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Alternative approaches to achieving community safety and well-being across law enforcement and public health: Western European findings

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ABSTRACT

This paper provides the results from Western Europe of a wider project (Envisaging the Future of Policing and Public Health Globally) for the Global Law Enforcement and Public Health Association (GLEPHA) which aimed to identify policing and public health alternative initiatives to provide community safety and well-being. A desktop review of projects that included evaluation evidence and/or impact of innovative delivery were selected for the study. The criteria allowed the inclusion of international, national, regional, and local initiatives that fit the broader aims of the global “envisaging the future” GLEPHA project. In total, 41 projects were reviewed with varying levels of information on approach and evaluation. Data capture recorded the country, location, funder details, themes (e.g., violence, mental health, drugs), key words, program descriptions, and any links and key findings from evaluation studies. A number of key themes, drivers, and challenges were identified in collaborative work between policing and public health. These included elements of communication and generating a shared language, the need for evaluation to be embedded in the project plan and mobilisation, and the problems with “hot-topic” issues and short-term funding. This paper also outlines two case studies of projects within Western Europe: Violence Reduction Units in the United Kingdom, and the Stockholm prevents Alcohol and Drug Problems (STAD). Key aspects of these projects are presented and the successes and potential challenges discussed. Key recommendations regarding the future of law enforcement and public health-related initiatives are discussed.

Key Words Public health; public safety; violence prevention; multi-agency working.

INTRODUCTION

Complex social issues that pose challenges across criminological, political, public-health, and welfare spheres can also result in serious pressures and challenges for law enforcement. Often, communities, families, and individuals disadvantaged by these issues are criminalized, as the effects of these social issues become acute. However, dealing with issues that are rooted in disadvantage is difficult, and no one-sector approach can be successful. As part of the Envisaging the Future of Policing and Public Health Project, this paper will review the existence and evidence base of multi- and cross-sector approaches to law enforcement in Western Europe, with a particular focus on violence prevention and drug use.

METHODOLOGY

A desktop review was undertaken of all suitable initiatives taking place in Western Europe. In total, 41 projects were reviewed, including, for example, initiatives that targeted knife crime reduction, drug and alcohol services, and mental health services. Priority for review was given to initiatives that displayed elements of innovation in addition to the availability of information and evidence, in particular information gained from evaluation for each project. These projects were not limited by size and included both small- and large-scale projects. For some projects, information was readily available (for example, on a project website), while for others, it was necessary to contact the individual organizations involved in the projects to obtain the evidence. Additional information was

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requested via e-mail asking for specific responses relating to the parameters of the data collection spreadsheet, including, but not limited to country, area, thematic area(s), key words, type of program, brief description, funder information, links for evaluation reports, and key findings from evaluations. A thematic analysis of the information provided by each project identified a number of key themes across these Western European law enforcement and public health projects. In addition, two projects were examined in more depth as case studies. Details of these findings are presented below.

FINDINGS

Overarching Common Themes of Initiatives

From the data collected from the 41 projects, key similarities emerged based on the thematic analysis completed. A main theme identified was a focus on *violence against women and girls and child exploitation*. Another key theme that appears to have been gathering pace in recent years was a concentration on the development and roll-out of *trauma-informed approaches*. Within Western Europe and the United Kingdom, evidence showed specialist multi-agency teams and statutory partnership arrangements working together to tackle a range of issues such as mental health and domestic violence, with models showing increased use of *co-responder models* (e.g., police and health domestic abuse advocates). A final key theme identified across initiatives was the issue of *substance and alcohol misuse*. All of these issues have been exacerbated by the ongoing COVID-19 pandemic. Evidence suggested that these pre-existing issues have worsened, but also that a new wave of victims will have been created by the pandemic (Bhaskar, 2020). This resulted in a final key common theme of the need for a focus on *workforce well-being and community recovery*.

Key Drivers to Effective Collaboration within Law Enforcement and Public Health Initiatives

A common finding across various initiatives was that the people served by these initiatives were experiencing multi-layered, complex, and often deep-rooted issues, which could not be tackled by law enforcement alone. There was an acknowledgement from key leaders that there is a need for a deeper understanding of the complex origins of the issues at hand, and therefore a need to begin to tackle the causes, not just the symptoms, of the issue. Those projects that were directed at government level to work as part of a multi-agency team subsequently provided confidence to operational staff to work more effectively together using innovative approaches.

