



The UK's policing think tank

Police Policy Dinner

January 2019

Public health approaches

to crime prevention and

the role of the police

### **Background**

Prevention sits at the heart of the Peelian policing model but the numerous ways in which the police seek to prevent crime, disorder and broader social harms often rely on orthodoxy as much as evidence and draw on under-examined theories of change. With some forms of crime increasing, and with the police and other services looking to reduce upstream 'demand', there is arguably the need for a paradigm shift in the way prevention is thought about and implemented.

While not new, calls for a 'public health approach' to be applied to the most serious crime and other policing issues are becoming increasingly strong and frequent. In recent months, drawing on successes in Glasgow and elsewhere, the Mayor of London has launched a new Violence Reduction Unit to apply a public health model to violent crime in the capital, while the government has announced a consultation on making such an approach a statutory responsibility for local agencies.

At the same time, interest in the role Adverse Childhood Experiences play in determining future violence and crime (as well as health) outcomes continues to grow, and the potential for applying a public health lens to 'policing' issues, ranging from drugs and alcohol misuse to mental health, sex work and illicit tobacco is increasingly being identified.

To explore these issues the Police Foundation and KPMG brought together a group of leaders and experts from the fields of policing, public health, academia, and the third sector, for the fifth in our series of Policing Policy Dinners. This report is a write up of the main themes discussed at the dinner, which sought to address the following questions:

- What exactly do we mean by a public health approach to crime reduction?
- How widely can it be applied to 'police business' and what are its boundaries?
- What are the barriers to implementation and how can these be overcome?

This report provides a summary of the issues raised during the discussion. Individual contributions have not been attributed, however attendees are listed at the end of the report.

Photo by Louis Bauer from Pexels

#### Context

2018 saw the largest number of fatal stabbings in England and Wales since 1946, with 285 people killed by a knife or sharp instrument in the 12 months to March 2018. Knife crime offences overall have been rising in England and Wales since 2014. This increase in serious violence has sparked a debate as to its causes and has led to calls for the adoption of a 'public health approach' to violent crime.

Such approaches have gained in credibility following their success in other jurisdictions. In Scotland, where a public health approach has been coordinated by the Violence Reduction Unit (VRU), violent crime fell by 27 per cent between 2008/09 and 2016/17 and the number of homicides has more than halved since 2004/05.<sup>2</sup> In Glasgow the VRU's Community Initiative to Reduce Violence (CIRV) offered young people an alternative to gang membership, such as youth clubs, as well as the prospect of training and work. By 2011 there had been a 50 per cent reduction in violent offending by those taking part.<sup>3</sup>

In response the Mayor's Office for Policing and Crime in London is establishing its own Violence Reduction Unit, which has been set up to take a public health approach to violence.<sup>4</sup> The Home Office is consulting on making it a statutory duty for authorities to take a public health approach to tackling serious violence.<sup>5</sup>

In recent years there has also been increasing evidence that young people who have experienced Adverse Childhood Experiences (traumatic experiences that occur before the age

1 'Knife crime: Fatal stabbings at highest level since records began in 1946' https://www.bbc.co.uk/news/uk-47156957

of 18 and are remembered throughout adulthood) are more likely to develop health-harming and antisocial behaviours, perform poorly in school, get involved in crime and are ultimately less likely to be productive members of society. This has led many in policing to support the adoption of trauma informed practice so that earlier intervention might prevent such problems occurring in later life.

# What is a public health approach?

According to the World Health Organisation a public health approach to tackling violence

"seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence".6

During our discussion, participants highlighted the following characteristics of a public health approach.

First, it involves taking a population level approach, not just focusing on those individuals who are high risk. There is a similarity between traditional medicine and traditional policing which tend to focus on harm manifesting at the individual level and seeking to intervene there. A public health approach takes a wider lens on the problem, looking at its magnitude, scope, characteristics and consequences across the larger population, normally defined as residents of a town, city or country.

