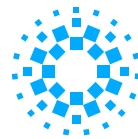




Public Health  
England



College of  
**Policing**

# Policing and health collaboration

## Landscape review 2021



© College of Policing Limited (2021)

This publication is licensed under the terms of the Non-Commercial College Licence v1.1 except where otherwise stated. To view this licence, visit [college.police.uk/non-commercial-college-licence](https://college.police.uk/non-commercial-college-licence)

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned. This publication may contain public sector information licensed under the Open Government Licence v3.0 at [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

This publication is available for download at [college.police.uk](https://college.police.uk)

If you have any enquiries regarding this publication, please contact us at [contactus@college.pnn.police.uk](mailto:contactus@college.pnn.police.uk)

This document has been created with the intention of making the content accessible to the widest range of people, regardless of disability or impairment. To enquire about having this document provided in an alternative format, please contact us at [contactus@college.pnn.police.uk](mailto:contactus@college.pnn.police.uk)

# Contents

<b>Acknowledgements</b>	<b>4</b>
<b>Foreword</b>	<b>5</b>
<b>Executive summary</b>	<b>7</b>
Policy and systems review	7
Practice review	8
Evidence review	9
Research priorities review	9
Continuing progress	10
<b>1 Introduction</b>	<b>11</b>
<b>2 Policy and systems review</b>	<b>13</b>
2.1 Introduction	13
2.2 Method	13
2.3 Findings and discussion	13
2.4 Practical next steps	22
<b>3 Practice review</b>	<b>23</b>
3.1 Introduction	23
3.2 Method	23
3.3 Findings and discussion	24
3.4 Practical next steps	29
<b>4 Evidence review</b>	<b>30</b>
4.1 Introduction	30
4.2 Method	30
4.3 Findings and discussion	31
4.4 Practical next steps	34
<b>5 Research priorities review</b>	<b>35</b>
5.1 Introduction	35
5.2 Method	36
5.3 Findings and discussion	37
5.4 Practical next steps	39
<b>6 Continuing the journey</b>	<b>41</b>
6.1 Building on the progress to date	41
6.2 Committing to progress in the future	46

# Acknowledgements

With the support of the Public Health and Policing Consensus Task Force and Network. With thanks to the following individuals who contributed to this review:

- Rachel Bath, Consultant in Public Health, Public Health England
- Marlene Blackstock, Information Specialist, College of Policing
- Jonathan Borrett, Head of Profession for Problem Solving, Devon and Cornwall Police
- Tonya Cook, Inspector, Front Line Policing Advisor, College of Policing
- Nadine Dougall, Professor of Mental Health & Data Science, SCLEPH, Edinburgh Napier University
- Rachel Forbes, Specialty Registrar in Public Health, Yorkshire and the Humber
- Jacqueline Hawley, Superintendent, Head of Prevention, Devon and Cornwall Police
- Inga Heyman, Associate Professor of Law Enforcement & Public Health, SCLEPH, Edinburgh Napier University
- Linda Hindle, National Engagement Lead for Public Health in Police, Fire and Ambulance Services, Public Health England
- Sandra James, Specialty Registrar Public Health, Public Health England
- Jim Lunn, Superintendent, Policing Standards Manager for Local Policing, College of Policing
- Julian Moss, Deputy Chief Constable, West Mercia Police
- Rita Newland, Nurse Advisor, Public Health England
- Nicola Pearce-Smith, Senior Information Scientist, Public Health England
- Emma Plugge, Senior Research Fellow and Honorary Consultant in Public Health, Public Health England
- Paul Quinton, Evidence and Evaluation Advisor, College of Policing
- Arun Sondhi, Research Manager, Therapeutic Solutions
- Justin Srivastava, Superintendent, NPCC Public Health Approaches portfolio and Lancashire Violence Reduction Network
- Kelly Taylor, Research Officer, College of Policing
- Emma Williams, Independent Researcher, Therapeutic Solutions
- Jaimee Wylam, Public Health Registrar, Public Health England

## Foreword

There are strong and complex links between the nature of police demand, health, social exclusion and inequalities. This requires a strategic and tactical response, designed and delivered in partnership, at a local, regional and national level.

In February 2018, the **Police, Health and Social Care Consensus** was launched in England with Home Office support. Signatories include:

- the National Police Chiefs' Council (NPCC)
- Public Health England (PHE)
- the Association of Police and Crime Commissioners (APCC)
- the Association of Directors of Public Health (ADPH)
- Faculty of Public Health
- NHS England
- College of Policing
- Royal Society for Public Health
- Local Government Association
- Clinks
- NACRO
- NAVCA

The Consensus described an ambition for the police service, health and social care, voluntary and community sector to work together to improve people's health and wellbeing, prevent crime and protect the most vulnerable people in England.



This landscape review outlines the significant progress in leadership, practice, culture and evidence since the publication of the Consensus. It is testimony to what can be achieved through partnerships and a common purpose.

There is clearly more to do to achieve the desired ambition of the Consensus to embed public health approaches at all levels of policing, and to strengthen partnerships between police and other agencies to support the prevention of crime and inequality.

We believe this report is timely, as services are being reviewed, transformed and rebuilt in response to the COVID-19 pandemic. There are many opportunities to embed learning from this report, including the public health system transformation, Serious Violence Duty, the development of integrated care systems and the forthcoming Police Vision 2030.

We hope this report will be particularly useful to senior leaders and national policymakers involved in prevention, and will demonstrate to frontline practitioners how much their work is valued.

**Linda Hindle**

National Engagement Lead for Police Fire and Ambulance Services,  
Public Health England

**DCC Julian Moss**

Police and Public Health Portfolio Lead, National Police Chiefs' Council

**Rachel Tuffin**

Director of Knowledge, Innovation and Standards, College of Policing

## Executive summary

Since the publication of the national **Policing, Health and Social Care Consensus** for England in 2018, significant progress has been made towards fully embedding public health approaches in policing. This progress is reflected in the narrative of national policy documents, in the emergence of systems and networks that support a collaborative approach to public health and prevention, and in the growing body of work within frontline policing that is underpinned by public health principles.

This landscape review describes the progress achieved, and the opportunities for further development, across four key areas:

- policy and systems
- evidence for primary prevention
- public health practice
- research in public health and policing

## Policy and systems review

The policy review was based on internet searches that were conducted to identify policy documents relevant to public health and policing in England, published between 2018 and 2021. A system mapping exercise was undertaken by members of the Public Health and Policing Consensus Taskforce. Key stakeholders and system leaders were also consulted to capture their views, and to identify and discuss other developments.

Since 2018, several key policy documents and publications have been published to support a public health approach in policing. Such publications have played an integral role in facilitating progress, supported by the emergence of networks and systems that have assisted in translating strategic direction into action. Mapping the public health and policing system demonstrates the strength of partnership working that exists, supported by collaboration between the national Public Health and Policing Consensus Taskforce, the NPCC, the APCC and the College of Policing.

## Practice review

Findings from the College of Policing surveys, carried out for this review, highlight the progress that has been made in embedding a public health approach to policing. It is encouraging to see evidence of effective partnership working, as well as the application of a public health approach to an increasing breadth of business areas within policing. Opportunities are now identified to:

- focus on mitigating the perceived barriers to implementation through a coordinated multi-agency action plan, through the Consensus Task Force and Force Leads Network
- utilise the Knowledge Hub group to disseminate the examples of practice gathered via the survey, and to share new innovative practices and learning opportunities
- continue to share learning through webinars, continuing professional development (CPD) events and conferences

## Evidence review

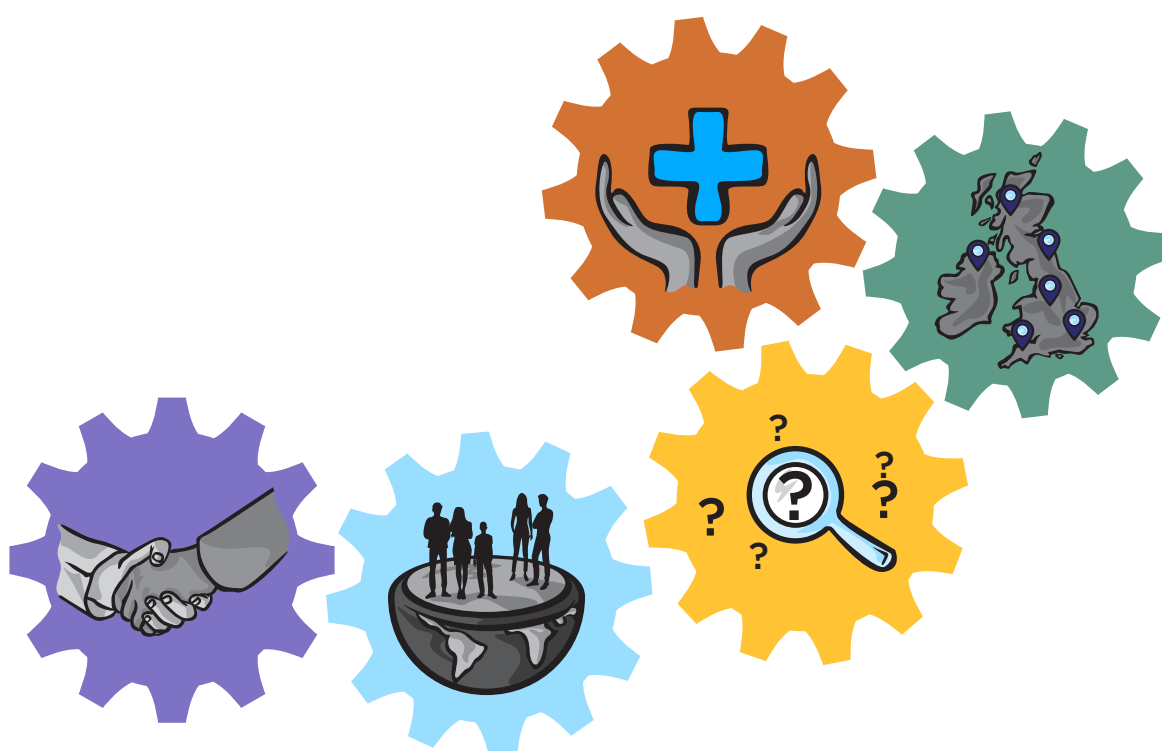
As part of this landscape review, the review evidence on the effectiveness of primary prevention in a public health and policing context was systematically mapped. A total of 134 references were reviewed and mapped, but there was often difficulty in determining whether the public health interventions in question were delivered in a policing context. Studies often describe interventions and how they are delivered. However, studies rarely focus on how and why an intervention influences, or does not influence, specific outcomes. This highlights a need to support improved design and evaluation of primary prevention interventions, to ensure that policing and public health perspectives are both considered.