Multi-Agency Work

The multi-agency approach resulted in a range of co-produced projects allowing specialized agency staff to engage with vulnerable populations, but also with each other (e.g., between law enforcement and health systems). Sharing of knowledge and expertise led to these co-owned projects more effectively tackling the root causes of vulnerability in communities rather than each agency working in isolation to tackle vulnerability that falls within their remit (e.g., health, or specific types of criminal behaviour). Working together, agencies were able to better pool expertise and

resources in order to understand how best to operationalize services on the ground. This sometimes resulted in co-location of agencies to help facilitate data sharing across different systems. One way this was best achieved was through the development of shared language on key issues. Labels and traditional forms of language used within different agencies can create barriers to change. Developing a shared language can overcome traditional approaches within service delivery, for example overcoming the dichotomous labels of “victim” and “offender” and instead allowing for the identification of, and focus on, the needs of the person regardless of the label. Many agencies are shifting towards trauma-informed approaches to language, for example using “person first” language, such as “a person diagnosed with schizophrenia” rather than “a schizophrenic.” Developing a language that allows different agencies to communicate effectively without falling into linguistic silos was seen as the first essential step towards effective co-production and delivery.

Need for Planned Evaluation within Mobilization

Evaluation and providing evidence of success are key elements for any project, particularly those with significant or short-term funding. However, too often, project evaluation felt like an add-on rather than being a fully incorporated strand of the project’s implementation. Many of the projects reviewed only began evaluation activities several months into the implementation of the project’s work, or even at the end, when the funding cycle was drawing to a close. One of the reasons cited for this was that, often, timescales and budgets are very tight and evaluation activities were not seen as a priority. For others, the necessary skills to plan and execute project evaluation were not available in the early months of project design and roll out, due to a lack of connections to established evaluators who could be commissioned and engaged within the life cycle of the project. However, lack of early evaluation planning and data capture can have serious implications for the project, affecting the quality of data and causing key voices to be lost which are often integral in evidencing the practical, real-world impact.

Some of the more government-funded projects had clear expectations regarding the requirement of evaluation activities from the outset, but these tended to include more structured and rigid expectations of short-term outputs and outcomes that might not reflect the reality of the initiative, rather than long-term, softer outcomes. This push for early indicator outputs can mean that the evaluation activity is at risk of not capturing or measuring the real success (or otherwise) of the project. In many cases, the time between alerts for funding and submission deadlines necessitates quick turnarounds of project plans and aims, with little time to plan and create teams that can help build accurate measures at point-of-design before implementation has begun. Therefore, time needs to be built into the release of funding opportunities to allow for wider consultation and a more methodical approach.

Consequences of Short-Term Projects and Funding

This rush to *funding and findings* misguides well-intentioned aims and practices to focus on hard, measurable, short-term outputs, which may not be connected in any real way to the

complex, softer, harder-to-prove outcomes desired within the project. Short-term funding results in the increased use of seconded staff or employees on a fixed-term basis—and no matter how well-developed their skills or knowledge might be, this may limit their ability to maximize the potential of the role. Indeed, fixed-term contracts were seen to result in higher turnover of staff, with staff looking for more secure, permanent roles and often leaving well before the completion of the project, resulting in significant gaps, often at the most important stage of the project's funding. Given that many of the projects deal with vulnerable populations, the high staff turnover was seen as a real concern in supporting the clients, who may disengage from service support due to inconsistent provision.

Care with Targeted Funding

A related issue is the way that funding has been targeted. Many areas reported that the notion of targeted funding, or “hot-topic” issues, meant that the majority of funding was targeted at particular high-profile problem areas without consideration of the wider vulnerabilities and needs within communities. While these current high-profile problem areas, such as County Lines, may attract the attention of both the public and the policy-maker, localized vulnerabilities are being ignored by funders. The decay of universal support across a range of key agencies and sectors working in community safety was found to be a common issue throughout Western Europe. The reduction, and often complete removal, of funding for ground-level, frontline services has had the most impact on those with multiple vulnerabilities and needs. This lack of support has only been exacerbated by the COVID-19 pandemic, which saw a reduction or removal of the services that were available within local communities.

