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Everybody's business

Early intervention crime reduction

Understanding and enhancing the role of police and multi-agency partners in preventing harms that cross the public health and criminal justice landscape

Everybody's Business: Early Intervention Crime Reduction

Understanding and enhancing the role of police and multi-agency partners in preventing harms that cross the public health and criminal justice landscape

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Executive Summary

There is growing attention on the importance of multi-agency partners collaborating to prevent and respond to shared public health and criminal justice issues such as violence, substance use, and mental health. Across agencies for example police and justice, health and social care, local government and the third sector, there is recognition that the root causes of many cross-cutting public health and criminal justice concerns are multifaceted (e.g. social inequalities, poverty) and shared issues for multi-agency service demand. Viewing those engaging with services through a public health and trauma-informed lens that aims to prevent and reduce risks of harm and enhance protection at a population level, is considered critical for changing the way multi-agency partners respond to crime, address vulnerability, and work more efficiently to improve population health and well-being. Globally, there are various examples of whole system multi-agency approaches to intervening early to prevent crime, reduce underlying risk factors, and promote health and well-being. Despite such promising multi-agency practice, services and organisations can often work in silos.

Early intervention crime reduction is not just about what the police do to prevent and respond to cross-cutting public health and criminal justice issues, but also about how multi-agency partners can work with the police as part of a whole system public health approach to prevention. This report aims to aid understanding of how multi-agency partners, including police and justice, health and social care, local government, education, and the third sector, amongst other partners, can work together to prevent harms that cross the public health and criminal justice landscape. It provides examples of ways in which multi-agency partners can work to implement whole system approaches to addressing harm and examines areas where early intervention and preventative policing approaches have been or are likely to be successful. This includes:

Whole system and multi-component approaches e.g. data and evidence-based approaches; community orientated policing; community level multi-component programmes; and adverse childhood experiences and trauma-informed approaches.

Primary prevention e.g. addressing societal norms and values through policies, legislation, and strategies; parenting education and home visiting programmes; provision of education (for practitioners, and children and young people) and opportunities to develop life skills; sports and physical activity programmes for children and young people; and situational crime prevention and monitoring behaviours to improve safety and reduce crime and associated risk factors.

Secondary prevention e.g. sports and physical activity programmes for those at risk of offending; strengthening families programmes; approaches to identify, protect and

safeguard vulnerable persons; crisis intervention models; and police-led diversion programmes.

Tertiary prevention e.g. restorative justice; pulling levers/focused deterrence programmes; court-based diversion programmes; programmes for offenders to prevent reoffending and further harm; and sports and physical activity programmes for offenders.

As many police forces continue to build upon their role in prevention it is important to understand what can facilitate and impede the implementation of preventative policing approaches. This report highlights key facilitating factors such as: strategic and leadership support/resources; workforce development and representation; multi-agency partnership working; and building community relations and gaining public support. However, a range of barriers are also highlighted including: a lack of strategic, management, or workforce support; lack of trust in and fear of the police; defining, measuring, and achieving prevention outcomes; community characteristics and assets; police staff capacity and turnover; a culture of 'crime fighting' in police; and, a lack of multi-agency support/working and competing priorities. Addressing these barriers is vital to enable police to work effective as part of a whole system approach to early intervention crime reduction. Equally, they are issues that are also likely to be relevant across multi-agency partners.

Early intervention crime reduction is everybody's business and investing in crime prevention and early intervention will save money in the long term. The police need support to both prevent crime and also respond to the vulnerabilities which they encounter daily. They cannot do this alone. The root causes of crime and the impacts of crime are cross-cutting issues for multi-agency partners, and as such a whole system public health approach is required. Such an approach takes a life course perspective and considers the roles of various agencies in intervening to reduce the risks of harm, preventing crime, and wider public health issues. This report shows how early intervention crime reduction and preventative approaches, focusing on a public health approach, are being adopted and implemented across various countries and settings, with some evidence of promising impacts. However, this work needs to be accompanied by strong whole systems evaluation using a range of techniques and methods. Communication and dissemination strategies also need to be in place to ensure that practice and lessons learnt are accessible and shared widely, and that the case for investing in prevention is maintained.

