Public health approaches in policing

A discussion paper

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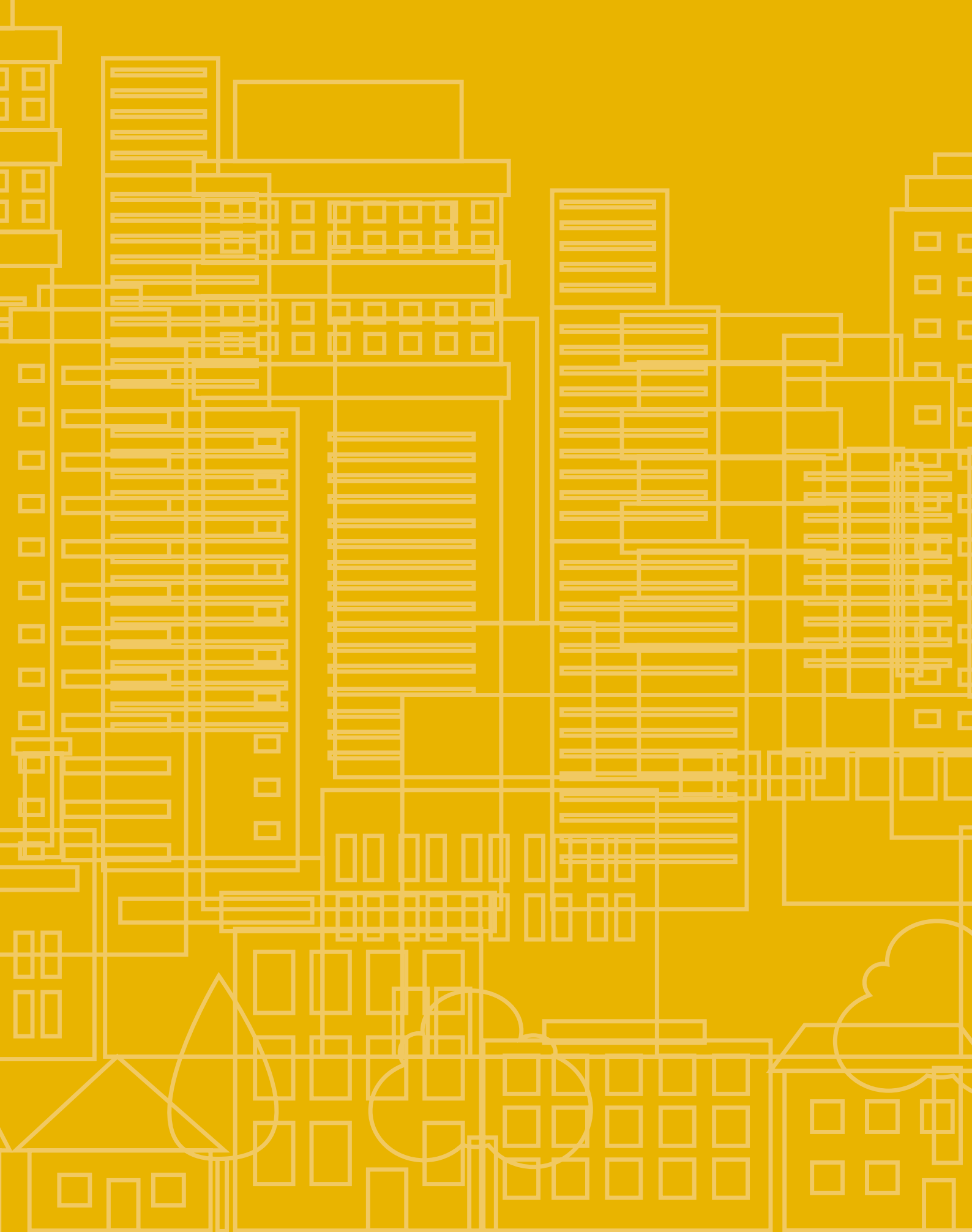
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Executive Summary

i. Introduction

The purpose of this resource is to explore what is meant by "a public health approach" in the context of policing. It has been developed by an expert reference group of police, public health and voluntary sector professionals based on the existing evidence base and their expertise and experiences. It is part of a programme of work to implement the national *Policing, Health and Social Care Consensus.*

Public health approaches, whilst different from traditional models of response policing which often focus on individuals and enforcement, build on police experiences of neighbourhood policing and problem solving. Public health approaches in policing support the Policing Vision 2025, which talks about proactive preventative activity, working with partners to problem-solve, vulnerability, cohesive communities, improving data sharing, evidence-based practice and whole-system approaches.

The idea of applying public health approaches to areas such as road safety, drugs and violence is not new; but the term is being used to mean different things and no nationally or internationally agreed definitions of 'public health approaches in policing' currently exist.

This paper is intended to support police and their partners in understanding and applying public health approaches to policing.

ii. What are public health approaches?

Population focus

Public health approaches start with the needs of the public or population groups rather than with individual people. This is different to healthcare where the focus is on the individual patient, or reactive policing where officers respond to calls about individual victims or perpetrators. Public health approaches involve interventions delivered at population level and targeting resources effectively through increased understanding of the population.

The causes of the causes

Taking public health approaches means looking behind an issue or problem or illness to understand what is driving it. Often called 'social determinants' or 'structural factors', these are the circumstances such as housing, education, indebtedness and income that underpin people's lives and make them more or less likely to:

• experience criminal victimisation

• have poor health outcomes, have less access to health services, and die prematurely

• have contact with the police and other services; and

• enter the criminal justice system.

Prevention

Public health approaches start from the principle that prevention is better than cure. A three-tier approach is often used, which recognises that there are opportunities to be preventative even after a problem has emerged:

• primary prevention is preventing the problem occurring in the first place;

• secondary prevention is intervening early when the problem starts to emerge to resolve it; and

• tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences.

Data, evidence and outcomes

A key element of public health approaches is skilled use and interpretation of data and the evidence base to ensure that interventions are designed, delivered and tailored to be as effective as possible. This links closely to a focus on population outcomes. Both policing and public health share a commitment to evaluation of new or untested interventions.

Epidemiology is a quantitative public health discipline which looks at the frequency and patterns of events in a group of people and what the risk and protective factors are. This is often the starting point for public health approaches to violence prevention, some of which use epidemiology to understand the patterns of violent events.

Partnerships, communities and systems

Partnership is central to public health approaches because the breadth of population need requires response (intervention) across many disciplines and services. Different partners have access to different skills, levers and mechanisms to effect change. A key public health skill is influencing partners to use their time and resources in a way that improves population health, safety and wellbeing, as well as understanding and championing community assets. Public health approaches are always consciously located within a wider system – which includes communities - rather than thought of in isolation.

iii. Challenges and opportunities

Challenges to adopting public health approaches in a policing context include the difficulty of evidencing the impact of preventative intervention and of investing for long term outcomes. Using approaches that are already well-evidenced and evaluating interim progress can assist with this.

