Collaboration for prevention: taking a whole population approach to vulnerability and anti-social behaviour in a local police force

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Setting the Context

North Yorkshire

One County Council (7 Districts) and the City of York

Total population 819,633

Predominantly rural geography, but with several large market towns (e.g. Northallerton, Ripon), seaside towns (e.g. Scarborough, Bridlington) and a mid-size city (York).

Lowest crime rate in England and Wales: 45,839 crimes in 2018/19, 55.6 per 1000 population but rising (12% in-year increase)

Demand for services increasingly driven by broad categories of 'vulnerability':

	Demand
Managing Sex Offenders	↑
Child Sexual Exploitation	↑
Human Trafficking/Modern Slavery	→
Missing From Home	↑
Domestic Abuse/stalking/Harassment	↑
Safeguarding Adults	↓
Mental Health	↑
Drug related death	↑

Defining the problem

Formal Categorisation

ASB
CRIME
PSW

Formal Partnerships

Community Safety Partnerships
Health and Wellbeing Boards
MARAC
MAPPA
MASH

But broad issues

The question(s)

Direct question:

Do community hubs work, and how can we make them more preventative?

Indirect question:

Does a population health approach add value in a local police force?

The Evaluation

North Yorkshire Community Safety Hubs

Multi-agency collaboration to tackle anti-social behaviour and crime affecting communities

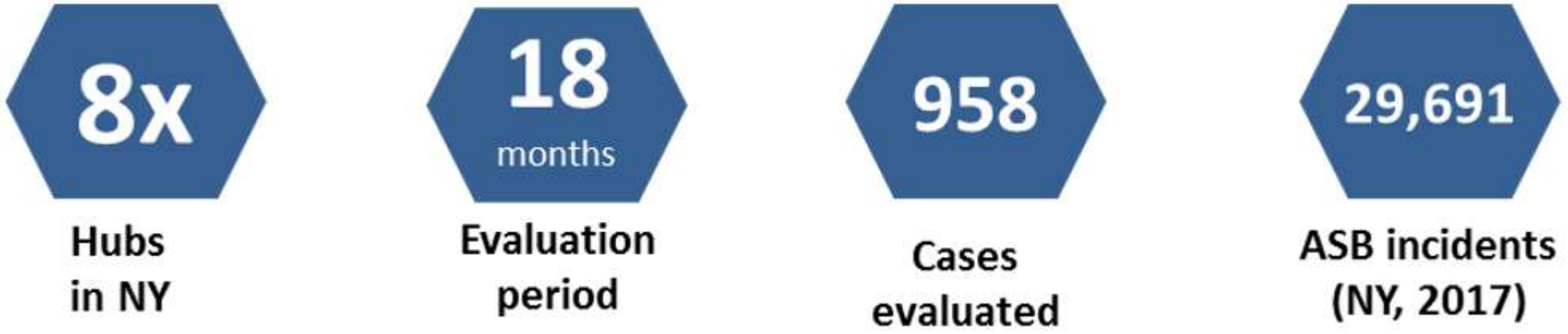
Arrangements and approaches vary across the Districts, but common ways of working within these hubs include:

- The colocation of police, council and other staff
- A common ‘matrix’ scoring form to assess and agree referrals into the hubs
- Active multi-partner case management
- Use of regular Multi Agency Problem Solving meetings (MAPS)
- Joint work on agreeing disposals

Evaluation Goals

1. Understanding the diversity of cases and issues faced in each local area
2. Measuring the impact the hubs have had in reducing crime and antisocial behaviour
3. Assessing the outcomes for the victims and perpetrators dealt with by the hubs
4. Proposing ways in which hubs might continue to embed early intervention/public health approaches

Evaluation methodology



Evaluation stages

1) Visit to each hub
2) Data gathering from a variety of partners
3) Analysis using a Pre/Post methodology (6 months prior and after hub acceptance)
4) Feedback and sensecheck of data
5) Presentation to key management and partnership groups

Key findings (1)

Cases typically come from deprived areas, live in social housing, median age of 41 (victim)/34 (offender), with a large no of under 18s

Large variance between hubs in initial case risk and length of time cases stay in the hub

Two 'types' of hub: those where ASB was the main 'primary concern' and those where it was broader vulnerability

111 agencies have ever attended a Hub meeting, 72 have been actively involved in a case, 25 have directly referred cases

Significant number of cases overlap with other multi-agency fora e.g. VEMT, MAPPA, and especially MARAC (95 cases)