## Research priorities review

A robust evidence base for public health approaches in policing should underpin both policy and practice, but there are gaps in the evidence base that need to be addressed. A modified Delphi study across the four nations of the UK identified that priority topics for research in this space include:

- wider social determinants of health and wellbeing
- mental health and wellbeing
- children and young people
- vulnerable groups
- domestic and sexual violence and abuse



## Continuing progress

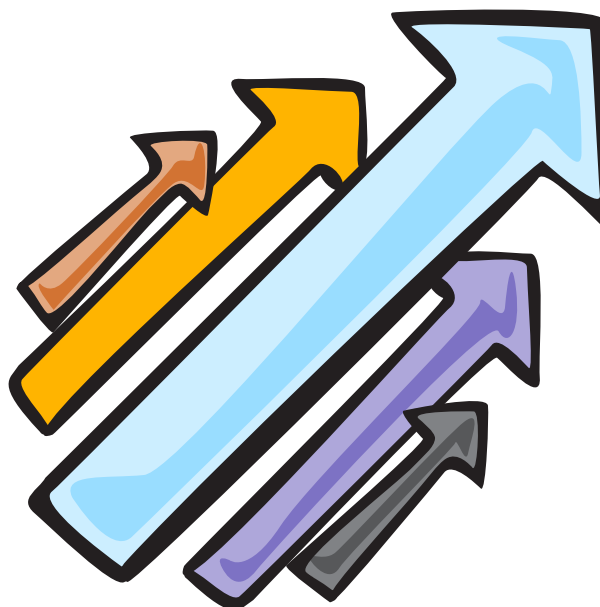
This review describes the significant progress that has been achieved since 2018 towards embedding a public health approach in policing. It also highlights the opportunities for further development that can be categorised as:

- strengthening the evidence base
- embedding a public health approach
- developing our people

The next steps outlined in this review seek to summarise the gaps and opportunities identified. There has clearly been a growing momentum for collaboration across policing and public health, which has increased further during the COVID-19 pandemic. There are many opportunities to embed learning from this report, including:

- the public health system transformation
- Serious Violence Duty
- the development of integrated care systems
- the forthcoming Police Vision 2030

A continued multi-agency, collaborative effort is required locally and nationally to ensure continued progress. The national Public Health and Policing Consensus Taskforce is committed to supporting this collaborative effort.



# 1 Introduction

The concept of **public health approaches in policing** is not new. It means taking a population approach, working in partnerships, focusing on prevention, using data and evidence to inform practice, addressing the ‘causes of the causes’, and evaluating implementation and impact. What does seem new is the concerted effort, in recent years, to embed policing health approaches in policing.

This report was commissioned by the Public Health and Policing Consensus Taskforce, a multi-agency group convened in 2018 to lead the delivery of the **Policing, Health and Social Care Consensus** for England. The report reviews the current landscape of policing and health collaboration in England, with a particular focus on progress since publication of the Consensus. It highlights opportunities for further development and identifies examples of practice. This review builds upon the understanding of police and health collaboration described in the **Landscape review 2018** and the **2016 overview of collaboration**.

In 2019, a four-nations approach to public health and prevention in policing in the UK was established to bring together practice and expertise from across the UK. As a result of this collaboration, some aspects of the review cover two or more of the UK nations. This is outlined in the chapter summary below.

This review is structured into the following chapters.

- **Policy and systems review** – This chapter describes recent policy changes in England that provide context to, and have supported, developments in public health approaches in policing. The chapter also describes the current systems and organisational networks that continue to facilitate progress within this agenda.
- **Practice review** – This chapter covers the four nations of the UK. It presents the findings of two surveys conducted by the College of Policing. The first survey aimed to gather the views of force public health leads on how well public health approaches were being implemented. The second survey called for practitioners to submit case studies of local practice, to develop a better overall understanding of current and emerging public health interventions in policing.

- **Evidence review** – This chapter provides a high-level summary of a map of the review evidence on the effectiveness of primary prevention in a public health and policing context. It aims to provide an overview of available reviews, highlight gaps in the evidence base, and enable more targeted reviews to be carried out in the future.
- **Research priorities review** – This chapter describes a modified Delphi process to agree a consensus response to answer the following research question: What are the research priorities for public health and policing across the four nations of the UK?
- **Continuing the journey** – The final chapter is framed in response to the commission for England. However, many of the next steps will be applicable across the UK. The Public Health and Policing Taskforce will continue to work in collaboration with the Four Nations Policing and Public Health Network to deliver our shared objectives. This final chapter:
  - summarises the progress achieved since 2018 towards embedding public health approaches in policing
  - highlights where further progress is needed
  - identifies next steps in terms of expanding the evidence base, embedding a public health approach and workforce development



## 2 Policy and systems review

### 2.1 Introduction

Since the publication of the [Policing, Health and Social Care Consensus](#) and the [Landscape review 2018](#), there have been significant developments in policing and public health, and a continued desire to work collaboratively across the four nations of the UK. This chapter provides an overview of recent policy changes in England that provide context to, and have supported, these developments. The chapter also describes the current systems and organisational networks that continue to facilitate progress towards public health approaches in policing.

### 2.2 Method

The policy review was based on internet searches that were conducted to identify policy documents relevant to public health and policing in England, published between 2018 and 2021. A system mapping exercise was undertaken by members of the Public Health and Policing Consensus Taskforce. Key stakeholders and system leaders were also consulted to capture their views, and to identify and discuss other developments.

### 2.3 Findings and discussion

#### 2.3.1 Policy and law developments

[Table 1](#) provides a summary of key documents published since 2018, and how they sought to support collaboration between police and health.

[The Policing Vision 2025](#), which was published by police chiefs and police and crime commissioners in 2015, provided an important driver for more recent policy developments, emphasising the need to focus on prevention and collaborative working.

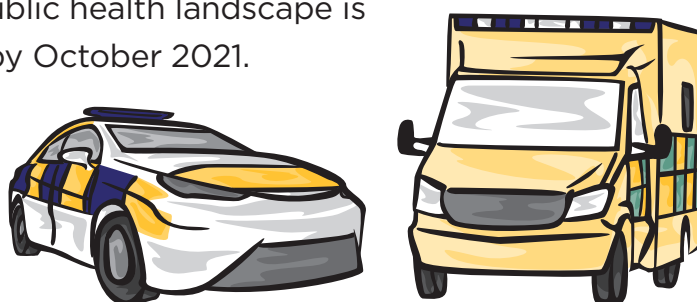
The Policing Vision 2025 undoubtedly paved the way for other key policy documents outlined in [Table 1](#), specifically the following:

- [Consensus Statement](#)

- [Public Health Approaches in Policing Discussion Paper](#)
- [Principles of a Public Health Approach to Policing](#)

The collective energy and momentum created by these key publications has driven tangible action. For example, at the end of 2018, the Home Secretary announced a consultation on a new [Serious Violence Duty](#) to underpin a public health approach to tackling serious violence. The legal duty was introduced to parliament on 9 March 2021 as part of the [Police, Crime, Sentencing and Courts Bill](#), and is expected to be implemented from 2022/23. The legislation will place a legal duty on police and partners to work together to tackle serious violence and share data. Local partnerships will be required to undertake a strategic needs assessment (SNA) to understand how violence is affecting their communities and to inform a response strategy. PHE have published [guidance](#) that provides information and practical steps on how to carry out an SNA for serious violence, which should be read alongside the [Serious Violence Duty: Draft Guidance](#).

Policy and law developments have the potential to influence collaborative working positively. For example, in August 2020, the Secretary of State for Health and Social Care announced transformation of the public health system, including a new National Institute for Health Protection. Subsequent policy papers in September 2020 and March 2021 have provided further details about the transformation of the public health system to address the challenges of our times. In summary, the health protection capabilities of PHE and the NHS Test and Trace service will combine into a new UK Health Security Agency (UKHSA). The current health improvement, prevention and healthcare public health functions of PHE will transfer to new homes within the health system, aligned to achieve clarity of purpose, accountability and impact. A new Office for Health Promotion will be created in the Department of Health and Social Care under the professional leadership of the Chief Medical Officer. The new public health landscape is expected to be implanted by October 2021.



