



Association of
Police and Crime
Commissioners



A Guide to Taking a Public Health Approach for Police & Crime Commissioners and their Offices

Produced by:
The Association of Police and Crime
Commissioners and Public Health &
Police Collaborative



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Foreword

Foreword from Association of Police & Crime Commissioners (APCC) Prevention Leads:



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Police and Crime Commissioners (PCCs) oversee police forces in England and Wales to ensure they do everything they can to keep communities safe.

There are various ways in which PCCs deliver this responsibility, including holding chief constables to account, ensuring police forces have appropriate funding and resources and of course setting priorities for forces to deliver.

Priority setting represents a significant opportunity, and we are pleased to see every PCC in England and Wales prioritise prevention within their police and crime plans. By 'locking in' an expectation for policing to prioritise prevention, there lies substantial opportunity to prevent and subsequently reduce crime and, importantly, the number of victims of crime. Prioritising prevention provides wider benefits for police partners too. For example, fewer crimes and victims leads to reduced demand and costs for criminal justice partners, including courts and prisons. Equally, fewer crimes and victims can represent benefits for local authority and health partners too.

Effective partnership working presents a further opportunity for PCCs to help keep communities safe from harm. PCCs can and already are supporting the prevention agenda by collaborating effectively with strategic partners, including the health sector. For example, PCCs in areas with and without Violence Reduction Units (VRUs) are working hard, bringing police, health and other partners together

in recognition of their shared concerns for the impact of adverse childhood experiences, including physical abuse, exposure to domestic violence and sexual abuse, effectively delivering reduced crime and positive health outcomes simultaneously through a public health approach to policing. The increasing relevance of the public health approach has been reflected by the government, within their 10-year Drug Strategy, which recognises a shared priority for police and health to combat drug use (drug-related cases accounted for about half of the homicide increase between the years ending March 2015 and 2018), as well as the new Serious Violence Duty, which provides a multi-agency response in recognition of this not being a problem that policing can solve alone.

As the Association of Police and Crime Commissioners (APCC) national leads for Prevention, we share a passion for promoting prevention and effective partnership work. We also recognise there is a cost benefit to getting this right, which has led us to develop this guidance.

This guide, jointly created with support from the Office for Health Improvement and Disparities (OHID), is targeted at PCCs and their offices. It seeks to support you by drawing together a range of useful information and case studies in one document and signposting readers to existing sources of evidence-based practice, including the valuable multi-agency-led Landscape Review 2021 resource.

We hope you find the guide useful and, most importantly, that it informs your partnership work and assists you in delivering your police and crime plan priorities.

Your feedback is important to us, and we would value examples of how you have applied this guide and learning locally.

Finally, thank you to colleagues at the OHID, including Fizz Annand, for their extremely valuable contributions, as well as PCC offices and representatives from the Public Health and Police Collaborative for your professional input too.



Executive Summary

Taking a public health approach to policing may be a new concept for some PCCs and their offices, therefore this document is intended to provide a high-level synopsis to readers with links to separate information sources and more detailed material where required. Within this guide, readers can access a list of helpful resources, useful information, plus further reading.

Encouragingly, PCCs and forces are delivering problem-solving policing and contextual safeguarding approaches in existing partnerships or have been using elements of the public health approach in their work without categorising it as such. The public health approach should be considered as complementary to these ways of working. The discussion paper **Evidence based approaches to violence reduction** provides a useful explanation comparing approaches, benefits, challenges, and examples of where the different approaches can be used.

Key points in this guide:

- The public health approach to policing focuses on **proactive, preventative activity** to address the causes of the causes, as opposed to solely reacting to it once it has occurred.
- Recently, the public health approach has been incorporated within national policies around crime and substance abuse. This reflects the growing evidence base of the approach's impact and value in relation to **cost effectiveness**.
- The approach recognises **links between crime and health problems**, social exclusion, and inequality. Social risk factors for poor health align closely with risk factors for offending such as poor housing, education, lack of work and income; and those who are or are at risk of offending are more likely to suffer from multiple and complex health and social issues.
- Developing a detailed understanding of the nature, extent, and impact of an issue using **shared data** and intelligence is a key enabler for the public health approach.
- In a public health approach, the police, their partners and communities **work together to coordinate tailored and targeted preventative action**. This addresses the causes and impact of an issue by taking a multi-agency, whole system approach. Intervening early with at-risk groups reduces the harm caused by the issue, by promoting recovery and increasing resilience.
- There is a convincing case for preventing crime by targeting those most at risk of experiencing adversity in childhood and supporting people in the criminal justice system whose lives have been affected by **Adverse Childhood Experiences** (ACEs) to reduce reoffending and prevent intergenerational crime and victimisation.
- Protective factors against criminality can be supported to mediate the effects of adversity. These factors include addressing causes of **poverty** and **deprivation**; developing pro-social behaviour, social skills, positive attitudes and self-esteem; supporting educational attainment; enabling social networks and activities; and supporting effective parenting and strong attachments with an 'always available adult' and positive role models.
- By becoming **trauma-informed** organisations, police forces and their frontline staff can identify early indicators of adversity. Using their contacts with the public, and local health and social support services, they can help prevent further adversity and trauma amongst those who are most vulnerable.
- The role of **Police and Crime Commissioners** in developing partnerships, providing leadership, setting priorities and commissioning services makes them **well placed to influence how their office, police and partner agencies work together** to identify local issues and make plans to achieve shared outcomes.

What is a public health approach to policing?

A public health approach to policing increases the focus on proactive, preventative activity to address underlying risk factors, as opposed to solely reacting to crime once it has occurred.

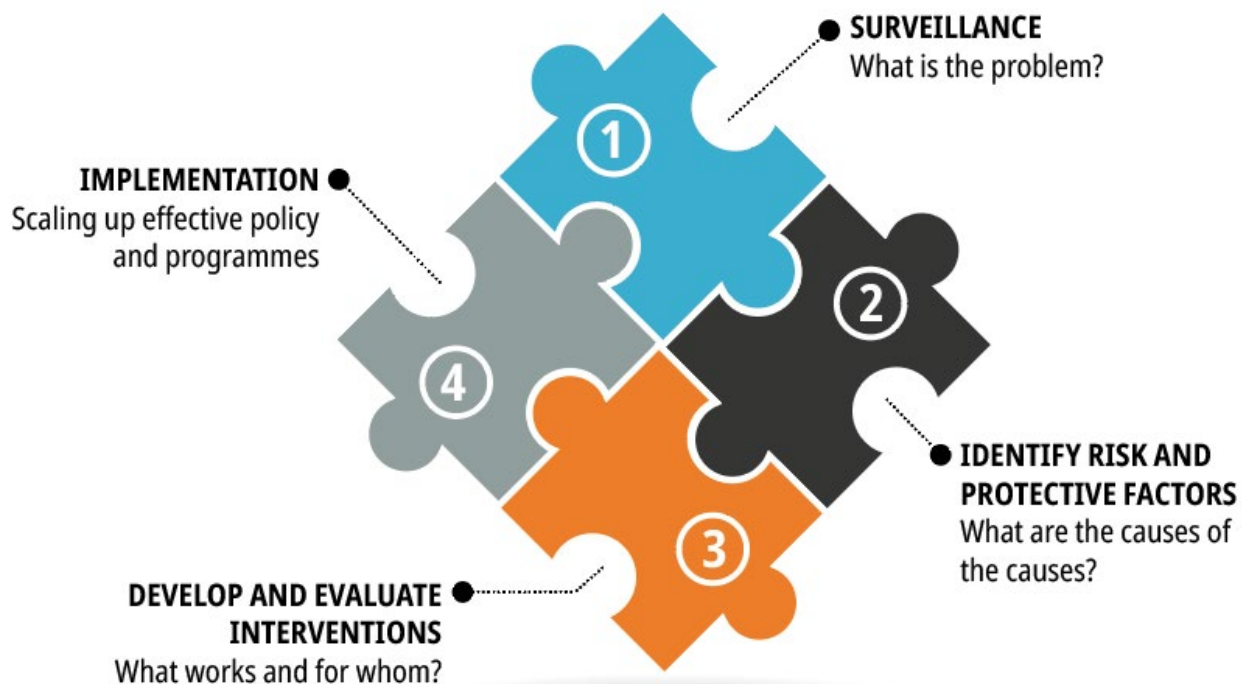
A public health approach to policing focuses on the needs of a population or sub-population rather than on individuals, taking a view that **prevention** is better than cure, and dealing with root causes. It recognises links between crime, policing and **health problems, social exclusion, and inequality**. A detailed explanation can be found in the discussion paper **public health approaches in policing**.