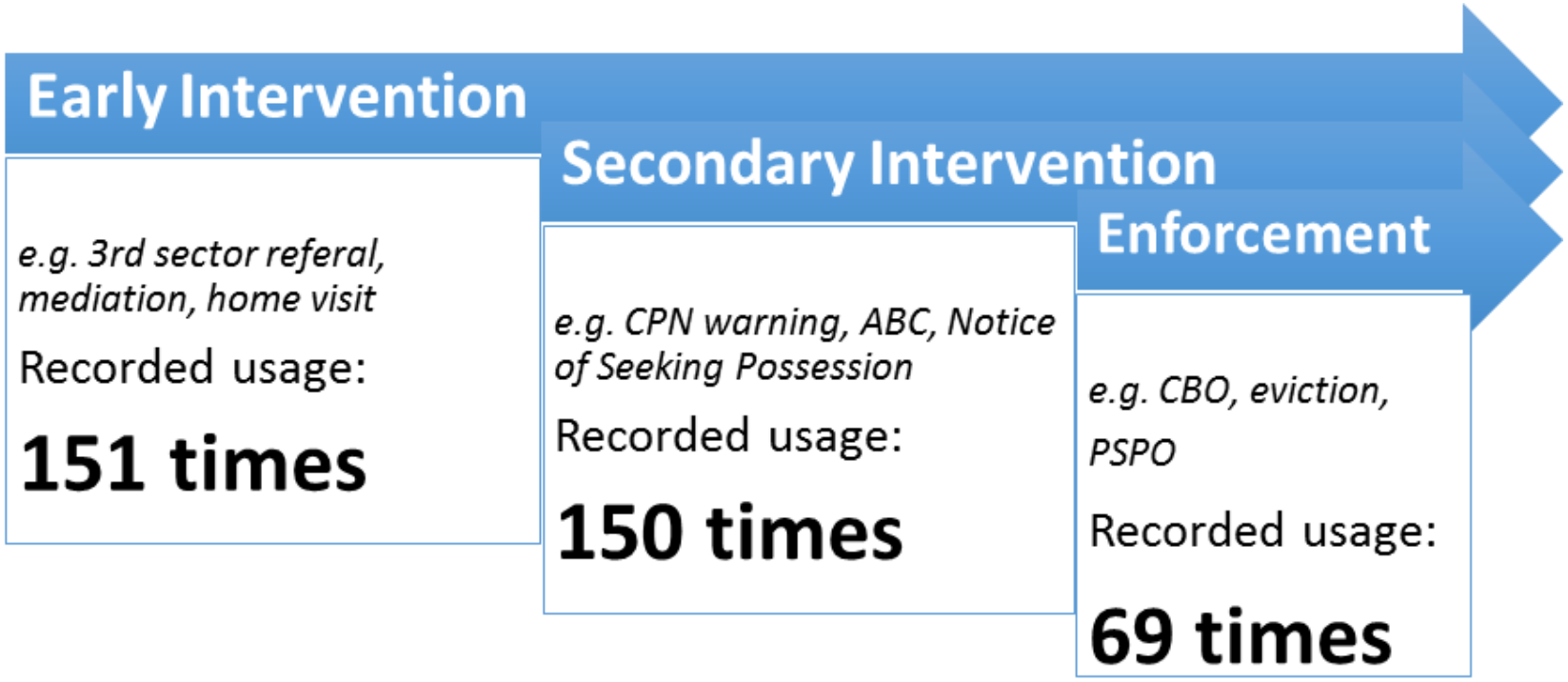
28 different social risk factors were recorded. 41.7% of all cases mentioned drugs, alcohol, or mental health

43 different 'early' interventions were tried, including welfare visits, 3rd sector referrals, mediation, noise monitoring, and house repairs

24 different enforcement options used, including 46 ABCs, 41 CPN warnings, 22 CBOs, 20 possession notices

Early intervention is not used as often (151 times) as enforcement (219 times)