**Table 1 Key publications to support collaboration between police and public health**

Relevance	Document	Organisation	Year	Summary
Documents representing a cultural shift in the policing and health and social care systems, to support a collaborative approach to focus on prevention.	<b><u>Policing, health and social care: Working together to protect and prevent harm to vulnerable people</u></b>	<ul style="list-style-type: none"> <li>■ ADPH</li> <li>■ APCC</li> <li>■ Clinks</li> <li>■ College of Policing</li> <li>■ Faculty of Public Health</li> <li>■ Local Government Association</li> <li>■ Nacro</li> <li>■ National Association for Voluntary and Community Action</li> <li>■ NHS England</li> <li>■ NPCC</li> <li>■ PHE</li> <li>■ Royal Society for Public Health</li> </ul>	2018	Consensus statement providing a focus for the police service, health and social care services, and voluntary and community sector to work together to improve people's health and wellbeing, prevent crime and protect the most vulnerable people in England.
	<b><u>Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children</u></b>	<ul style="list-style-type: none"> <li>■ HM Government</li> </ul>	2018	Statutory guidance on inter-agency working to safeguard and promote the welfare of children.

Relevance	Document	Organisation	Year	Summary
	<a href="#"><u>Public health approaches in policing: A discussion paper</u></a>	<ul style="list-style-type: none"> <li>■ PHE</li> <li>■ College of Policing</li> </ul>	2019	Exploration of what is meant by a public health approach to policing.
Documents describing and supporting a public health approach to policing.	<a href="#"><u>Principles of a public health approach to policing</u></a>	<ul style="list-style-type: none"> <li>■ College of Policing</li> <li>■ NPCC</li> </ul>	2019	Paper outlining the principles of a public health approach in policing.
Documents supporting public health approaches to the reduction of serious violence.	Violence Reduction Unit interim guidance	<ul style="list-style-type: none"> <li>■ Home Office</li> </ul>	2020	Guidance for Violence Reduction Units (VRUs) to provide further details and information about how they might want to achieve adopting a public health approach to serious violence. Includes case studies from existing VRU work.
	PCCs making a difference: Violence Reduction Units in focus	<ul style="list-style-type: none"> <li>■ APCC</li> </ul>	2020	Produced in collaboration with the Home Office, this report demonstrates how 18 VRUs are tackling crime and making communities safer by providing a multi-agency public health approach
Documents about the Serious Violence Duty.	Police, Crime, Sentencing and Courts Bill 2021: Serious Violence Duty factsheet	<ul style="list-style-type: none"> <li>■ Home Office</li> </ul>	Last updated 2021	Factsheet providing details of the Serious Violence Duty and frequently asked questions.



Relevance	Document	Organisation	Year	Summary
	Serious Violence Duty: Strategic needs assessment guidance	<ul style="list-style-type: none"> <li>■ PHE</li> </ul>	2021	Information and practical steps on how to carry out an SNA for serious violence.
	<b><u>Serious Violence Duty: Draft guidance for responsible authorities</u></b>	<ul style="list-style-type: none"> <li>■ Home Office</li> </ul>	2021	Guidance outlining: <ul style="list-style-type: none"> <li>■ effective partnership working, advice on data sharing, information on monitoring and inspection, and advice on working with the voluntary and community sector and young people</li> <li>■ changes to section 6 of the Crime and Disorder Act 1998, requiring Community Safety Partnerships to formulate and implement a strategy to prevent and reduce serious violence</li> </ul>
Documents about public health reforms.	<b><u>Transforming the public health system: Reforming the public health system for the challenges of our times</u></b>	<ul style="list-style-type: none"> <li>■ Department of Health and Social Care</li> </ul>	2021	Policy paper outlining the Government's plans for public health reform.

## 2.3.2 Funding developments

In March 2019, a £100 million Serious Violence Fund was released, of which £63.4 million was allocated to 18 police forces disproportionately affected by serious violence, to pay for surge operational activity such as increased patrols. A further £35 million was allocated to the same 18 areas to establish multi-agency VRUs, to increase local capacity to tackle the root causes of violence.

The Home Office has also launched the new Youth Endowment Fund (YEF), comprising £200 million over 10 years to prevent children and young people becoming involved in violent behaviour and crime. The YEF represents a long-term, evidence-based approach to tackling the factors that make criminal behaviour more likely.

## 2.3.3 System developments

### **Networks and support**

In 2018, a national multi-agency group, the Public Health and Policing Consensus Taskforce, was convened to lead the delivery of the national consensus statement commitments. This group includes representation from across the broader public health and policing system, as illustrated in [Figure 1](#).

The Taskforce was instrumental in helping to shape the agenda of the 5th International Conference on Law Enforcement and Public Health, held in Edinburgh in 2019, where academics, public health representatives and the police focused on collaborative leadership and the evidence-based approach. Meanwhile, the NPCC appointed its first lead for public health approaches. These milestones have cemented the work of the Taskforce. Since then, to aid delivery of specific aspects of the national consensus statement commitments, the Taskforce has established additional national multi-agency groups and workstreams with appropriate stakeholders:

- Public Health and Police Academic Advisory Group
- Public Health and Policing Leads Network, which includes representation from every force and serves as a communication network for sharing practice and supporting the development of public health approaches across policing

- Public Health Approaches in Policing Knowledge Hub, which provides an accessible online community for educational material, information sharing, and details of interventions
- Four Nations Webinar Series, to share public health approaches in policing and serious violence across the UK, held over four days in February 2021, featuring 60 speakers and attracting a global reach of attendees

The collaborative approach to progressing the public health and prevention agenda in policing takes advantage of the collective strength of individual organisations to support change and unblock barriers. The Consensus Taskforce maintains strong links to:

- the NPCC, to support synergies between a range of portfolio areas
- the APCC, to facilitate the integration of public health approaches into planning, prioritisation and commissioning
- College of Policing
- Royal Society of Public Health
- Faculty of Public Health

## **Violence Reduction Units**

VRUs bring together police, local government, health and education professionals, community leaders and other key partners to ensure a multi-agency response to the identification of local drivers of serious violence and agreement to take necessary action to tackle these.

The formation of VRUs has supported an understanding of the benefits of early intervention in communities to tackle serious violence and have established partnership systems, which have formally brought together stakeholders to practise the public health approach. Learning from the existing VRU localities should now be expanded to achieve similar progress in non-VRU areas, but also to support the application of approaches to areas of policing other than violence reduction.

## Figure 1 Map of the public health and policing system

### Public health and policing

#### Criminal justice organisations

- Youth Justice Board
- Youth offending services and teams
- Local criminal justice board
- Rehabilitation partnerships

#### What Works Centres

- Youth Endowment Fund
- Early Intervention Foundation
- National Institute for Health and Care Excellence (NICE)
- What Works Centre for Crime Reduction

#### Voluntary and community sector

- Local community-based organisations are key to change
- Larger charities

#### Public health

- Public Health England (PHE)
- PHE National Health and Justice Team
- PHE knowledge and intelligence colleagues
- Project Capricorn
- Royal Society of Public Health
- Faculty of Public Health

#### Research partners

- Universities
- Charities
- Research suppliers
- Funding bodies

#### Local government

- Community Safety Partnerships
- Public health teams
- Local Government Association
- Society of Local Authority Chief Executives (SOLACE)
- Metro mayors

#### Health

- Clinical Commissioning Groups (CCGs) and Integrated Care Systems
- Primary care
- Secondary care
- NHS England and NHS Improvement

#### Central government

- Home Office
- Department of Health and Social Care
- Ministry of Housing, Communities and Local Government
- Department for Education

#### Policing

- National Police Chiefs' Council (NPCC)
- NPCC Local Policing Coordinating Committee
- Relevant NPCC portfolios, including public health, vulnerability, serious violence and mental health
- Local police forces
- Offices of the Police and Crime Commissioners (OPCCs)
- Association of Police and Crime Commissioners (APCC)
- College of Policing
- Police and crime commissioners
- Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)

#### Schools and education

- Mainstream
- Special schools
- Alternative provision

#### Violence Reduction Units

The funding to establish VRUs has enabled some forces to take a system-wide approach to vulnerability, successfully identifying gaps, risks and threats, and developing appropriate action plans that challenge serious violence while also addressing the wider social determinants. Each VRU has been asked to produce a detailed SNA, which includes:

- demographic overviews
- epidemiology of risk for serious violence
- violence profiles
- evidence-based prevention initiatives

This provides a baseline understanding for place-based leaders about the reality of violence and, where appropriate, incorporates learning from lived experience. A public health approach to violence prevention underpins this SNA, taking into consideration best practice and evidence for population-based prevention approaches. It is also encouraging to now see that some police forces without funded VRUs are also adopting the same methodology to inform progress within their locality.

The establishment of VRUs has brought **trauma-informed practice (TIP)** into many more police forces. This approach aims to increase practitioners' awareness of trauma's negative impact on children and adults, and to reduce practices that might inadvertently re-traumatise clients<sup>1</sup>. TIP also aims to increase practitioners' sensitivity so that users perceive them to be trustworthy and feel safe to disclose traumatic experiences. This approach recognises and considers the previous trauma that an individual may have experienced.