The police cannot tackle the root causes of problems at a population level on their own and understand the benefits of working in partnership. This is particularly the case when demand from the public is rising and the complexity of need is increasingly recognised. Over 80% of all calls to the police are not about crime, and many relate to issues of vulnerability and people with complex social needs.

iv. Tools and case studies

Examples of tools and case studies as well as background reading are available on the Emergency Services Hub.

1. Introduction

A healthy society… is not one that waits for people to become ill, but one that sees how health is shaped by social, cultural, political, economic, commercial and environmental factors, and takes action on these for current and future generations.

Bibby 2018, p7

The test of police efficiency is the absence of crime and disorder, not the visible evidence of police action in dealing with it.

Peelian Principles

The purpose of this resource is to explore what is meant by a public health approach in the context of policing. There is currently no single agreed national or international definition of public health approaches in policing. It is not a new concept, but it is a developing field and the same phrase is used to refer to a variety of approaches: from treating violence like an infectious disease to holistic upstream population level interventions. This paper brings together different ideas and approaches that have been shown to work in achieving shared outcomes or are similar to other evidence-based strategies and therefore may be of use to police forces and their partners. Not all are unique to public health. Some concepts will be easier to relate to everyday policing activity than others. Some are about strategic planning and use of resources; others are about issues that impact directly or indirectly on police demand but where police forces will want to influence other partners to take collective action.

The paper has been developed by a reference group of policing, public health and third sector professionals, to reflect the current evidence base and their collective organisational and personal expertise. It is part of a programme of work to implement the national Policing, Health and Social Care Consensus.

Definitions and starting points

The UK Faculty of Public Health's definition of public health is:
"the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson 1988).

The World Health Organisation (WHO) defines health as:
"a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1948).

This definition has been criticised for being mostly unachievable – but the point is that health is not just a medical concept, it is much broader. The work of policing impacts directly and indirectly on health; and health conversely impacts both directly and indirectly on policing (eg Gilmour 2018, van Dijk 2019, Anders 2017).

The mission of policing is:

"to make communities safer by upholding the law fairly and firmly; preventing crime and antisocial behaviour; keeping the peace; protecting and reassuring communities; investigating crime and bringing offenders to justice" (NPCC 2016).

This paper takes five elements that are common to public health approaches and applies them to a policing context:
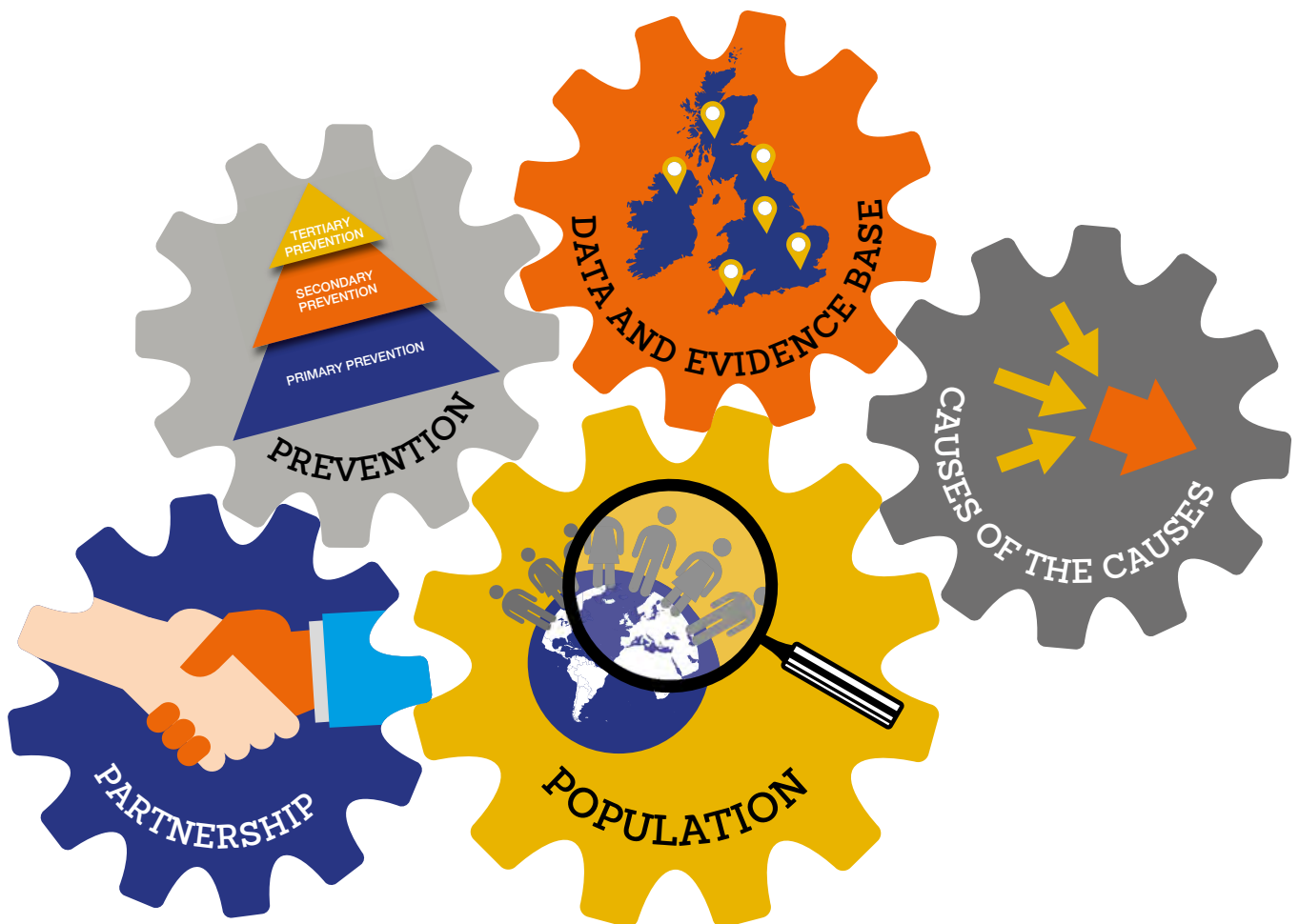
Why should we consider public health approaches?

The Policing Vision 2025 is a ten-year plan for policing. It talks about *"increasingly diverse and complex [communities], necessitating a more sophisticated response to the challenges we face now and in the future"* (NPCC 2016, p2) with the public at the heart of this. The guidance it gives on how local policing should react to this is aligned with public health approaches (p7):

- Ensuring policing is increasingly focused on proactive preventative activity as opposed to reacting to crime once it has occurred.