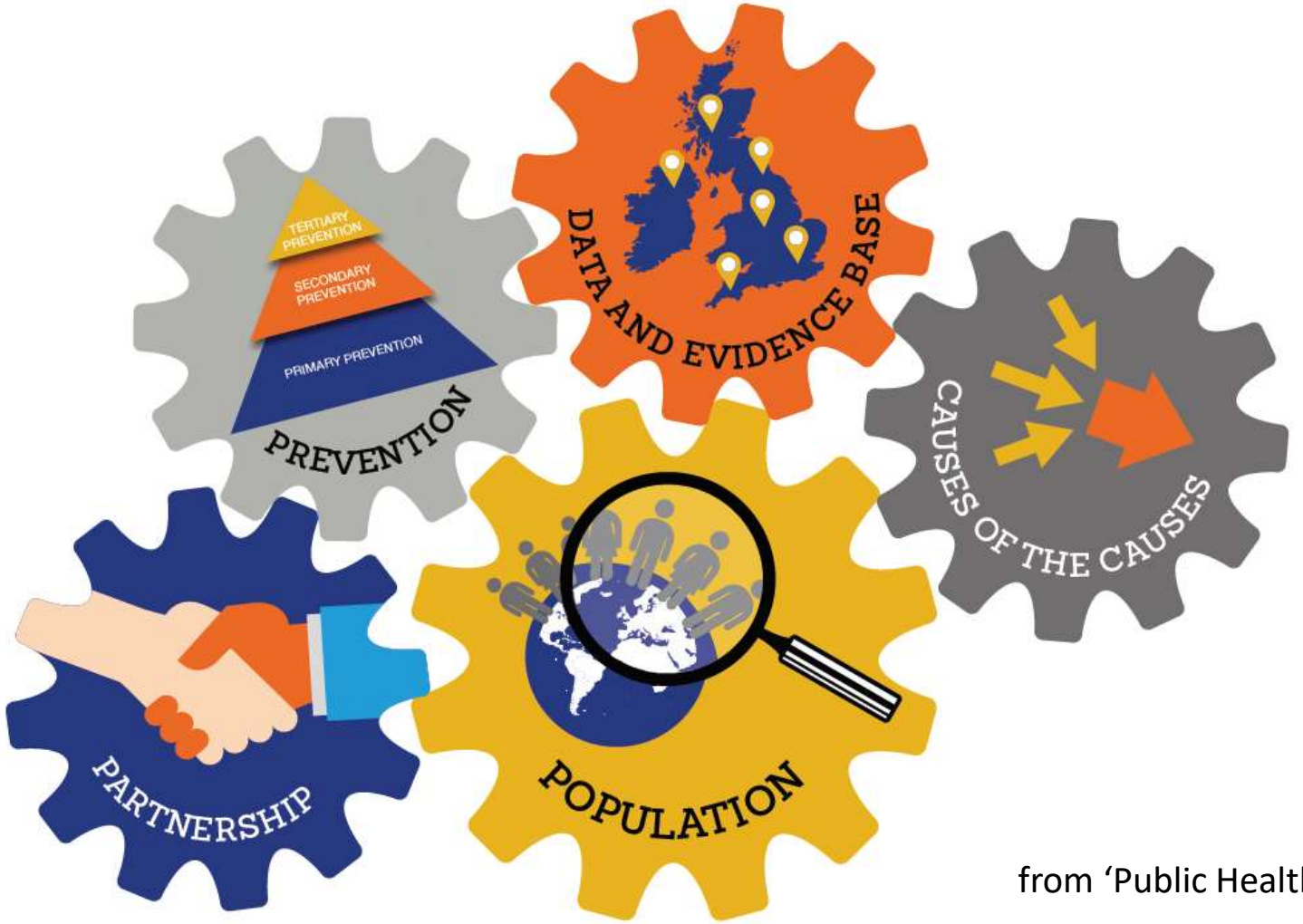
Key findings (2)



Key findings (3)

A Population Approach

Framework



from 'Public Health Approaches in Policing:
A Discussion Paper',
College of Policing / PHE 2019