1. Introduction

1.1 Overview of the report

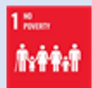
At local, national, and international levels, there is growing attention on the importance of multi-agency partners collaborating to prevent and respond to shared public health and criminal justice issues such as violence, substance use, and mental health. Across agencies, for example, police and justice, health and social care, local government, and the third sector, there is recognition that the root causes of many cross-cutting public health and criminal justice concerns are multifaceted (e.g. social inequalities, poverty) and shared issues for multi-agency service demand. Preventing and reducing crime, violence, and associated factors, promoting health, and protecting people, families, and communities, are key targets in the United Nations 2030 Sustainable Development goals (Box 1). Viewing those engaging with services through a public health (Box 2) and trauma-informed (Box 3) lens that aims to prevent and reduce risks of harm and enhance protection is considered critical for changing the way multi-agency partners respond to crime, address vulnerability, and work more efficiently to improve population health and well-being [1-4]. Globally, there are various examples of whole system multi-agency approaches to intervening early to prevent crime and reduce underlying risk factors, including work to identify and support vulnerable communities and intervene earlier, particularly in areas such as mental health, substance use, and violence [3-5]. Despite such promising multi-agency practice, services and organisations can often still work in silos.

Early intervention crime reduction is not just about what the police do to prevent and respond to cross-cutting public health and criminal justice issues, but it's about how multi-agency partners work together as part of a whole system public health approach to prevention. This report aims to aid understanding of how multi-agency partners, including police and justice, health and social care, local government, education and the third sector, amongst others, can work together to prevent harms that cross the public health and criminal justice landscape. It does this through discussing ways in which multi-agency partners can work together (with the police) to implement whole system approaches to addressing harm and examining areas where early intervention and preventative policing approaches have been or are likely to be successful. It also discusses key facilitators and barriers to implementing early intervention and preventative policing, many of which are also likely to be relevant across multi-agency partners. The report aims to answer the following key questions:

1. What evidence is there for whole system and multi-agency approaches to preventing harms that cross the public health and criminal justice landscape?
2. What is the evidence for primary, secondary, and tertiary interventions to preventing harms that cross the public health and criminal justice landscape?
3. What factors may influence the successful delivery and impact of approaches to policing that encompass early intervention and prevention activity?

Box 1: United Nations 2030 Sustainable Development goals

The United Nations (UN) 2030 Sustainable Development goals are a set of 17 interlinked goals that aim to provide a shared framework for promoting peace and prosperity for people, whilst protecting the planet, both now and in the future. Preventing crime and violence are key targets within the SDGs, and many of the SDGs aimed at improving health and well-being, protecting the planet, and promoting sustainability address factors that can promote or reduce crime and related issues. These include:



Goal 1: Ending poverty in all forms everywhere.

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture everywhere.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5: Achieve gender equality and empower all women and girls.

Goal 6: Ensure availability and sustainable management of water and sanitation for all.

Goal 8: Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all.

Goal 10: Reduce inequality within and between countries.

Goal 11: Make cities and human settlements inclusive, safe, resilient, and sustainable.

Goal 15: Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

Goal 16: Promote just, peaceful, and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels.

Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development.

Box 2: A public health approach

A public health approach focuses on protecting the health, well-being, and safety of whole populations and aims to prevent harm for the maximum number of people. It takes a system-wide approach and involves multi-agency partners from across sectors working together to implement early interventions to prevent exposure to harm, and to respond to, lessen, and prevent further harm. Sectors such as health and social care, public health, local government, education, police and criminal justice, and third sector organisations have a vital role to play in promoting factors that reduce risks and protect people from harm. The public health approach is an evidenced-based approach that follows four key steps:

1. **Define and measure** the problem.
2. Identify underlying **causes/risk factors**, and factors that protect people from harm.
3. Using evidence from step 1 and 2, **develop, implement, and evaluate prevention approaches.**
4. **Scale up and adopt effective evidence-based prevention** approaches (continuing evaluation where necessary); and disseminate evidence of what works (and what doesn't work), for whom, how and why widely.

Public health approaches to prevention include:

1. **Primary prevention** that aims to prevent harm before it occurs through creating conditions that make it less likely to occur. Interventions are often targeted towards whole populations.
2. **Secondary prevention** (or early intervention), often targeted towards those at-risk of harm, to prevent exposure to harm.
3. **Tertiary prevention** targets those who have been exposed to harm, and aims to prevent reoccurrence, escalation and further harm.

Public health recognises that risk and protective factors can exist at several levels – individual, relationship, community, and society. Referred to as the socio-ecological model (see Figure 1), this is used to understand the issue, and to develop, target and implement prevention across all levels.