Second, it involves a shift towards *primary prevention*, which focuses on preventing problems before they have occurred, as opposed to secondary prevention (focused on tackling problems once they have occurred and preventing their re-occurrence) and tertiary prevention, which focuses on managing and ameliorating problems once they have become entrenched.

Third, it involves taking a 'whole system' approach, involving all relevant agencies and

<sup>2 &#</sup>x27;How Scotland stemmed the tide of knife crime' https://www.bbc.co.uk/news/uk-scotland-45572691; Recorded crime in Scotland 2017-2018 https://www. gov.scot/publications/recorded-crime-scotland-2017-18/ pages/7/#Tab4

<sup>3 &#</sup>x27;How Scotland stemmed the tide of knife crime' https://www.bbc.co.uk/news/uk-scotland-45572691

<sup>4 &#</sup>x27;What is the Violence Reduction Unit?' https://www.london. gov.uk/what-we-do/mayors-office-policing-and-crimemopac/violence-reduction-unit-vru

<sup>5 &#</sup>x27;Home Secretary announces new measures to tackle serious violence' https://www.gov.uk/government/news/ home-secretary-announces-new-measures-to-tackleserious-violence

<sup>6 &#</sup>x27;The public health approach' World Health Organisation 2019 https://www.who.int/violenceprevention/approach/ public\_health/en/

actors at different levels. This involves looking at all the possible risk factors that might increase or decrease the incidence of a problem and mobilising all those who have some influence over those risk factors, whether these be local public agencies, businesses, community organisations, families or national government.

Fourth, it involves building **an evidence base**. This includes:

- Defining and understanding the problem (how big a problem is it, what are its characteristics and what impact is it having).
- Establishing why the problem occurs (what its causes are, what factors might cause it to increase or decrease, how it could be impacted by interventions).
- Finding ways to prevent the problem by designing, implementing and evaluating interventions.

# What role should policing play within a public health approach?

Policing is an emergency response service and most of the demand upon them is to deal with immediate harm. With a mission to keep people safe the police will always be pulled towards dealing with the 'here and now'. However, participants felt that the police can play an important role as part of a wider public health approach to crime:

- While most police work by its nature involves dealing with individuals who are at the greatest risk of harm or of causing harm, the police do have wider relationships with communities, particularly through neighbourhood policing, that should enable them to look out for the early signs of problems emerging.
- The police hold data that is vital in understanding problems like violence and their causes.
- As regards secondary and tertiary prevention, police officers are key decision-makers in determining what action should be taken.
   For example should a matter be dealt with

- primarily by the criminal justice system (which while important for securing justice for victims can also run the risk of locking offenders into a criminal lifestyle) or should there be a social intervention by other more preventative services? Participants felt that the police are good at making quick decisions, but the key is to enable them to make better informed and more evidence based decisions.
- Although sometimes the police might be the wrong actor to take the lead (for example in communities where trust in the police is low), on occasions the deployment of a police officer as part of a preventative intervention might be the most effective way of engaging an individual.

# What are the barriers to implementation and how can these be overcome?

A number of barriers to the adoption of a public health approach to tackling crime were hightlighted. These included:

- The sheer pressure of dealing with responsive demand, particularly in blue light services, should not be under estimated. This is particularly the case in a context of austerity.
- The population level around which a public health approach should be organised needs to be defined, but is often complicated by conflicting jurisdictional boundaries and highly inconsistent governance across geographies in England and Wales.
- Financial and managerial silos are a major barrier, with budgets and accountability arrangements locking services into 'business as usual' and inhibiting investments in primary prevention.
- The political cycle is short which makes it difficult to implement long term strategies. The VRU in Scotland was an exception to the rule, benefiting from consistent government support across parties.
- Data sharing between agencies is still inhibited by risk aversion around data protection.

