there more examples of a continuum of prevention being implemented on social policy issues? The eight experts we spoke with focused on the following set of factors that challenge effective prevention work:

Public and policymaker perceptions. While the perceptual barriers to adopting and implementing universal prevention approaches are covered in detail in the next section, it is important to note here that every expert we spoke with focused considerable attention on the challenge posed by such perceptions. Most experts saw perceptions and understandings as the most significant barrier to advancing a prevention agenda.

- Perhaps most fundamentally, all eight experts discussed what they saw as confusion among the public and policymakers as to what is meant by *prevention*. Experts explained

that many people outside (and even inside) the prevention field use the term to refer exclusively to tertiary services and leave out the other dimensions of the continuum.

- Experts talked about the widespread belief that preventing problems before they occur is simply not possible. As one expert said, prevention ‘sounds to most people like science fiction’. If people don’t believe something is possible, they explained, they will be hesitant to support and get behind it.
- Experts also cited the lack of tangible outcomes and concrete effects inherent in prevention work—which is ‘designed to do something to see nothing’—as a factor limiting demand for these approaches. As one expert explained, ‘It’s hard to convince people to get on board with a journey or a movement or set of actions that will result in the absence of something. Absence is not tangible. You can’t touch it or measure it. You don’t get it or get more of it.’
- According to experts, people generally feel that widescale universal prevention work is too expensive to be a viable policy option. This perception, which experts explained is most common among policymakers, often stalls universal prevention reform efforts.
- Finally, the public’s (and, importantly, policymakers’) views of prevention are shaped by a zero-sum mentality. According to this way of thinking, universal prevention work would require defunding services that address existing problems, which, in turn, would mean less support for those who are already experiencing problems (e.g., less funding for caseworkers dealing with issues of child abuse and neglect). Experts explained that people see these approaches as being in competition rather than in concert and that most people place a clear priority on the tertiary end of the continuum. Experts were frank that they felt tertiary services are seen as inherently more important. While this zero-sum, in-competition logic is in fact accurate in some cases (e.g., when it comes to limited public budgets), experts explained that there are many more opportunities for approaches that combine universal prevention with interventions focused on extant problems than what is currently in place in public policy.

Lack of pressure on policymakers. Experts explained that—because of the perceptions noted above—there is a lack of public demand or *push* on policymakers when it comes to universal prevention. As such, policymakers have neither cover nor pressure to move in this direction. There is a lack of urgency and pressure on policymakers to shift resources from remedial to preventative approaches.

Funding and costs. Experts agreed that doing legitimate universal prevention work is not cheap. Every expert we interviewed cited this fiscal challenge and typically followed this statement with reprisals of the fiscal savings argument described above. They explained the insufficient funding for universal prevention services primarily as a lack of understanding of the power of such approaches and resulting lack of support for them among policymakers and their constituents.

Time lag. Experts explained that universal prevention activities take a long time to show measurable reductions in the incidence of harm. For example, experts explained that if you were to begin comprehensively supporting families (e.g., with parenting services, housing subsidies, mental health services, and income supports), you would not see an immediate reduction in child protection cases. Experts explained that it can take years for families that are currently experiencing harm to no longer need child protection services and for fewer families to require these services in the first place because they have been more fully supported from the start. Experts explained, therefore, that universal prevention approaches require patience and *extra* investment to allow crisis services to retain their funding until prevention activities have reduced the number of individuals that require remedial services in the first place. One expert explained:

The problem is, to have the impact at the preventative end takes years [...] there's a lag between when you deliver the funds to do this stuff and when you see their effect. So, the government has got to get their head around delivering the funding upfront for this preventative stuff and then taking the money back that you save once you see the savings. And that takes years.

Turnover and the political cycle. Related to the time-lag challenge, experts cited a mismatch between the time it takes for prevention approaches to reduce the load on remedial systems and the political cycle. Policymakers are rarely in office long enough to reap the benefits of investments in universal prevention and tend to be uninterested in continuing the policy agendas of previous administrations. This makes passing and implementing prevention policies unattractive for policymakers who must quickly accrue wins and think about getting re-elected. The long time horizon for universal prevention clashes with the short-term nature of national politics and makes it hard to convince policymakers to pursue universal prevention approaches, which keeps preventative actions out of the policy context.

Complex systems result in difficulty aligning and coordinating budgets, outcomes and responsibilities. Experts explained that universal prevention requires coordinating multiple systems (health, education and housing, for example) to provide resources that support wellbeing. This requires common, shared understandings of the importance of and commitment to universal prevention approaches and whole-systems change. Experts cited the difficulty of enacting this type of change and implementing this level of coordination among government systems as a significant challenge of doing universal prevention work. They continually referred to the complex funding arrangements that run across federal, state and local governments and both the necessity and difficulty of achieving coordination between pots of money necessary to implement universal prevention approaches. Related to the siloed nature of government departments, experts explained that government entities have different senses of their responsibilities for improving outcomes, which makes it hard for them to see their roles (and rewards) in doing universal prevention work.

Undervaluing evidence. Experts described a culture of policymaking that does not always value evidence and explained that this complicates efforts to advance universal prevention. The justification for prevention approaches is based on evidence of effectiveness rather than other more tried and true ways of persuading policymakers—such as evidence of strong public demand or quick return on investments. Efforts to advocate for universal prevention are disadvantaged in comparison to tertiary prevention or remedial strategies—where the presence of the problem itself motivates decision-making. Experts explained that without a policymaking culture that values evidence, it will remain difficult to increase investments in universal prevention.

The inertia of current practice. Finally, experts explained that many organisations working on issues where universal prevention is important (addiction, gender violence, child maltreatment) have a history of working at the tertiary end of the continuum and see themselves as having expertise in this part of the work. Because of this, it can be difficult to get organisations within relevant sectors to start focusing on universal prevention, which can be perceived as a threat to their current focus and expertise. Related to this, experts explained that, in order to do universal prevention work, some of the systems that work more remedially will have to abdicate resources to the systems better positioned to provide universal prevention. A prime example is child protection. If there is to be a universal prevention orientation to this issue, there will need to be better support provided to children and families through universal services that child protection is neither equipped nor positioned to provide. Universal prevention services for child protection would thus need to be delivered through collaborations between child protection and other existing systems, such as health or education.

How can we advance prevention work?