For 2021/22, the government will continue to fund the VRUs to tackle the root causes of violence. It has also made further funding available to help stop young people from being drawn into the cycle of violence, including additional funding for evidence-based therapeutic interventions, testing and seeking to improve the evidence base about the value and impact of 'teachable moment' interventions, and supporting trauma-informed training for practitioners.

---

1 Early Intervention Foundation. (2020). **Adverse childhood experiences: What we know, what we don't know, and what should happen next** [internet]. [Accessed 22 07.2021]

The requirement to take a public health approach to address serious violence has been a key driver for change in broader public health and policing work. This mandatory requirement has stimulated discussions within police forces that may have previously focused only on tertiary prevention and problem-solving. Now, forces across the country are exploring how public health approaches can inform and support their ongoing work. In England, a specific multi-stakeholder steering group has been established to explore how public health, problem solving and **contextual safeguarding** can work together to prevent and reduce serious violence.

Work is ongoing with partners to foster a culture shift 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 police service is adopting a place-based approach with more multi-agency teams, or hubs, to tackle community issues requiring early intervention. This involves moving beyond single-service-based practice to a whole-place approach to commissioning preventative services that focus on reducing vulnerability, risk and harm.

## 2.4 Practical next steps

- The Public Health and Police Taskforce will continue to lead the delivery of the commitments of the Consensus statement, via appropriate networks and workstreams.
- The public health system reforms, taking place in 2021, recognise the need for health to be a core priority across government departments, in order to join up both action and investment. Partners involved in driving forward the public health and policing agenda in England will have the opportunity to engage with the newly formed cross-government ministerial board on prevention, to raise the profile of public health approaches in policing.

## 3 Practice review

### 3.1 Introduction

Police force surveys carried out as part of this landscape review present a promising picture of current practice in relation to public health approaches in frontline policing. Their findings suggested that, at a strategic level, there were leads who oversaw implementation and there were a good range of interventions that reportedly achieved positive outcomes, of which many employed a primary prevention approach.

There was marked variation in the adoption and implementation of the College of Policing's [Public Health Principles](#) across police forces. For some forces, the journey towards public health approaches started with a focus on TIP. This involves practitioners having greater awareness of the potential negative effects of trauma on children and adults, being sensitive to their needs so they are safe to disclose traumatic experiences, and thinking through the most appropriate course of action so as to avoid inadvertently re-traumatising them. TIP can be seen as an example of tertiary prevention rather than a holistic public health approach. However, it could provide a useful first step for forces that are yet to embark on their journeys, and could be used as part of a broader prevention strategy. Although some force are also using TI training to promote primary and secondary prevention opportunities

The COVID-19 pandemic has provided an unprecedented opportunity for the police and partner agencies to improve collaborative approaches, understand epidemiology and apply public health approaches to policing.

### 3.2 Method

At the end of 2020, the College of Policing carried out two surveys.

The first survey aimed to gather the views of force public health leads on how well public health approaches were being implemented. It included questions on leadership, the perceived implementation of public health approaches, effectiveness of partnership arrangements, and training.

Force leads were also asked to provide an assessment of their force against the College's Public Health Principles.

The second survey called for practitioners to submit case studies of local practice, to allow examples to be collated and shared on the Knowledge Hub online platform. The survey also aimed to develop a better overall understanding of current and emerging public health interventions in policing. Forces were asked to detail the nature, scale and focus of relevant initiatives, and to describe ongoing or planned evaluation. Questions were also included about organisational learning and about barriers or enablers to implementation.

### 3.3 Findings and discussion

The [Landscape review 2018](#) focused strongly on the emergence of partnership approaches, which at the time were most frequently reported to focus on mental health, and on wellbeing and health in custody. The review articulated a desire in the sector to strengthen a collaborative approach to issues such as social isolation, vulnerability and adverse childhood experiences. In 2018, there was an increasing focus on vulnerability and a commitment to prevention, but a clear need for this focus to be systemised.

The findings of the current surveys support a promising picture of progress since 2018. The ‘systemisation’ of approaches that was an ambition of the 2018 review appears to be becoming a reality, as indicated by:

- the presence of senior strategic leadership for public health and prevention
- the provision of training and development
- the broader application of public health approaches in frontline interventions

#### 3.3.1 Force leads survey

Force leads for public health and violence reduction from across the four nations of the UK were invited to take part in the survey. A total of 44 leads responded from at least 32 forces. It is difficult to be precise about the number of participating forces because a small number of respondents did not indicate which force they were from. Some forces with separate leads for public health and violence reduction submitted two responses. As a survey of force leads rather than of forces, all 44 responses were included in the analysis reported below.



## Senior leadership

Overall, 8 of the 44 respondents (18%) said their force had a lead who was responsible for both public health and violence reduction. Over a quarter (n=13) reported having separate leads. The same proportion said their force had a lead for either public health (n=3) or violence reduction (n=10), but not both. Just under a quarter (n=10) stated their force had no lead.

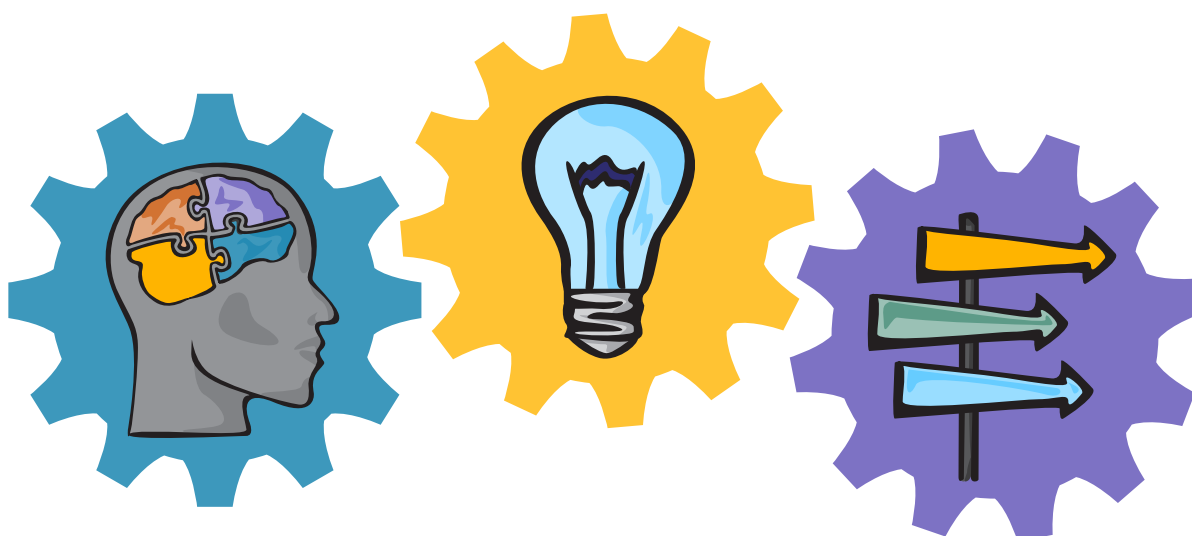
Most leads for public health and/or violence reduction identified by respondents (38 out of 47) were superintendents or above, or the equivalent staff grade. Eight held another rank or grade, and one public health lead was said to be from a partner organisation.

## Implementation

A total of 15 (34%) respondents said a public health approach was 'very well' or 'fairly well' implemented. In contrast, 24 (56%) stated it was 'not very well' implemented or that implementation was 'variable'.<sup>2</sup> In total, 9 (20%) respondents stated they had implemented this approach across 'all' business areas, 31 (71%) stated it was applied to 'some' business areas, and 4 (9%) stated the approach was not applied.

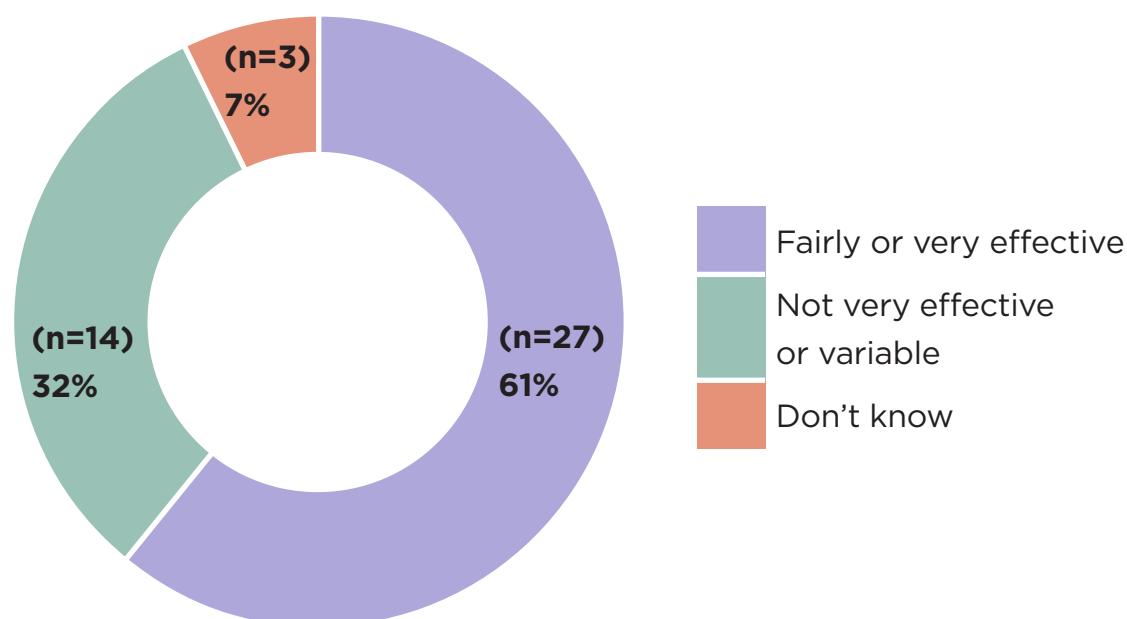
## Partnerships

The force leads' survey responses reported positive and effective partnership working in over half of responses received ([Figure 2](#)).