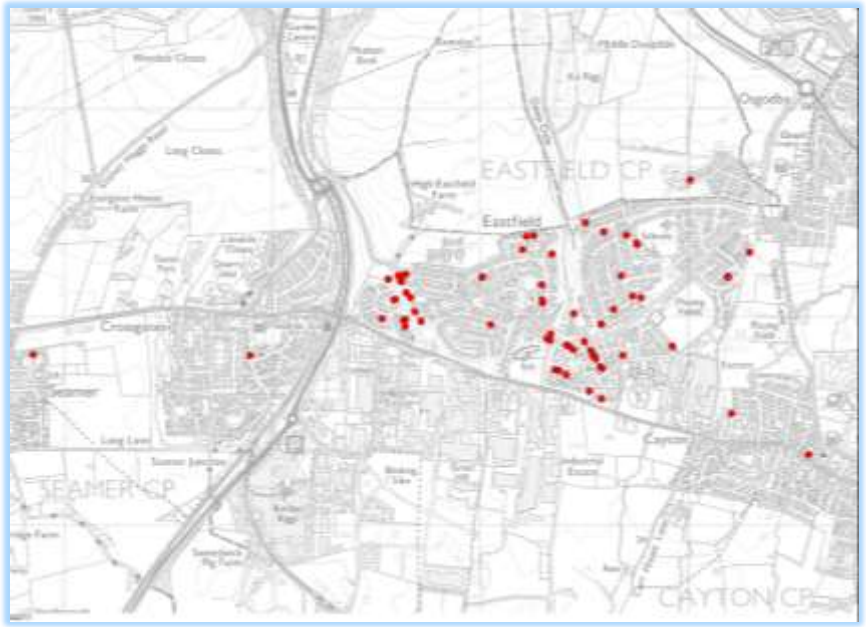
Data and evidence base

Highly pragmatic (!) but epidemiological design

Use of time series approach

Use of Bradford hill criteria

Criteria	Explanation for this evaluation	Judgement against this evaluation
Strength	How large or small is the difference between NICHE records before and after the intervention?	Medium – a 13% difference
Dose response	Does this effect get bigger if more of the intervention is applied?	Yes when earlier intervention is applied, the effect is bigger
Temporality	Does the effect happen at the time we would expect it to happen given when the intervention occurred?	Yes – in the 6 months following the hub acceptance
Plausibility	Can we imagine how one the ground the intervention might plausibly be working which align with the findings?	Yes – we know multi-agency coordination around ASB, as well as earlier intervention, works from the global research base
Experiment	Can we experiment with the individuals to test the intervention?	N/A
Consistency	Can the findings be reproduced by different people in different places using different samples?	The findings are reproduced across a number of hubs, but the picture is not consistent with some hubs showing increases and some decreases in ASB etc.
Specificity	Is the intervention the only thing which may be making a difference?	No – there are many confounding factors within the lives and social context of these individuals
Analogy	Is there an analogy for another type of intervention which has had this effect?	Yes – for instance 'team around the child' in social care, or the Troubled Families Programme
Coherence	Does this effect cohere with laboratory findings?	N/A



