Evidence based approaches to violence reduction

A discussion paper

Contents

Introduction

There are many approaches to violence reduction, including: problem solving, public health, contextual safeguarding and trauma-informed.

Often, approaches are not used as intended by those who created them. The way that approaches get used in practice is how they are perceived by others. Sometimes this use and perception is incorrect.

We know that many approaches (or new applications of approaches) are developed in isolation. They are often piloted in areas where existing approaches are in place, with little consideration for how they could work together and complement each other.

This is true of the violence reduction space.

Public Health approaches are evidence based and have been in use since the 1800's. The World Health Organisation has taken a public health approach to violence since the 1980's and this approach has recently been applied to violence in England.

Problem solving approaches are evidence based and have been in use for the last 40 years in policing more generally (as well as violence where necessary).

Contextual safeguarding approaches are relatively new, created by Carlene Firmin and the University of Bedfordshire and are now being applied to violence.

We convened a small working group with representatives from contextual safeguarding, public health and problem solving, with the idea being to explore how some of the different approaches in this space could work together and complement each other.

The idea being that if we, as professionals working in the violence reduction space, didn't fully understand all three approaches, how could we expect others to?

Purpose

The purpose of this document is to help you, as practitioners working locally, to understand three complementary evidence-based approaches to violence reduction.

These aren't the only approaches you could use. There are other approaches that are also evidence based, like trauma-informed approaches and intelligence-led policing.

There is no one 'best' approach, and all of these approaches have benefits and limitations.

We recommend that using a combination of approaches is best when looking to prevent and reduce complex problems like violence – they are not mutually exclusive and each one has unique benefits. These approaches can also be used to address issues other than violence, like anti-social behaviour for example.

These approaches aren't new – this isn't some shiny new menu of tactics or wheel or model to use. The intention of this document is to help you understand some existing approaches better, and consider how they could be used together to form a robust response to some of the issues we deal with.

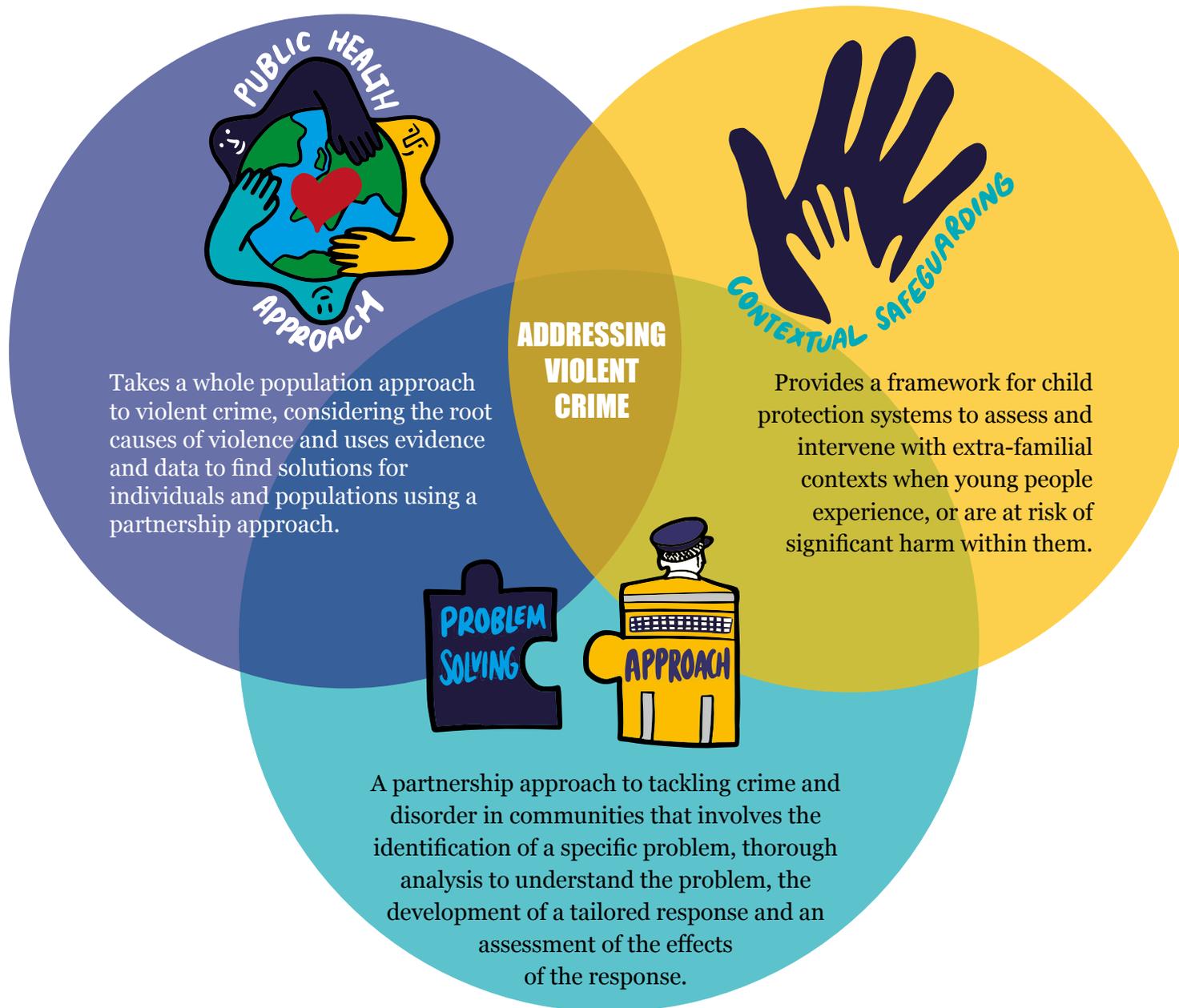| What this work is trying to achieve	What this work is not trying to achieve
A shared understanding of the basic tenets of each individual approach	An exhaustive academic appraisal of each approach
An increased awareness of the similarities and co-dependencies of these approaches	A repository of every approach and methodology that might be used in the violence prevention space
A succinct summary of this in a guide that is usable by those working "on the ground" in violence prevention	A judgement on which approach is "the best"
Starting a conversation and mapping the process by which these approaches could work together	
Starting a conversation about how each approach is complementary	

