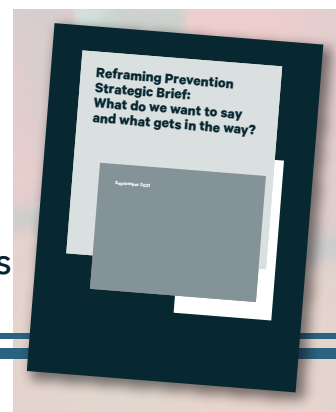


REFRAMING PREVENTION STRATEGIC BRIEF

SUMMARY

WHAT DO WE WANT TO SAY AND WHAT GETS IN THE WAY?

This document is a summary of the
NAPCAN/FrameWorks Institute document
Reframing Prevention Strategic Brief
available at: www.napcan.org.au/research-reports





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What does the Reframing Prevention Strategic Brief offer?

The Reframing Prevention Strategic Brief used a strong evidence base and methodology to offer fresh insights about:

- key concepts on the prevention of social harms in Australia
- what Australian experts (from child protection, addiction, justice, gender violence, substance use, mental health and injury prevention) want to be able to effectively communicate about prevention
- opportunities and challenges of communicating prevention

Who is the Reframing Prevention Strategic Brief (and this Summary) for?

- Policymakers & communications professionals across the social services sector
- Executive management and strategic leaders of government and not-for-profits
- Researchers



Background

As the **National Association for Prevention of Child Abuse and Neglect**, NAPCAN understands that prevention is better than cure. However, NAPCAN is frequently struck by the question *'why is there not more support for policies and actions that support prevention in Australia, particularly in relation to the wellbeing of families and children?'*

Could the answer partially lie in the way that advocates are communicating these issues?

Do we need new ways to tell these stories in order to break through the psychological biases and ingrained public attitudes, and win support for new approaches?

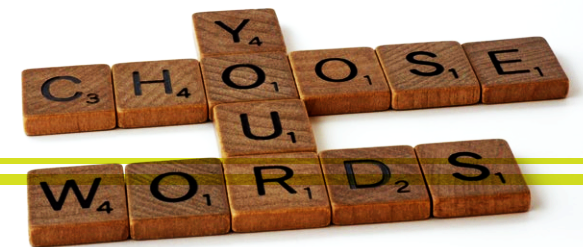


The Reframing Prevention Strategic Brief is the important first step in answering these questions. It engaged experts from a range of sectors, and reviewed literature to help us understand:

- what experts know about prevention, and the key concepts they believe need to be communicated
- the barriers to prevention (both psychological biases and cultural beliefs).

The Reframing Prevention Strategic Brief will guide the next stages of the overarching Reframing Prevention Project. It is intended that the broader Project will include:

- in-depth empirical research in Australia about the cultural mindsets that stand in the way of deeper engagement on prevention issues and solutions
- the development of proven tools that we can all use to improve the way we communicate about prevention.



1. What did **experts** tell us about prevention?

To identify the key ideas that those working on prevention wish to communicate, we gathered information from eight leading Australian prevention experts (from child protection, addiction, justice, gender violence, substance use, mental health and injury prevention).

1.1 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, 'universal prevention' vs 'primary prevention'), all of the experts discussed similar ideas and focused on the concept of proportionate universalism and a blended approach. They discussed the three main points along the prevention continuum as:

- **universal/primary prevention**, which addresses risk factors before they present by providing supports that all people need to be well and avoid harm
- **secondary prevention**, which focuses on those who face a more specific set of circumstances that put them at risk for harm
- **tertiary prevention**, which aims to prevent harm that has already occurred from continuing or reoccurring.

According to the 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.

Further, experts highlighted the importance of 'blended prevention' (i.e. because universal, secondary, and tertiary prevention tend to overlap, prevention works best when these types are mixed in application).

Blended prevention

Proportionate universalism



1.2 Why is prevention so important?

The experts interviewed all stressed 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
- Prevention is fiscally prudent
- Prevention is ethical
- Universal prevention makes targeted approaches more effective
- Prevention is non-stigmatising
- Prevention is possible
- Prevention effects spill over into multiple issue areas
- The pandemic highlights the importance of universal prevention



1.3 What challenges prevention work?

Given the reasons cited above for why prevention approaches are so important, why aren't there more examples of a continuum of prevention being implemented on social policy issues? The experts we spoke with focused on the following challenges to effective prevention work:

- **Most experts saw perceptions and understandings (public and policymakers) as the most significant barrier to advancing a prevention agenda** including:
 - confusion as to what is meant by prevention
 - the widespread belief that preventing problems before they occur is not possible
 - lack of tangible outcomes inherent in prevention work i.e. prevention is *'designed to do something, to see nothing'*
 - the sense that widescale universal prevention work is too expensive to be a viable policy option
 - views of prevention are shaped by a zero-sum mentality i.e. people see these approaches as being in competition rather than in concert with tertiary interventions and that most people place a clear priority on the tertiary end of the continuum
 - lack of public demand or push on policymakers when it comes to universal prevention.
- Funding and costs
- Time lag for seeing results
- Turnover and the political cycle
- Complex systems result in difficulty aligning and coordinating budgets, outcomes and responsibilities
- Undervaluing evidence
- Inertia of current practice.



1.4 How can we advance prevention work?

The experts agreed that efforts to change attitudes need to be engaged alongside efforts to change and align systems. Key recommendations from the experts included:

- Blend the dimensions of the continuum of prevention (i.e. because universal, secondary, and tertiary prevention exist along a continuum without strict distinctions, prevention works best when these types are mixed in application)
- Improve communications
- Address inequities in the provision of universal services
- Collaboratively engage communities
- Persuade systems leaders of their role in advancing prevention
- Normalise support seeking

2. What are the psychological biases that act as barriers to supporting prevention?

As human beings, we rely on heuristics and psychological biases to process information and make decisions. The **Reframing Prevention Strategic Brief** includes an in-depth literature review of the psychological biases and heuristics that come into play when humans think about prevention.

The **Reframing Prevention Strategic Brief** expands on these biases in more detail and highlights the need to **understand how the human brain processes information in order to influence change.**

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

3. What are the cultural beliefs that act as barriers to supporting 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, the **Reframing Prevention Strategic Brief** discusses how Australians' cultural beliefs and assumptions about individuals, families, government and society make it hard to build support for a preventative policy agenda. (See table, right, for the key cultural beliefs and assumptions that come into play).

The **Reframing Prevention Strategic Brief** expands on these cultural beliefs in more detail and highlights the need to **understand public thinking in order to influence change**.

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

Conclusions

Prevention - particularly in its universal form - saves money, improves population wellbeing and ensures that the needs of all members of society are equitably met.

Unfortunately, explaining the benefits of preventative policy is not simple or straightforward. As outlined in the **Reframing Prevention Strategic Brief**, there are many psychological biases (common to humans generally) and cultural beliefs (specific to Australia) that act as barriers to support for prevention.

Awareness of these barriers - as provided through this work - is the first step in creating an enhanced understanding of prevention that is needed to build support amongst the public and policymakers alike.

The next step is to test these findings with the Australian public and develop the communication recommendations, tools and resources, that can help us frame prevention in a way that breaks through the barriers, to ultimately generate the support and action that is needed to address Australia's complex social issues.