Findings are derived from a systematic literature search and have been reviewed by experts with experience of early intervention and preventative approaches to policing, and/or multi-agency approaches to addressing harms that cross public health and criminal justice. The report is split into three key sections:

- Chapter two provides examples of: i) whole system multi-agency approaches to preventing harms that cross public health and criminal justice; and ii) primary, secondary and tertiary interventions to preventing harms that cross public health and criminal justice. Whilst for some well-established approaches there is strong evidence for effectiveness, for many, evidence is still emerging.

- Chapter three summarises key factors that can facilitate or impede the implementation of early intervention and public health approaches to policing.

- Chapter four summarises the case for investing in multi-sectorial approaches to early intervention crime reduction, and preventative approaches to policing.

This report is intended as a discussion document to support the police and multi-agency partners, who are or who intend to implement early intervention and preventative approaches to crime reduction. It does not aim to provide a review of the quality of evidence of such approaches or to advocate for specific approaches. Examples of approaches and interventions provided aim to illustrate the breadth of approaches, rather than detailing just those that have been routinely implemented or those that currently have the strongest evidence.

While the report does not focus on interventions to promote and protect the health and well-being of practitioners, it is important to recognise that doing so is vital; both for protecting the health and well-being of the workforce, and to enable practitioners to effectively implement early intervention and preventative approaches. Further, whilst the report does not focus on support for victims of crime, such support forms a key step in a public health approach to prevention. Support for victims should be implemented as part of a whole system response to preventing and responding to issues that cross the public health and criminal justice landscape.

1.2 Why is early intervention crime reduction important?

Police reported crime statistics are used in many countries as an indication of police demand, informing resource allocation and priority setting. However, there is increasing recognition that crime statistics only represent a subset of the work of the police (i.e. traditional reactive policing) and fail to capture the increasing role that police have in preventing crime and its underlying risk factors, protecting people from harm, maintaining community safety, and addressing complex social issues. Internationally, evidence increasingly shows that a large proportion of requests for police support and resulting activity is focused on non-traditional police practices [6-9]. Thus, the complexity of police demand is important to consider, as trends in crime statistics do not necessarily reflect trends in demand, or the complexity of the work of police and multi-agency partners. For instance:

- A systematic review exploring contact between police and people with mental disorders across predominately high-income countries[1] estimated that [9]:
    - One in 100 police dispatches and encounters involve people with mental disorders.
    - 25% of persons with mental disorders have been arrested by police at some point in their lifetime.
- Across England and Wales, it is estimated that over 80% of all police calls are for incidents of a non-criminal nature, with many of these relating to issues involving vulnerability and complex social needs [8].

[1] Included studies were predominantly from Australia, Canada, USA, and the United Kingdom.

Critically, evidence suggests that the small proportion of the population who experience complex health and social issues may place a disproportionately high demand on police and other services [6, 7, 10]. Engagement in crime by this vulnerable group may be a consequence of health or social issues (e.g. substance use) which if not addressed may lead to repeated cycles of contact with the criminal justice system and engagement with health and social services [10]. This cycle of what can often be low-level offences and repeated service need, places significant demands on services and without intervention to address the underlying causes of individuals' engagement in crime, health and social issues can be further exacerbated [10]. Disadvantaged individuals, families, and communities can be at increased risk of criminalisation, and thus suffer from greater inequalities in health, social, and criminal justice outcomes.

The determinants of health are also the determinants of crime. Several social determinants of health and behaviour can increase risks of engagement in crime and repeat demand on health, social, and criminal justice services (Figure 1). Thus, to reduce vulnerabilities and inequalities there is a need for integrated approaches across public health, health and social care, community safety, and criminal justice. It is vital to recognise that police alone cannot address the underlying causes of crime, and that a multi-sectorial approach is needed to intervene early to prevent harms that cross the public health and criminal justice landscape. Enhancing understanding of the role of police and multi-agency partners in early intervention is a critical step in enabling partners to adopt such an approach. Frontline services such as the police are a critical point of contact for those in need and as such have a significant role in responding to complex needs and preventing further harm. This can be seen through the development of police roles relating to proactive community policing, and the widening of responsibilities to address emerging issues such as exploitation. Furthermore, a preventative public health approach aligns with evidence-based policing models that use the 'best available' evidence to inform policing and encourage critical thinking. **Problem orientated policing** (POP) for example addresses crime and disorder by using data and intelligence to identify and understand a specific problem, develop a tailored and targeted response, and evaluate impact. The **SARA (scan, analysis, response, assessment) model** is an approach often used in the problem-solving process. Evidence of the impact of POP shows that it is associated with reductions in crime [11]. Hot spot policing is a type of POP that recognises that crime and disorder can be clustered in small areas. The approach focuses police (and partner agencies) activities on these areas to prevent crime where it is most concentrated, with the overall aim of reducing levels of crime across the wider population [12].