Trauma-Informed Language and Practice

There was clear evidence across most of the projects that their service delivery was seeking to embrace a more trauma-informed language and approach. For example, it is necessary to challenge victim-blaming language, as some agencies still refer to victims of child sexual exploitation as “promiscuous,” rather than identifying the grooming process to which victims are subjected (IICSA, 2022). However, although there was clear agreement on the importance of trauma-informed language and practice, many evaluation reports, such as IICSA (2022), conclude that encouraging a trauma-informed approach was not being targeted where it was most needed, in early intervention and across multi-agency efforts that work with vulnerability before crisis occurs. The COVID-19 lockdowns exacerbated adverse impacts on society's most vulnerable (e.g., increased poverty and struggle for daily survival, digital poverty in keeping engaged, overcrowded homes, etc.), and yet despite repeated recommendations for intervention, action has been slow. Government departments need to allocate resources more appropriately to these crucial universal services (e.g., schools and early health services), which are best placed to identify early need.

Case Studies

The following case studies from two locations in Western Europe illustrate how the themes and challenges identified in this paper have been operationalized.

United Kingdom: Violence Reduction Units (VRUs)

One of the key developments in the United Kingdom is the development of cross-agency and cross-sector responses to violence, with a focus on violence prevention. In 2018, the Serious Violence Strategy was introduced, providing a significant and large boost of funds, with 35 million pounds sterling being pumped into 18 of the 43 police forces in the United Kingdom. This money was designated to provide Violence Reduction Units (VRUs, n.d.) based on a previous similar and successful scheme in Scotland (see Scotland Violence Reduction Unit, n.d.). This was a novel approach for the United Kingdom, in that it adopted the World Health Organization's language and definition of a public health problem in focusing on factors that make people vulnerable to being a perpetrator or victim of violence, rather than focusing solely on law enforcement responses.

This public health approach to tackling violence requires the VRUs to produce two evidence-based strands. The first is a problem profile, or strategic needs assessment, and the second is a multi-agency response strategy. While this is certainly seen as a positive step, there were still issues that needed to be ironed out. For example, some practitioners prefer to develop the language beyond the vernacular of the “public health approach” to a “whole systems approach.” This difference in use of language potentially points to some of the stakeholders struggling with understanding the term “public health approach,” even though this was the core focus of the Serious Violence Strategy and subsequent set up of the VRUs. Ensuring a better understanding of and agreement on language would help practitioners across all involved agencies achieve clarity on the aims and goals of the initiatives and what the systems are trying to achieve.

Within the wider VRU approach, several areas of innovation were identified. Each of the 18 VRUs has a slightly different approach to what exactly they include under the umbrella of “violence.” Within the Bedfordshire model, for example, the word “exploitation” was explicitly included as part of their violence reduction approach, making their VRU a VERU (Violence and Exploitation Reduction Unit, n.d.). This is certainly not a common approach to all 18 VRUs, some of which do not even include “domestic violence” within the remit of their unit. There is also mixed practice in providing evidence of the success and rollout of the work of the VRUs. The Wales Violence Prevention Unit (n.d.), indicates its strength as being a commitment to evaluation, evidence, and dissemination of their findings. In addition, the Merseyside Violence Prevention Unit displays real strength and innovation in its use of the life-course public health approach, as seen in its close working relationship with a public health institute.

There is evidence that funding for national services such as VRUs can encourage positive movement in terms of agencies providing and developing an evidence base in violence prevention. Additionally, the development of the strategic needs assessment and theory of change model as mandatory elements of these units has generated a positive progress plan to ensure consistent monitoring of activities. However, the annual funding model still generates the insecurities around staffing and provision outlined earlier. There is also the question of pre-determined short-term indicators (as required by the funder), which may not be aligned with the achievable and long-term outcomes of these initiatives. Of course, the

introduction of the 18 VRUs in the United Kingdom Police forces still leaves 25 forces that have not been given additional funding to develop a VRU, raising questions about how violence is being addressed in these areas.

Though the Serious Violence Strategy (2018) and VRU (2020) approaches certainly have shown great success in further cementing collaborative multi-agency work, the fact that each VRU uses its own criteria to define “violence” and its own specific strategic approach for tackling violence is evidence of the complexities in trying to address such an issue. These approaches are no doubt influenced by those at a strategic level who influence the direction and remit of the work based on their own sector expertise. Work is needed to continue to examine how the various VRU models work alongside other partnerships that seek to tackle violence, such as Safeguarding Partnerships. Clearly there are dangers associated with using different approaches across areas, often with the same people, communities, and needs. For example, within the United Kingdom, there is a tripartite ownership, with statutory safeguarding arrangements (partnerships) held by police, public health, and local authorities (see The Child Safeguarding Practice Review Panel, 2021). These Safeguarding Partnerships already have a set of policies and structures that need to work in conjunction with VRUs, and not enough is understood about how these fit together, or even potentially overlap, which requires consideration in future evaluations.