<sup>2</sup> The remaining five did not respond or skipped the question.

**Figure 2 The effectiveness of partnership working within forces responding to the force leads survey**



### Training

Nine respondents reported developing training in public health approaches, although the focus of this training varied and it was unclear whether training consistently incorporated the College of Policing's **Public Health Principles**. There were examples of training focused on the link between adverse childhood experiences and health and crime outcomes, early intervention and prevention. Some force leads reported being fully integrated with partners around the joint delivery of training on TIP to their practitioners, stakeholders and communities, as part of their strategic plan. One such example was the **Lancashire Violence Reduction Network**.

### Self-assessment

While the survey responses suggested that some forces had made progress in embedding a public health approach across a range of business areas, the degree of progress varied. When asked to assess their own force approach against the College of Policing's **Public Health Principles**, 21 respondents (48%) rated themselves as 'very good' or 'fairly good', and the remaining 23 (52%) reported 'not very good' or 'don't know'.

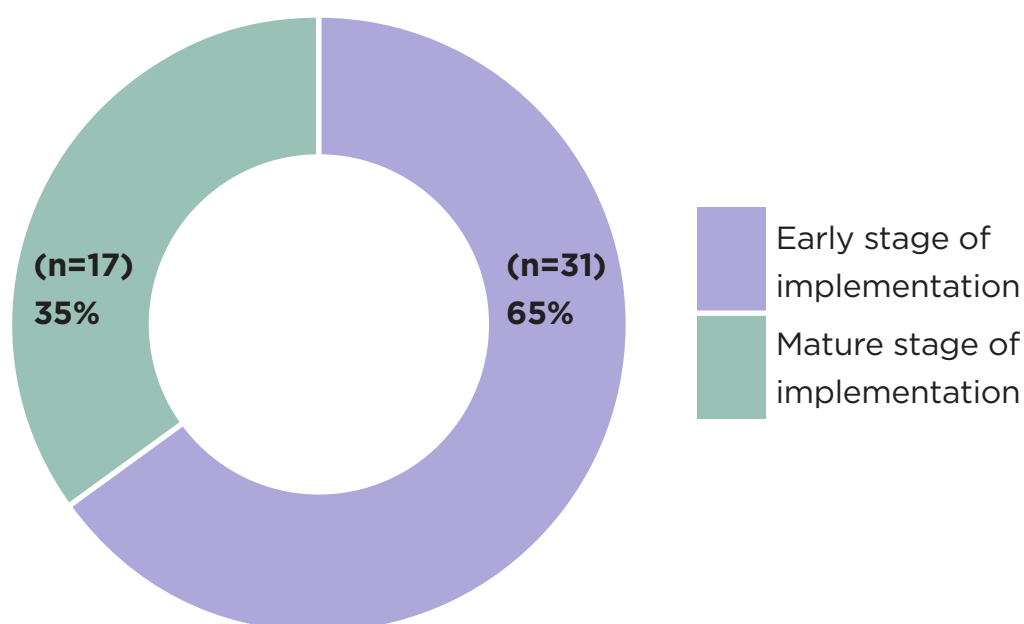
### 3.3.2 Practitioner survey

A total of 48 submissions were received from across 22 police forces, detailing how public health approaches are being used in policing currently.

#### Maturity

Of the initiatives submitted, 31 (65%) were described as being at an early stage of implementation, while 17 (35%) were at a mature stage ([Figure 3](#)).

**Figure 3 Stage of implementation of initiatives incorporating a public health approach within forces responding to the practitioner survey**



#### Focus

There was a range of primary, secondary and tertiary prevention initiatives among the case studies, suggesting an understanding of intervening 'upstream' and the value of early intervention.

Most initiatives focused on vulnerability. Others featured high-priority issues such as drugs, violent crime, repeat offending, mental health and anti-social behaviour.

Overall, the initiatives showed a strong focus on mentoring, education, support and including the 'community voice' in police and partner activity. They also focused on understanding of the impact of adverse childhood experience on life chances, crime and health outcomes, and wider communities and partners.

## Case study examples

The following examples give a flavour of those submitted by practitioners, but have not been independently assessed.

### **Lancashire Constabulary**

Lancashire Constabulary has trained their staff and partners jointly to become a Trauma Informed Workforce and to understand the links between adverse childhood experiences, and health and crime experiences. The training has been delivered to 26 partner agencies and has been rolled out to the community. The intervention involved developing a training package about being trauma-informed and a toolkit to assist with this approach.

### **West Mercia Police**

West Mercia Police's Steer Clear Programme aimed to reduce serious violence and knife crime. Police and partners data showed that knife crime had risen among offenders aged 10-15 years, as had the number of A&E admissions due to knife-enabled injury. A community and partner survey was conducted as a result, with over 100 respondents, to understand the root cause of the problems.

The intervention involved neighbourhood officers personally serving young people 'weapons warning letters' whenever the police received intelligence about them possibly carrying knives. This cohort of young people was discussed by partners every month. In addition, the young people and their families were offered support away from crime. The young people and their families were supported by weekly workshops, where they could discuss their concerns and ways of preventing their involvement in crime. The workshops were reported to have a 60% attendance rate, and 72% of the attendees were said to have had no further police involvement.

### **Devon and Cornwall Police**

The Devon and Cornwall Police Domestic Abuse Behaviour Change Programme was described as a 'whole family' approach to reducing offending and harm. The intervention aimed to reduce the impact of adverse childhood experiences by ensuring that early intervention

and support were in place before criminal proceedings against the perpetrator began. After a family was referred to the programme, the support involved deploying a children's resilience worker and a behaviour change independent domestic violence advocate, working with a perpetrator as part of the integrated offender management team.

### Perceived barriers and enablers

A review of the practice examples suggested that several barriers and enablers to progress were perceived to exist ([Table 2](#)).

**Table 2 Key perceived barriers and enablers to the delivery of public health approaches in policing**

Barriers	Enablers
<ul style="list-style-type: none"> <li>■ Uncertainties with short-term funding (eg, annual budget for VRUs)</li> <li>■ Aversion to data sharing</li> <li>■ Narrow, police-focused performance indicators</li> <li>■ Leaders lacking understanding of public health approaches</li> <li>■ Competing demands</li> <li>■ 'Siloed' working cultures across organisations</li> </ul>	<ul style="list-style-type: none"> <li>■ Shared vision by all partners</li> <li>■ Evidence-based practice</li> <li>■ COVID-19 pandemic collaboration</li> <li>■ Systemic leadership</li> <li>■ Focus on demand reduction</li> <li>■ Legislation passed by devolved administrations</li> </ul>

## 3.4 Practical next steps

- The Consensus Task Force and Force Leads Network will focus on mitigating the perceived barriers to implementation through a coordinated multi-agency action plan.
- The Knowledge Hub group will be used to disseminate the examples of practice gathered via the survey, and to share new innovative practices and learning opportunities.
- Webinars, CPD events and conferences will continue to be used to share learning.

## 4 Evidence review

### 4.1 Introduction

The saying, ‘prevention is better than cure’, neatly communicates the idea that it is better to stop an adverse event occurring than it is to deal with its consequences. Public health approaches aimed at ‘primary prevention’ can, in theory, help prevent a problem from occurring in the first place. These approaches are different from ‘secondary prevention’, which involves intervening when a problem starts to emerge, or ‘tertiary prevention’, which focuses on managing an ongoing problem or issue.

Primary prevention can be overlooked when there is a pressing need to respond to an immediate problem. It can take a long time for any benefits of primary prevention activities to be realised, and it can be challenging to demonstrate that any benefits were a direct result of those activities. Primary prevention in a policing context can feel even more challenging, as the issues faced by the police are complex and require complex solutions that could span individual people, their relationships, communities and wider society.

This chapter provides a high-level summary of a map of the review evidence on the effectiveness of primary prevention in a public health and policing context. It aims to provide an overview of the available reviews, highlight gaps in the evidence base, and enable more targeted reviews to be carried out in the future.

### 4.2 Method

Systematic maps use transparent methods to gather, describe and catalogue the evidence base for a specific topic. This particular map – to be published by the College in a separate report – also provides an overview of key themes and findings, but does not attempt a full synthesis of the evidence.

The first stage of the process involved information specialists, at the Public Health England Knowledge and Evidence Service and the National Police Library, who searched literature databases using public health, policing and methodological keywords. These searches identified

9,410 references published between 2010 and early 2021. The College commissioned two researchers with expertise in policing and public health to screen all the references using inclusion and exclusion criteria. They then reviewed each of the 134 remaining references that had been screened in, using a coding framework to record key information. The results of their coding were captured in a database and presented in the map of reviews summarised below.