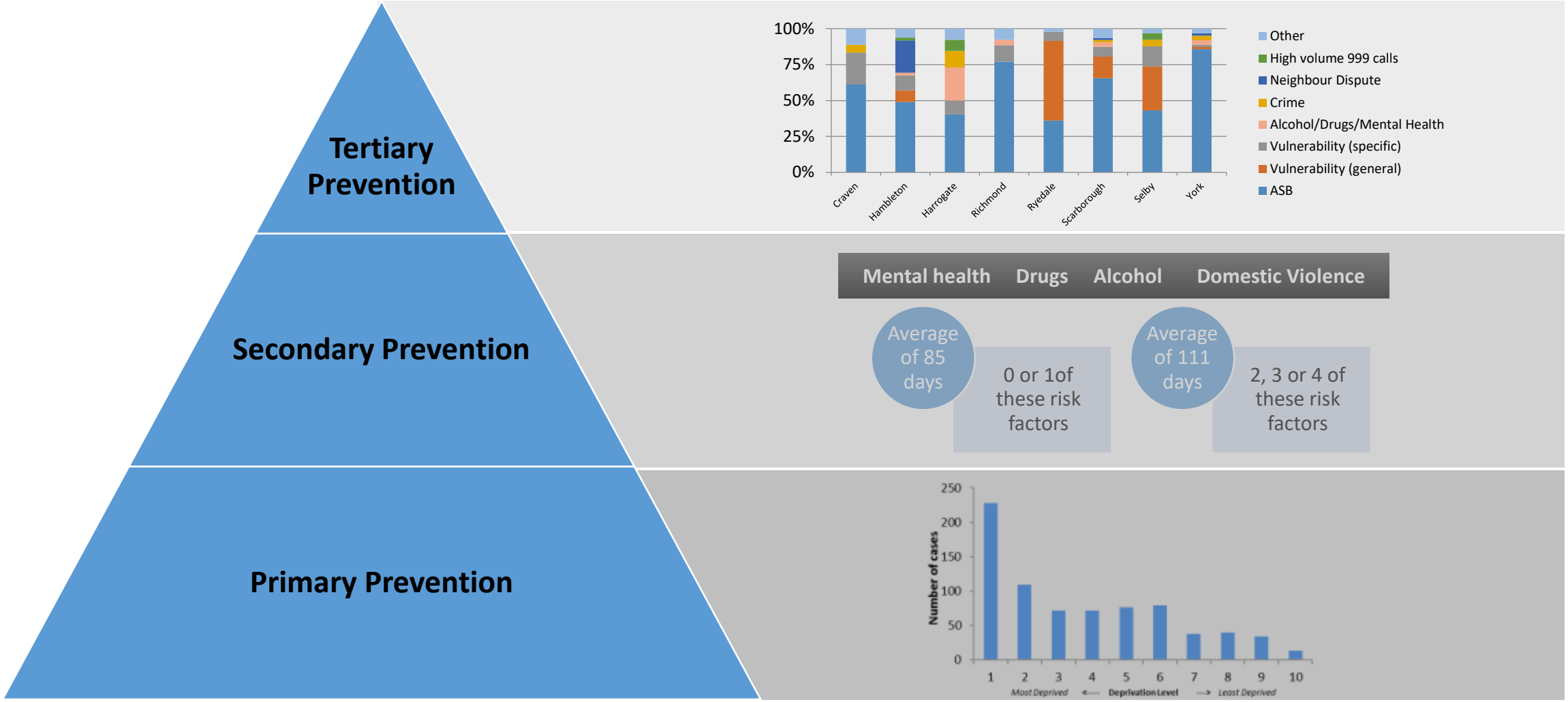
Use of statistical testing

Awareness of regression to the mean

Multi-agency reference costing (NEM)

Geographic mapping

Causes of the causes



Prevention

The prevention paradox:

'the largest volume of cases of a disease come from those at lowest risk.'