Stockholm Prevents Alcohol and Drug Problems (STAD)

The Stockholm Prevents Alcohol and Drug Problems (STAD, n.d.) was seen as another example of effective collaboration between a range of sectors, particularly law enforcement and health, in achieving increased public safety. The initiative is a Swedish prevention strategy (1996) that specifically targets binge drinking and substance use in nightlife settings. The project has shown evidence of significant reduction in alcohol over-serving, a decline in underage drinking, and a reduction in alcohol-related aggression. The STAD project approaches heavy episodic drinking by adopting the following main mechanisms:

- Community mobilization
- Training in responsible beverage service
- Stricter enforcement

As well as traditional nightlife venues, STAD also focuses on festivals, drinking in public places such as parks, and drinking at home. Here, too, there is a real focus on community involvement in the prevention of crime and violence associated with binge drinking. The project shows clear benefits in a range of infographics and reports, highlighting key outcomes, including statistics such as a 29% decrease in violent crime in nightlife areas, increased compliance of legal age limit serving, with a cost savings ratio of 1:39 identified in one report (STAD in Europe, 2019).

SUMMARY

The desktop review of initiatives and projects across Western Europe that seek to achieve community safety and well-being through collaboration between law enforcement and public health has highlighted a number of key themes identifying what is working well, key drivers, and challenges experi-

enced. Issues such as the need for longer-term funding, investment in universal services, workforce stability and buy-in from government and community leaders are key areas of concern when considering the success of these initiatives. There are also challenges in ensuring strategic plans and agreements are understood in language and practice across multi-agency initiatives to ensure successful outcomes. Potential barriers seem to be centred on tight turnaround when it comes to applying for funding, implementation, and the duration of many of these projects and programs. In addition, the COVID-19 pandemic has added stressors to those communities that were already experiencing adverse conditions, poverty, and difficulties due to unmet needs at a basic level. With support needed in the community more than ever, lack of visibility and access will have devastating and, no doubt, long-term impacts.

Therefore, a key consideration needs to be the recovery of our communities and a clear strategy to meet the surge in demand for support that is likely to surface. Central to this must be the support of our key workers and frontline workers who actually deliver these services, whether they be police officers, health and education staff, or social workers. Not only do resources need to be made available to support service delivery, but care needs to be put in place to support workers who have struggled to come through the pandemic themselves while trying to deliver essential initiatives to communities under immense pressure. The need to provide support for exhausted and burned-out staff, coupled with the exponential rise in mental health issues and trauma experiences within communities, must be the first consideration for any agency wishing to deliver real and lasting change in communities.

A further area of promising practice is co-production and co-responder models of work. These can range from street triage teams to co-led mental health responder models addressing issues from child exploitation to domestic abuse responses (see Operation Provide, 2020; UCL, 2016). However, despite apparent wide agreement that co-responder models are a more effective way of working, there still remains a lack of evidence to support the benefits of these approaches to service users themselves. There is also wide variation in how these models are delivered, with different projects having vastly different hours of provision, staffing, and incident response. Finding new ways to reach vulnerable and marginalized communities, particularly the young, is a challenge, especially after the COVID-19 pandemic. Employing new and innovative communication techniques, such as the use of specially designed digital platforms, will make up part of the future development of this work.

Linked to the above point in response to the pandemic, it was clear across all projects that urgent investment is required in universal services such as education and health care. The ability to identify unmet needs, potential harm, and exploitation is only possible if one is visible and heard, which requires resources. It was clear that although short-term targeted funding may help respond to key issues at the time, there is a lack of commitment to upstream approaches that truly take an early identification and intervention approach.

Finally, a note of caution. Although increasing funding can only be a positive step, there is concern that by focusing on the current “hot-topic” issues, the funding supplied may

be targeted more at the symptom than at the cause of the problem. Any hot-topic area, such as “county lines” within the United Kingdom, is actually a symptom of wider, overlapping vulnerabilities which are subject to a mixed set of policies and strategies around issues such as social exclusion, deprivation, etc. Rather than try and tackle the outcomes of these situations, it would be prudent to allocate funding at a universal level to try and address these crisis issues at the root cause.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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