While discussed below as separate factors, experts agreed that efforts to change attitudes need to be engaged *alongside* efforts to change and align systems. They argued that getting to real prevention requires changing the systems in which individuals make decisions while also changing the attitudes that guide decisions.

Blend the dimensions of the continuum of prevention. Experts talked about the value of what some called *blended prevention*, the idea that, because universal, secondary, and tertiary prevention exist along a continuum without strict distinctions, prevention works best when these types are mixed in application. According to this idea, approaches start with universal prevention services and then locate or embed secondary and tertiary approaches within these universal services. For instance, because Aboriginal and Torres Strait Islander communities are already overburdened and under-resourced, universal prevention services need to be blended with secondary and tertiary services that address the existing risk and harm that these populations currently experience.

Improve communications. Each of the experts interviewed discussed the importance of communication in advancing universal prevention. Communication was seen as an essential

tool to change social attitudes and increase understanding of and demand for universal prevention approaches. For example, one expert explained that to prevent gender-based violence, it is essential to use effective communications strategies to help people think differently about women and power. Similarly, to prevent child abuse and neglect, it is essential to build public understanding of the importance of supporting families so that problems do not occur. Experts also explained that communications focused on getting the public to see mental health as a positive state that needs to be promoted would boost support for universal prevention approaches.

Address inequities in the provision of universal services. Many experts brought up issues of inequity in access to basic resources and services that everyone requires for safety and wellbeing. These discussions were particularly focused on Aboriginal and Torres Strait Islander communities for whom a more equitable distribution of resources and opportunities—in employment, education, health and housing—would lead to dramatic reductions in the need to rely on tertiary services in areas like child protection and mental health, for instance. Experts explained that the best prevention strategy for Australia may be to address inequities in the way the country currently provides universal services to different communities.

We focus on the language of universal services and targeted supports. That's about being focused on the things that are absolutely essential to prevent unnecessary entry into the child protection system. It's about concerns about harm and those risks that can be resolved without statutory intervention by providing equitable access to those universal services that all children and young people should have supported access to [...] so that there are no pockets or parts of Australia where there are inequities in access to universal supports.

Collaboratively engage communities. Experts stressed the importance of community participation in the design and assessment of preventative programs and policies, from early childhood education to case management in child welfare. Designing policies in conjunction with communities may be especially crucial in addressing *risk* as opposed to *harm*: participatory design allows members of a community to identify the challenges they face before they escalate into concrete harm, enabling proactive rather than reactive policy approaches. Experts stressed that community participation is critical to 'seeing' a problem, which is the first step in preventing it. Collaborative design allows secondary and tertiary policies to be sufficiently 'targeted' by directly incorporating the voices and experiences of impacted populations. This includes outreach to culturally and linguistically diverse communities in Australia, such as migrant and Aboriginal populations. In the case of child abuse and neglect, engaging the community can ensure that preventative actions are relevant to people's local contexts; this helps providers get a better sense of the kinds of supports families value most and feel that they need to be well.

Persuade systems leaders of their role in advancing prevention. Related to the call for better communications, experts emphasised the need to persuade systems leaders specifically that prevention is a fundamental part of their remit. Experts explained that this is important both for those who lead remedial systems like child protection *and* those who lead systems positioned to provide universal prevention services—like health, youth justice or education. If committed to universal prevention, those who lead the systems positioned to provide universal supports can shift their work to allow a wider range of services to flow through their channels. This would, for example, allow parenting, mental health and employment services to be housed in education sites or relational health supports to be provided in universal care settings. Experts explained that those leading more remedial systems—for example, child protection, gender violence, youth justice and substance use—also need to shift their perspectives. These leaders need to prioritise prevention and realise that, in so doing, some of the work and resources they use to deal with problems will need to shift over time to the systems that can provide the universal services necessary to prevent problems from occurring in the first place. Experts explained that effective communication is part of making this happen, but that incentives, norms and political power are necessary to get leaders to commit to and champion universal prevention approaches. Experts explained that, without systems leaders taking up the mantle of universal prevention, meaningful and sustained shifts to these approaches are unlikely.

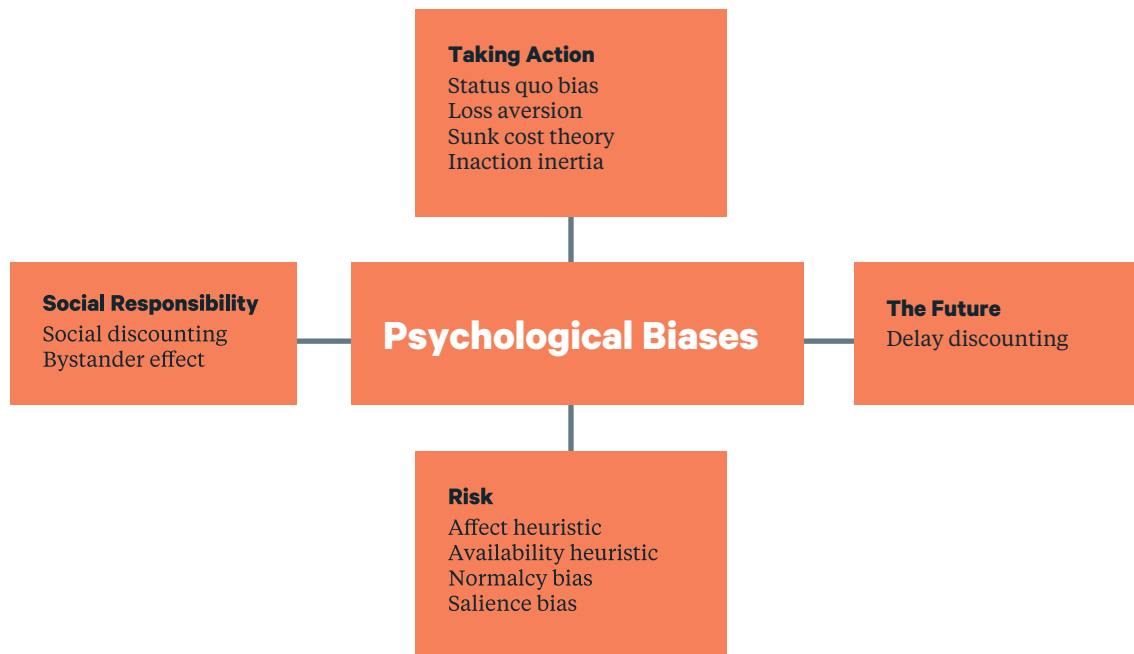
Normalise support seeking. Experts also emphasised the need to *normalise* accessing services and supports that facilitate wellbeing. A pillar of universal prevention is people getting the supports they need when they need them to prevent risk and harm. This requires that such supports be both readily available *and* readily sought. Mental health services were a frequent example of the need to normalise support seeking. Preventing mental health *problems* requires supporting positive mental *health*. This necessitates recognising mental health as a positive state and seeing supports that build this positive state as normal and regularly accessed across the population. Put another way, universal prevention in mental health requires that people view seeking mental health support not as a sign of having mental health *issues*, but rather as something that everyone does to build and maintain *positive* health. Experts explained that this kind of mindset shift is vital to advancing universal prevention