- Working with our partners to help resolve the issues of individuals who cause recurring problems and crime in the communities they live in; reducing the requirements that these people place on the public sector and policing specifically.

- Using an improved understanding of vulnerability, both in physical and virtual locations, as a means of improving and differentiating service and protection. This may mean adapting to evidence of what works locally in targeting vulnerability and areas of high demand and need.

- Supporting multi-agency neighbourhood projects that build more cohesive communities and solve local problems - it will often not be realistic for police to play the central role. These initiatives must be enhanced by working with the Government to ensure projects are not undermined by differing boundaries, multiple service providers and incompatible data sharing policies.

- Improving data sharing and integration to establish joint technological solutions and enabling the transfer of learning between agencies and forces so we can work more effectively together to embed evidence based practice, especially those determined by partners such as academia and the College of Policing. We must understand the wide ranging concerns of citizens and be able to communicate across all forms of public contact (including new technologies and social media), which will require significant analytical and forecasting capabilities, which must be reflected within the workforce.

- Working with partners to foster a culture shift around the delivery of public protection, away from a single organisation mentality towards budgeting and service provision based on a whole-system approach, pooling funds where appropriate to achieve common aims for the benefit of the public.

The key concepts from the above list are: proactive preventative activity, working with partners to resolve issues (problem-solving), understanding of vulnerability, cohesive communities, improving data sharing, evidence-based practice, and whole-system approaches. These are central tenets of public health approaches in policing.

This common purpose around improving people's lives and preventing harm is recognised (and formalised) in the national *Policing, Health and Social Care Consensus,* which was published by the National Police Chief's Council in 2018. It sets out a joint commitment to prioritising prevention and improving collaborative working to support vulnerable people. Supporting the implementation of public health approaches in policing is one of the workstreams of the Consensus.

Public health approaches in policing offer a different lens to understand what lies behind the increasing recognition that focusing on crisis is not cost-effective (EIF 2016) and cannot on its own reduce demand. They also provide a way forward to realise the commitment to proactive preventative activity.

2. Population approach

Public health approaches start with the needs of the public or population groups rather than with individual people. This is different to healthcare where the focus is on the individual patient, or reactive policing where officers respond to call about individual victims or perpetrators.

This wide lens helps to capture the bigger picture – including the different repercussions or potential impact from an event or issue and the people who are or might be involved. It is also vital for understanding outcomes. This may involve interventions delivered at population level or targeting resources effectively through increased understanding of the population.

What's behind this?

Taking a step back and asking "who, what, where, when, how, why" type questions helps to understand an issue as fully as possible from different perspectives and avoid unintended consequences or assumptions based on a small number of experiences. Sometimes action that might help to achieve one aim can undermine progress for other groups. For example, putting up barriers to prevent motorbikes getting onto green spaces can sometimes make access harder for people who use wheelchairs or motor scooters, or those with buggies and prams.

Public health approaches maintain a focus on population outcomes, however depending on the aims and population of interest, interventions may target the whole population (universal) or target specific groups.

Population intervention

One important theory behind population level intervention argues that reducing harm by a small amount across a whole population group is more effective overall at reducing the number of 'events' than targeted interventions that reduce harm by a greater amount in the highest risk group (Rose 1985). The classic example in health is strokes: lowering blood pressure by a small amount across the population as a whole will prevent more strokes than reducing blood pressure by a greater amount in those with the highest blood pressure. This is known as "shifting the curve". An example of a population level or 'universal'

approach in police forces such as Lancashire Constabulary (and others, for example schools and healthcare) is having trauma-informed workforces. These ensure that all staff understand the impact of trauma, rather than restricting this to specialist services for individuals whose needs have already been identified (NHS Education Scotland 2017, pp12-14). It enables a more empathetic approach, reduces the risk of retraumatising, and increases the likelihood of understanding what's behind the presenting issue.

Figure 1: shifting the curve
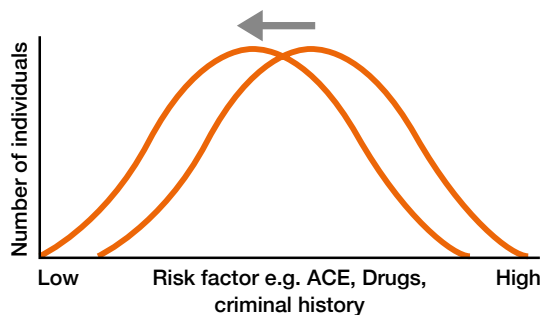
Proactive, population-focused approaches are not new in policing, and there is evidence in support of proactive prevention. George Mason University's evidence-based policing matrix (GMU 2018) plots evaluations of police interventions according to their type and their effectiveness at crime reduction. The matrix shows that place-based, proactive and specific approaches generally demonstrate better results than interventions that are aimed at individuals, are reactive, or are more general in focus (Lum 2011).

## Targeted intervention as part of a wider strategy

Sometimes interventions need to be tailored and proactively targeted at particular high risk groups with specific needs, for example, repeat domestic abuse perpetrators (for example Project Mirabel). The Devon strategy to end domestic and sexual violence and abuse 2016-21 demonstrates well how this targeted approach fits within a wider population approach (DSVA 2016, p26). Other examples of targeted interventions are available from the College of Policing's crime reduction toolkit.

Inequality and effectiveness

Some groups are more disadvantaged than others, and public health approaches will always monitor the impact for the wider population and aim to reduce inequality rather than widen it. The publication Rebalancing Act sets out in detail how health and social inequality can impact on people in contact with the criminal justice system (Anders 2017).

Public health approaches look for a balance between universal and targeted delivery. To avoid achieving improvements for some people but leaving other groups behind, services should ideally be available to all but weighted more heavily to those with the greatest need. This is known as "proportionate universalism" (Marmot 2010).

