THE CASE FOR AN EFFECTIVE PREVENTION AND EARLY INTERVENTION APPROACH

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Fams
Children are kept safe by quality services which help kids and families when and where they need it. Fams makes this possible by advocating for better public policy, advising how to achieve sustainable outcomes and acting to help vulnerable children, young people, families and communities.

At Fams we advocate, advise and act.

Local Community Service Association
LCSA is the state-wide peak body for 200 Neighbourhood Centres and local Community Development Organisations. As a membership organisation and the voice for Community Development in NSW, LCSA represents the diverse interests of locally governed not-for-profit organisations by providing collaborative leadership, and by connecting and resourcing members and communities to promote social justice principles in public policy.

Our vision: Vibrant Local Community Organisations.

Youth Action
Youth Action is the peak organisation representing young people and youth services in NSW. Our work helps build the capacity of young people, youth workers and youth services, and we advocate to see positive change on issues affecting these groups.

We work towards a society where all young people are valued. engaged and supported.
The case for an effective prevention and early intervention approach

The case for early intervention is clear. Decades of government reports, reviews and reforms have recommended greater investment in, and enhancements to, early intervention and preventative approaches. For example, the Wood Review in 2008 concluded that:

“Recurring themes in the literature are for a reorientation to prevention and early intervention services, multi-agency cooperation and inter-connected responses, accessible high quality child care services and flexible service provision.” (p.116)

Ten years later there has been little movement of funding from crisis-oriented investment to prevention and early intervention. The 2017 Tune Report states that “current expenditure is crisis oriented, with the greatest proportion of investment in OOHC service delivery, rather than in early intervention or family preservation and restoration services.” (p.23) This self-reinforcing dynamic sees greater numbers of our state queuing for intensive support services, while a patchwork of organisations providing prevention and early intervention services struggle to demonstrate meaningful outcomes in a system that doesn’t support them. The costs of this are clear:

“Failure to provide effective services to vulnerable children and young persons can increase the demand for child protection and (Out of Home Care) services, as well as for health and justice services. In an ideal world early intervention services would form the greater proportion of the child and family welfare service provided by the State.” (Wood, p.207)

Similarly, in a systemic review of literature Fox et.al argue that “there is a clear and persuasive evidence that prevention and early intervention is more effective and more cost effective than remedial responses.” (2015, p.11)

While investment in Prevention and Early Intervention (P&EI) is therefore desirable, P&EI needs to be clearly defined, with inaccurate or vague definitions of the terms producing service systems which fail to implement effective P&EI approaches. These lacklustre implementations risk wasting the substantial benefits promised by P&EI.

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The problems with application of unclear notions of prevention and early intervention

In our work with prevention and early intervention services in NSW, we see several failings in the application of the concepts:

1. P&EI are applied to services too far down the intervention continuum.
2. They are applied to services that don't apply the holistic, client-centred principles of P&EI, which are critical to their effectiveness.

These errors derive from several factors, including vague definitions and models of P&EI, and challenges in allocating appropriate resources to P&EI, where it becomes useful to describe services as spanning a full continuum, when this full continuum is not being appropriately funded.

As an example of the vague boundaries around P&EI as concepts, the 2017 Legislative Council into Child Protection says:

“According to the Department of Family and Community Services (FACS), ‘early intervention is both intervening early in age and early in the course of an issue’. Along with preventing an issue from manifesting in the first place, prevention and early intervention is about limiting the impact or preventing the entrenchment of adverse behaviours. The goal is to prevent the escalation of serious issues that require more intensive responses, such as statutory child protection or the involvement of the justice system.” (New South Wales, 2017, p.17)

The above definition provides the following:

- Two separate definitions of early intervention (‘age’, and ‘early in the course of an issue’)
- Presenting ‘prevention’ in several different ways throughout, including ‘preventing the escalation of serious issues’, which is neither prevention nor early intervention
- Framing P&EI only through the lenses of both ‘serious issues’ and ‘intensive responses’ – in this way placing it only as a risk-avoiding, reactive part of a service system, rather than a valuable service system of its own that works in its own ways.

Carrying these ambiguities through system planning produces poorer outcomes for populations who may benefit from well-defined, well-funded P&EI services. Due to the nature of P&EI services, they often need to be thought about differently from other, more acute areas of the service system, and only defining them as an extension of these services risks missing their many benefits.

This paper seeks to clearly define the terms ‘prevention’ and ‘early intervention’ in the context of the NSW service system.
Conceptualising prevention and early intervention through a spectrum model

The traditional pyramid model of public health, as described in Tomison & Poole (2000), lays out a framework of primary/universal services, secondary services, and tertiary services. This model is applicable across many service systems, and arguably over complex, interconnected systems. However, efforts have been made to overlay the added typology of prevention and early intervention over this pyramid, which adds extra complications – it in effect re-categorises and re-draws the pyramid.
While helpful, the general transferability of the pyramid as a planning tool poses challenges when examining a system in practice. For example, many service systems have traditionally been set up to focus on a single domain or outcome. Schools have traditionally been focussed on the academic performance of students, and health institutions focussed on the physical health of patients. Each of these systems has its own pyramid of services spanning primary/universal, secondary and tertiary services – the health system has GP’s (primary/universal) and school-based assessments, secondary services dedicated to particular health areas or body parts, and tertiary services who are specialists in particular diseases or conditions (such as a hand surgeon).