- The evidence base for public health interventions is weaker than for pharmacological interventions for a number of reasons: the subject matter is more complex (human behaviour rather than biology), in cases such as crime the sample sizes are small (at a population level the number of crimes and criminals is low), it is not always ethically appropriate to undertake an experimental study and it can take time to get results, whereas the politics around crime tends to demand quick results.
- The police need the support of analysts to help them understand the bigger picture, but there are far fewer of them than there were a decade ago.
- Communities need to take action themselves, rather than having it done for them by wellmeaning professionals.

However a number of positive enablers were highlighted also:

- There is strong commitment within policing to working on this agenda. It is widely accepted that prevention is better than cure.
- In some areas the governance issues have been overcome through the agreement of shared outcomes across agencies, even where formally institutional and professional silos remain.
- The professionalisation agenda within policing places high value on evidence-based approaches.
- Neighbourhood policing remains an important resource for the more proactive work entailed by this agenda. The key is to ensure it is intelligently deployed.

## Attendees

Supt. Paul Bartolomeo	Policing Standards Manager for Local Policing, College of Policing (Hampshire Police)
Dr Iain Brennan	Reader in Criminology University of Hull
Helen Christmas	Public Health Specialty Registrar, Public Health England
Edward Fitzgerald	Global Healthcare Executive, KPMG
Mr Martin Griffiths	Consultant Vascular Endovascular & Trauma Surgeon Lead for Trauma Surgery, Barts Health Senior Clinical Lecturer QMUL
Andy Higgins	Research Director, The Police Foundation (notes)
Linda Hindle	Lead Allied Health Professional, Public Health England
Dr David Humphreys	Associate Professor of Evidence-Based Intervention and Policy Evaluation, Dept. Social Policy and Intervention, Oxford University
Andrew Lea	Head of Policing, KPMG
David Lloyd	Police and Crime Commissioner, Hertfordshire
Commander Mark McEwan	Head of Profession for Crime Prevention, Inclusion and Engagement, Metropolitan Police Service
ACC Julian Moss	Assistant Chief Constable, Gloucestershire Police
Dr Rick Muir	Director, The Police Foundation (Chair)
Jason Parker	UK Head of Health & Human Services, Partner, KPMG LLP
ACC Lauren Poultney	Assistant Chief Constable, South Yorkshire Police
Paul Quinton	Evidence and Evaluation Advisor, Uniformed Policing Faculty, College of Policing
Sarah Scott	Director of Public Health, Gloucestershire County Council
Supt. Justin Srivastava	Senior implementation manager, the National Police Wellbeing Programme, Lancashire Constabulary
Louise Sunderland	Director, Infrastructure, Government and Health, KPMG
Supt. Chris Truscott	Early Action Together, Force Lead, South Wales Police
Steven Ward	CEO, UK Active





## About the Police Foundation

The Police Foundation was founded in 1979 and is the only independent charity focused entirely on influencing policing policy and practice (and related issues) through research, policy analysis and training/consultancy. Its core aim is to challenge the police service and government to improve policing for the benefit of the public. Since its inception, the Police Foundation has become an influential think tank on a wide range of police-related issues, working closely with external funders and other third sector organisations.

#### About KPMG

KPMG's policing team offers practical advice and experience to help enable clients design, deliver and implement real change. We have worked with over 30 police forces in the UK on their most strategic challenges, from the design and implementation of new operating models and implementation of new technologies, to the creation of platforms for sharing information. Our knowledgeable team uses data to prioritise improvements. They bring well-established techniques to improve frontline performance, enhance customer centricity and increase efficiency. Most importantly, our team help police forces develop these skills so that our work is not a one-off, but helps empower our clients to continue to adapt and improve outcomes. We offer insight from, and access to, our global network to give a different perspective on how other countries and sectors are managing similar complex challenges.

Reports from previous Police Foundation/KPMG policy dinners can be found at http://www.police-foundation.org.uk/events/police-policy-dinners/