Careful design and evaluation of interventions based on a good understanding of population need and assets (such as skills, resources, knowledge, capacity, enthusiasm and experience) is key. Community involvement is central to making sure an intervention does not miss the mark (Myhill 2012).
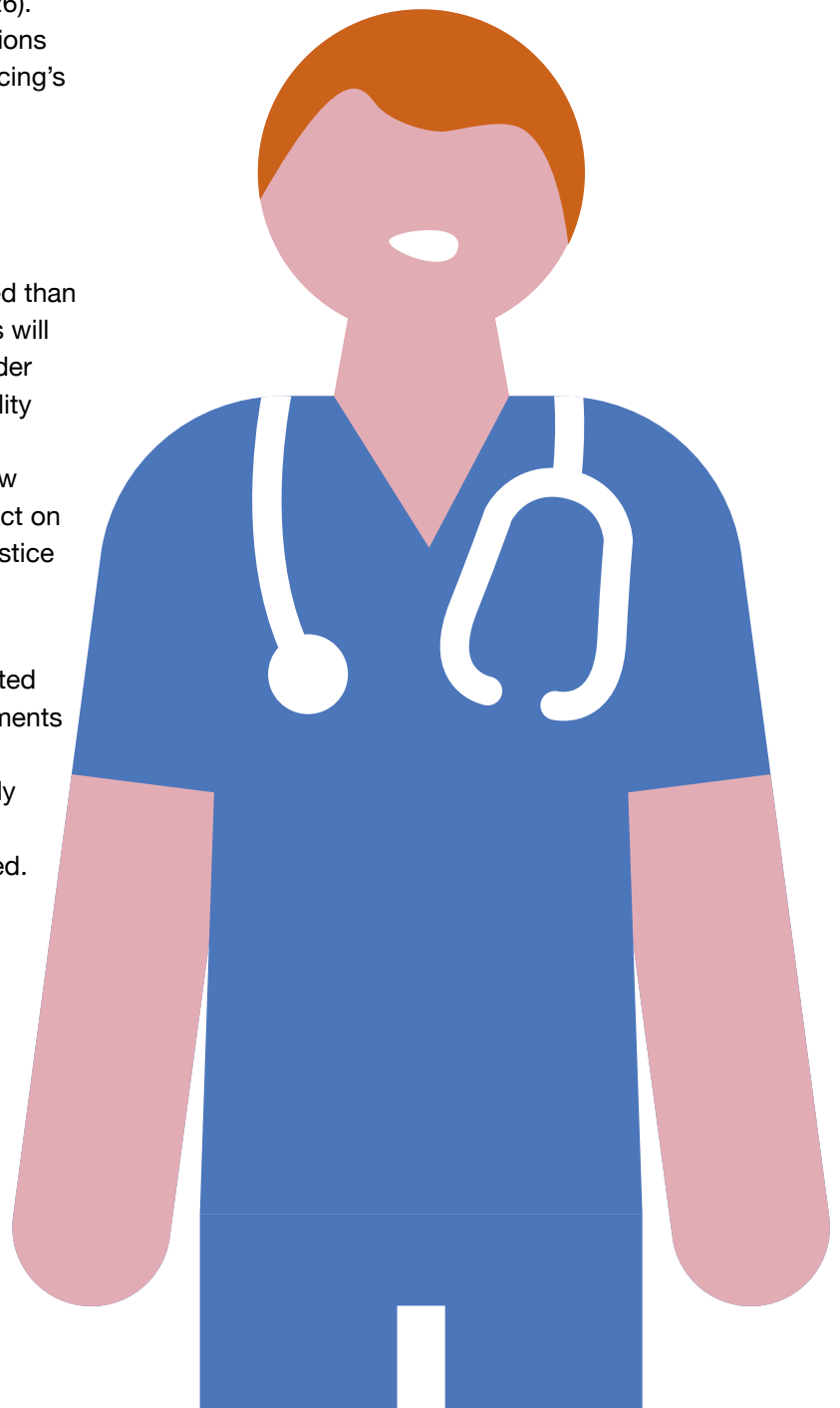
Public health approaches look behind an issue, problem or illness to understand what is driving it. Often called social determinants or structural factors, these are the circumstances such as housing, education and income that underpin people's lives and make them more or less likely to:

• experience poor health outcomes, criminal victimisation and premature death

• have contact with the police and other services; and

• enter the criminal justice system. (FrameWorks Institute 2018, pp6-12; Bibby 2018).

Figure 2: Social determinants
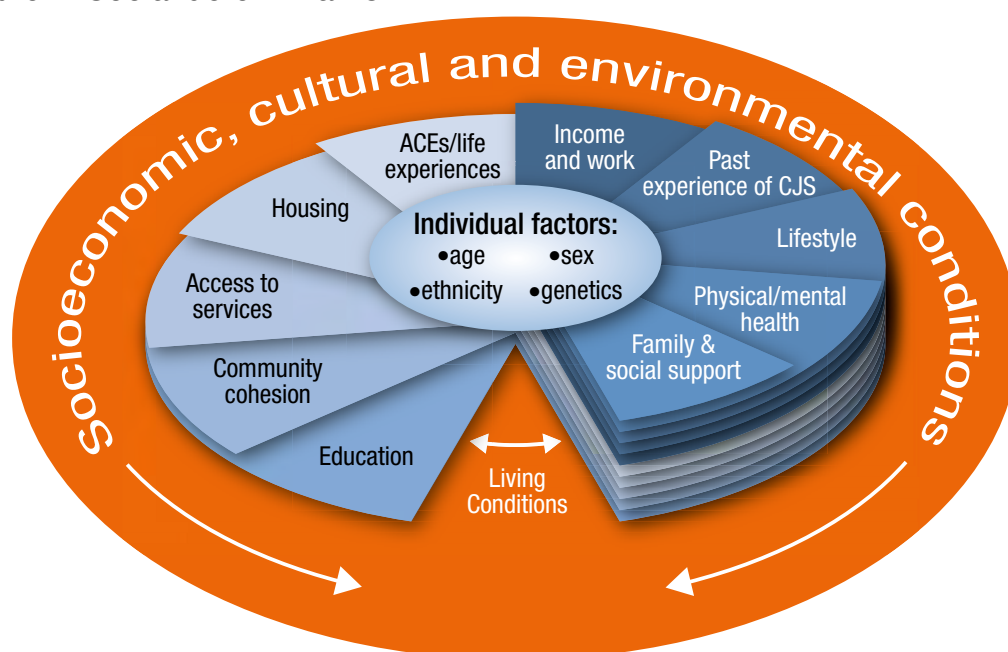
Adapted from the Dahlgren and Whitehead model, 1991

What's behind this?

There is good evidence that the circumstances of your life have a cumulative impact on your life chances and your life expectancy (Marmot 2010). There is also strong evidence that the more unequal a society is, the worse health and social outcomes it has - such as violence and incarceration (Wilkinson and Pickett 2009). Social mobility is limited in the UK, so there is also an intergenerational aspect to social circumstances (Social Mobility Commission 2017). It is important to remember that this evidence is at population level – it does not mean that an individual is destined for poor outcomes because of their circumstances, but it might mean they have more barriers to overcome than someone from a less disadvantaged background.

College of Policing demand research has identified that over 80% of calls to the police are not directly about crime (2015). Many of these are about complex social needs or vulnerability. Understanding and influencing the 'causes of the causes' gives policing an opportunity to reduce need and demand from the public, and help achieve its mission.

Often, the wider determinants listed may not be for police to tackle directly themselves, and many police colleagues will already have experience of influencing action collectively with other partners through existing local partnerships.

Sometimes the outcome of interest will be the same for different partners – such as injury from violence. Even when it is not, the causes behind police demand or poor health and wellbeing are often an area of common ground when partners start to look at what lies behind the story of an individual or a group of people.