Box 3: Trauma-informed approaches

Trauma-informed approaches are increasingly being used across a wide range of sectors, including health and social care, education, and police and criminal justice, and across nations (e.g. Wales[2]). A trauma-informed approach is informed by a set of principles that recognise that experience of trauma is prevalent in populations and can negatively impact the functioning of many individuals. The goal of taking a trauma-informed approach is to support resilience and self-efficacy and create a safe environment for the service user (and practitioner). It involves the recognition of the effect of trauma and coping strategies.

Whilst there is no universally adopted definition of a trauma-informed approach, it is often considered to be based on the following assumptions [13]:

- **Realisation:** Understanding how trauma impacts individuals, families, and organisations.
- **Recognition**: Identifying the signs and symptoms of trauma.
- **Response:** Integrating knowledge of trauma into policies, procedures, and practice.
- **Resisting re-traumatisation**: For service users and staff.

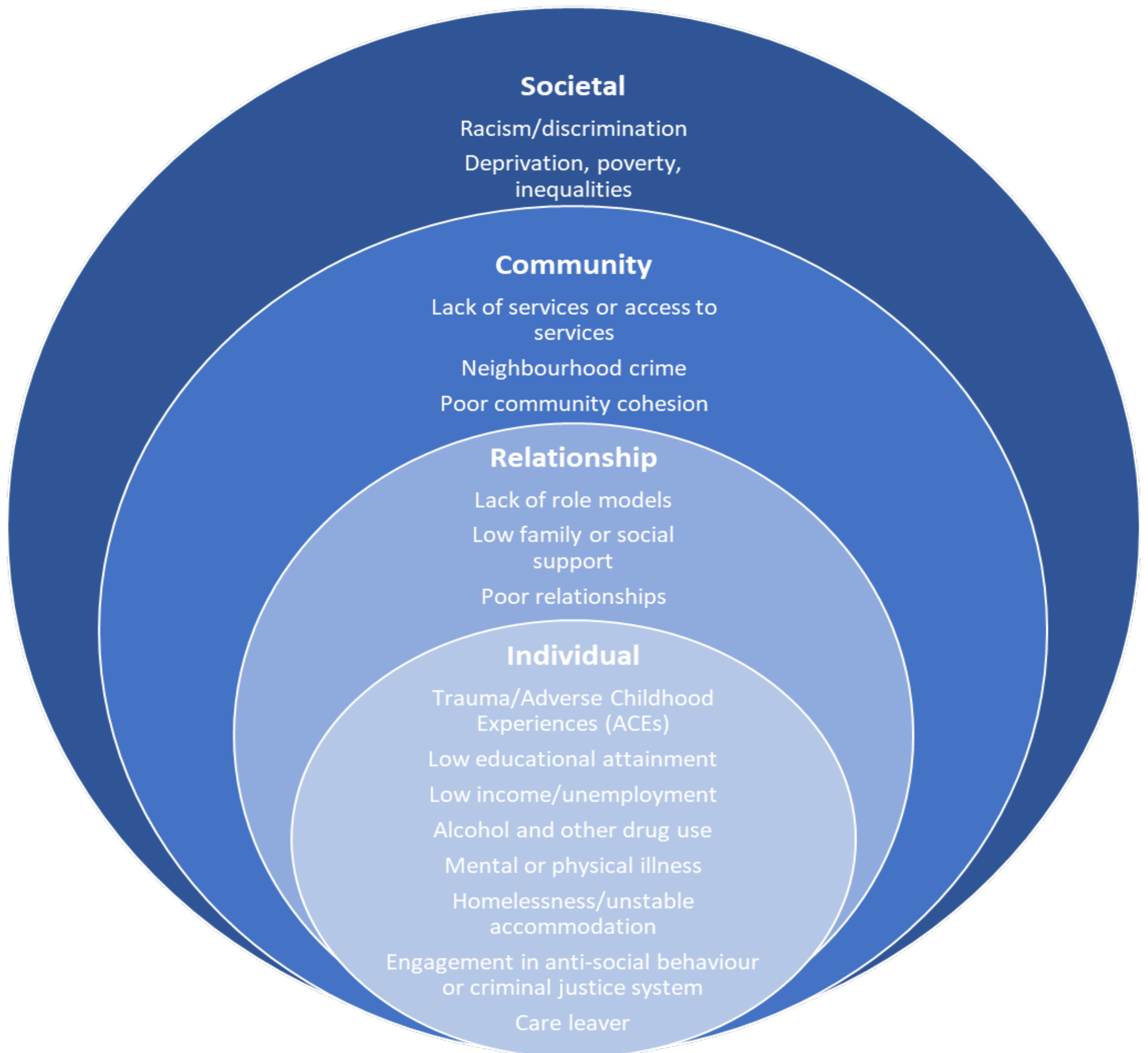
These underlying assumptions are accompanied by the following principles [13]:

- **Safety**: Service users feel physically and psychologically safe; safety is considered in the physical setting and promoted in interpersonal interactions.
- **Trustworthiness and transparency**: The organisation is transparent in its decisions and operations in order to build trust with service users, families, staff, and other partners.
- **Peer support:** Collaboration with individuals with lived experience of trauma to promote recovery and healing.
- **Collaboration and mutuality:** Power and decision-making are shared and input from all organisational levels is valued.
- **Empowerment, voice, and choice:** Individual's strengths and experiences are recognised and built upon; service users are supported in shared decision-making and goal setting.
- **Cultural, historic and gender issues:** Moving beyond stereotypes and biases to be responsive to the racial, ethnic, and cultural needs of different individuals.

Whilst trauma-informed practices are increasingly being employed across sectors, and within communities, variations in definitions and delivery make it difficult to understand the most effective elements and approaches, with few programmes having been evaluated to evidence longer-term impacts. However, there is some evidence of effectiveness for universal and targeted approaches, particularly with some vulnerable groups [14].

[2] https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf

Figure 1: Common risk factors for engagement in crime and repeat demand on health, social, and criminal justice services [15]



2. Early intervention crime reduction approaches

The review identified a range of ways in which early intervention and preventative approaches have been used to address issues that cross criminal justice and public health agendas to improve individual and population level health and well-being. Several studies have used high quality evaluation designs such as quasi-experimental or randomised controlled trials, and these provide the strongest evidence of effectiveness. However, most studies identified were observational or qualitative, for example examining pre-post intervention changes in identified outcomes, and whilst the evidence from such studies is weaker, they have been included to demonstrate a breadth of approaches, and to understand the emerging evidence of the potential impacts of these approaches for programme recipients and the wider community. It is important to note that most of these studies have been implemented in high income countries, predominantly the USA.

Identified approaches extend across the prevention levels targeting whole populations (primary prevention), those at risk of harm (secondary prevention), and those who have been exposed to harm (tertiary prevention). Some programmes also cross intervention levels, particularly whole system and multi-component approaches, and may also be relevant to multiple population groups (e.g. whole population and at-risk groups). Interventions are delivered directly through multi-agency partnerships, by the police, or other services. Early life interventions that aim to promote health and well-being implemented by health and other services can also reduce risk for future engagement in crime, and examples of these are provided throughout as these can form part of whole system multi-agency approaches to intervening early to prevent complex criminal justice, health, and social issues.

Prevention approaches and intervention types covered in this document include:

Whole system and multi-component approaches

- Data and evidence-based approaches.
- Community orientated policing.
- Community level multi-component programmes.
- Adverse childhood experiences and trauma-informed approaches.

Primary prevention

- Addressing societal norms and values through policies, legislation, and strategies.
- Parenting education and home visiting programmes.
- Provision of education and opportunities to develop life skills.
    - Police and multi-agency training on early intervention and preventative approaches.

    - Education-based programmes for children and young people.
- Sports and physical activity programmes for children and young people.
- Situational crime prevention and monitoring behaviours to improve safety and reduce crime and associated risk factors.

Secondary prevention

- Sports and physical activity programmes for those at risk of offending.
- Strengthening families programmes.
- Approaches to identify, protect, and safeguard vulnerable persons.
    - Multi-agency approaches to identify, safeguard, and support vulnerable people.
    - Multi-agency staff training in vulnerability, safeguarding, and trauma-informed practices.
    - Protection and safeguarding teams or departments.
    - Flags or systems for identifying vulnerable households/people.
- Crisis intervention models.
- Police-led diversion programmes.