Geoffrey Rose, 1985

So…

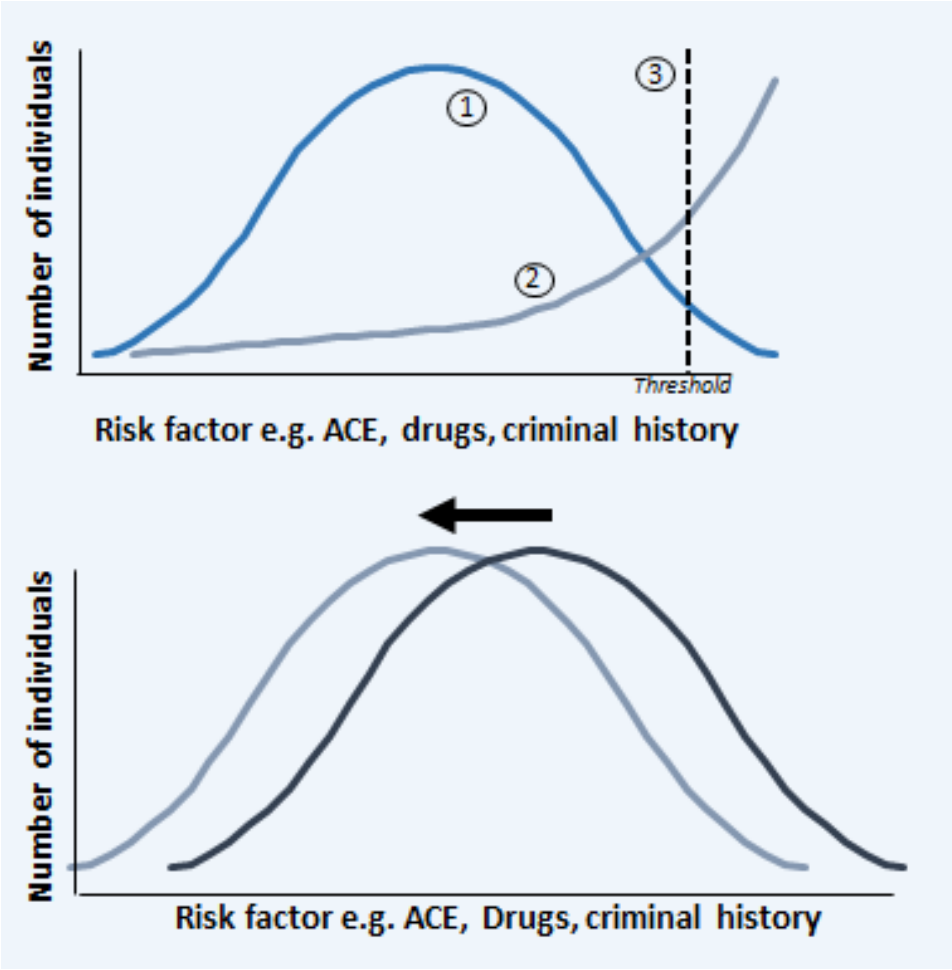
Beware thresholds

Smarter use of risk stratification

Increasing the breadth of softer interventions

Asset-based mindset

Making every contact count

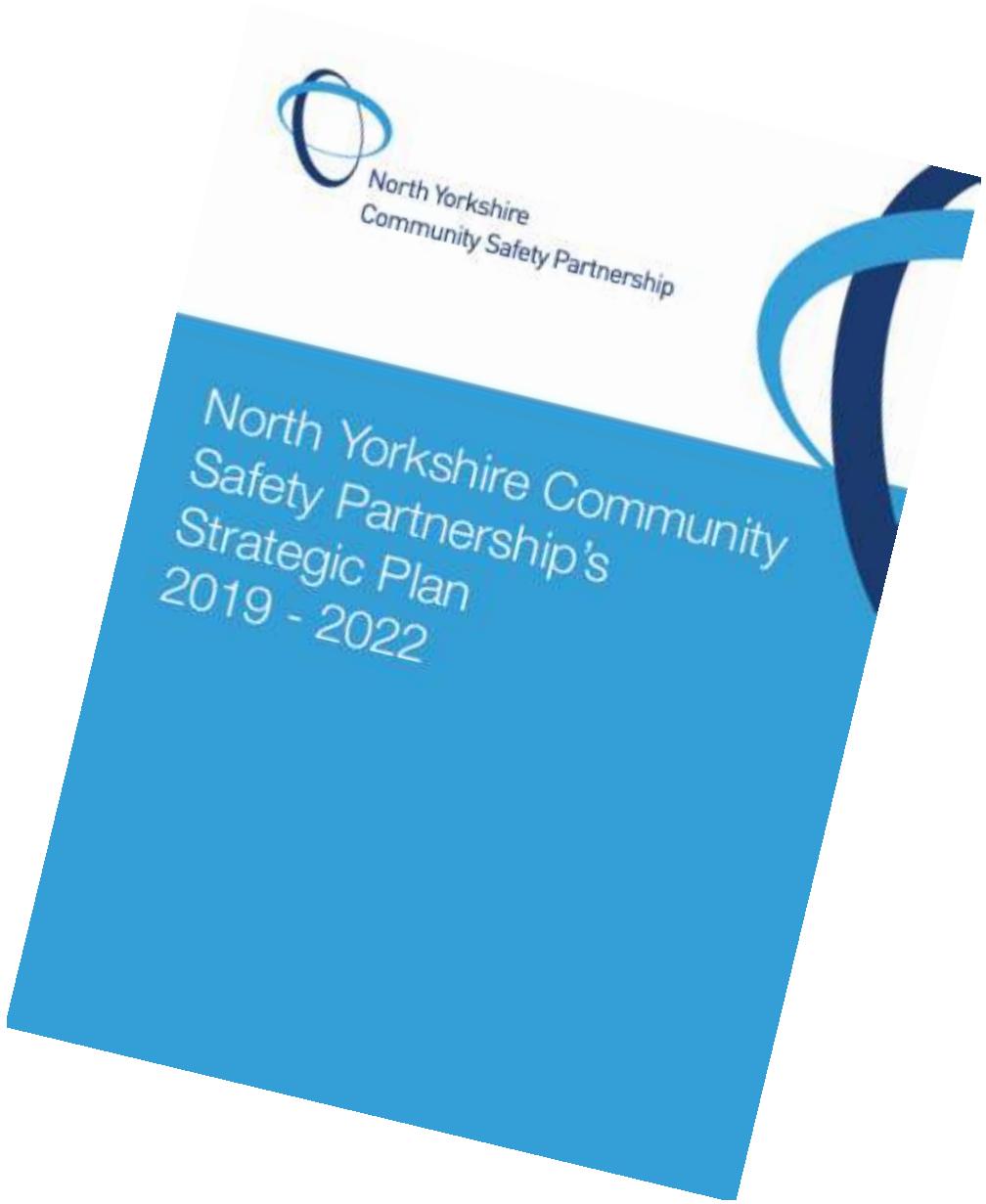


Partnerships

It can be written into a strategy…

But is often more a set of behaviours:

- Make prevention a mindset from CC to PC
- Shift resource wherever possible to early intervention
- Act as an anchor institution - recruitment, community relations, procurement, social value
- Invest in the social fabric (e.g. community connectors, volunteering, cadets, LIFE course)
- Be adaptable with professional boundaries (police officers as ~~social workers~~ sociologists)
- Only connect…



Thank you for listening!

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