III. Psychological biases that block preventative thinking

As human beings, we rely on heuristics⁵ and psychological biases to process information and make decisions. These mental shortcuts help us think and act quickly— but they do so by overemphasising some information and downplaying other relevant information. Sometimes, this causes us to reach inaccurate conclusions and make decisions that do not benefit us.^{6,7}

Heuristics and psychological biases are particularly powerful in shaping people’s perception of the severity or probability of risk and whether it is ‘worth it’ to take action to prevent it. These basic mechanisms for reasoning and decision-making thus shape our thinking about prevention and can make it hard for people to see the merits of preventative approaches. For example, people struggle to accurately evaluate risk, relying on information that is immediately available to determine whether something is or is not likely to happen and feeling less urgency to address threats they perceive to be further off in the future. People also tend to think inaction is a safer bet than action. Altogether, these psychological strategies pose obstacles to building support for the decisions and actions needed to prevent risk and harm.

In this section, we take a deep dive into the heuristics and psychological biases that shape people’s thinking about prevention and show how people apply mental shortcuts when thinking about preventative approaches to social issues.



Perceptions of risk

To appreciate the importance of prevention, we need to understand the risks that need to be prevented. There are several psychological mechanisms that shape our thinking about risk.

Research shows that, when assessing uncertain future risks, people draw on their *past experiences* and *emotions*. Both of these factors often lead people to inaccurately categorise and assess risk.

The *affect heuristic* is a tendency to rely on emotional responses such as fear, anger or excitement to determine how to react to a given situation.⁸ When employing this heuristic, people use their feelings about the *severity* of a risk (how much fear, anger or concern it brings them) to judge the *probability* that it will occur. The affect heuristic leads people to overestimate the probability of emotionally salient future risks. For example, we tend to overestimate cancer rates based on our fear of the illness. The affect heuristic can also work in the opposite direction—making us underestimate risk based on low emotional salience. For instance, people—especially those who are not parents—may not feel strong emotions when it comes to child mental health issues. In turn, they may not view these issues as particularly prevalent, leading them to undervalue the importance of early intervention services for this issue.

Humans also rely on existing knowledge and experiences to inform their thinking about what will and will not happen in the future; this is known as the *availability heuristic*. When using this heuristic to assess risk, people think that something is more likely to fail when they recall something similar failing in the past. They also deem something less likely to succeed if they have not already observed something similar working in the past.⁹ This bias leads people to struggle to understand risks they haven't already observed, and consequently depresses support for preventative policies that would address them. For instance, people focus on physical abuse when thinking about child maltreatment prevention because this is the most available example due to frequent stories in news and popular media. On the other hand, policies that address neglect are seen as less important because an understanding of neglect is less 'available' to people due to less frequent media coverage.

One manifestation of the availability heuristic is *normalcy bias*—the assumption that one's present circumstances will extend indefinitely into the future. This makes it hard for people to take into account serious risks that may dramatically change their lives when they have not directly experienced them before. Much work has been done on how this concept may interfere with responses to climate-related disasters. It may be impossible to fathom that a natural disaster could suddenly devastate a community when such an event is not part of a community's memory. This is particularly true given that some of these events are the result of *recent* climate changes; people who are now faced with these risks have never directly experienced them before. As a result, people struggle to imagine how drastically their environments and living conditions can change.¹⁰

In interviews, experts also mentioned that pre-COVID-19, members of the public underestimated the risk posed by public health epidemics. Because Australia had not experienced any recent epidemics, people assumed that the risk of one occurring was much lower than it actually was. However, experts noted that in the context of the global COVID-19 pandemic, people's normalcy bias may be shifting significantly.

People also tend to value prominent over scarce information, even if the latter is more valid. This is known as *saliency bias*. Applied to the context of prevention, it means that when an issue is not regularly discussed in the media or public discourse, people are more likely to dismiss it as unimportant, whereas events that feature prominently and regularly in the media are perceived as more threatening or more probable than they might be in reality.¹¹ For instance, because violent crime is sensationalised in the Australian media, Australians tend to think they are more likely to fall victim to violent crime in their communities than they are to experience intimate partner violence even though the latter is decidedly more prevalent. Additionally, the vivid and sensational coverage of child abductions may skew the public's thinking about threats to child wellbeing, focusing attention on unfamiliar rather than familiar perpetrators and acute violence rather than chronic adversity from factors like poverty.

Perceptions of the future

For people to support preventative action, they need to be able to accurately assess how much harm an issue can cause if left unaddressed. There are a set of psychological biases that stand in the way of this kind of thinking.

Delay discounting, or temporal discounting, is the tendency to underestimate future benefits or costs.¹² The value of a future outcome is 'discounted' relative to current outcomes. Research has shown that people tend to prefer receiving a smaller amount of a desired item (money, food, etc.) in the short term, rather than waiting to get a larger amount of the same item at a later point in time.¹³

Delay discounting may impede public support for preventative action because it leads people to both undervalue the future benefits of taking preventative action and underestimate the future harm of inaction. For instance, studies show that delay discounting causes people to make unsustainable environmental decisions (e.g., buying appliances such as washing machines that are less energy-efficient than more expensive alternatives) because they weigh the immediate cost more heavily than the eventual benefit. This way of reasoning is especially pronounced for environmental threats because these are typically perceived to exist far off into the future.¹⁴ However, this bias also comes into play in thinking about a range of other social issues. For instance, even if Australians understand the long-term, preventative benefits of early childhood education, these policies may garner less support given the significant delay between implementation and impact.