## 4.3 Findings and discussion

### 4.3.1 Types of review

Of the 134 references, the majority (n=109, 81%) had been published in academic journals. Over two-thirds (n=91, 68%) were written from a public health perspective only, 10% (n=13) were written from a criminal justice perspective, and 10% (n=13) were written from a combined criminal justice and public health viewpoint. One-third (n=44, 33%) were systematic reviews, 28% (n=38) were non-systematic literature reviews, and 16% (n=21) were more general discussion or commentary pieces. Overall, 13% (n=17) of reviews included meta-analysis (a method for 'pooling' the results of individual studies) and 16% (n=21) included an economic analysis.

### 4.3.2 Coverage and settings

The geographical coverage of the reviews was hard to determine. Clear descriptions were only provided in half (n=67, 50%) of references.

Despite the lack of clarity, most reviews (n=114, 85%) included interventions from the United States, though not always exclusively.

It was equally challenging to identify the exact settings in which the reviewed interventions had been delivered. It was possible to identify, however, that just under one-third (n=42, 31%) of reviews were of school-based interventions.



### 4.3.3 Preventive focus of reviewed interventions

The references were wide-ranging in terms of the preventive focus of the interventions they reviewed (around 20 in total). Initiatives aimed at preventing violence (n=36, 27%) and drugs and/or alcohol misuse (n=25, 19%) were the most common. These were followed by programmes focused on mental health (n=20, 15%), intimate partner violence (n=13, 10%) and child maltreatment (n=13, 10%).

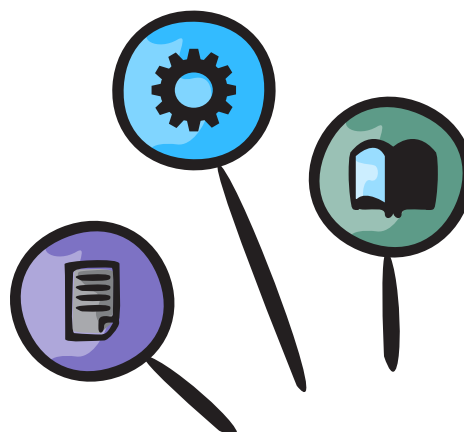
### 4.3.4 Reported effectiveness of reviewed interventions

The researchers tried to identify whether the reviewed interventions had resulted in a 'positive', 'mixed', 'neutral' or 'negative' impact on outcomes overall. It was difficult to be precise, as some references did not provide a definitive view or were cautious in framing their conclusions. Overall, 54% (n=72) of reviews reported interventions as having had a 'positive' effect, 23% (n=31) as 'mixed' and 10% (n=13) as 'neutral'. None reported any harmful effects. However, this result could have been affected by publication bias, if evaluations of ineffective or harmful interventions were less likely to have been published. The remaining references discussed other aspects of interventions rather than their impact.

Looking at the focus and impact of interventions in combination, it appeared that reviews were most likely to report 'positive' results if the primary prevention activities that were reviewed aimed to reduce adverse child experiences, child maltreatment, domestic abuse and mental health. No reviews were found reporting 'positive' results for interventions for female genital mutilation or road traffic collisions, though this was most likely due to the small number of references on these issues.

### 4.3.5 Key issues

The researchers identified three key issues with the current review evidence on primary prevention: definitions, mechanisms and methods.





## Definitions

One of the main challenges for the researchers during the screening stages was deciding whether reviews were of public health interventions that were relevant to policing or delivered in a policing context. They often had to base decisions on relatively limited information.

Reviews of primary prevention related to mental health, bullying and alcohol use often included interventions focused on specific social problems that were not, in and of themselves, the responsibility of the police. However, reviews were included in the map if the preventive focus of the intervention was considered to be an antecedent to, a cause of, or a risk factor for an issue that would necessitate the police to be involved (eg, future offending).

The researchers found reviews framed in ways that were inconsistent and, sometimes, lacking in clarity. Routine use of 'prevention', in a general sense and as an umbrella term, made it difficult for them to code references and extract precise details. The 'primary prevention' label was used rarely (with some notable exceptions), but the researchers found they could sometimes apply the concept to interventions that had been described as 'universal' or 'general'. There were also examples of reviews defining 'primary' and 'secondary' interventions in differing ways. Some reviews also included studies that evaluated 'branded' programmes, some of which were difficult to code because they lacked transparency or were complex interventions, with numerous components that sought to be preventive in multiple ways.

## Mechanisms

An emerging theme from the systematic map was a lack of empirical research on the processes and mechanisms by which primary prevention affected outcomes. Many of the reviews simply described interventions and how they were implemented, rather than how and why the interventions brought about a change in outcomes (or did not). The researchers highlighted a clear need for evaluations to test theories of change alongside impact – in other words, for evaluations to identify what works, for whom, when, how and why (eg, the interplay between interventions and behaviour change).

## Methods

The researchers identified a wide range of methodological issues with the reviews and the studies included in them. They:

- were inconsistent in their approaches to determining cause and effect
- used multiple methods and outcomes
- tended to rely on self-report measures rather than looking at longer-term behaviour change
- varied in what results they reported and how (eg, effect sizes, confidence intervals)
- often lacked subgroup analysis because of small sample sizes

These issues, combined with the disparate and complex nature of the interventions and the challenge of transferring findings between contexts, meant the researchers were unable to catalogue, with clarity and certainty, effective primary prevention interventions that cut across public health and policing.

## 4.4 Practical next steps

- The College of Policing will publish the full map of reviews, along with a searchable database of references. This will enable practitioners to have easy access to the evidence, enable researchers to carry out more targeted reviews of the literature, and support publication of a journal article aimed at an academic audience.
- The College of Policing will use the learning from the systematic map to inform the hands-on research advice and support that it will continue to provide officers, staff and forces – for example, via its research surgeries, to help strengthen the evidence base on public health and policing.
- The College of Policing will offer ongoing advice to the evaluations of public health interventions that are funded by the National Institute for Health Research (NIHR) and led by, or involving, the police. This will help to fill gaps in the evidence on the effectiveness of primary prevention.

## 5 Research priorities review

### 5.1 Introduction

Chapter 2 discusses current policy to support public health approaches within policing and describes the systems that exist to allow police forces to operationalise policy. The policies that



ultimately shape practice should be informed by the best available evidence. This should help to ensure that public health approaches in policing are effective and relevant. In reality, and as Chapter 4 shows, there are gaps in our knowledge and understanding, supporting the need to strengthen the evidence base on public health and policing.

As part of the journey to develop and strengthen a four-nations approach to public health and policing, the opportunity to work in collaboration to progress the evidence base was identified.

Understanding what works, for whom, when, how and why are relevant to public health and policing systems irrespective of national geography. A joined-up approach to developing the evidence base is a mutually beneficial goal for England, Ireland, Scotland and Wales.

A Police and Public Health Evidence Scoping Advisory Group was convened, comprising colleagues from across the four nations of the UK. The group identified a need to establish the current research priorities within the sphere of public health and policing approaches, and recognised that asking colleagues from across the public health and policing system would be the best way to gain a more detailed insight into the subject areas of focus for future research activity.

The purpose of this work was to take a participatory approach across the sphere of public health and policing, to answer the following research question: What are the research priorities for public health and policing across the four nations of the UK?



## 5.2 Method

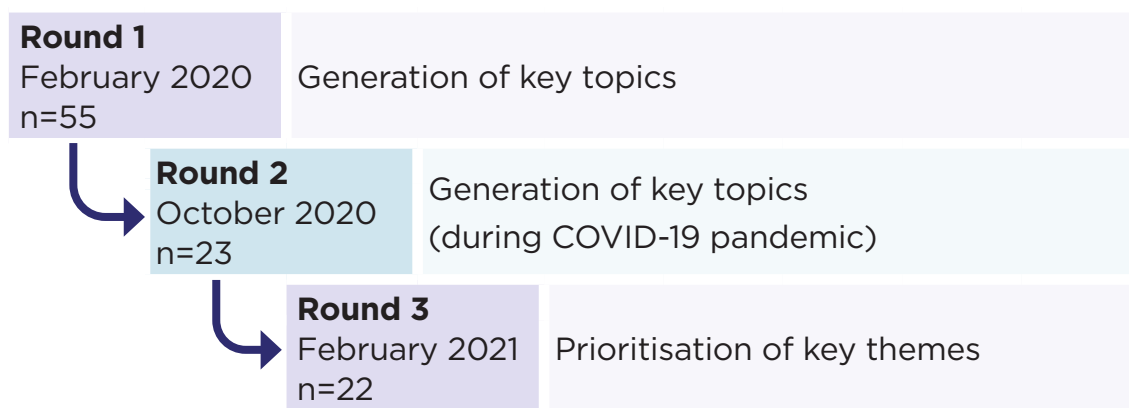
In order to answer the research question, a modified Delphi process was selected. Delphi is an iterative multistage group facilitation method that is designed to transform diverse opinion into group consensus. A Delphi process will typically involve a purposive sample of 'experts' being invited to respond to multiple survey rounds until collective opinion within the group is gained<sup>3</sup>.

The standard Delphi approach was tailored to answer the research question by implementing the following modifications.