Approaches

What are the approaches?

PUBLIC HEALTH APPROACH

Takes a whole population approach to violent crime, considering the root causes of violence and uses evidence and data to find solutions for individuals and populations using a partnership approach.

ADDRESSING VIOLENT CRIME

CONTEXTUAL SAFEGUARDING

Provides a framework for child protection systems to assess and intervene with extra-familial contexts when young people experience, or are at risk of significant harm within them.

PROBLEM SOLVING APPROACH

A partnership approach to tackling crime and disorder in communities that involves the identification of a specific problem, thorough analysis to understand the problem, the development of a tailored response and an assessment of the effects of the response.

Approaches in practice

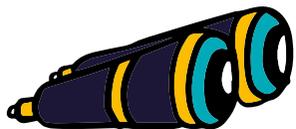|	PUBLIC HEALTH APPROACH	CONTEXTUAL SAFEGUARDING	PROBLEM SOLVING APROACH
Identifying issues	Broad population-based data is examined to identify issues and understand the causes, risk and protective factors related to the problem. Sources of data include police, health, social care, third-sector, community engagement,schools, local authority.	Child welfare-based assessments are used to identify and understand (extra-familial) contexts and groups where young people have come to harm.	Wide range of data sources, including: police reports on crime, community issues raised with local authorities and other sources like repeat calls from children's homes for example.
Unit of analysis	A population can be grouped by geography, age, ethnicity, health, social care or criminal justice need, risk or protective factors, deprivation.	A context (location, school) or a peer group (of young people).	A focused approach, handling specific problems through victim, offender, and location perspectives.
Partnership working	Collaboration with partners and communities is core to a public health approach. It brings people together to address complex problems, including a wide range of professionals, organisations and communities.	Brings together partners around a children's social care plan to increase safety in extra-familial contexts and groups.	Partnerships, then, are an integral part of this approach. Different partners, (including members of the community) are required to holistically understand the problem, develop solutions and assess their impact.
Focus of action	Has a broad focus. Focusing on issues as they affect populations, considering the causes of the causes and identifying opportunities across the life course to prevent issues in the future.	The welfare of young people in a range of contexts. In any given context, assessments consider guardianship capacity, the needs/ functioning of the young people in the setting, and the environmental factors that inform the setting.	Focuses the scope as specifically as possible to enable identification of amenable underlying causes that can be acted upon in the here and now.

