Evaluating prevention

Prevention: Aiming to prevent negative outcomes, to prevent bad things from happening

The key question is 'preventing what?'

Commonly people distinguish between primary, secondary and tertiary, others refer to upstream, mid-stream and downstream[1].

Primary **(upstream):** preventing harm before it occurs. equipping us to deal with setbacks and seize opportunities, to flourish

Secondary **(midstream):** detecting and responding to early signs of difficulty which could lead to more serious consequences

Tertiary **(downstream):** reducing the impact of an already-occurring negative situation

Typically earlier interventions will target the whole population or those groups more at risk of developing problems. Later interventions are for those experiencing problems

Examples from two ESS programmes

	Reversing the Trend Youth work and prevention of problem substance use	**A Stitch in Time**: interventions in relation to health and wellbeing of older people
Primary	General population: aim to avoid initial risky behaviour	Relatively fit and active: aim to maintain independence/ wellbeing
Secondary	Selected groups: aim to reduce the potential for alcohol and drug-related risky behaviour to become problematic	Some support needs' - support at home. Aim to reduce risk of emergency attendance or deterioration of health and wellbeing.
Tertiary	Working with indicated individuals: aims to reduce the potential for more harm to be caused when people continue with risky behaviour	Relatively ill or frail – Aim to prevent admission to acute health care settings/ care homes and maintain wellbeing

Definition difficulties

People don't fit into boxes: In A Stitch in Time we identified that older people can have set backs, like a fall, then recover. They move between categories. There isn't necessarily a steady progression between categories**.**

*The third sector don't put people into boxes***:** projects focus on the person, not on their preventative status. For example community based projects provide a wide range of services for many people and the service adapts as a persons need changes.

*Prevention isn't asset focussed***:** In practice, prevention involves tackling the root causes of inequalities and building individual and community assets.

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[1] Gough, I. (2013) Understanding prevention policy: a theoretical approach; Prevention Papers, NEF

Why is prevention important?

- To ensure better outcomes for people
- To address inequalities
- To reduce costs and accrue economic benefits

Evaluation Challenges

Evaluating prevention is challenging for the following reasons

- It's difficult to measure something that hasn't happened
- Particularly for earlier interventions, it's very difficult to identify who is at risk. How do you know you are reaching the right people?
- Early interventions are often light touch/ informal:
    - A baseline is problematic when you don't know who you will work with more
    - It can be inappropriate to take lots of details when the service is informal.
- When funding is short term, Long term outcomes are difficult to evaluate
- Local data sets may give general trends for the population, but attribution to particular projects is difficult, particularly over the long term
- There are real challenges in identifying and sharing data that works for all parties (service users, projects, commissioners, planners and policy makers)
- There are substantial challenges in accurately measuring savings and economic benefits (attribution, timescales, sufficient data, costing intangible, but very important outcomes like wellbeing)

Our approach to evaluating prevention

We suggest building a logic model that identifies the range of activities, participants and outcomes (short, medium and long term). This helps to think through how your work links to long term 'prevention' or strategic outcomes.

We use the model to collate evidence
- self-evaluation to evaluate the outcomes within your control (short term)
- in depth or follow up of a sample to test our theory of change (particularly for medium term outcomes)
- formal evidence to check your assumptions about what works and the longer term impact

Tips

- Make sure you are clear **what** you are preventing

- Show you are working with those who are most at risk. Is there research about who is at higher risk of negative outcomes?

- Set shorter term outcomes about reducing the risks of bad things happening to the people you work with and/or building their resilience.

    For example with *Reversing the Trend*, youth workers can show short term increases in confidence, positive activity, challenge and achievement and networks of support. They can assume that someone is then less likely to have long term problem substance use.