- Rather than recruiting a closed panel of experts, participation in each round of the survey was encouraged from across public health and policing, and across the four nations of the UK. This modification was justified by the need to demonstrate sufficient breadth of consultation all levels in policing and public health across the UK, and the desire to reflect academic, policy and practice perspectives.
- A parameter for defining a consensus was not set for this study at the outset, on the basis that collective opinion on a list of priority areas was sought, rather than a final group consensus on a single priority. This reflects the adaption of the typical Delphi approach for use to answer a real-world question.

The Delphi study was carried out in three rounds, using an online survey for each. **Figure 4** illustrates the process and the number of respondents for each round.

**Figure 4 Delphi survey rounds**



<sup>3</sup> Hasson F, Keeney S and McKenna H. (2000). Hasson Research guidelines for the Delphi survey technique and others (2000). *Journal of Advanced Nursing*, 32(4), pp 1008-1015.

Respondents were asked to complete and submit an online survey at each round. The first round took place in February 2020, at which time respondents were asked to list the subject areas within public health and policing that they perceived to be a priority for research. The second round repeated the same survey in October 2020, to determine whether the COVID-19 pandemic had shifted or created new priorities for research. While the number of respondents for the second-round survey was only around half that for the first survey, it was reassuring that second-round responses only corroborated the findings from the first round.

Responses from the first-round and second-round surveys were analysed by two researchers, to identify nine topic areas that had emerged as priorities for research.

In the third and final round, carried out in February 2021, respondents were asked to rank the list of nine priority topics, from that which they considered to be of most importance down to that of least importance. Respondents were also asked to indicate which focus they considered most important for research on each topic, out of the following:

- understanding the drivers and nature of the issue, as well as the impact on policing
- understanding what an effective policing approach to the issue looks like
- understanding the outcomes of policing on the issue

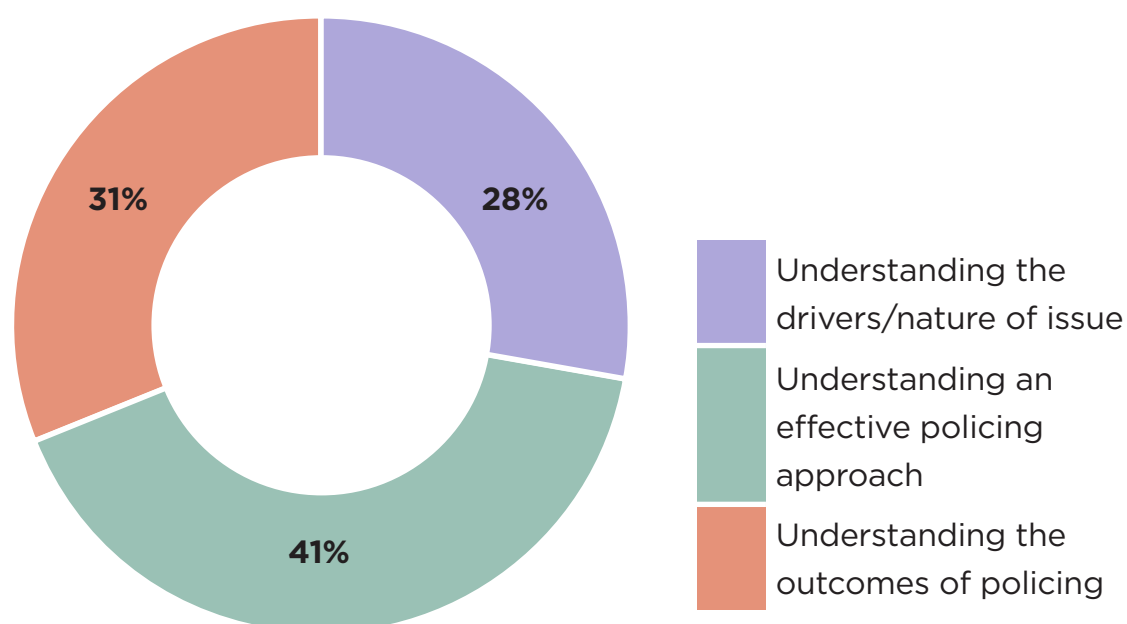
## 5.3 Findings and discussion

**Table 3** lists the nine research topic areas that emerged as priorities during the first and second round surveys. The nine areas are presented in order of ranked priority, as determined by respondents during the third-round survey. Findings suggest that the top five priority areas for future research in public health and policing are:

- wider social determinants of health and wellbeing
- mental health and wellbeing
- children and young people
- vulnerable groups
- domestic and sexual violence and abuse

**Table 3 Priority research topics identified during first-round and second-round surveys**

Ranked priority	Research topic
1 (Top priority)	Wider social determinants
2	Mental health and wellbeing
3	Children and young people
4	Vulnerable groups
5	Domestic and sexual violence and abuse
6	Violence
7	Substance use
8	Collaborative working
9 (Lowest priority)	Road traffic safety

**Figure 5 Most important focus of research on all priority topics**

In addition to ranking the research topics in order of priority, the third-round survey also suggested that, for most research topics, respondents were most interested in understanding what an effective policing approach to the priority research topics would look like ([Figure 5](#)).

**Table 4** provides a breakdown for each topic. In relation to wider social determinants of health and wellbeing, as well as vulnerable groups, there was more interest in understanding the drivers and causes, and how these determinants impact on demand for policing. For substance misuse and road safety, research on the impact of policing was of more interest.

**Table 4 Most important focus of research on each priority topic**

Priority topic	Most important focus of research
Wider social determinants	The drivers and nature of the issue
Mental health and wellbeing	An effective policing approach
Children and young people	An effective policing approach
Vulnerable groups	The drivers and nature of the issue
Domestic and sexual violence and abuse	An effective policing approach
Violence	An effective policing approach
Substance use	The outcomes of policing
Collaborative working	An effective policing approach
Road traffic safety	The outcomes of policing

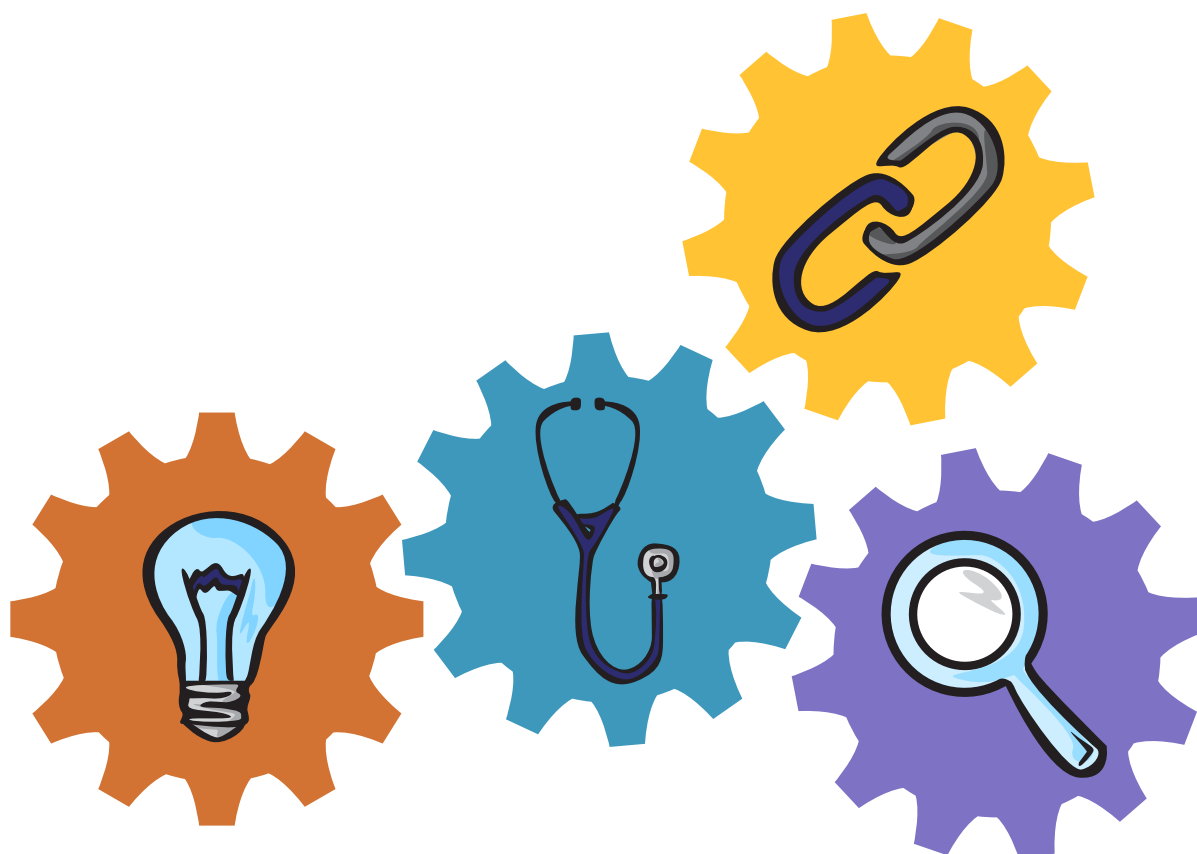
## 5.4 Practical next steps

The Delphi findings provide a valuable insight into the research priorities for public health and policing across the four nations of the UK. These findings will inform the next steps for strengthening the evidence base for public health approaches in policing.