> A local policing team in South Yorkshire chose to focus its attention on a particular estate because of high crime and anti-social behaviour, and community dissatisfaction with police and other public services. They worked with the community to understand their priorities and used a problem-solving methodology to understand the issues, what lay behind them and potential solutions. Together with the community, they developed a series of tailored solutions and crucially were able to secure the involvement of – and action from – other local partners, such as the Housing Association. The actions included enforcement, target hardening, environmental improvements, use of community payback and play activities for children. The team evaluated the impact and improvements included large reductions in police incident demand, large increases in community satisfaction measures, and the initiation of some longer-term projects for young people in the area.

Adverse Childhood Experiences (ACEs), vulnerability and trauma

The impact of childhood adversity is both a public health and policing issue and provides a good example of common ground. A review of collaborative working in England and Wales found that the three highest ranking issues that police wanted to work on with health colleagues were homelessness, social isolation and ACEs (PHE 2018).

The impact of adversity in childhood has been described in an 'ACE Model' setting out 10 specific traumatic events occurring before the age of 18 which, given high or frequent exposure can lead to toxic stress, which itself is associated with impacts including negatively altered brain development (Sweeny 2018).

It is important to note that the evidence base around ACEs is still emerging (Bateson 2019). ACEs are not predictive at the individual level and ACEs do not cover the whole picture of risk and resilience. However, research in the US and then England and Wales provided population level evidence that people who have experienced four or more ACEs from the specific list have a much greater risk of poor social and health outcomes than people who experienced no ACEs (Felitti 1998, Bellis 2014). For example, this group are seven times more likely to

have been involved in violence in the last year, and eleven times more likely to have used crack or heroin or been incarcerated (Bellis 2014b). This does not mean that every person who experiences ACEs will struggle in adulthood, or that ACEs are the only cause of social and health problems.
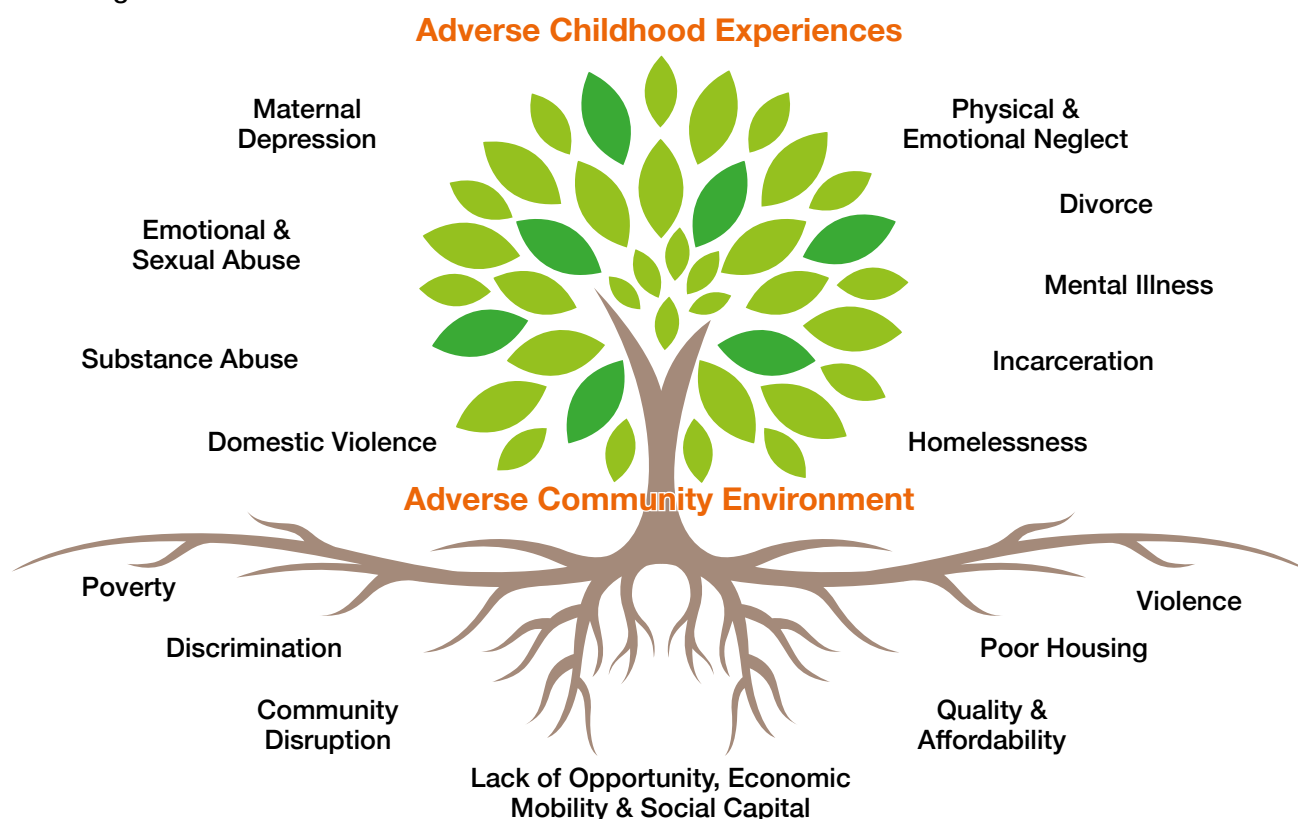
Clearly, preventing ACEs occurring in the first place is the best way to prevent the harm they can cause. The most important mitigating factor to prevent harm developing from experiencing ACEs is the buffering effect of a supportive relationship with at least one trusted adult.

> The Early Action Together (EAT) programme is funded by the Police Transformation Fund and run jointly with Public Health Wales. Its mission is "to facilitate the transformation of policing in Wales to a multi-agency, ACE informed approach that enables early intervention and root cause prevention" and it operationalises a public health approach to achieve this. The programme is training staff to build their understanding and confidence; developing organisational capacity; developing a single integrated 'front door' for vulnerability and working towards a whole system approach. It also has a strong research team. More information is available from the EAT Learning Network

There are also many other adversities and traumas that children can face which were not part of the original ACEs studies, such as racism and bereavement (van Woerden 2018). It can be helpful, therefore, to consider ACEs and their impact as one aspect of wider vulnerabilities that people can experience.

Preventing ACEs should be seen within the wider context of tackling societal inequalities. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation. Adverse childhood experiences are therefore often described alongside adverse community environments as a 'pair of ACEs' (Ellis 2017).