Key steps

	PUBLIC HEALTH APPROACH *World Health Organisation*	CONTEXTUAL SAFEGUARDING *Contextual Safeguarding Framework*	PROBLEM-ORIENTED POLICING *SARA Model*
1	**Identifying the problem** Using data to define what the problem is	Target the contexts (and social conditions) in which extra-familial harm occurs	**Scanning:** Identify recurring problems of concern to the public and the police. Prioritize problems. Develop broad goals. Confirm that the problems exist. Select one specific problem for examination. Identify data collected.
2	**Identify risk and protective factors** Identifying the "causes of the causes" from the literature. Looking broadly and deeply and articulating complexities involved. Take a wide lens look at an issue.	Draw extra-familial contexts/relationships into child protection processes/plans	**Analysis:** Identify and understand the events and conditions of the problem. Identify consequences for the community. Determine frequency and length of occurrence. Identify the conditions that give rise to the problem and resources to deepen understanding.
3	**Develop and evaluate interventions** What works, and for whom? Using available evidence base. Community as a source of evidence is important.	Use partnerships with individuals/organisations who have a reach into contexts where harm has occurred	**Response:** Search for how others have solved the problem. Map solutions. Outline response plan and identify responsible parties. State specific goals. Identify relevant data collection for evaluation. Carry out planned activities.
4	**Implementation** Implementation: Scale up effective interventions and evaluate their impact and cost effectiveness	Measure the contextual impact of the response (whether safety increases in contexts/groups as part of the system safeguarding responses)	**Assessment:** Was plan implemented? Were goals met? Collect relevant data. Identify new strategies needed to improve the original plan. Conduct ongoing assessment for continued effectiveness.

Benefits & challenges

Benefits

Works across the whole spectrum of risk (primary, secondary, tertiary, criminal justice and enforcement, attitudinal change) as well as across the WHO ecological model (individual, relationship, community, society).

Influences at national, regional and local level, to change policy and practice which will benefit whole populations. These changes often make large population differences (although they have small individual benefits).

Recognised in the Government's Serious Violence Strategy as the best approach for preventing and reducing violence. This approach is currently being implemented in 18 Violence Reduction Units across England and Wales.

Speaks to the contexts in which extra-familial harm occurs – thereby widening the lens of child protection systems beyond families

Creates a framework through young people's behaviour, and the limitations of parenting intervention, can be understood

Provides a rationale for some of the shortfalls in historic child protection responses to extra-familial harm

Draws upon international evidence on contextual interventions as a route to creating safety during adolescence

Has been co-created with those who deliver child protection systems so it speaks to the needs/cultures of those systems

Simplicity and lack of complexity makes it user friendly, easy to understand and flexible, allowing application to a wide range of diverse issues.

Contributes to the existing evidence base of what can tactically work to address specific crime types and community issues

Enables better understanding of the issue, including root causes of crime and disorder

Promotes and encourages partnership working

Embedded in all police force areas as a method for addressing problems (not limited to violence) and seeks to address underlying issues to deliver a longer-lasting solution

Potential challenges

Can seem a huge task as public health approaches focus on the whole spectrum of risk and issue – can feel too big for one person, team or organisation to tackle (most problems are and therefore need the partnership, collaborative approach)

Can take a long time to see results – worth measuring changes as a result of interventions through the crime harm index rather than demand; may result in changes on a population level that are not felt by individuals (or policy makers)

Not necessarily reactive to specific incidents or situations – but can provide support to those who are

Difficulties agreeing amongst different partners who have differing priorities and, evidently, is largely misunderstood by practitioners and policy makers alike.

Is a young idea (suggested in 2015) and is mid-test although take up beyond test sites has been faster than expected

Is a framework rather than a manualised practice model so can be open to misinterpretation

Was principally designed to improve practices in children's social care and as a second-step consider what this might mean for school and community intervention – however the principles are of interest of a wider group of sectors for whom the evidence base for contextual safeguarding has not been generated

Requires whole-system change, and further implementation into statutory guidance to be consistently adopted

Has the potential to oversimplify large crime problems due to the need to focus on actions that are amenable in the here and now.

Analysis is a particular capacity challenge, resulting in a short-hand approach to any problem, not overly distinct from a short-term, reactive one.