Tertiary prevention

- Restorative justice.
- Pulling levers/focused deterrence programmes.
- Court-based diversion programmes.
- Programmes for offenders to prevent reoffending and further harm.
- Sports and physical activity programmes for offenders.

2.1 Whole system and multi-component approaches

2.1.1 Data and evidence-based approaches

Public health approaches and evidence-based policing models use the 'best available' evidence to inform prevention approaches and encourage critical thinking (see Box 2). The use of multi-agency data is critical for understanding the nature and extent of complex health, social and criminal justice issues, identifying risk and protective factors (particularly to intervene early), and evaluating progress. Whilst police data can offer a wealth of intelligence, many crimes do not come to the attention of the police, and offenders and victims may encounter other services. For instance, health and other partners can have a vital role in the prevention of crime through monitoring crimes that have health impacts (e.g. violence) and/or health harming behaviours related to crime (e.g. substance use) and sharing intelligence to inform early intervention and prevention approaches. Increasingly, evidence suggests that the use of health data to inform multi-agency activity to prevent violence can support reductions in violence-related injuries at the community level (see Box 4). In the United Kingdom, the Serious Violence Duty mandates that multi-agency partners share data and knowledge to understand the causes of violence and use this evidence to develop a local needs assessment, and multi-agency strategy to prevent serious violence following a public health approach (see 2.2.1).

Box 4. The use of health data to inform violence prevention

Evidence suggests that a large proportion of violent crime goes unrecorded by police, yet victims and survivors may visit healthcare facilities for treatment of violence-related injuries [16-19]. Thus, to inform the prevention of violence (and improve health and well-being), in various countries surveillance systems have been developed that support the collection, sharing, and use of health data in multi-agency prevention activity [18, 20-26]. The most evidenced of such approaches is the Cardiff Model, developed in Wales [22, 23]. Through the development of a multi-agency partnership to prevent violence, data on the circumstances of assaults collected from patients attending an emergency department with violence-related attendances were combined with police recorded crime data and used to inform the targeting of violence prevention activity. The intervention has been associated with significant reductions in violence-related injuries, based on hospital admissions (42% reduction) and police-recorded crimes (32% reduction). The Model has been replicated in other countries (e.g. Australia/USA [21, 24]). Elsewhere, as part of wider multi-agency violence surveillance systems and whole system public health approaches to violence prevention, data on the circumstances of assaults are complemented by data on patient socio-demographics to enhance understanding of the groups and communities most at-risk of violence to inform early intervention (e.g. Violence Reduction Unit [VRU] Data Hubs, England and Wales [See box 5]). For example, in England and Wales, the Trauma and Injury Intelligence Group has developed multi-agency data hubs for various VRUs. These data hubs enable multi-agency partners to access data from healthcare facilities (e.g. emergency department attendances, ambulance call outs), police and other partner data, along with publicly available datasets (e.g. school exclusion data, deprivation) in a central location, to inform prevention activity. Such data has been used to inform strategic planning and multi-agency activities [27, 28].

2.1.2 Community level multi-component programmes

Community level multi-component interventions aim to influence the community or whole system, to prevent complex issues that cross criminal justice, health, and wider public agendas. Implemented in partnership with relevant governmental and non-governmental agencies, and the community, they aim to provide lasting change through addressing the underlying causes of harm at individual, relationship, community, and societal level, and enhancing protective factors. Such programmes can include interventions targeted at the whole community and at those at-risk of or exposed to harm. For example, in several countries (e.g. USA, United Kingdom), whole system public health approaches to violence prevention are being implemented to prevent and respond to interpersonal violence (see Box 5) and these approaches have been associated with reductions in violence at the community level. Further, evaluations suggest that such programmes can address the underlying risk factors for violence, and enhance coordinated approaches to preventing violence, increasing the potential for long-lasting change [29, 30].

Across Europe, Australia, and the USA, evidence suggests that community level multi-component interventions can be effective in preventing alcohol-related harms in nightlife settings. These programmes include multi-agency partners (particularly police, health, and local government) implementing a coordinated suite of complementary interventions to mobilise the community to prevent alcohol-related harms, train bar staff to serve alcohol responsibly and strengthen enforcement of alcohol legislation. Evidence suggests that such programmes can prevent sales of alcohol to intoxicated patrons, and reduce levels of intoxication and violence, although outcomes vary across countries (Box 5). In Sweden, where evidence of such programmes is strongest, implementation has been extended across areas and settings, including at festivals and sports stadiums [31].