Figure 3: The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Emotional & Sexual Abuse

Substance Abuse

Domestic Violence

Physical & Emotional Neglect

Divorce

Mental Illness

Incarceration

Homelessness

Adverse Community Environment

Poverty

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Violence

Poor Housing

Quality & Affordability

Adapted from Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp.S86-S93. DOI information: 10.1016/j.acap.2016.12.011

> Public Health England are in the process of publishing Collaborative Approaches to Preventing Offending and Reoffending in Children (CAPRICORN): a resource for the local health and justice system to support collaborative working for vulnerable children and young people. It describes the importance of understanding health and social care needs, identification of risk and protective factors to support individual and population level interventions and supports the development of a whole system approach to tackle complex problems (PHE forthcoming).

Trauma can be thought of as an umbrella term under which ACEs belongs. A trauma-informed approach will encompass an ACE-informed approach, giving people a common language with which to talk about the impact of trauma and adversity, through embedding the approach into multi-agency organisational thinking (Whitfield 1998).

From a service perspective, a trauma-informed approach asks: 'What happened to you?' rather than, 'What's wrong with you?' and goes on to ask, 'How has this affected you?' and 'Who is there to support you?'. Several police forces are working with partners to develop these approaches, for example Lancashire Constabulary is a key partner in the Trauma Informed Lancashire project.

4. Prevention

TERTIARY PREVENTION

SECONDARY PREVENTION

PRIMARY PREVENTION
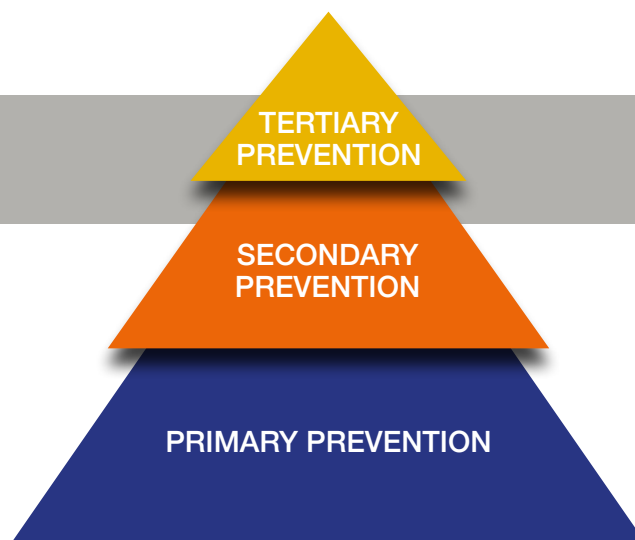
Public health approaches start from the principle that prevention is better than cure. A core role of the police service is to prevent crime, and the phrase "you can't arrest your way out of…" is often used: for example, the title of the Local Policing Conference 2019 was, "You can't arrest yourself out of a crisis".

A hurdle in persuading funders to back a preventative approach is that it is much harder to show evidence of effectiveness in the short term. This is particularly true when the problem and/or intervention is complex (see Centre for Health Economics 2019).

What's behind this?

Public health approaches often use a three tier model which recognises that there are opportunities to be preventative even after a problem has emerged:

• primary prevention is preventing the problem occurring in the first place;

• secondary prevention is intervening early when the problem starts to emerge to prevent it becoming established; and

• tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences.

It is also important to note that the same intervention - for example providing support to a parent with an alcohol problem - might be secondary or tertiary prevention for them, but at the same time could be primary prevention for their children.

There is also a long history of the same three tier model being used in a policing context – for example Brantingham and Faust created a conceptual three tier model for crime prevention in 1976. The National Police Crime Prevention Strategy outlines the aim of preventative policing as, "fewer victims, fewer offences, and less demand on policing achieved by addressing the causes of crime, utilising sophisticated partnership-oriented problem solving" (NPCC 2015). It utilises Brantingham and Faust's public health model and articulates the inputs, outputs, and outcomes associated with successful delivery.

Thames Valley Police and Public Health England's Health and Justice team are key partners in "the Reading Model" which includes a prevention and early intervention strategy and partnership. The model was developed with no additional funding. Partners are committed to providing holistic support for families early on, to prevent issues escalating.

Problem solving

Problem solving or problem oriented policing (POP) is an approach where a problem or issue is examined from different perspectives before potential solutions are identified, implemented and evaluated (College of Policing, 2017b). A four step technique, SARA, is used, and partner involvement is critical.
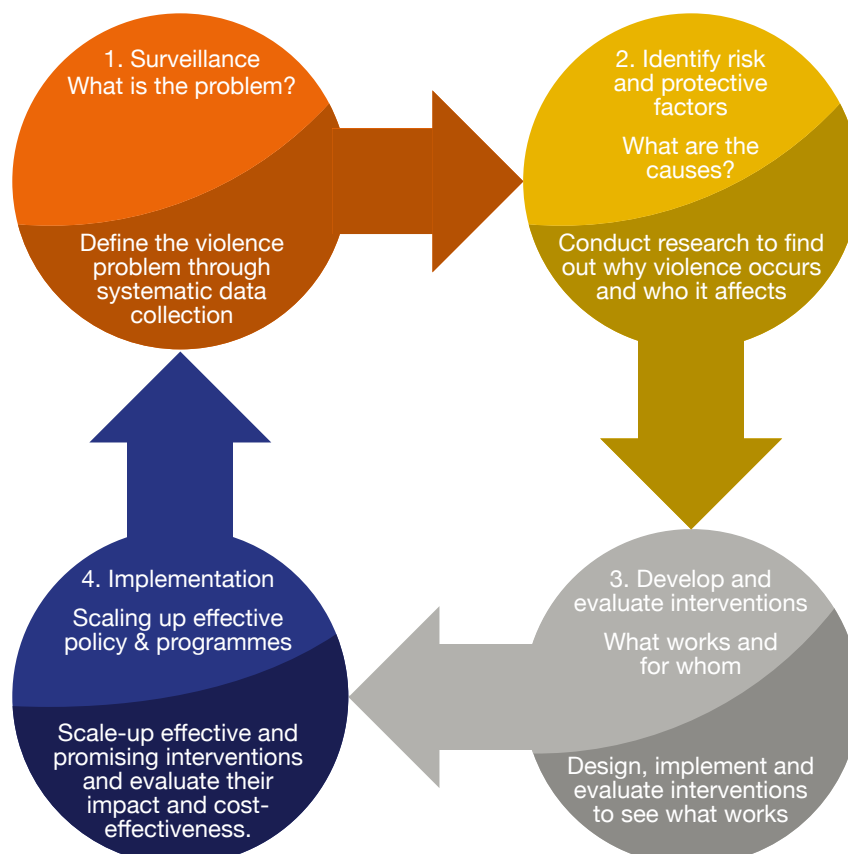
> **SARA problem solving model:**
>
> - **Scanning:** the identifiying and prioritising of potential crime and disorder problems
>
> - **Analysis:** the analysis of potential problems, by gathering information and intelligence to identify underlying causes of the problem
>
> - **Response:** the development and implementation of tailored activities to address the causes of the problem, as identified in the analysis phase
>
> - **Assessment:** the measurement of the impact of the response to test if it had the desired effect and to make changes to the response if required

Although POP was not designed as a public health approach, the two are compatible when partner involvement is prioritised and problem solving techniques are geared towards prevention within a broader public health framework.