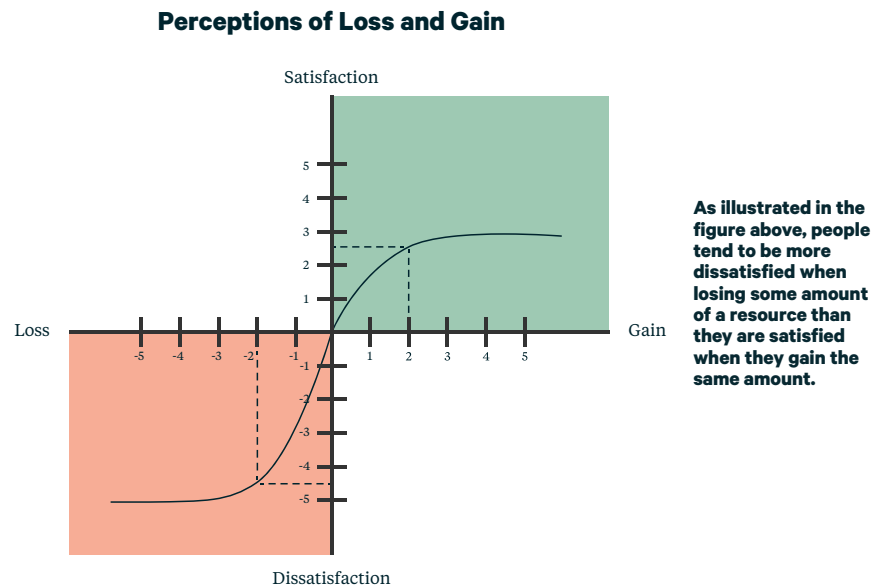
Perceptions of the benefits of taking action

Once people have identified that a given threat *exists*, how do they decide what to do? A number of psychological biases push people towards inaction in the face of a threat. Research indicates that humans are inclined to continue an already-determined course of action—even if they objectively know that it is ineffective, or less effective than changing course. This makes it hard for people to support a significant societal shift from remedial towards preventative approaches.

Status quo bias is the desire to keep things as they are rather than pursue a new course of action out of fear of ‘making the wrong choice’.¹⁵ Samuelson and Zeckhauser conducted a series of experiments in which they gave different groups of participants the same set of financial options (namely, retirement and health care plans), but with a different option presented as the status quo each time. They found that participants were more likely to choose an option if it was designated as *status quo*, regardless of what the specific option was.

Studies also show that individuals tend to look more negatively at consequences of action as compared to consequences of inaction. This strengthens the desire to maintain the status quo rather than changing course.¹⁶ For instance, the immediate costs of taking action to address crime preventatively through comprehensive and equitable social services may be seen as more costly than continuing with the current punitive approach, which is largely ineffective and creates tremendous costs to communities and society.

Relatedly, *loss aversion* makes people more concerned about what they stand to lose when they take a chance rather than what they might gain from taking action. This leads people to overemphasise the potential risks of action and downplay the benefits.^{17,18}



As a result of these biases, people are naturally inclined to stay the course and maintain the status quo rather than pursue alternatives. For instance, people may be predisposed to support an inequitable criminal justice or foster care system because it is familiar to them instead of pursuing structural reform to prevent crime or child abuse and neglect. And although the Australian public is familiar with the climate crisis, uptake of sustainable practices remains limited because people focus more on the short-term changes to their way of life (both in terms of money and convenience) rather than the longer-term benefits of taking action.

Humans are also predisposed to choose inaction over action because they feel invested in the path they have already chosen. *Sunk cost theory* suggests that after devoting time or other resources to a given course of action, individuals may be unwilling to give up on it by pursuing an alternative even if they understand it to be beneficial.¹⁹ People's attachment to existing structures and policies makes it hard for them to support systemic change. For instance, both child welfare and crime experts in Australia pointed out the difficulty of moving away from punitive policing and monitoring systems because we have already made such strong institutional commitments to these strategies.

Relatedly, *inaction inertia* is a bias that makes people less likely to take action once they have already missed an opportunity to do so.²⁰ Studies have found that people are less likely to spend money on an item (e.g., a car, vacation, etc.) if they have already missed a chance to obtain it at a lower price.²¹ This means that people place less value on something when they know they passed up an opportunity to obtain it at a more 'ideal' time. In terms of thinking about prevention, for example, people may fail to see the value of investing time and resources into climate change mitigation when they feel that society has already 'missed its chance' to do so when it could have made the biggest difference. The same logic comes into play when Australians think about prevention in domains such as adult mental health: they may see addressing such issues as less attractive after a particular age or once they reach a certain degree of severity, assuming that if the issues have not been resolved earlier in life there is little point in taking action now.

Perceptions of social responsibility

Preventative policy, from child protection to proactive justice interventions, requires society to invest in long-term, collective strategies for which personal benefits may not be immediately apparent. As a result, support for preventative policy may be inhibited when people do not feel a sense of responsibility or obligation to address a given risk, even when they understand that a risk exists and poses a threat to others. A series of psychological biases shape people's perceptions of what society is, or isn't, collectively responsible for; in turn, these biases influence how people think about prevention.

Social discounting is a distinct form of discounting based on people's perceived social connection to whoever will benefit from an action or policy or be affected by a threat.²² The

more social ‘distance’ people think there is between “us” and “them”, the less likely they will be to support preventative measures to protect “them” from harm. In one experiment, people were asked how much money they would be willing to forego to give \$75 to someone else; the amount of money they were willing to lose increased proportionally to how “socially close” they felt to the person receiving the money.²³

There are many factors that shape perceptions of social closeness, including family relationships, friendship and shared country of origin.²⁴ Research has shown that race, class, religion and nationality play a role as well.²⁵ Scholars also argue that social discounting can occur between generations, with people more likely to prioritise their own generation over future ones that they do not feel as close to.²⁶