Social risk factors for poor health align closely with risk factors for offending such as poor housing, education, lack of work and income. Those who are

at risk of offending are more likely to suffer from multiple and complex health and social issues

These issues can include mental and physical health problems, learning difficulties, substance misuse, and increased risk of premature mortality. A public health approach focuses on **protective factors** and builds strengths (such as employability, access to drug/alcohol treatment, mental wellbeing support, help with accommodation issues, maintaining tenancies, parenting skills, diversionary activities, and positive role models).

World Health Organisation (WHO): Four step diagram for public health approach to violence



When delivering public health approaches, it is important to work with communities, and to communicate the importance and effectiveness

of the early intervention, as well as to highlight the cost savings gained by delivering the right intervention at the right time.

What are the key principles of a public health approach to policing? ¹



1. Seeking to prevent an issue for a population as a whole or a sub-population (e.g. women, minority communities, young people), and intervening early with at-risk groups to reduce the harm caused by the issue, including by promoting recovery and increasing community resilience.
2. Developing a detailed understanding of the nature, extent, and impact of an issue using shared data and intelligence. Data and information sharing is a key enabler for public health approaches. Examples of data sharing in action are The **Cardiff Model** of violence prevention, and **Thames Valley VRU strategic needs assessment**. These involves data from A&E being shared with the police and local authorities to inform violence prevention strategies and tactics. Overlaying crime hotspot data and hospital A&E data, with data showing the concentration of licensed alcohol venues, ambulance pick-up location, time data etc., can help inform targeted actions from partners. Further examples of shared data being used to inform multi-agency plans can be found in the **Insight Bristol data analytics hub and the Think Family Database**.
3. Considering the evidence of what is likely to cause or prevent an issue in the short, medium, and long term.
4. Understanding that the police, their partners, and communities can work together to address the causes and impact of an issue by taking a multi-agency, whole system approach.
5. Working with partners to coordinate tailored and targeted preventative action that, together, aims to provide:

Primary Prevention

Preventing an issue emerging in the first place or re-emerging by focusing on social determinants/the causes at a population (or sub-population) level. Examples of primary prevention are:

- Early years family or school-based interventions (E.g. **The good behaviour game**)
- Training in social and emotional skills, problem-solving and anger management for at risk children. (E.g. **Becoming a man programme; life skills programmes**).
- Increasing alcohol pricing and reducing availability (via policy, licensing, or trading standards action).

Secondary Prevention

Preventing an emerging issue from becoming an established problem. Examples of secondary prevention are:

- Drug diversion schemes that divert people away from criminal justice sanctions and toward psycho-educational programmes and drug treatment (E.g. **Thames Valley drug diversion scheme**).
- Diversion from crime (E.g. **Diverting young adults**).
- Mentoring.

1. Adapted from: The College of Policing and NPCC- The key principles of a public health approach to policing:
<https://assets.college.police.uk/s3fs-public/2021-02/principles-public-health-approach-to-policing.pdf>



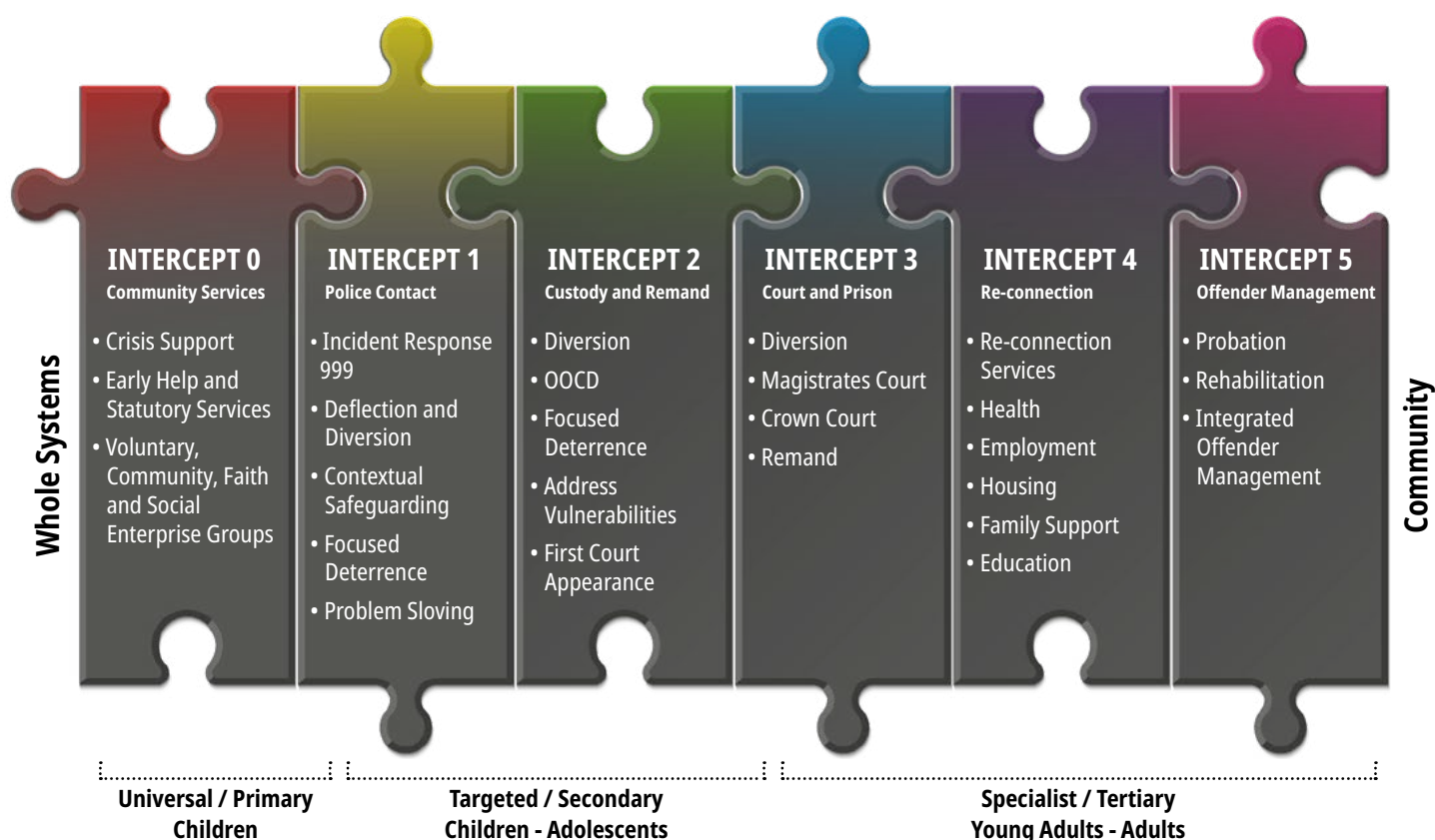
Tertiary Prevention

Preventing an established problem getting worse and becoming a crisis, and mitigating the immediate impact of the problem:

- Harm reduction - drug & alcohol treatment, (E.g. West Midlands naloxone provision; APCC alcohol & drugs in focus).
 - Mental health support (E.g. Mind briefing for PCCs; PCC spotlight – mental health).
 - Victim/offender mediation.
 - Restorative justice.
6. Assessing how well interventions are implemented, and how effective they are at preventing the issue for your population and/or reducing the harm to relevant groups.
 7. Learning from the implementation and effectiveness of actions and making any changes that are necessary at an individual, organisation or system wide level.
 8. Building leadership across public services and communities to work together to address an issue, its causes, and harms, by aligning strategy, leadership and resources.