Data sharing. Using incomplete data leads to a sub-optimal understanding of the problem.

Police resources and attention are prone to quick redeployment, preventing the pause necessary for mature impact assessment.

Putting it all together

Prevention continuum, potential models & case study

Prevention continuum

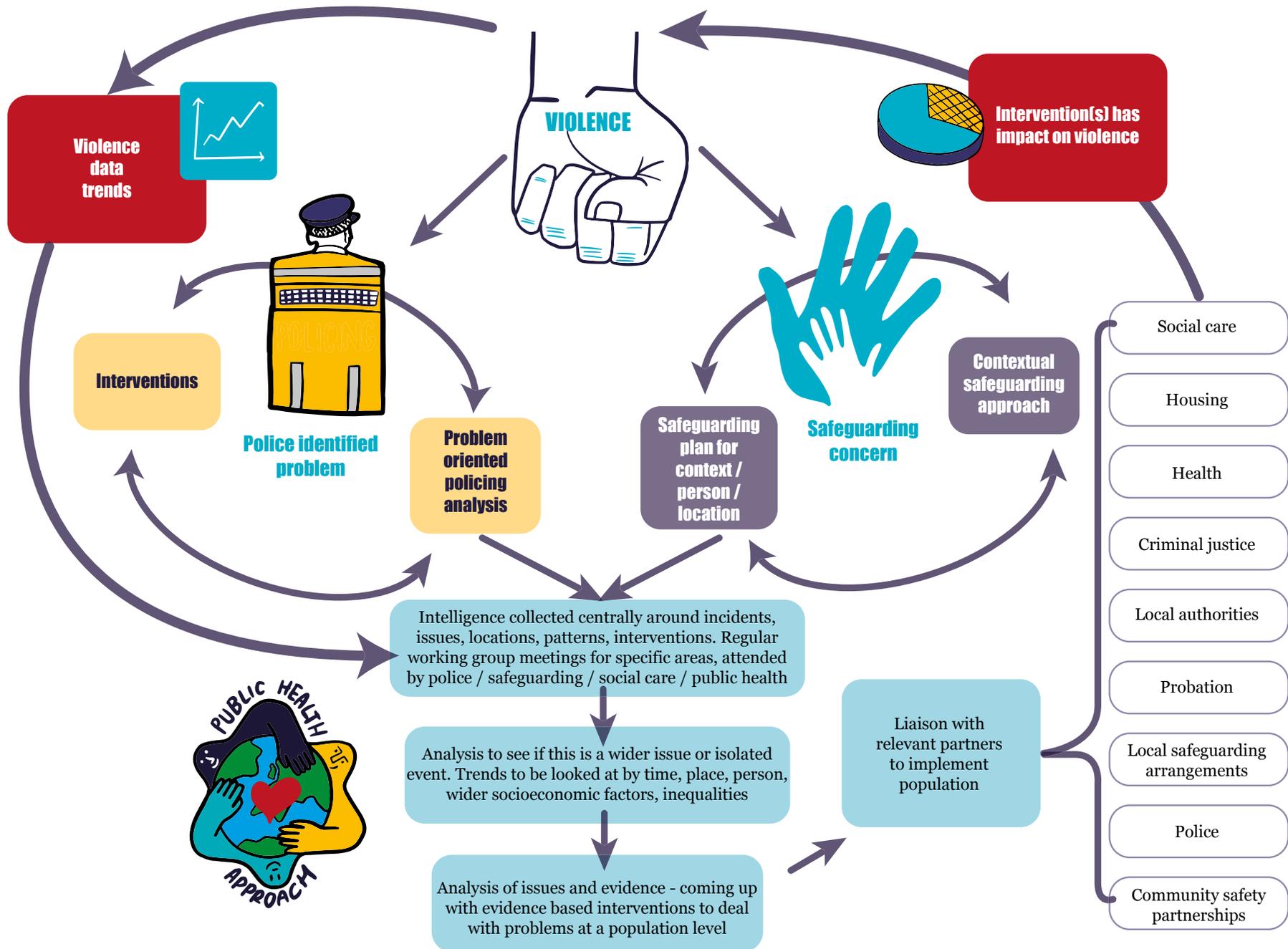All organisations and professions working together with communities to create change