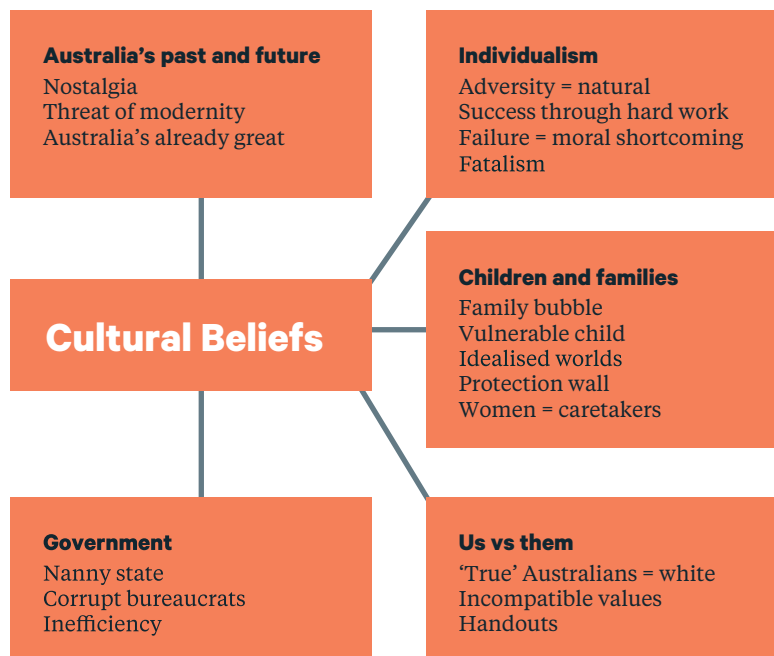
People’s tendency to shy away from supporting others who are not like them may reduce support for preventative policies that are thought to primarily benefit ‘other’ groups of people. Given that one important goal of taking a preventative approach to social issues is to better address the needs of underserved populations, this way of thinking may make a preventative policy agenda a hard sell for the Australian public. Social discounting may lead to bias against immigrants as well as Aboriginal and Torres Strait Islander communities, and a consequent lack of concern with primary prevention policy reforms that these groups are assumed to benefit from more than others, from economic development to housing policy to education reform.

People’s sense of collective responsibility for social issues—again, key for supporting preventative policies—is also shaped by the *bystander effect*. This is a psychological phenomenon in which individuals are less likely to intervene in an adverse event or situation if they observe others remaining passive.²⁷ Even if people are able to directly understand the scope of a harm or risk, they may not see it as their responsibility to do anything about it. They may in fact feel increasingly less responsible if they see others ignoring it. Research also shows that the bystander effect is often racialised: In one study, white bystanders were less likely to intervene in a medical emergency if the victim was Black.²⁸ It is possible that when it comes to long-standing social issues, people feel like they are one of many ‘bystanders’ watching a threat unfold, unwilling to act when other bystanders (e.g., other people or communities or even previous generations) have not yet stepped in, particularly when those affected are perceived to be different, or ‘not like me’. For example, experts explained that Australians may be reluctant to wear masks during the COVID-19 pandemic if they observe others not doing so, even when they objectively understand why masks are necessary for the health and safety of themselves and others.

Bias	How it works	What that means for prevention
Affect heuristic	Viewing a threat as more probable if it is emotionally salient	Interferes with risk perception by downplaying the probability of risks that are not emotionally charged
Availability heuristic	Using existing experiences to determine what will and won't happen in the future	Makes risks that we have not yet experienced seem unlikely
Normalcy bias	Assuming one's present circumstances will remain the same in the future	Leads people to downplay the likelihood of serious, life-changing risks and the urgency of preventatively addressing them
Saliency bias	Relying on the most widely available information to determine what will and won't happen	Makes risks that are less frequently discussed seem less significant and thus less important to prevent
Delay discounting	Undervaluing benefits and costs based on how far into the future they will occur	Makes future harms from unchecked risks, as well as future benefits of preventative action, seem less significant than current risks and benefits
Status quo bias	Choosing the status quo over alternative courses of action, even if the latter is more beneficial	Leads people to maintain existing reactive approaches because they are familiar rather than pursuing new preventative alternatives
Loss aversion	Perceiving losses as more significant than gains	Causes reluctance to invest in preventative action out of fear of 'losing' benefits of current approaches, while devaluing the potential gains that can come from prevention
Sunk cost theory	Feeling wedded to a course of action based on having invested time and resources into it	Creates a feeling of investment in existing systems—even if they are ineffective—at the expense of new preventative action
Inaction inertia	Being reluctant to take action after missing out on a 'better' opportunity to do so earlier	Reduces support for preventative approaches if people can see that they have missed a 'better chance' to have taken such action
Social discounting	Seeing less value in helping people who are seen to be different from oneself	Devalues the importance of a preventative initiative if it is thought to primarily benefit people or groups who are 'different'
Bystander effect	Being reluctant to take action on an issue after observing others not taking action	Breeds complacency about taking preventative action if others appear to be passive

IV. Cultural beliefs that act as barriers to preventative thinking

Psychological biases shape how we process information, but people also rely on deeply held cultural beliefs to understand issues and make decisions. These cultural beliefs and assumptions come from shared experiences as members of a group and interact with psychological biases to shape how people think about prevention. Drawing on interviews with experts on a range of social issues, in addition to past FrameWorks research on parenting and child development in Australia, this section discusses how Australians' cultural beliefs and assumptions about individuals, families, government and society make it hard to build support for a preventative policy agenda.



Individualistic thinking

Previous research that we have conducted shows that the Australian public often assumes that inner strength, willpower and individual choices fundamentally shape what happens to people in life.^{29,30} As anyone can succeed if they make the right decisions, adverse life outcomes are blamed on individual mistakes and shortcomings (e.g., lack of discipline or moral strength). This obscures people's ability to see the role of broader systemic factors in shaping life outcomes. Relatedly, this way of thinking leads people to reason that adversity is, to some extent, desirable, in that it builds character and helps individuals achieve better outcomes.

By focusing narrowly on individual responsibility, this way of thinking makes it hard for people to see that social problems are shaped by systemic causes and undermines support for

preventative structural reform. Experts noted that in issues like crime, violence prevention, or child welfare, people tend to think that problems are fundamentally rooted in individual bad actors (e.g., abusive parents or criminals), and thus not see that systems-level changes can prevent harm and build positive outcomes. Experts also explained that this way of thinking underlies opposition to targeted health care interventions because it makes them seem like ‘handouts’ for ‘undeserving people’ who should not be getting ‘something’ for ‘nothing’.

Individualistic thinking also leads people to focus on ‘managing’ problems rather than preventing them from happening in the first place. If people assume that some level of individual struggle is natural and necessary for growth, and that everyone should be able to overcome adversity through hard work, then why invest time and resources in preventing issues in the first place? This pattern of thinking inhibits people from understanding that people, families and communities can experience forms of stress—notably toxic stress in the early years—that are unnecessary, unhealthy and counterproductive, and which can and should be alleviated by preventative policies.