The Thames Valley VRU Sequential Intercept Model (SIM)

A diagram to demonstrate the three levels of prevention and how they apply to a specific issue i.e. violence.



What is social exclusion?

Social exclusion is what can happen when people or areas suffer from a combination of problems such as high unemployment, low skills, low incomes, poor quality housing, poor health, and family breakdown.

It results in adversity and a lack of access to resources and services which in turn, excludes people from participating in their communities in a positive way. Social exclusion affects peoples' health, quality of life, and is also a driver of crime increasing the risk of being involved in or being the victim of crime. It also increases the risk of interaction with (and demands on) police and other public services such as local authorities, health care and criminal justice agencies.

Many local organisations (e.g. local authority, police, health and care services, youth services) are affected by the impact of social exclusion. Complex societal issues like exclusion and inequality cannot be tackled by policing alone, therefore PCCs who wish to prevent crime in the longer term, need to collaborate with partner organisations and engage with communities. This will facilitate a better understanding of the bigger picture, and help to develop and deliver coordinated, holistic and effective interventions locally.

Links between childhood adversity and crime

There is a growing evidence base that points to the links between childhood adversity, victimisation and criminality in adulthood. There is a strong case for preventing crime by increasing protective factors for children and young people who are most at risk of experiencing adversity in childhood. It is important to recognise that the people in contact with the criminal justice system are likely to have been affected by Adverse Childhood Experiences (ACEs) and to intervene to support them requires a coordinated and collaborative effort involving the 'whole system.'

Research shows a strong association between ACEs and crime. People who experience multiple ACEs are more likely to engage in behaviours which are harmful to health and are sometimes associated with criminal behaviour. The **Welsh ACEs Study** reported that compared with people with no ACEs, those with 4+ACEs were:

- 14 times more likely to be a victim of violence in the last 12 months;
- 15 times more likely to be a perpetrator of violence in the last 12 months;
- 16 times more likely to have used crack or heroin;
- 20 times more likely to have been incarcerated in their lives.

Not all people who experience adverse childhood events become victims or perpetrators of crime. **Research on ACEs** undertaken since the initial Welsh ACEs study has demonstrated that the number of ACEs experienced by an individual needs to be considered in the context of the **protective factors** in place i.e. experience of 1 ACE with no protective factors can be more impactful than experience of multiple ACEs but with strong protective factors. The 4+ figure therefore should not be focused upon alone. ACEs should not be used as a predictive tool at an individual level and partners should be mindful in how their evidence base is used, ensuring individuals are not negatively labelled or stigmatised. People who experience ACEs can go on to lead healthy lives due to a wide range of protective factors.

Building resilience makes a difference

Building in protective factors can mediate the effects of childhood adversity and enable individuals, families, neighbourhoods, and communities to become more **resilient**, fulfil their full potential and reduce risks of criminal activity or victimisation.

Protective factors against offending include:

- Adequate income and opportunities = resulting in low levels of poverty and deprivation;
- Pro-social behaviour and good social skills;
- Positive attitudes and self-esteem – hopeful about the future and self-confidence;
- Educational attainment;
- Pro-social networks - friends and family, connections with neighbourhood & activities;
- Trusted adults and effective parenting – strong attachments, ‘always available adult,’ parental interest in education, positive role models.

Resilience can be built at an individual, family or community level to support people who experience ACEs – the most effective responses target all three. It is never too late to support people who are affected by adversity.

Trauma informed approaches can improve engagement

There is a growing evidence base to support ‘**trauma informed approaches**,’ which acknowledge and understand the effects of trauma on behaviour and health e.g., substance misuse or physical and mental ill-health, and seek to avoid re-traumatisation.

Individuals who have experienced trauma, especially during key points in their development, may struggle to regulate their emotions and control their behaviours and reactions. This can lead to a range of behaviours that may be interpreted as aggressive, high risk or mistrustful of others – particularly those in authority, leading to further exclusion and potential stigmatisation.

Being trauma informed is about having the understanding that a person’s experiences have led them to where they are now, **without** needing to know what happened.

By becoming trauma-informed, local systems can equip and support frontline staff to identify early indicators of adversity. Staff can use their contacts with the public, local health and social support services to help prevent further adversity and trauma amongst those who are most vulnerable.

Although there may be differences in terms of their application, the principles of trauma informed practice are relevant across the public sector services. The 6 key principles are listed below.²

There are 6 principles of trauma-informed practice:

1. Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- People knowing they are safe or asking what they need to feel safe;
- There being reasonable freedom from threat or harm;
- Attempting to prevent re-traumatisation;
- Putting policies, practices and safeguarding arrangements in place.

2. Trustworthiness

Transparency exists in an organisation’s policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- The organisation and staff explaining what they are doing and why;
- The organisation and staff doing what they say they will do;
- Expectations being made clear and the organisation and staff not overpromising.

2. OHID Working definition of trauma-informed practice. Published 2 November 2022

3. Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- Ensuring service users and staff have a voice in the decision-making process of the organisation and its services'
- Listening to the needs and wishes of service users and staff;
- Explaining choices clearly and transparently;
- Acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships.

4. Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- Using formal and informal peer support and mutual self-help;
- The organisation asking service users and staff what they need and collaboratively considering how these needs can be met;
- Focussing on working alongside and actively involving service users in the delivery of services.

5. Empowerment

Trauma informed practice will enable positive engagement with the public and consideration of early interventions from a range of partner organisations to safeguard the most vulnerable people in the community, whether that is offenders, victims, or witnesses. Policing can traumatise and retraumatise the public so ensuring officers, supervisors and senior leaders apply a trauma lens in their encounters with the public will require time, training, and continuous improvement reflection.

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- Validating feelings and concerns of staff and service users;
- Listening to what a person wants and needs;
- Supporting people to make decisions and take action;
- Acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth.

6. Cultural Consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- Offering access to gender responsive services:
- Leveraging the healing value of traditional cultural connections:
- Incorporating policies, protocols and processes that are responsive to the needs of individuals served.

Why would PCCs wish to take a public health approach to local issues?

REASON 1. Strategic fit

A public health approach aligns itself to current policing visions, plans and strategies, for example:

The Policing Vision is published jointly by PCCs and chief constables, as well as other policing bodies and sets out why and how the police service needs to transform.