Short term

Medium term

Long term

Problem solving

Contextual safeguarding

Public Health Approach

Potential model 1

VIOLENCE

Violence data trends

Intervention(s) has impact on violence

Interventions

Police identified problem

Problem oriented policing analysis

Safeguarding plan for context / person / location

Safeguarding concern

Contextual safeguarding approach

PUBLIC HEALTH APPROACH

Intelligence collected centrally around incidents, issues, locations, patterns, interventions. Regular working group meetings for specific areas, attended by police / safeguarding / social care / public health

Analysis to see if this is a wider issue or isolated event. Trends to be looked at by time, place, person, wider socioeconomic factors, inequalities

Analysis of issues and evidence - coming up with evidence based interventions to deal with problems at a population level

Liaison with relevant partners to implement population

Social care

Housing

Health

Criminal justice

Local authorities

Probation

Local safeguarding arrangements

Police

Community safety partnerships

Potential model 2

When identifying a broad issue - like violence - take a public health approach

Steps:

1 Identify the problem **2** Identify risk and protective factors **3** Develop and evaluate interventions **4** Implement

Principles

Use the available data and evidence base

Prevention: primary, secondary, tertiary, criminal justice and enforcement, attitudinal change

Work at population level

Work in partnership (including communities)

Look deeper - identify the causes of the causes

Within this approach, when identifying a specific issue at a specific location - like gun crime on one street or small area - take a problem solving approach
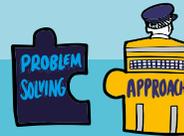
1 Scanning **2** Analysis
3 Response **4** Assessment

Principles

Detailed analysis of the situation at granular level | Work in partnership (including communities) | Action described using the 4P model: Prevent, Protect, Prepare, Pursue

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When identifying an issue for a specific individual, take a contextual safeguarding approach - assessing extra-familial contexts where young people experience or are at risk of harm

1 Target the contexts **2** Ensure contexts are in child protection plans
3 Use partnerships **4** Measure impact

Principles

Brings together partners around a child's social care plan

Focuses on contexts (a location or a school) or peer groups

Potential model 3

How would you put these approaches together?
What might be some of the challenges?

Case study

Two young women, being supported by children's social care due to experiences of exploitation, have separately identified a street where they feel unsafe and have been harassed. This is impacting their attendance at local services, and initial checks suggest adult women have also experienced harassment in the same location.

SHORT TERM

Problem solving approach

Worked with cafe owners to improve feelings of safety of women walking down the street

LONG TERM

Public health approach

Looking long term at misogyny in the community - looking at the thorny issue and potentially looking at beliefs

SHORT TO MEDIUM TERM | Contextual Safeguarding

Undertake a welfare-based assessment of the location. Develop a collaborative plan with young people and adults in the location. Track whether safety increases in the location and whether this has a positive impact of the two young people being supported by children's social care.

Reflecting

How would you apply these approaches?

Does this fit in with your understanding of the 3 approaches? What are your experiences of using them? Do you know who the key contacts in your area are for each approach? What structures/people/forums would facilitate using these structures together? What barriers are there to using them together?

Further reading

On public health approaches:

Public health approaches in policing: A discussion paper
https://www.college.police.uk/What-we-do/Support/uniformed-policing-faculty/Documents/Public%20Health%20Approaches.pdf

A public health approach to violent crime
https://www.youtube.com/watch?v=VZOEnCd6uiI
https://www.who.int/violenceprevention/approach/public_health/en/
https://www.who.int/violence_injury_prevention/violence/world_report/en/chap1.pdf
https://www.policeprofessional.com/feature/what-is-a-public-health-approach-to-violence/

What does it mean to start with the needs of the population?
https://www.youtube.com/watch?v=pgfqw2Pw4l4

Trauma informed attachment part 1
https://www.youtube.com/watch?v=RWITsiW2m_U

Trauma informed attachment part 2
https://www.youtube.com/watch?v=4hTR1NTGGQM

On contextual safeguarding

https://contextualsafeguarding.org.uk/

On problem solivng approaches:

College of policing
https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=47

Campbell Collaborative Review
https://www.campbellcollaboration.org/better-evidence/effects-of-problem-oriented-policing-on-crime-and-disorder.html

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Contributors

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Contextual Safeguarding

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VIOLENCE REDUCTION UNIT
DOING THINGS DIFFERENTLY FOR GREATER MANCHESTER'S COMMUNITIES