The World Health Organisation Violence Prevention Alliance's four step public health model for violence prevention is highly consistent with POP: both share a commitment to understanding problems; their causes; and the impact of interventions designed to tackle them (WHO 2019). The WHO model – which can be applied to problems other than violence – places stronger emphasis on scaling up interventions shown to have a positive impact.

Figure 4: WHO public health approach to violence

1. Surveillance
What is the problem?
Define the violence problem through systematic data collection

2. Identify risk and protective factors
What are the causes?
Conduct research to find out why violence occurs and who it affects

3. Develop and evaluate interventions
What works and for whom
Design, implement and evaluate interventions to see what works

4. Implementation
Scaling up effective policy & programmes
Scale-up effective and promising interventions and evaluate their impact and cost-effectiveness.

Source: WHO 2019

Table 1: Examples of preventative approaches[1]

Primary Prevention	Preventing a problem from occurring in the first place	• Early years family-based intervention • Early years school-based interventions • Training in social and emotional skills, problem-solving and anger management for at-risk children • Alcohol pricing • Firearms laws • Neighbourhood watch	• Improved public trust and police legitimacy • Improved collective efficacy in communities • Improved educational attainment • Support into employment • Reduced school exclusions • After-school recreational activities • Access to community resources (e.g. youth clubs, libraries) • Awareness raising and anti-violence education • Mental resilience support in school • Crime prevention through environmental design • Urban renewal
Secondary Prevention	Intervening early when a problem starts to emerge to prevent it becoming established	• Hot-spots policing • Therapeutic foster care • Problem-oriented policing • Mentoring • Training in social and emotional skills, problem-solving and anger management for children with early signs of struggling • Police-led diversion of low-risk young offenders • Trusted adult workers	
Tertiary Prevention	Making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences	• 'Pulling levers' focused deterrence strategies • Victim/offender mediation • Restorative justice • Motivational interviewing • Cognitive behavioural therapy	• Trauma informed workforce

Together these examples provide a snapshot of some of the policing and health preventative approaches being implemented currently.

[1]Many of these interventions have an evidence base for preventing violence, but will also impact on other outcomes.

5. Data, evidence base, epidemiology and outcomes

A key element of public health approaches is skilled use and interpretation of data and the evidence base to ensure that interventions are as effective as possible. This links back to the focus on population outcomes described earlier.

Epidemiology is a quantitative public health discipline that studies the distribution and determinants of (health) events or states in a specified population (Carniero 2011). Essentially, it looks at the frequency and patterns of events in a group of people and identifies the risk and protective factors. This is often the starting point for public health approaches to violence prevention, some of which use epidemiology to understand the patterns of violent events (Violence Reduction Unit 2019).

Health economics is also a core discipline for public health approaches, applying analytical frameworks to support decisions about resource allocation and economic appraisal of policies and interventions.

What's behind this?

Public health and policing are both committed to an evidence-based approach. The College of Policing defines evidence-based policing as an approach where "police officers and staff create, review and use the best available evidence to inform and challenge policies, practices and decisions" (2017a). Similarly the Public Health Good Practice Framework talks of "plan[ning] and act[ing] in accordance with available evidence and us[ing] resources effectively and efficiently" and "tak[ing] steps to monitor, evaluate and review the impact of a given course of action where the evidence is unclear or does not exist" (FPH 2016).

Research is highly valued in both policing and public health. Increasingly there is a recognition that some traditional approaches to research struggle to take account of complexity, and new approaches are needed (Rutter 2017). Evaluation is strongly encouraged and is particularly valuable where good evidence of effectiveness is not already available.

Skilled use of data is also a key element of public health approaches. Epidemiology, although developed originally to map the spread of infectious disease, is being used more widely to understand patterns of events like violence. It is also a vital tool for assessing population need and understanding the impact of interventions. The publication Rebalancing Act is an example of how epidemiology can be used to understand health need across the criminal justice system (Anders 2017).

The Scottish Violence Reduction Unit explicitly takes a public health approach to violence, approaching it like a disease that is preventable and can also be cured. Their starting point is the epidemiology of violence. The unit runs a range of different projects, underpinned by their approach which seeks to identify and analyse the root causes of violence in Scotland, then develop and evaluate solutions which can be scaled-up across the country (Violence Reduction Unit 2019). The VRU was set up in 2006. Scotland saw a 27% reduction in violent crime between 2008/9 and 2016/17, with a particular fall in 16-24 year olds experiencing violent crime during this time period (Scottish Government 2018).

Data and information sharing is a key enabler for public health approaches (Centre of Excellence for Information Sharing 2018), though the difficulties in doing so are often recognised as a barrier to collaborative working (PHE 2018). 'The Reading Model' is being developed in Thames Valley to use sophisticated data sharing techniques in an asset-based way, to better understand risk and preventative factors. The Cardiff Model of violence prevention is also built on data sharing.

The Cardiff Model of violence prevention is well established, and involves data from hospitals being shared with the police and local authorities. Receptionists at Emergency Departments record the location and weapon used from people injured in violence, and this information is anonymised and combined with police data to inform violence prevention strategies and tactics. Since this approach was implemented in 1997, there has been a reduction in hospital admissions for violence, a reduction in police recordings of violence and savings to the local economy.

6. Partnerships, communities and system leadership

SHARED VISIONS — **INCOME** **HOUSING** **EDUCATION** **FAMILY**
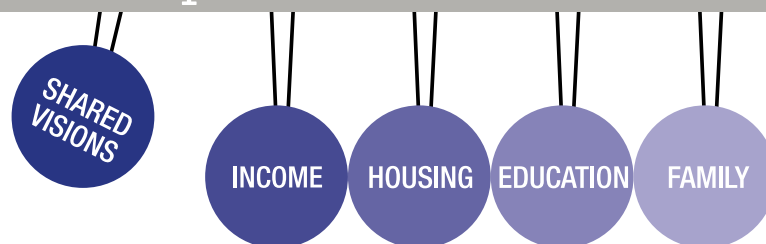
Partnership is central to public health approaches because the breadth and depth of population need spans many disciplines. Public health approaches are not an alternative to law enforcement. The examples in this paper illustrate that taking public health approaches in policing does not necessarily mean police undertaking extra tasks, but often is about influence and local leadership. A key public health skill is influencing partners to use their time and resources in a collaborative way that improves population health and wellbeing. Public health approaches are always consciously located within a wider system rather than thought of in isolation.