- The Police and Public Health Evidence Scoping Advisory Group will continue to work collaboratively with the [National Institute for Health Research](#) to support a funding call for evaluations of public health interventions led by, or involving, the police.
- The public health leads network will support the identification of smaller-scale, local work – sometimes carried out by practitioners

and research partners as part of their day jobs – that could enhance our understanding of effective practice. Such work might include in-house evaluations, community engagement, and activity to listen to the voices of local service users and staff. Examples of effective practice will be shared through the Knowledge Hub online platform.

- Where local evidence is suggestive of positive outcomes, the Police and Public Health Evidence Scoping Advisory Group and the College of Policing will work to support the transferability and scalability of local interventions, connecting frontline policing with academic research partners where appropriate.
- The Delphi study will be submitted for publication in a relevant peer-reviewed journal, to support the communication of research priorities to partners who may be planning future research activity in the field of public health and policing.





## 6 Continuing the journey

### 6.1 Building on the progress to date

This landscape review has described the significant progress towards embedding public health approaches in policing that has been achieved since 2018. It has highlighted:

- important shifts within policy
- new funding opportunities
- developments across the system
- the emergence of new networks
- wider implementation of public health approaches in forces
- examples of innovative practice
- the strength of the evidence base
- the priorities for future research

The review has also highlighted where further progress could be made. The next steps on the journey can be considered under the following three headings:

- strengthening the evidence base
- embedding public health approaches
- developing our people

#### 6.1.1 Strengthening the evidence base

A robust evidence base can help to drive change by providing a basis for policy development. Showcasing positive outcomes can in turn support business cases to ‘do things differently’, which can lead to innovation and the implementation of effective initiatives being scaled up.

The review of practice, in Chapter 3, suggested that several forces were delivering interventions in line with a public health approach. These local innovations can help to fill gaps in the evidence base. The opportunity before us now is to better support police forces and their partners to:

- implement interventions in ways that can be evaluated
- carry out robust evaluation of the implementation and impact of these interventions
- look at outcomes through both policing and public health lenses
- collate successes and failures into a ‘what works’ evidence base that can be translated and shared

The review of existing literature (Chapter 4) has demonstrated important gaps and weaknesses in the evidence base on the effectiveness of primary prevention. If we are to continue to drive change and make progress, future evaluation research should seek to address these gaps and weaknesses by:

- being clearer about the ‘theory of change’ underpinning the design of an intervention
- evaluating how, why and for whom an intervention ‘worked’
- focusing on gaps in the evidence base where little is known about cause and effect
- adopting a more consistent and coherent methodological approach, particularly to behaviour change, longer-term impact and the integration of different perspectives

The Delphi study (Chapter 5) demonstrated that there is a particular appetite across the policing and public health community for an improved evidence base pertaining to:

- wider social determinants
- mental health and wellbeing
- children and young people
- vulnerable groups
- domestic and sexual violence and abuse

While the preferred focus of research for each topic varied, there was a general interest in knowing more about what constituted an effective policing approach to these issues. Where interventions targeting these topic areas are being implemented within frontline policing, there is a

need to guide the use of appropriate evaluation techniques, as well as managing expectations about when positive outcomes might be realised and by which partners.

## 6.1.2 Embedding public health approaches

Effective understanding and delivery of public health approaches relies on the collective efforts of individuals, supporting the case to prioritise workforce development. But this review has highlighted the following areas of focus that must also be addressed.

- Sharing of best practice, insight, knowledge and learning across policing, health and wider system partners remains an essential cornerstone to progressing this agenda. The Public Health Leads Network, supported by the launch of the Knowledge Hub site, will facilitate communication between forces, but must be sufficiently resourced and supported to function effectively.
- Variability exists between forces in relation to how fully they have embedded a public health approach. Leadership has been highlighted as one of the perceived enablers of progress, supporting the case for a strategic lead for public health and prevention in every force. In addition, forces at an earlier stage of the journey may benefit from additional support and guidance on how to embed public health approaches into everyday practice.
- Examples of effective data sharing, as part of a partnership approach to prevention, are seen across police forces, with VRUs often providing a good example of where this works well. There is an opportunity now to:
  - review the barriers and enablers to effective data sharing
  - understand at a local level what has worked and why
  - translate best practice into a blueprint for all system partners
  - take a national approach to unblocking barriers

- Serious violence reduction sits under the umbrella of public health, and there has been significant progress over recent years in implementing public health approaches and partnership working locally. There is an opportunity to apply important learning from the serious violence agenda to other public health priorities, such as understanding:
  - how public health approaches have been applied
  - how barriers to systems working have been overcome
  - how applying a population focus has resulted in positive outcomes
- There is an opportunity to be clearer about the similarities and overlap between public health approaches and other approaches applied within policing, such as problem solving, contextual safeguarding and trauma-informed practice.
- As the focus on place-based approaches continues to grow, increasing emphasis will be placed on the importance of partnership working across systems in relation to prevention. At local level, police and crime commissioners have a responsibility for commissioning policing and other services that are responsive to local need, which involves collaboration with Directors of Public Health.

### 6.1.3 Developing our people

The successful implementation of public health approaches in policing is likely to require staff from a range of organisations to show the right level of commitment, have the right knowledge and skills, and be supported in the right ways.

Considering the knowledge and skills of staff, the force leads survey, summarised in Chapter 3, showed that learning and development on public health approaches was limited and, where it had been provided, varied. Training, on its own, is unlikely to change behaviour. However, learning and development is likely to be needed for behaviour change, alongside other levers and mechanisms, to ensure that staff are capable of doing things differently.

There is a need for a clearer workforce development strategy on public health and policing that applies across the system. Much can be learned from training that has already been delivered. It would be useful to know, for example, the following.

- What did staff learn, what did they find particularly helpful, and why?
- What methods of learning were most effective, and why?
- What learning has staff put into practice, in what ways, and why?
- What difference has learning made to outcomes, and why?

Public health approaches are starting to become more embedded in policing. We are now at the stage when we should be more systematic in our efforts to identify the learning needs of staff in different roles, at different levels and across different organisations. It is very unlikely that a standardised approach to learning would meet everyone's needs or expectations. We also need to find out more about the learning and development that already exists, even if it does not explicitly carry the 'public health and policing' label (eg, curriculum on prevention, vulnerability, partnership working). There may be value in cataloguing these opportunities and resources more systematically, flagging their availability to practitioners via police and public health leaders, and encouraging them to be evaluated.

Building the evidence on learning – particularly who needs to learn what, when, how, how long for, and how often – will support stronger business cases to implement effective models at scale across public health and policing, and will enable a more sophisticated, structured and tailored approach to workforce development.

Alongside more formal learning, there is an opportunity to build on the successes of our CPD events, like the Four Nations Webinar held in 2021 and the online education sessions that followed. These need to be well publicised, with relevant staff at all levels given the opportunity to contribute and attend. A rolling programme of CPD events could become a platform for sharing knowledge, showcasing innovation and building networks across public health and policing, as well as responding to the latest issues and developments.

## 6.2 Committing to progress in the future

There has clearly been a growing momentum of collaboration across policing and public health, which has increased further during the COVID-19 pandemic. There are many opportunities to embed learning from this report, including:

- the public health system transformation
- Serious Violence Duty
- the development of integrated care systems
- the implementation of Police Vision 2030

A continued multi-agency, collaborative effort is required locally and nationally to ensure continued progress. The national Public Health and Policing Consensus Taskforce is committed to supporting this collaborative effort.

- The Consensus Task Force and Force Leads Network will focus on mitigating the perceived barriers to implementation through a coordinated multi-agency action plan.
- The Knowledge Hub group will be used to disseminate the examples of practice gathered via the survey, and to share new innovative practices and learning opportunities.
- Webinars, CPD events and conferences will continue to be used to share learning.
- The College of Policing will publish the full map of reviews, along with a searchable database of references. This will enable practitioners to have easy access to the evidence, enable researchers to carry out more targeted reviews of the literature, and support publication of a journal article aimed at an academic audience.
- The College of Policing will use the learning from the systematic map to inform the hands-on research advice and support that it will continue to provide officers, staff and forces – for example, via its research surgeries, to help strengthen the evidence base on public health and policing.

- The College of Policing will offer ongoing advice to the NIHR-funded evaluations of public health interventions led by, or involving, the police. This will help to fill gaps in the evidence on the effectiveness of primary prevention.
- The Police and Public Health Evidence Scoping Advisory Group will continue to work collaboratively with the [\*\*National Institute for Health Research\*\*](#) to support a funding call for evaluations of public health interventions led by, or involving, the police.
- The public health leads network will support the identification of smaller-scale, local work – sometimes carried out by practitioners and research partners as part of their day jobs – that could enhance our understanding of effective practice. Such work might include in-house evaluations, community engagement, and activity to listen to the voices of local service users and staff. Examples of effective practice will be shared through the Knowledge Hub online platform.
- Where local evidence is suggestive of positive outcomes, the Police and Public Health Evidence Scoping Advisory Group and the College of Policing will work to support the transferability and scalability of local interventions, connecting frontline policing with academic research partners where appropriate.
- The Delphi study will be submitted for publication in a relevant peer-reviewed journal, to support the communication of research priorities to partners who may be planning future research activity in the field of public health and policing.

---

## About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

[college.police.uk](https://college.police.uk)



Follow us  
**@CollegeofPolice**