However, a pyramid of services based around a single domain or outcome poses significant problems. A service pyramid will always have a view to its own needs, and will define “early intervention” within its own bounds. Therefore FaCS will always see “early intervention” as stopping children from entering Out-of-Home Care, Juvenile Justice will see “early intervention” as reducing criminal behaviours of those who are in contact with the police etc.

In essence, applying the public health pyramid model to a single domain lacks holism (i.e. how one pyramid interacts with others), ignores the comorbidity that often dramatically affects people, and defines certain terms, such as prevention and early intervention, only within a particular pyramid.

Increasing evidence points to a list of finite protective factors which transcend any one pyramid and have strong downstream/lifelong impacts. For example, ensuring school readiness and preventing school disengagement has significant downstream employment, home, social and economic benefits. A 2011 Australian meta-analysis found that preventative early years programming produced a 63% difference when educational success, cognitive development, social-emotional development, participation, criminal justice and family wellbeing were taken into account (Manning, Homel & Smith, 2011).

Similarly, community participation, positive relationships, parenting skills, and physical activity have all been shown to have impacts across multiple domains, such as health, education, mental health and financial outcomes.
These evidence-based protective factors have been summarised many times both locally and internationally. They can be seen most specifically in documents such as ARACY’s The Nest (2014), Youth Action’s Youth Development in NSW (2018), and The Social Policy Research Centre’s (Izmir, Katz & Bruce, 2009) Neighbourhood and Community Centres: results for children, families and communities.

This supports an approach of prevention and early intervention which sits above any particular sector or pyramid.

In order to more clearly define the line between “early intervention” and “intervention”, we propose using a model derived from the Mental Health Intervention Spectrum for Mental Disorders (Mrazek and Haggerty, 1994, chapter 2).

This spectrum approach provides two helpful distinctions over the public health pyramid model:

1. It presents a conceptual line between prevention and treatment, offering a functional line to differentiate between the two concepts in practice, and

2. It breaks prevention down into the categories of universal, selective and indicated. Universal programs and services are provided to everyone, and are often designed to build resilience or enhance general mental health. Selective programs are targeted at groups with known risk factors (e.g. children with parents known to have mental health issues, or have parents going through a divorce). Indicated programs are for those who are “indicating” that they are developing an issue or are at risk, such as early or moderate signs of a mental health disorder.

Once an issue becomes serious, or there are multiple complex issues, the approach is no longer early intervention, but treatment, and requires a more substantial response.
Clearly defining prevention and early intervention

From the above exploration, it can be seen that there are some traits or conditions which clearly define prevention and early intervention, as follows:

Prevention is:

- Undertaken with general, selective and indicated groups to prevent issues developing (not escalating)
- Holistic and works to promote a range of known, holistic protective factors in order to avoid a range of issues, rather than targeting prevention of a single issue
- By its nature, is ecological and cross-sectoral – promoting health and wellness is not the domain of any one system or sector.

Early intervention is:

- Undertaken before responses which could be considered “treatment” (i.e. a response is critical, interventionist or time-sensitive) are required. Once a response is treating something that is entrenched, complex or impairing function, it is no longer early intervention but treatment.
- Holistic, not single-issue focussed.
Towards an effective prevention and early intervention support system

The recent Tune Report generally supports this view, presenting a continuum of services underpinned by universal education/employment and health systems which provide “adequate mainstream resources including facilities and interventions to most families.” (2017, p.95).

The Report asserts that this universal system should be supported by community strengthening services which target communities with predictable vulnerability (such as low socioeconomic status), and increasingly targeted services for individuals with known risks, or who begin to display risks.

In moving forward, it will be important to acknowledge that an over-arching P&EI system is not the province of one sector or system, but a service sector/system that promotes and enhances protective factors and early support above any one systemic pyramid.

In enhancing protective factors for individuals and communities, it will be the first contact point for support, and support those with greater needs to access the various services they require in a joined-up way – helping them to access multiple domain-specific service pyramids in unique ways.

It is clear from the evidence presented that investment in effective holistic prevention and early intervention services across human service agencies is the only way to decrease funding in more intensive and specialised services over the long term.
References

Australian Research Alliance for Children and Youth (ARACY) (2014). The Nest action agenda: Improving the wellbeing of Australia’s children and youth while growing our GDP by over 7%. Canberra: Australian Research Alliance for Children and Youth (ARACY).


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