Finally, individualistic thinking can lead people to fatalism—a sense that nothing can be done to prevent social problems. When people believe that all or most adverse life outcomes are due to individual failings rather than the way society is structured and organised, it makes it much harder for them to see that Australian society can, collectively, take action to prevent problems before they arise, instead of only reacting to problems assumed to have been caused by poor individual behaviours and judgement.

Beliefs about children and families

The ‘family bubble’

People’s thinking about preventative approaches to family and children’s issues is shaped by the widespread belief that a child’s family (especially their direct caregivers) is narrowly responsible for shaping how well they do in life, including keeping them safe from harm.³¹ Past FrameWorks research on parenting in Australia indicates that people often assume that parenting skills ‘come naturally’ and that parenting consequently cannot be taught or supported by external interventions.

Parents and their parenting are also assumed to be entirely insulated from their broader societal context: the ‘family bubble’ acts as an independent unit that entirely determines the wellbeing of a child. This belief is influenced by gendered perceptions of what a nuclear family should look like and how it should function. For instance, many Australians continue to believe that children would do better if mothers stayed home to care for them instead of going to work. This places the responsibility of caring for children within their bubble almost exclusively with mothers, which reduces women’s role in society to reproducing and raising children.

This view can make it hard to see that other people and systems play key roles in supporting children’s wellbeing and thus depresses support for preventative policies that work on such levels. Family bubble thinking also makes it easy for people to blame and punish parents (in particular, women) for problems that children face instead of focusing on what needs to happen—not within the individual family, but in the community in which a family lives—to improve wellbeing and prevent problems.

Vulnerable children

Australians often assume that the world outside is inherently threatening and dangerous compared to the safe environment of a home. They also see children as intrinsically vulnerable to harm: experts explained that children are often viewed as somewhat helpless and in need of external protection (which is seen as the job of the parents).

This focus on vulnerability makes prevention seem decidedly difficult and preventative approaches foolhardy. If people assume the world is dangerous and harm is inherent, they are more likely to favour reactive rather than preventative approaches—after all, why would we even try to prevent something inevitable? Under this logic, it is difficult to see how systems may provide support for children and their parents before harm befalls them. Relatedly, positioning children as vulnerable and in need of protection obscures how preventative policies can create opportunities outside the home that enrich children’s health and development in a healthy, positive and proactive way.

Additionally, reducing a child to their likelihood of being harmed makes it difficult to see that children have—or deserve to have—a say in what happens to them. This belief has particular relevance in the domain of child welfare, but environment experts also say it shapes people’s sense of urgency about climate action. Disregarding the agency, autonomy and needs of younger people may lead to diminished support for preventative action on issues—such as climate change—that will disproportionately impact future generations.

Idealised worlds

As discussed above, Australians often see the world as threatening and children as inherently vulnerable; relatedly, there is a strong belief that in an ideal world, children’s lives would be simple and worry-free. Past FrameWorks research indicates that, when Australians think about childhood, they reason that children’s worlds are entirely different from those of adults in that adults have responsibilities whereas children’s lives should be carefree. From this perspective, the idealised world of a child is about playing and having fun.

This manner of thinking can cause Australians to resist policy interventions—particularly when they are preventative—on children’s issues because they are seen as robbing children of their childhood by infringing on its simplicity and ‘purity’.³² For instance, supports that are available to children outside the home—such as mental health services—may be seen

as an unwelcome, medicalised interference in children’s idealised lives, even though such opportunities are crucial to healthy development as well as early, preventative interventions.

Additionally, the assumption that children’s lives are and should be inherently carefree and simple can make it hard for people to engage with the need to prevent and address complex problems that children face. For instance, children from the ages 0–5 in Australia experience the highest level of poverty when compared to any other age group and need to be the focus of future preventative policies. This is an issue that may be difficult for people to comprehend and get behind when they assume that children are living in a world of innocence and happiness.

Perceptions of the role of government

Nanny state

In Australian society, the government is frequently portrayed as a “nanny state” that intrudes on the rights and privacy of individuals and families. Underlying this belief is the assumption that government’s involvement in society conflicts with the autonomy of individuals, and that increased government action necessarily takes away personal freedom. When people think in this way, they become more likely to view government action as ‘socialist overreach’ impinging on individual rights and freedoms, which undermines support for preventative policy reform. According to this logic, preventative policies aimed at systemically addressing risk factors are seen as ‘telling Australians what to do with their lives’.

This is notably the case with public health. Experts explained that in the past, nanny state beliefs and discourse have been used to push back against public health prevention efforts to reduce drunk driving through random breath tests. Food labelling to promote nutrition³³ and efforts to build awareness of the dangers of tobacco³⁴ have likewise been portrayed in the media and public discourse as examples of a nanny state. While these particular initiatives ended up garnering relatively widespread support over time, the initial distrust of the government’s intentions suggests a potential obstacle to other preventative efforts, one that could be more pronounced in other issue areas—especially those involving children and families where sensitivities about government overreach are particularly acute.

Dysfunctional government

Along with their scepticism about government overreach, Australians sometimes believe that government is inherently dysfunctional in its attempts to serve the best interests of the population. In this case, people assume that politicians are motivated by greed and self-interest, and that government consequently will never do what it needs to for the good of the people. Research has shown that Australians consistently perceive their government to be corrupt despite its relatively high transparency rating over the decades.³⁵ This belief can cause Australians to oppose government-led preventative initiatives based on concerns that political leaders are just too corrupt to do what is right. As a result, people likely turn to individualistic

solutions that give them higher senses of efficacy. For instance, Australians may look unfavourably on taxes levied for environmental protection and instead insist that everyone as an individual must play a role in reducing their own carbon footprint.

There are some indications that the government's response to the COVID-19 pandemic may have helped the Australian public understand the necessity and benefits of preventative government action. Existing public opinion data reflects an unprecedented increase in trust in government as of 2020, which is clearly related to the country's response to the pandemic.³⁶ Experts cautioned, however, that the extent and durability of this shift are unclear and warned that its effects might be limited to health policy.

The public's attitude towards the role of the Australian government in prevention may also differ depending on the level of government in question. While this research did not explore perceptions of local and federal governments as they pertain to preventative action, it is an important direction for future research.