The vision aligns itself to the principles of a public health approach by:

- Ensuring policing activity is increasingly proactive and preventative
- Working with partners to address crime that recurs and affects communities
- Adapting evidence of what works locally, targeting vulnerability and areas of high demand or need
- Supporting multi-agency neighbourhood projects that build cohesion and solve problems
- Improving data sharing and integration so that agencies can work more effectively together, establish technological solutions, and embed evidence-based practice
- Engage and communicate with communities effectively
- Foster a culture shift around the delivery of public protection – towards shared outcomes, local integrated delivery plans and services, pooled budgeting where appropriate, and whole system approaches with the common aim of benefitting the public

The Policing, Health and Social Care Consensus 2018, published by the National Police Chiefs' Council recognises the common purpose around improving people's lives and preventing harm and sets out a joint organisational 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.

The Government's Serious Violence Strategy 2018 and the new Serious Violence Duty recognise the strong links needed between policing and public health, particularly with regards to drug and alcohol treatment and prevention services. It commits to strengthening links so PCCs and Directors of Public Health work as closely together as possible and to look for opportunities to expand the role of PCCs in relation to public health.

The Government Drug Strategy 2021 reinforces the need for partnership involvement to address drug misuse and associated crime. For example, Project ADDER has taken a local partnership approach to addressing drug use in some of the hardest-hit local authorities across England and Wales.

The principles and learning from ADDER have informed the overall approach that is set out in the drug strategy, with a three pronged approach that brings together enforcement activity to break drug supply chains, investment in world class treatment and recovery services and the need for a generational shift in demand for drugs. The Strategy also draws on the partnership approaches modelled in Project ADDER, partners designed delivery plans shaped around local needs and circumstances, considering the views of those with lived experience at every stage. Both the police and local authority in those areas are accountable for the shared ADDER outcomes, which include reducing drug use and drug-related deaths, as well as reducing reoffending by improving support to individuals in leading fulfilling lives away from criminal activity.

This has motivated each organisation to play their part and gain help from others to deliver on their own individual objectives.

This localised approach is reflected in the new Local Combatting Drugs Partnerships (LCDPs) (England only) which have been set up to implement the **Government's drug strategy**. All PCCs will be involved in their LCDPs, with some PCCs leading them as Senior Responsible Owners. These partnerships bring together a range of partners - including policing, health, local government, the voluntary and community sector and education - to assess local needs and develop and implement local strategies to tackle drug harms, embracing a public health approach.

The **NPCC National Vulnerability Action Plan 2020** – speaks to the need to intervene early, use evidence-based interventions and make use of data.

The **Government's Beating Crime Plan 2021** commits to utilising a public health approach to stop crimes like child sexual abuse and exploitation, violence against women and girls (including domestic abuse and sexual violence) and modern slavery, before it happens, to ensure fewer people are subjected to the trauma. The Plan encourages closer working across government on a range of early help programmes, including Supporting Families, Family Hubs and early years support, which are so crucial to providing stability for families to reduce vulnerability to being involved in crime as a victim or perpetrator.

REASON 2. Evidence base (what works)

The research evidence base for public health approaches to reducing crime is growing. Proactive, population-focused approaches are not new in policing, and research evidence supports the use of proactive prevention.

George Mason University's evidence-based policing matrix shows that place-based, proactive and specific approaches demonstrate better results than interventions that are aimed at individuals, are reactive, or are more general in focus.³

There are well documented 'real-world' examples of effective public health approaches to violence from the Scottish Violence Reduction Unit and in Cardiff where reductions in violent crime, reduced hospital admissions and savings to the local economy have been demonstrated. All 20 Violence Reduction Units are based on a public health approach to reducing violence.

It is believed that around half of all homicides and half of all acquisitive crimes are drug-related, with the total social and economic costs of illegal drugs estimated at around £19 billion annually.

Dame Carol Black's review of drugs found that more than a third of people in prison are there due to crimes related to drug use (mostly acquisitive crime). These prisoners tend to serve short sentences, have limited access to prison drug treatment and poor hand-offs back into the community and are likely to re-offend.

3. Lum C, Koper C and Telep C. (2011). The Evidence-Based Policing Matrix. J Exp Criminol. 2011, 7:3–26

The available evidence is complex but indicates that enforcement 'crackdowns' have limited impact on the overall drug supply. Some enforcement can have short-term benefits in reducing harm, but these are often short-lived given the resilience and flexibility of organised crime groups. The evidence is clear that enforcement activity needs to be balanced with investment to cut demand, get people into treatment and address the causes of addiction, and that this requires working with a range of local partners and developing public health responses.

The evidence suggests that enforcement can have a beneficial role as a point at which drug users can be diverted into treatment, and that previous schemes such as the Drug Intervention Programme were associated with reduced offending. Community sentence treatment requirements, issued by courts, can also divert drug or alcohol users away from the criminal justice system and into treatment.

Research using linkage between drug treatment and criminal justice data systems has demonstrated that treatment can reduce drugs user offending (for all crime types) by 23 per cent.

A set of evidence based slides (**Why invest? 2018**) were produced by the OHID which clearly demonstrate the costs of alcohol and drug misuse, the partnership involved in an effective local multicomponent approach, the benefits of diverting drug and alcohol users into treatment.

- Alcohol treatment reflects a return on investment of three pounds for every pound invested;
- Drug treatment reflects a return on investment of four pounds for every pound invested.

The Early Intervention Foundation (EIF)

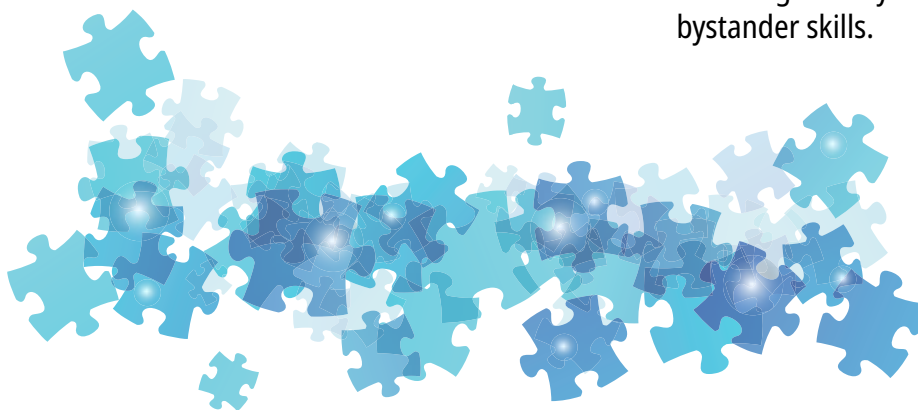
2016 recognised that focusing on crisis (or 'late intervention – including incarceration) is not cost-effective and does not, on its own reduce demand.

The EIF findings were:

- Nearly £17 billion per year is spent in England and Wales by the state on late intervention – this works out at around £287 per person
- The largest individual costs are:
 - £5.3 billion spent on Looked After Children;
 - £5.2 billion associated with cases of domestic violence;
 - £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET);
- The cost of late intervention is spread across different areas of the public sector, with the largest shares borne by local authorities (£6.4 billion), the NHS (£3.7 billion) and DWP (£2.7 billion).

The Welsh Government's evidence assessment of **What Works to Prevent Violence against Women Domestic Abuse and Sexual Violence** (VAWDASV) showed interventions with the strongest evidence base were early interventions such as:

- Interventions that seek to transform gender norms to prevent VAWDASV;
- Interventions delivered in a school setting to prevent VAWDASV, typically including healthy relationships education and bystander skills;
- Programmes targeted at young people (adolescents) to prevent VAWDASV, typically including healthy relationships education and bystander skills.