2.1.3 Community orientated policing

Community orientated policing recognises that the police cannot solve crime alone and focuses on developing relationships between the police and the community, to enable them to work together to develop collaborative solutions to preventing and responding to crime and community issues [32]. This can include building partnerships between the police and local community leaders such as faith and other community groups and centres. The community can provide valuable knowledge and insight into crime prevention through the provision of local information. Established policing roles for the community, in the form of neighbourhood policing teams and police community support officers (PSCOs), facilitate the partnership between the police and the community and empower the community to have an active role in developing solutions for their community, and also help to establish social control over deviant behaviour [32, 33]. Whilst evidence suggest that community-oriented policing can have positive effects on communities' perceptions of the police and disorder, there is currently limited evidence of impacts on crime [34]. However, in England, patrols by PCSOs have been associated with fewer days of potential imprisonment across populations in targeted hot spot areas compared to control areas, with a potential return on investment of at least £5.60 for every £1 spent on a patrol [12].

Box 5: Public Health approaches to preventing interpersonal violence and related harms

Cure violence, USA: Cure violence is a community-based approach to preventing gun violence through changing individual and community attitudes and norms about gun violence. The approach views violence through an epidemiological lens, as a learned, transmissible behaviour which can be interrupted [29]. The Cure Violence model aims to identify individuals most at risk of gun violence and to intervene to change their attitudes and behaviours. It also builds local capacity and promotes social and economic growth by creating safer communities and connecting high risk individuals with resources for job readiness, education, and health services [29, 35]. Evaluation shows that the approach had a significant impact in the USA, with 40-70% reductions in shootings and killings in implementing areas. Wider positive outcomes of the programme included increased feelings of community safety, improved parenting outcomes, improved employment and education outcomes and changes in community norms about violence [29].

Violence Reduction Units (VRUs), United Kingdom: Since 2019 the United Kingdom Government has provided funding to regional police forces (selected to reflect high rates of violence) to develop and implement violence reduction units (VRUs) [36]. VRUs take a public health approach to violence prevention by supporting multi-agency working, data sharing and analysis, engaging with communities, and implementing evidence-based interventions. An evaluation found early indications of VRUs impacting on violence prevention. Between April 2019 and September 2020, 41,377 violence without injury offences and 7,636 violence with injury offences were estimated to have been prevented in funded areas, compared with areas without funding, with a potential cost saving of £385m (a return of £3.16 for every £1 invested) [36].

STAD, Sweden: The Stockholm Prevents Alcohol and Drug Problems (STAD) programme aims to prevent alcohol-related harms in nightlife settings through implementation of a community level multi-component approach that encompasses multi-agency planning, community mobilisation, strengthened law enforcement, and responsible bar server (RBS) training. Evidence suggests that the programme is associated with significant reductions in the sale of alcohol to pseudo-intoxicated patrons, underage drinking, and violence in nightlife settings [37, 38]. Similar interventions have been developed and implemented in other European countries (e.g. Norway, Finland, United Kingdom); however, evidence of their effectiveness is mixed [39-41]. One study found that police enforcement was a key component, thus indicating that dedicating resources to this is important [42]. Similarly, a US study found that police forces that had a full-time officer assigned to alcohol enforcement (vs. those without a full-time alcohol officer) had 2.5 times greater odds of conducting overservice enforcement efforts [43].

2.1.4 Adverse childhood experiences and trauma-informed approaches

Globally, various police forces are working towards implementing or enhancing trauma-informed practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that a trauma-informed approach “**realises** the widespread impact of trauma and understands potential paths for recovery; **recognises** the signs and symptoms of trauma in clients, families, staff and others

involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively **resist re-traumatisation**" (see Box 3; [13]).