What's behind this?

There is a strong history of collaboration and partnership working between policing and health (PHE 2018). There is good evidence about what makes multi-agency partnerships successful, although the evidence about whether they are often effective is mixed (eg PHE 2018, Hunter 2012, Berry 2011). Mitton argues that it is important to draw on a range of disciplines because their differing perspectives and collective insights would offer a more sophisticated understanding of an issue than could be provided by any one discipline (2019).

An example of public health approaches in policing being delivered through strong partnerships is the Action on ACEs Gloucestershire movement which has at its core a partnership between Gloucestershire Constabulary and the Public Health team and Gloucestershire County Council. Housing associations, education providers, NHS, third sector providers and communities also feature heavily in the partnership approach.

Moving beyond partnership to truly place-based approaches or "whole place approaches" is a goal expressed in the Police Vision 2025 (NPCC 2016) and shared by public health leaders (eg Selbie 2016).

West Midlands Combined Authority describe radical prevention approaches achieved through system collaboration with shared leadership frameworks, shared approaches to research and intelligence.

The West Midland Violence Prevention Alliance is an exemplar of good practice between police and public health as well as wider community partners, using evidence of what lies behind violence to prevent it.

Public Health England are developing a 5C's public health approach to serious violence which incorporates the essential components of a partnership approach (PHE forthcoming).

It recommends that a public health approach must be underpinned by **community consensus,** recognising that the community's engagement is essential and ensuring their needs are reflected in the programmes of work.

The approach requires **collaboration** across and between key organisations and stakeholders who work together on mutually agreed programmes of work with shared resources to support effective working.

Work should be informed by the multi-agency perspectives of the whole group and be **co-produced,** including a broad range of activities encompassing public protection, identifying and supporting vulnerable people, building personal and community resilience, and achieving joint aims of a healthy peaceful community.

To be successful it requires **cooperation** from all organisations and stakeholders to **share data and intelligence** and work together to interpret and use data in a meaningful way.

Concurrently we need to provide individuals with a meaningful **counter-narrative,** an attractive alternative to becoming involved in gangs and county lines.

Figure 5: Proposed model on public health approaches to serious violence prevention
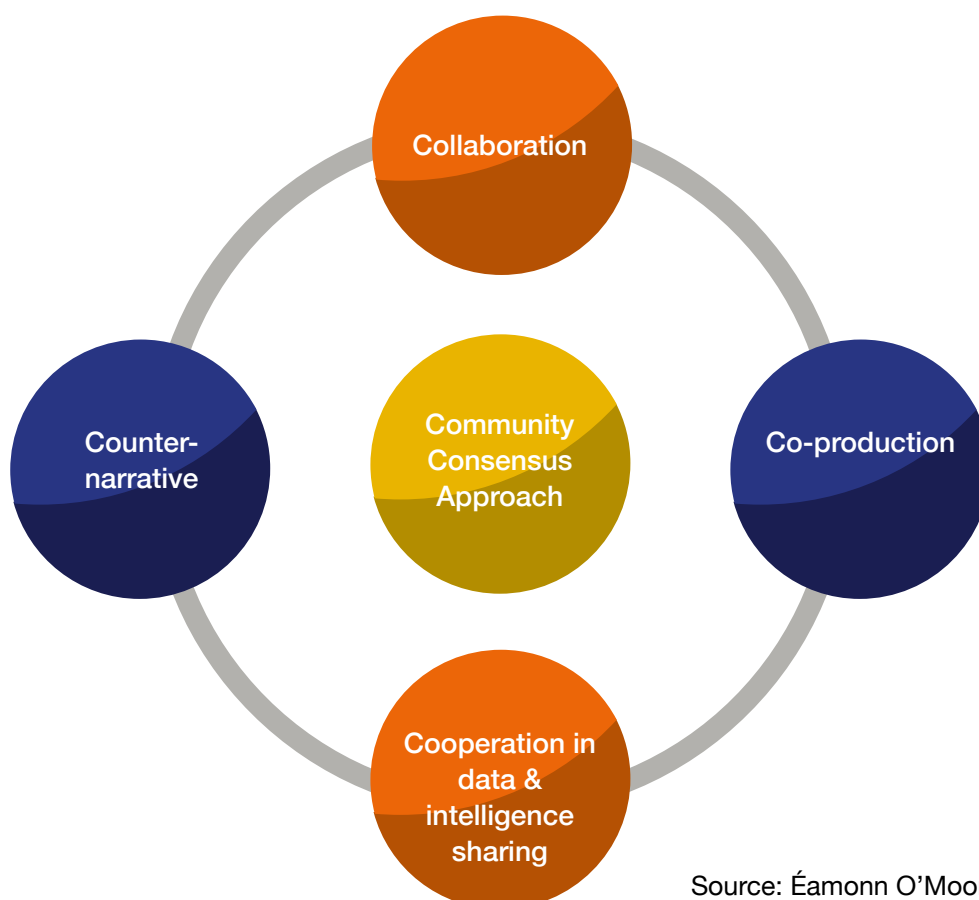
Source: Éamonn O'Moore 2019

This model emphasises the importance of the role of communities. A community asset or strengths approach is part of public health approaches: remembering that police and public health professionals work with and for communities rather than starting from organisational perspectives (eg Lent 2019).

7. What can and do public health approaches in policing look like in practice?

Understanding in police and public health colleagues and their organisations:

- Value of a wide lens – taking a step back to think analytically about an issue from different perspectives (College of Policing 2018)

- Causes of the causes, vulnerability, adverse childhood experience and adverse community environments and how these can impact on life

- How to approach day-to-day work in a trauma-informed way

- Potential impact of practitioners' own circumstances and how to address that

- Police force, partnership and national level commitment to prevention and working collaboratively

Services:

- Day-to-day police officers are aware of what is available and are confident and supported to signpost to community and non-statutory services when appropriate

- More upstream and universal provision (Early Action Task Force 2011)

- More appropriate referrals to statutory services, and fewer referrals have 'no further action' taken (Early Action Task Force 2011)

- Staff wellbeing is a priority and a norm

- Presumption towards effective rehabilitation rather than punishment (Revolving Doors 2019)

Strategic level:

- Active commitment to prevention (NPCC 2016) and the assessment of its impact (College of Policing 2018)

- Ensuring sufficient analytical capacity and capability for effective problem-solving (College of Policing 2018)

- Police at the heart of strong place-based partnerships with shared values, shared outcomes and trust

- Understanding of population need and a shared approach to meeting it

- Supportive culture

- Effective systems leadership (College of Policing 2018)

- Sharing data, analysis and best practice between partners

Background papers, case studies and resources to support this paper are available on the Emergency Services Hub

A resource to support implementation of public health approaches in policing is planned for late 2019.

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