What can PCCs do within their specific role to contribute to a public health approach?

At least four of a PCC's key responsibilities⁴ are fundamental to taking a public health approach.

Setting priorities and engagement

All PCCs in England and Wales recognise prevention within their statutory police and crime plans, meaning there is a real opportunity to embrace a public health approach to support effective delivery of this priority. As part of the PCC responsibility for priority setting and planning, PCCs must obtain the views of local people and victims of crime.

Engagement can bring people and communities together to address issues that are important to them, to solve shared problems and to bring about positive social change. This responsibility to consult provides a voice to people who may not have had their views sought before and can assist the PCC in their decision making about priorities. A proactive engagement strategy can provide insight into the priorities of different groups within a community including those that may be under-represented, seldom heard or disengaged, as well as those with direct or lived experience e.g. victims of crime or those previously involved in the criminal justice system.

As well as engaging locally to identify priorities, PCCs can develop priorities around national issues. The Government's **Beating Crime Plan** is a national document that captures a range of priorities linked to policing, including a focus on prevention and early intervention, advocating the need to adopt a comprehensive public health approach.

Example excerpt from Devon & Cornwall Police and Crime Plan

Devon & Cornwall's 2021-25 Police and Crime Plan serves as a positive case study of how PCCs have prioritised prevention and public health within their statutory plans.

The Plan sets out the PCC's commitment to prevention and early intervention by explaining the necessity of looking "at the causes of a problem to understand and address the factors leading to it, rather than just addressing the symptoms."

The Plan also recognises the significant impact of Adverse Childhood Experiences (ACEs) and acknowledges the need to "work in partnership to take a holistic approach to reducing the number of people likely to become victims or perpetrators and to deal with prolific offenders to reduce reoffending."

4. APCC, 2021, What you need to know as a PCC.

https://www.apccs.police.uk/media/6331/what_you_need_to_know_as_a_pcc_-_the_apcc_guide_for_you_and_your_office_-_may_2021.pdf

Northumbria Police and Crime Plan

Northumbria's Police and Crime Plan acknowledges links between crime and poverty throughout, including in the plan's title, 'Fighting Crime, Fighting Poverty'.

The Plan explains how "deprivation, poverty, unemployment and low-income jobs are all deeply linked to the risk of being victim of crime" and includes a priority to address the causes of the causes by developing and implementing "a strategy on reducing reoffending which understands and addresses factors which can lead to criminal behaviour including mental health and substance misuse."

West Midlands and Crime Plan

West Midlands Police and Crime Plan has been developed in **consultation with a range of community groups and stakeholders**. This engagement has helped the PCC facilitate understanding of local issues, and will help to develop and deliver coordinated, holistic and effective interventions locally. West Midland's approach further builds on the public health approach by involving local communities in decision making. This supports PCC communication around the importance and effectiveness of the early intervention, as well as building legitimacy.

Engagement to inform West Midland's 2021-25 Plan resulted in over 4,600 responses and included the following engagement activities:

Phase 1: Call for Evidence

Phase 2: Roundtable Discussions

Phase 3: Women's Safety Survey

Phase 4: Police and Crime Plan Survey

Phase 5: Youth Consultation

Phase 6: Community Consultation

Leadership and working in partnership with external organisations

Applying a public health approach to policing does not necessarily mean police or PCCs undertaking extra tasks, and often involves influence and local leadership on an issue. For example, influencing partners to use their time and resources in a collaborative way that improves population health and wellbeing and strengthens communities.

Public health approaches are deliberately located within a nest of public services rather than thought of in isolation. They should be informed by evidence of best practice and learning from what works.

PCCs can and have used their mandates and statutory powers to work closely with a range of local agencies and sit on a number of multi-agency boards alongside local government, criminal justice services (probation, YOT and prisons), the National Health Service (NHS), public health, housing, community and third sector organisations, local businesses and 'blue light' and emergency services. By exploring opportunities to collaborate with partners, PCCs will minimise duplication and share skills, resources, results of consultations, and engagement activity. This will help to deliver efficiencies for all partners and enable sharing of data, intelligence and best practice.

In this way, partnerships coordinate proactive prevention activities (alongside enforcement actions), problem-solve specific issues, address vulnerabilities, and improve cohesion in communities.

An example of how PCCs can work with partners on public health includes additional drug treatment funding made available to support the **government drug strategy** which aims to reduce drug related harm and reduce drug-related crime. Additional funding for local authorities to commission drug and alcohol treatment is contingent on evidence of an active local planning partnership, which takes responsibility for local drug strategy outcomes. This local partnership should include PCCs and police.

Every part of England is covered by one (of 42) **Integrated Care Systems (ICS)**. The 'Integrated Care System' refers to the combination of an

Integrated Care Board, and an Integrated Care Partnership, working together.

An **Integrated Care Board (ICB)** is the statutory body making operational decisions for the NHS system. In 2022 when Clinical Commissioning Groups were closed down, ICBs took on their commissioning functions and some of those of NHS England within its boundaries. Each Integrated Care Board will be directly accountable for NHS spend and performance within the system.

An **Integrated Care Partnership (ICP)** is a wide-ranging body, bringing together health, social care and public health. The Integrated Care Partnership is tasked with promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of an area.

Involvement in the place-based ICP will provide OPCCs with the opportunity to influence and collaborate on a number of key cross-cutting public health/crime prevention issues such as:

- Reduction in serious violence and homicide
- VAWG, domestic abuse, women's health strategy
- Victim support
- Tackling child sexual abuse
- Early years development
- Ending rough sleeping

OPCC's work with other local leaders to improve outcomes for communities and make sure that local resources are used efficiently and effectively, an ability recognised by the Home Office in their announcement on how PCCs will play a key role in overseeing local delivery of the new Serious Violence Duty. An example of how PCCs are working effectively already with key partners is **the Community Safety Partnership (CSP)**.

CSPs consist of five 'responsible authorities' - police, local authority, fire and rescue authority, probation provider and Integrated Care Systems. CSPs are under a duty to assess local community safety issues and draw up a partnership plan setting out their priorities.