Thinking about Australia's past and future

A romanticised past and the threat of modernity

Australians often hold a vision of their country that is rooted in deep nostalgia for how they think things 'used to be'. From this point of view, the past was 'peaceful' and simple, while key aspects of 'modernity' are now a serious threat to the Australian way of life. By this logic, social problems are assumed to be a 'new' feature of society and a consequence of moving away from an idealised past.³⁷

In previous research we have found that when people idealise a past Australia, and assume that problems are a feature of modernity, they tend to overlook long-standing social issues, including childhood sexual abuse and environmental degradation. Additionally, when people regard something as a 'new' problem, it shifts focus away from its root causes; for instance, when crime is understood as a recent development spurred by modernity, the intergenerational causes of crime and centuries-old inequities in policing are backgrounded. And when people struggle to comprehend or even acknowledge the existence of longstanding social issues and disparities in Australia, they will likely have a hard time understanding and supporting any preventative policy that seeks to address them.

This pattern of thinking might also breed fatalism about prevention approaches. If Australians regard modernity as inherently threatening and simply want things to be how they once were, it becomes impossible to think about preventative solutions other than turning back time.

Australia's already great

Australians also hold another, more optimistic view of their country: they often believe that Australia already provides for the needs of its population in more than adequate, and even exemplary, ways, and there is not much more that can or should be done. This line of thinking is reinforced by a combination of national pride and individualism. People know that Australia does provide various supports for its population, and national pride makes people assume that these must be sufficient. When some families and children are not doing well despite what is seen as more than adequate supports, it is assumed that these families must be making poor choices and failing to take adequate advantage of the services that exist. In this way, more serious efforts to prevent problems are not seen as warranted.

Experts noted that this way of thinking is a specific obstacle to building support for preventative education and child welfare reforms. If children in the country already have it so good and problems are due to parents who make poor choices, the thinking goes, why would we significantly alter or replace what is currently being done with more costly preventative approaches?

'Us vs. them' thinking

Effective prevention means providing supports across an entire society: universally before risk factors exist, and in a targeted manner to fix disparities that have already come about. To buy into preventative policy, the Australian public must feel invested in the collective good of all people, and all groups, in Australia. Unfortunately, cultural beliefs about social groups can stand in the way of preventing harm from coming to Australians who are thought of as 'not like me'.

'Us vs. them' thinking separates society into different groups that are assumed to be both fundamentally different and in competition with one another for limited resources. This belief sets up a zero-sum relationship between groups in society: if one group benefits, it is necessarily at the expense of another.³⁸ For instance, research shows that, when thinking about affirmative action, many Australians believe that all Aboriginal people are automatically given financial and other forms of educational assistance simply because of their ethnicity (which is not the case) and that this occurs at the expense of other groups in society.³⁹ This way of thinking can quickly lead people to reject the more 'targeted' aspects of comprehensive preventative policies. Approaches aimed at improving the life prospects of marginalised populations, from women to ethnic minorities, will likely be met with pushback from other, more privileged groups in society, based on the assumption that giving to 'them' is done to the detriment of 'us'.

This example also illustrates that individualistic and 'us vs. them' thinking often go hand in hand. This view of affirmative action essentially accuses non-white people of lacking the individual merit that would make them 'worthy' of obtaining an education or achieving other positive life outcomes. The history of oppressive and exclusionary policies towards Aboriginal and Torres Strait Islander communities in Australia has led to widespread prejudice that brings together individualism and us vs. them thinking, including assumptions that Aboriginal and

Torres Strait Islander communities are inherently violent and immoral. For instance, experts explained that some Australians assume that Aboriginal and Torres Strait Islander parents are more likely to commit crimes or abuse their children. Research on coverage of riots in Australia has also indicated that the Australian media may tend to blame Aboriginal culture for criminal actions committed by Aboriginal people while dismissing criminality as simply ‘a few bad people’ when perpetrators are white.⁴⁰ Regarding migration, this manifests in the thinking that people who immigrate to Australia are not “fully Australian”, particularly those who are not white and should not be entitled to the same benefits as ‘real’ Australians.

When intersecting in these ways, individualistic and ‘us vs. them’ beliefs obscure the need for preventative approaches by erasing the structural barriers Aboriginal and Torres Strait Islander people and immigrants face from people’s minds. This undermines support for the systemic reform necessary to prevent members of these communities from experiencing harm. These prejudices may also breed fatalism by suggesting that the root cause of an issue lies in Aboriginal or immigrant cultures, which places it beyond the reach of preventative policy. By calling into question the social worth of marginalised groups, this rationale can undermine support for more targeted prevention. If one believes that Aboriginal and Torres Strait Islander communities, immigrants and other marginalised groups face heightened risk due to their own moral shortcomings and that developing individual discipline would be sufficient to solve their problems, it becomes easier to push back against additional services for these groups to build wellbeing and prevent problems.

Cultural belief	Description	What it means for prevention
Individualism	Personal choices, willpower and drive determine life outcomes	Hides benefits of preventative policy by obscuring systemic causes of and solutions to social problems
Family bubble	The family unit exclusively shapes child wellbeing and is insulated from broader context	Places responsibility for children narrowly on the family and obscures the importance of other factors such as government supports, community context and resources, making it hard to see the importance of establishing preventative systems
Vulnerable children	The world is dangerous, and children are inherently vulnerable to harm	Creates a sense of the inevitability of harm that depresses support for prevention policies—if harm is inevitable, why invest in preventing problems?
Idealised worlds	Children live simple, carefree lives centred around play and having fun	Makes preventative supports seem like unwelcome interferences in what should be a pure and simple life; makes it difficult to see the complex structural issues facing young children and understand how they can be prevented
Nanny state	Government action undermines individual rights and personal freedom	Makes action—especially preventative action—seem like an unwelcome and threatening intrusion on individual self-determination

Dysfunctional government	Government and politicians are corrupt and inept and do not serve the interests of Australians	Undermines support for government-led preventative reform by portraying it as doomed to fail
Threat of modernity	Social problems are a 'new' feature of Australian society that result from departing from 'how things used to be'	Hides root causes of issues by acting like they are products of modernity, thus making it difficult to understand how preventative approaches can address risk factors; leads to fatalism about preventative approaches
Australia's already great	Australia does well at providing for its people; every Australian has the resources they need to succeed in life and the country is a model for the rest of the world	Downplays the need for preventative action by making it seem like Australians already have it 'pretty good'; shifts blame for issues onto individuals
Us vs. them thinking	There are groups in society that are fundamentally different and in competition for limited resources	Undermines support for more targeted prevention approaches by portraying beneficiaries as morally flawed and incapable of doing well in life even if given more support

Case study: How psychological biases and cultural beliefs interact to shape thinking about preventing child abuse and neglect

When people think about prevention, they bring their psychological biases and existing cultural beliefs to the table. These aspects of meaning-making shape and reinforce one another, sometimes in ways that impede support for prevention.

