This is a repository copy of *Why isn't government policy more preventive?*.

Why Isn't Government Policy More Preventive? By Paul Cairney and Emily St Denny, Oxford, Oxford University Press, 2020, 288 pp., £60.

In tackling the 'prevention puzzle' - why, despite commitments to make government policy preventive, it is not - Cairney and St Denny focus on the UK political system but demonstrate the usefulness of theory-driven policy analysis for policy scholars and policymakers far more broadly. The authors reflect and respond to the complexity which characterises all policy scholarship by drawing from a wide analytical toolkit. A particular strength of their analysis, drawing from complexity theory, evidence-based policymaking (EBPM), and social construction and policy design (SCPD), is that it is grounded in substantive empirics - documentary analysis and interviews with civil servants, politicians and third sector representatives, conducted as part of a longstanding, ongoing research agenda. In testing governments' espousal of preventive policymaking in terms of actual practices and outcomes, the authors thus make an important addition to the practice turn in critical policy scholarship.

The authors' definition of prevention - as 'a vague policy solution… an *idiom*, prevention is better than cure; a set of *simple aims*, such as to intervene as early as possible in people's lives; and *governance principles*, such as to encourage EBPM, localism, and the inclusion of service users in public service design' (p139, authors' emphasis) – provides a sense of the richness and relevance of their analysis.

In their documentary review of UK government policy, the authors find a continuous rhetorical commitment to prevention. The advent of New Labour initially heralded a step change that became subsumed by the top-down 'control freakery' of performance management which reinforced the dominance of reactive over preventive services. Though the Coalition-Conservative era represents significant continuity in policymaking, including 'the classic preventive policymaking act: commissioning work that criticised a lack of progress under its predecessor' (p228), the review draws out the 'harder edge' of its prevention rhetoric under austerity. It is clear that prevention policy is expected to save money – policy increasingly accentuates the economic cost of late intervention, and of investing in prevention to disinvest in reactive services. But a particular strength of the book is its emphasis on how prevention policy involves targeting and stigmatising the most vulnerable for interventions focused on 'lifestyle'. In their application of SCPD, the authors demonstrate the utility of this analytical tool in unpicking how governments judge target populations such as 'problem families', an approach critically deployed by other academics such as Crossley (2018, reviewed in this journal).

The initial conceptual focus switches to case studies of preventive policymaking – on public and mental health, families' policies, and criminal justice. Each chapter's review of policy in these realms over time underlines the increasingly 'tempting solution' (p169) of combining prevention with localism for governments seeking to reduce budgets and avoid responsibility for policy outcomes. Scholars of austerity localism will find much of value here, fleshing out the practices used to realise the austerity agenda. Thus, while interviews with civil servants evidence sincere support for the principles of prevention and localism, the analysis reveals how prevention rhetoric is used to justify budget reduction, and localism rhetoric is used to pass on responsibility. Local authorities, other public bodies and third sector actors are increasingly charged with making sense of prevention whilst budgets are cut.

The authors' comparative approach is especially insightful. In testing whether dichotomies which could be expected in policymaking exist – such as between the UK and Scotland, or Labour versus

Conservative governments – they establish that contrasts are in fact nuanced. Throughout, the authors interrogate the fate of familiar rhetorical claims such as the 'Scottish approach's' promise of radical policy change, chiming with the 'clear red water' dividing a welfarist Wales from England espoused by the Welsh First Minister. In comparing the UK and Scotland, the authors recognise that though symbolic differences 'feel important', with the 'Scottish approach' seeming more conducive to the bottom-up, localist policymaking that tends to be associated with prevention, the empirics underline the consistencies - the 'same soft commitment to long-term preventive thinking but hard commitment to short-term centralism' (p65). As examined in terms of 'troubled families' (chapter nine), despite some greater local discretion, central direction is paramount in Scotland as well as England. The book thus makes a rich contribution to scholarship on the political autonomy of local government, and indeed of devolved government, to set and realise a distinctive, preventive policy agenda.

But the key finding resulting from the book's comparative approach is the tenacity of the 'prevention puzzle' across settings and policy realms. The authors find that though prevention has widespread rhetorical political support, policymakers' commitment diminishes within a complex system in which they have to prioritise issues and rely on many actors to make and deliver policy. An important refinement is that although they focus primarily on the empirical study of prevention policy, the authors recognise that the implications of complexity and localism are difficult to separate from normative discussions of responsibility and accountability. Both the UK and Scotland governments juggle the need to centralise to demonstrate governing competence, thus presenting themselves as in charge of policymaking, and to delegate in order to deal with the limits of their control (p226). Chapter Seven's discussion of public health (which is devolved to local authorities) exemplifies this juggling act, as well as affirming the precedence of reactive over preventive policymaking. The discussion of course resonates with current debates around Covid19 and the challenges of policy coordination. Across the policy realms examined, the book fleshes out and affirms the paradoxical centralising tendencies of the localism agenda in its various incarnations. The authors conclude that the outcome is a policymaking contradiction, as policymakers are often pursuing a prevention agenda while also making funding and governance decisions that undermine that agenda.

The authors are successful in showing how theory-driven policy analysis can make prevention policy more navigable for policy scholars and policymakers - by establishing what happens when 'windows of opportunity' to address a policy problem open 'to a maze of further possibilities' (p25). As the authors explain, much of the book's analysis prompts the question of whether a more co-ordinated approach to policymaking, involving the UK, devolved and local government levels, would indeed produce more coherent and effective prevention policy. Their key message for policy scholars and policymakers is to focus on the need to make choices and to gauge their unequal effect on target populations.

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