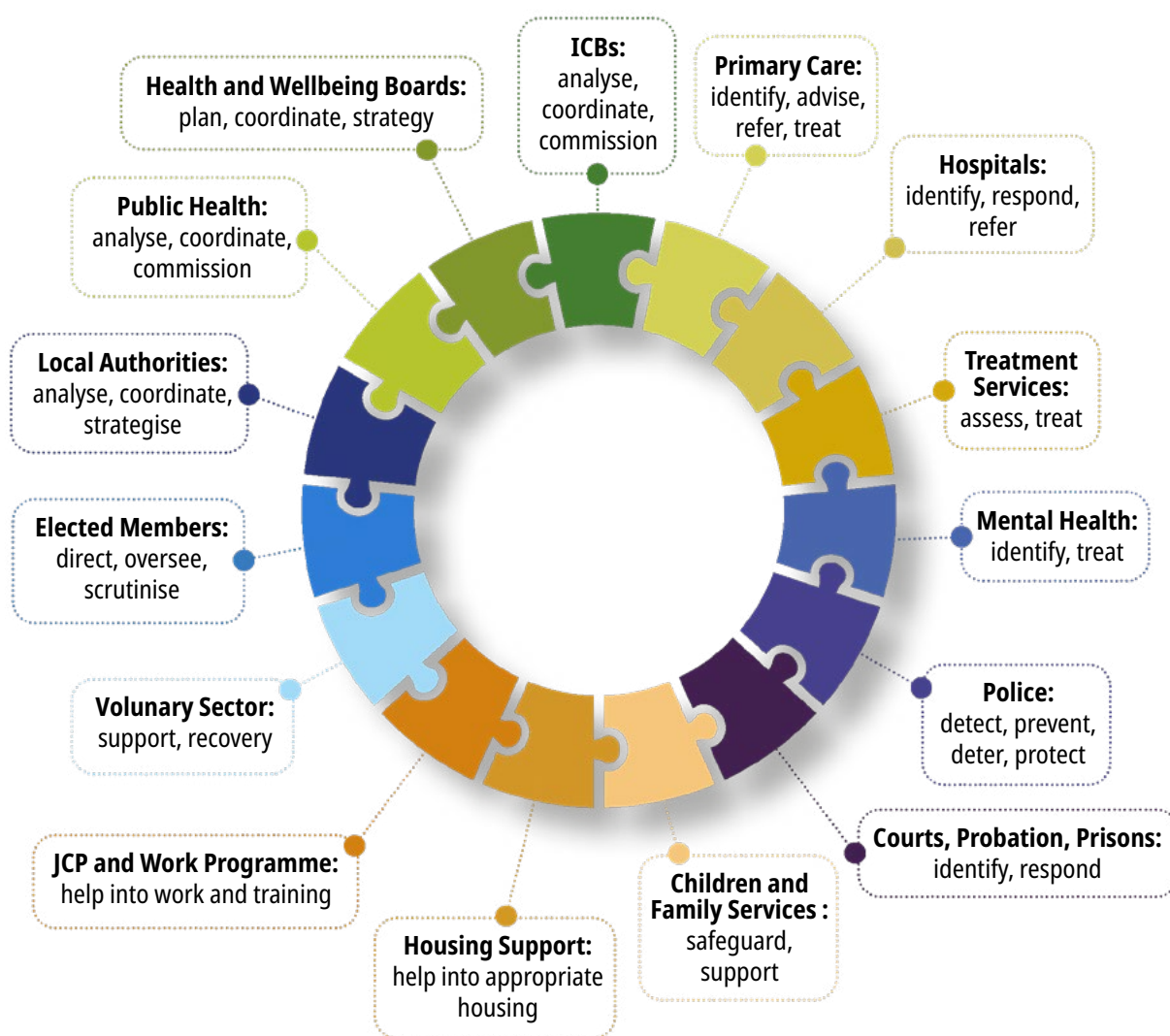
In practice, OPCCs will need to work closely with CSPs to deliver their priorities. PCCs will have their own funding and can choose to align and collaborate with CSPs mainstream resources from their statutory partners; by aligning, a far greater impact on crime and disorder should be possible than if either went it alone, and more effective holistic solutions can be delivered.

There are many areas which CSPs, OPCCs, health and social care partners may have jointly or separately identified as priorities. These could include:

- Reducing alcohol and drug misuse
- Reducing domestic and sexual violence
- Offender health services (including mental health and learning disability services)
- Improving access to mental health services
- Reducing anti-social behaviour
- Reducing street and youth violence
- Improving environments and housing support
- Strengthening child and vulnerable adult safeguarding services.

Partnership, the key to success

Adapted from: Alcohol and drugs prevention, treatment and recovery: why invest?



Essential components of partnership

Principles which guide good practice in partnership working are often called the 5Cs, which are:

1. Collaboration

A collaborative whole-systems approach brings partners together from a broad range of functions who have a shared goal. Collaborative working requires partners to commit to and understand the rationale for a multi-agency approach; to be involved in developing and take ownership of the work; work in a way which reflects the needs of the local population and; to jointly identify resources that will enable an effective response.

2. Co-production

The approach and work undertaken should be informed by the perspectives of all partners and should involve the local community. There should be a range of activities within the response delivered by different partner organisations to achieve the joint aims and goals of the partnership.

3. Co-operation in data and intelligence sharing

Data and information sharing can require legally robust data sharing agreements. Through a collaborative approach, partners can overcome many of the barriers to appropriate and effective data and information sharing. Data from a range of public sector sources can give partnerships better understanding of the levels and nature of a problem; help to identify groups, services and areas affected; inform targeting; and measure the impact of interventions. Potential data sources include police, local housing association, Department for Work and Pensions, Troubled Families Programmes, Community Safety Teams and service providers.

The **Beating Crime Plan** identifies the Thames Valley VRU's 'Thames Valley Together' project as a case study for data sharing, aiming to allowing users across multi-agency partnerships to share data within a single shared system, utilising analytics to drive crime reduction. This free-flow of information across children's services, local authorities, policing, health, education and others will allow the

partners to identify at-risk individuals, locations, or institutions earlier than ever before, ensuring a swift joined-up response for those most at risk while informing service planning and investment.

4. Counter-narrative development

Partnerships should help to support positive aspirations and promote positive role-models. By working with children and young people and adult community members, partnerships can create attractive opportunities for individual personal development and the option to pursue alternatives to criminal activities. The **CAPRICORN guidance** provides a comprehensive overview of actions to prevent youth offending, reoffending and youth violence.

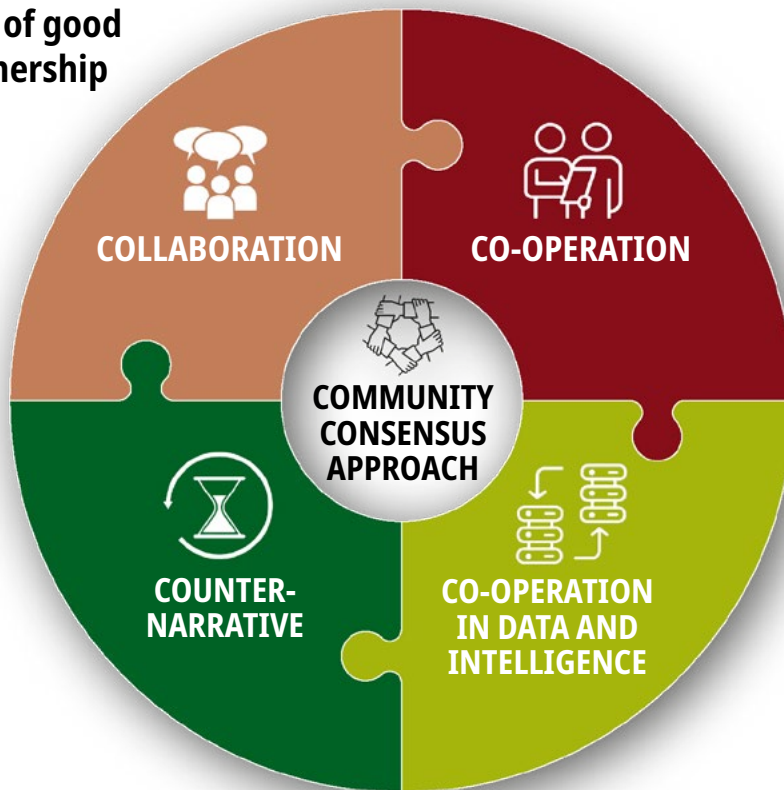
5. Community consensus, (which is central to the approach)

Community consensus lies at the heart of a place-based multi-agency approach. The approach must be with and for local communities. It should empower them to participate and get involved in tackling issues that affect them. Most communities have several small local organisations working to address the challenges affecting them. Partners must seek to bring them in and use their intelligence and experience.

When applied, the 5Cs help to address the needs of a specific local population, in a way that is relevant to the local setting, environment and network of services, making use of existing partnerships, and resources. The 5Cs approach calls for a whole system, multi-agency, place-based response.