People rely on psychological biases to make quick judgments about themselves, others and society at large. Over time, this can obscure relevant information and lead to cultural beliefs and understandings. For instance, when humans 'discount' benefits to people based on perceived differences, those perceived differences can evolve over time into cultural beliefs that some identity groups are less important or deserving than others. Cultural beliefs can also influence the effects of psychological biases. They shape what information people have readily available to them, structure one's perception of the status quo, and determine who constitutes an 'outgroup'. These interactions create barriers to understanding and supporting preventative policy.

This section explores how cultural beliefs and psychological biases might inhibit understanding of three fundamental facets of preventative child wellbeing policies: proactivity, systemic focus and a targeted approach.

Barriers to proactive thinking

Primary prevention of child abuse requires thinking ahead about risks facing children and stopping them before they occur or escalate. Unfortunately, the Australian public's rosy and nostalgic view of the past, combined with the psychological bias to prefer the status quo, may prevent people from seeing the need for proactive alternatives to the existing child welfare system. For instance, setting up community youth programmes as

an alternative to juvenile justice centres and incarcerating young people would be a clear departure from ‘business as usual’ in Australia. Many Australians would be hesitant to embrace such an overhaul because of a bias against the risks of taking action. These risks may be perceived as especially significant in the Australian context: to many, shifting from the status quo represents a move away from the ‘better’ Australian past towards an uncertain and threatening future. In this way, psychological biases about the status quo build on and reinforce beliefs about modernity being a threat to a simpler Australian past. The assumption that Australians already have it ‘pretty good’ further tips the scales towards preferring inaction over significant change. The interaction between status quo biases and Australian cultural beliefs presents a barrier to ensuring that the risks Australian children face are adequately addressed before they present as harm.

Barriers to systemic thinking

When people do not understand the root causes of an issue, it becomes difficult to explain the merits of primary prevention that seeks to address them. In Australia, widespread beliefs in individual and family responsibility make it hard for people to see how structural inequities and discrimination could significantly shape children’s outcomes. Individualistic thinking also leads people to believe that abuse is not a systemic issue but the responsibility of individual parents or adults, which can undermine support for widescale preventative solutions.

In turn, when coverage of abuse in Australia is centred around sensational cases in which morally corrupt individuals are portrayed as wholly culpable for abuse, *salience bias* comes into play. Because people already hold the belief that abuse stems from a few individual bad apples, they are even more likely to remember these cases than others. The result is a mutually reinforcing relationship between a strong cultural belief in individualism and the psychological tendency to overestimate urgency based on how much something is talked about. This makes it harder for the public to see the many contexts in which children face maltreatment and understand how preventative policy can address the systemic factors underlying child abuse and neglect.

Barriers to targeted thinking

Efforts to prevent child abuse and neglect require both universal supports and prevention strategies that are more targeted towards groups who disproportionately experience risk and harm. However, in the Australian context, the benefits of preventative policy that supports people according to their needs (thereby supporting some people more than others) may be socially discounted based on the perceived distance between different groups. In this case, white Australians may be less inclined to support tailored initiatives aimed at supporting groups viewed so pervasively as ‘other’ as Aboriginal and immigrant communities.

V. Conclusion

Prevention—particularly in its universal form— saves money, improves population wellbeing and ensures that the needs of all members of society are equitably met. By providing universal supports across a population before risk factors occur, these efforts can alleviate social problems that span multiple policy domains, from child development to education to substance use. A better understanding of prevention is needed to build support amongst the public and policymakers alike for proactive approaches that stop harm from happening rather than mitigate its effects.

Unfortunately, explaining the benefits of preventative policy is not simple or straightforward, as a series of psychological biases and cultural beliefs get in the way. This report provides evidence that common mechanisms for reasoning and decision-making shape humans' thinking about prevention and, in practice, make it hard for people to see the merits of preventative approaches. People notably struggle to accurately evaluate risk and have a tendency to think inaction is a safer bet than action. We also show how people's thinking about prevention is shaped by a wide range of public beliefs and assumptions about what individuals are or aren't responsible for, what role government should play in people's lives, what it means to be a parent, what children need to do well and what it means to be Australian.

It's important to keep in mind that the interaction of common human heuristics and assumptions and beliefs held specifically within the Australian context creates a set of unique mental shortcuts that, while helpful in making quick decisions in the short term, are ultimately counterproductive. Cultural assumptions and psychological biases interact in unique ways, with heuristics shaping some cultural beliefs and widespread cultural assumptions foregrounding certain psychological biases. Designing framing and communication interventions that address these barriers will be key in getting the Australian public on board with fundamental aspects of prevention, from the existence of certain risks to society's collective responsibility and ability to address them before they cause harm.

Avenues for future research

Further research is needed to more fully understand how the Australian public thinks about prevention and preventative policy and, importantly, how to effectively shift and expand this thinking. This report suggests a set of important questions for future stages of this project:

- How has the COVID-19 pandemic affected people's beliefs and assumptions about prevention?

- Does the Australian public bring their beliefs about government, children and families and the role of individuals in society to bear in different ways when thinking about prevention in different issue areas (environment, crime, children and families, etc.)?
- Would reframing the principle of primary prevention have spill-over effects across different issue domains, or is it necessary to shift the public's understanding of prevention in the context of individual issue areas?
- Which of the beliefs and assumptions identified in this paper are most widely shared across different groups in the Australian public, such that shifting them would give future communications strategies the highest potential for impact?
- Are there beliefs and assumptions that can be *leveraged* to increase public support for a stronger focus on prevention in policy across issue areas?
- Would providing people with successful examples of preventative policies increase the salience of primary prevention and/or support for primary prevention policies?
- Is the public more likely to support work that is framed as 'preventing problems' rather than 'building wellbeing'? Likewise, is talking about 'rights' rather than 'prevention' a more effective way of building buy-in and demand for resources required to fully support wellbeing and prevent problems?

Endnotes

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Reframing Prevention Strategic Brief: What do we want to say and what gets in the way?

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