Because different areas have different problems, systems and resources, implementation will vary from place to place. Innovation and adaptation are expected. More detailed **guidance**, core actions and case studies are available on how a 5Cs approach can be used specifically in relation to serious violence.

The 5 Principles of good practice in partnership working



Examples of PCCs Working in Partnership

Bedfordshire PCC and Violence & Exploitation Reduction Unit (VERU):

Bedfordshire's PCC has brought education and VERU partners together to deliver a new pilot project to tackle absenteeism engaging over 100 young people. Specialist staff worked with young people to identify what is driving their absence from school or college and to help get them return to the classroom. The pilot is a helpful example of how a PCC can use their convening powers to bring partners together to tackle community issues. The PCC recognised the need for early intervention highlighting how "there is evidence that when a young person stays away from a learning environment for long enough, bad things happen. As Commissioner, early intervention and prevention are key priorities for me, and this is what our school absenteeism pilot is all about.

Dorset PCC, Senior Responsible Officer on the Local Drug Strategy Partnership:

"Local Drug Strategy Partnerships need to bring together treatment, prevention and enforcement, as PCCs have a cross-cutting voice they are in an ideal position to take on the role of Senior Responsible Officer (SRO). As SRO, it is my responsibility to ensure that we are meeting both the required national outcomes and local outcomes. I must also make certain that **all the correct partners are involved in the collaboration**, it is vital that we have everyone engaged and working together if we are going to really drive change."

Commissioning and co-commissioning services

One of the biggest opportunities for PCCs and police forces to affect change is via procurement and commissioning. A key part of this involves PCCs commissioning a range of services including reducing re-offending, diversion schemes, alcohol and substance misuse services, early intervention and other crime prevention and community safety services

To commission effectively PCCs need an understanding of social determinants, health inequalities and existing activities to address them. PCCs are responsible for commissioning most local support for victims of crime and receive funding from the Ministry of Justice (MoJ) specifically for this purpose. PCCs also choose to commission, or co-commission with partners, a wide range of

interventions to help deliver their local priorities, e.g. working with local authorities, health commissioners and the National Probation Service (NPS), as well as the third sector. Co-commissioning represents an opportunity for PCCs to act as system leaders by raising awareness with partners of a public health approach and encourage take up of evidence-based practice.

Examples of PCCs Commissioning and Co-commissioning Services

Merseyside PCC:

The PCC has successfully secured Safer Streets Funding to deliver a range of activities across Merseyside that aim to improve women's safety and address the underlying causes of violence against women and girls.

Working in partnership with local authorities and education, the PCC has utilised this funding to commission:

- Educational training extended to reach more than 130 primary schools across the region raising awareness of staying safe online, sexual harassment and misogyny; and
- A new adult education programme looking to challenge misogynistic language and attitudes using a creative resource and digital activity which is anticipated to reach up to 53,000 employees across the region.

NorfolkPCC:

Norfolk's PCC has effectively used his powers to convene to bring partners together to develop and co-commission a whole system approach to women in the criminal justice system. By taking a collaborative approach, the PCC has **sought to address the root causes of offending**, which are often victimisation and experience of abuse and violence and provide diversionary pathways for those at risk of offending, as well as those in or leaving custody.

The Women Offenders of Norfolk, Diversion, Engagement and Rehabilitation or Wonder+ service is central to this approach. Initially funded by the Ministry of Justice, the service is now funded by the PCC in partnership with the provider St Giles and Public Health and serves as a pathway from Project Adder, providing valuable support for recovering drug users.

Holding to account

Chief Constables are responsible for operational policing matters and delivering efficient and effective policing in the local policing areas they serve.

To provide strategic direction and an effective link between the public and policing, PCCs set police and crime plan priorities (based on public consultation), including a focus on prevention, which Chief Constables must have regard to. To ensure delivery of these priorities, PCCs are responsible for oversight of chief constable functions. Furthermore, forces have a duty to provide PCCs with the information they need to hold Chief Constables to account.

By setting public health related priorities for Chief Constables to deliver, and by effectively scrutinising forces, PCCs can embed preventative approaches in their local communities.

Effective scrutiny not only delivers public assurance, but it can also help PCCs to identify any barriers forces face regarding partners and delivery of public health approaches. PCCs can provide support by meeting with strategic partners to influence their agendas, providing funding or, where relevant, by raising issues nationally with government. Additionally, at a local level, community safety partners must have regard to PCC plans, and Commissioners also hold a duty to oversee an efficient and effective criminal justice system, both these statutory requirements provide further mechanisms to raise and embed the public health approach with strategic partners.

Examples of PCCs Holding to Account

South Wales Police Accountability and Legitimacy Group:

The PCC has established a **Police Accountability and Legitimacy Group** to enable external organisations and independent advisers to act as critical friends to South Wales Police, supporting the Police & Crime Commissioner in his scrutiny role, and ensuring that South Wales Police is accountable and transparent. By involving community members in the scrutiny process, the PCC has helped to build trust and confidence in policing and ensure opportunity to embed learning and make changes that are necessary at an individual, organisation or system wide level. Working with communities is a key part of the public health approach and can support PCCs with communication around the importance and effectiveness of the early intervention, as well as building legitimacy.

Further examples of PCCs involving communities in their oversight and scrutiny functions include:

- **Gwent PCC's Stop & Search Panel**
- **West Mercia's Live Q&A with the Chief Constable**

Local Criminal Justice Boards

Through **Local Criminal Justice Boards**, PCCs in England and Wales have successfully brought together a range of partners, including health, to deliver seamless services and positive outcomes for victims and those in need of rehabilitation. These Boards serve as a robust mechanism for PCCs to hold partners to account and deliver their statutory duty to **oversee an efficient and effective criminal justice system**, as well as providing an additional avenue to further public health approaches locally and deliver police and crime plan priorities.

Tools, resources and further reading on the public health approach

Websites focussed on public health, policing and crime reduction

- **RSPH - A spotlight on: a public health approach to policing, crime and violence**: This page compiles the latest resources, professional opinions and guidance on a public health approach to policing, crime and violence.
- **Public Health Approaches in Policing Knowledge Hub**, which provides an accessible online community for educational material, information sharing, and details of interventions. Includes series of webinars on the public health approach (Free to join).

Principles of public health approaches

- **What exactly is a public health approach to crime and disorder reduction?** By Jim McManus. This article includes some 'Guiding Principles for a Public Health Mindset in Crime and Disorder'.
- **Public health approaches in policing - A discussion paper**. Published by the College of Policing and Public Health England in 2019. 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 Policing, Health and Social Care Consensus (2018).

Adverse Childhood Experiences

- **Action on ACEs Gloucestershire** – resource bank. A comprehensive list of resources to help get to know the science of ACEs and resilience. It provides podcasts, briefings, short films, training, ACEs research from the US and UK and more.
- **ACE Aware Wales** – the website includes a knowledge base with comprehensive slides, posters, skills & knowledge framework for workforce, E-learning and resources on ACE's and trauma informed approaches.

Alcohol and drugs

- **APCC tackling Addictions In Focus** - Examples of how PCCs are contributing to the Government's drugs plan.
- **APCC Alcohol and Drugs In Focus** - This document provides case studies from PCCs with examples of multi-agency projects such as:
 - post-release accommodation for ex-offenders in recovery from dependency.
 - pioneering projects to reduce alcohol-related harm associated with the night-time economy.
 - offering a range of evidence-based substance misuse treatment administered by specialists.
 - support to cope with the effects of adverse childhood experiences, including recovery toolkits.
 - funding targeted drug and alcohol treatment projects for groups who need tailored services.
 - particularly vulnerable women and people with mental health and substance misuse problems.
- **From harm to hope: A 10-year drugs plan to cut crime and save lives** - Government 10-year strategy to tackle drugs, includes reference to PCCs and accompanying **guidance**.

Prevention and diversion schemes

- **APCC 2019 PCCs making a difference: Prevention in focus**. Case studies from across England and Wales which demonstrate collaboration to reduce and prevent offending.
- **Evidence review: diverting young adults away from the cycle of crisis and crime**. What works in diversion schemes.
- **Centre for Justice Innovation website** – amongst other things CJI provide information on evidence led diversion schemes, as well as **mapping** innovative projects in justice across the UK, to promote and share best practice;
- **NHSE funded, Liaison and Diversion services** are aimed at screening, assessing and referring those who enter the criminal justice system for all vulnerabilities including mental ill health, drug and alcohol and learning disabilities.

Partnership and collaboration

- **Police and Public Health Innovation in practice: an overview of collaboration across England (2016)**. Examples of good practice in collaborations between police and public health.
- This overview includes case studies in which core topics identified are:
 - violence prevention.
 - drugs and alcohol.
 - mental health.
 - dementia.
 - health and wellbeing.
 - hot and cold weather risk.
 - emerging infectious disease.
 - modern slavery/human trafficking.

- **The effectiveness of partnership working in a crime and disorder context. A rapid evidence assessment**. This paper looks at the evidence of effectiveness of partnership working and identifies factors (mechanisms) that make partnerships work effectively and efficiently in delivering crime-related outcomes.
- **Rebalancing Act: A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users**. This document recognises PCCs, police forces and other criminal justice agencies as key partners in addressing health inequalities as well as the role of health agencies in reducing reoffending by addressing health related drivers of criminal behaviour. It is therefore intended to support a broad range of stakeholders at local, regional and national level, to understand and meet the health and social care needs of people in contact with the CJS and through this engagement reduce offending and improve community safety. It encourages collaborating effectively, sharing information, or even through pooling funding, to deliver services that are not only more efficient and effective, but more cost effective.

Socioeconomic disadvantage

- **Socioeconomic duty toolkit. Using a socioeconomic duty to challenge poverty in policing**. Revolving Doors and New Generation Policing published this toolkit which is a practical guide for Police and Crime Commissioners, designed to help them embed socioeconomic duty in their strategic decision-making. A socioeconomic duty aims to deliver better outcomes for people who experience socioeconomic disadvantage. It requires public bodies, whenever they are making decisions, to consider the inequality of outcome that comes from socioeconomic disadvantage.

Violence against women and girls

- **APCC 2018. PCCs making a difference - VAWG in focus. PCC case studies highlighting where PCCs are making a difference in addressing Violence Against Women and Girls (VAWG).** This PCC VAWG In Focus highlights FIVE innovative projects currently being undertaken by PCCs in England and funded by the VAWG Transformation Fund.
- **What Works to Prevent Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)?** Systematic Evidence Assessment. This recent evidence review published by the Welsh Government identifies a range of effective practice to prevent VAWDASV that can be considered for implementation, including bystander interventions and education programmes.
- **Operation Encompass** - Operation Encompass is a police and education early information safeguarding partnership enabling schools to offer immediate support to children experiencing domestic abuse. The website contains access to free 'key adult' training, resources and further reading.

Violence reduction

- **Serious Violence Duty Guidance – Home Office, 2022.** The Serious Violence Duty came into effect in January 2023, placing a new legal requirement on a range of public sector organisations to share information locally to reduce incidents of violence, like knife and gun crime, and prevent loss of life. This guidance supports police, health, fire and rescue services, local government and criminal justice partners in meeting their responsibilities under the duty, outlining how they must collaborate to find and address the causes of serious violence in their communities.
- **APCC PCCs making a difference violence reduction units (VRUs) in focus.** A multi-agency and public health approach to support young people and divert them away from serious violent crime. This document provides case studies and contacts from around England and Wales.
- **Public health approaches to reducing violence - LGA, 2018.** This report is aimed at local councils but is relevant to PCCs too. It provides an introduction to the subject, and asks three key questions: What is a public health approach to reducing violence? What does a public health approach tell us about violence? Which public health interventions are promising in reducing violence?
- **LGA 2020 Taking a public health approach to tackling serious violent crime** (Case studies). This paper is intended for local government however the advice and case studies are relevant to a range of partners. Case studies include:
 - Commissioning positive diversionary activities for young people.
 - Embedding psychologists into the complex safeguarding workforce.
 - Testing different 'trusted relationship' models.
 - Harnessing community assets to help reduce violence.
 - Family therapy for young people at risk of gang involvement and exploitation.
 - Targeted intervention in anti-social behaviour hotspots.
 - Information-sharing to identify and engage with young people at risk.
 - A data-led approach to gang and county lines exploitation.
 - A youth coaching programme to divert young people away from crime.
 - Involving young people in designing actions and solutions.
- **Youth Endowment Fund (YEF) Toolkit:** An overview of existing research on approaches to preventing serious youth violence. The Home Office now require 20% (rising to 30% by April 2023) of VRU spending to be on interventions that the YEF toolkit have deemed to be 'high-impact'.

- **Multi-agency approach to serious violence prevention.** A resource for local system leaders in England. This document provides guidance on addressing violence using public health principles.
- **Lancashire violence reduction network (LVRN) resources.**
- **LVRN Trauma-Informed Organisational Development Framework** - A Self and Peer Evaluation Toolkit.
- **LVRN Little Book of Violence Reduction.**
- **Wales Violence Prevention Unit evaluation toolkit & resources.** In collaboration with Liverpool John Moores University (LJMU) Public Health Institute (PHI), Wales VPU have developed an evaluation toolkit which includes information and resources for service providers to evaluate programmes and interventions that are targeted at preventing violence. The toolkit is for intervention service providers in Wales and wider, to support partners in properly evaluating their services to ensure they are having the greatest impact possible.

Violence reduction and schools

- Thames Valley VRU and others **Lesson Plans and other resources** to promote primary prevention activities in the classroom.
- Thames Valley VRU **Guide to creating a Violence Reduction Network with Schools and other partners.**

Violence and young people

- **Youth endowment fund (YEF) website.** The YEF mission is to prevent children and young people becoming involved in violence. They do this by finding out what works and building a movement to put this knowledge into practice. The website includes:
 - Youth Endowment Fund's Toolkit, a free online resource to help you put evidence of what works to prevent serious violence into action.
 - Funding opportunities.
 - Information on projects and evaluations.
 - Evidence and insight into what works.
- **Youth knife crime - what does "taking a public health approach" mean?** Briefing paper for Coram, September 2019. This short report includes a section on 'How do you take a public health approach to knife crime?' with examples of what prevention at primary, secondary and tertiary levels might look like.


Young People

- **The Commission on Young Lives** is a major independent commission to evidence and design a new national system to prevent crisis in vulnerable young people and support them to succeed in life. Its aim is to devise, present and seek backing for a new and affordable national system of support, focused on preventing crisis and improving the life chances of vulnerable young people at risk of getting into trouble with the law. Its reports are substantial, but they can be useful when looking at prevention in terms of children and young people and the Criminal Justice System.
- **Broke, but not broken - What the academic literature and young adults tell us about the interplay between poverty, inequality and repeat contact with policing.** This report considers what young adults say about the interplay between poverty, inequality and repeat contact with policing. It is another long report, but there is a useful executive summary and recommendations section at the beginning.





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