Trauma-informed approaches aim to ensure that practitioners, organisations, and multi-agency partnerships recognise the impacts of trauma across the life course and how trauma can affect behaviours and use this knowledge to more effectively support the needs of those services involved, including the criminal justice system. Supporting police and other partners to view individuals through an ACE and trauma-informed lens has the potential to help them identify vulnerable people, intervene early, prevent future harm, and help build positive outcomes for individuals, families, and communities. Whilst evidence is limited, studies suggest that training for professionals (including police) on ACEs and trauma can improve knowledge and attitudes (see Section 2.2.3). However, there is little evidence for the impact of trauma-informed policing on individuals engaged in the criminal justice system, perhaps in part due to the recent emergence of this field and the need for more work to translate trauma-informed approaches into practice. Despite this, there is some evidence suggesting that **wider criminal justice settings implementing trauma-informed practices** can have positive outcomes for individuals and professionals. For instance, there is some evidence that prisons implementing trauma-informed practices can experience decreases in violence towards staff and inmates, and improvements in inmates' mental health [1]. Furthermore, youth justice services implementing trauma-informed practices have seen better outcomes for children (Box 6).

Box 6: Enhanced case management, youth justice, Wales

Across England and Wales, the youth justice system (YJS) aims to take a positive strengths-based approach to divert children away from the formal criminal justice system and promote individual strengths and positive outcomes. In Wales, an enhanced case management (ECM) project was implemented to more effectively support children engaged in the YJS with complex needs, including experiences of ACEs and trauma. ECM aims to use evidence from across partners to understand what has happened to the child and identify their needs, strengths, and assets, to work with and support the child to achieve better outcomes. Following training for staff in the YJS on ECM, underpinned by trauma-informed practices and the trauma-recovery model, evaluation suggested improvements in: staff understanding of children's histories, provision of services, positive child-staff relationships, and child outcomes such as increased emotional-regulation and greater self-worth [2].

2.2 Primary interventions

2.2.1 Addressing societal norms and values through policies, legislation and strategies

Partners involved, e.g: local/national government; services; community/advocacy groups.

Policies, legislation, and strategies can aim to alter social norms, behaviours and environments that promote criminal justice and cross-cutting health and social issues. For example, legislation that criminalises violence (e.g. intimate partner violence, corporal/physical punishment of children), prohibits the carrying or use of weapons (e.g. firearms/knives) or controls narcotic drugs and psychotropic substances (outside of medical use), are enforced to act as a deterrent, aiming to shift social norms through highlighting the unacceptability of such behaviours, and enabling criminal justice and wider intervention. For example:

- The UN conventions on drug control provide an international framework for the control of narcotic drugs and psychotropic substances outside of medical use [44]. Whilst there is limited evidence on the effectiveness of drug laws, legislation sends a strong message about the acceptability of drug use behaviours across society.

- The UN Convention on the Rights of the Child (adopted by the UN General Assembly in 1989) promotes the elimination of corporal punishment and other cruel or degrading forms of punishment. Globally, by the end of 2022, 65 states had fully prohibited corporal punishment, and 27 had committed to reforming their laws to achieve a complete legal ban. However, only 14% of the world's children are fully protected by law from all corporal punishment, and in 15 states corporal punishment is not fully prohibited in any setting [45].

- Various international laws and policies aim to prevent and intervene in violence against women and girls, including intimate partner and sexual violence. However, there is variation in implementation and enforcement of such legislation across countries [46, 47].

- Firearms laws are associated with reductions in crime and violence; however, evidence is weak and lacking in some regions [11, 48].

- Wider public health policies and legislation also have the potential to prevent crime (e.g. alcohol price and availability; Box 7).

Box 7: Alcohol price and availability

Increasing the price of alcohol and restricting its availability are two of the most effective strategies for reducing harmful alcohol use in the general population [49, 50]. These types of restrictions have also been shown to have a strong impact on reducing crime, violence, drink-driving, road traffic incidents and injury [11, 51].

Across some countries, policies, legislation, and strategies have been developed and implemented to promote and enforce the implementation of multi-agency preventative approaches to cross-cutting public health and policing issues. For example:

- In England, in 2018, the College of Policing, Public Health England, the National Police Chiefs' Council (NPCC) and other partners signed up to the Policing, Health and Social Care consensus. The consensus provided a framework for the police, health and social care and voluntary and community services to work together to improve people's health and well-being, prevent crime and protect vulnerable people [52].

- Since 2019, the United Kingdom Government have consulted on approaches to preventing and responding to serious violence, with consultation showing clear support for adopting a multi-agency public health approach to prevention. Subsequently, as part of the 2022 Police, Crime, Sentencing and Courts Act, Government have developed a Serious Violence Duty that requires the police and specified partners (criminal justice agencies, local government, fire and rescue, health authorities and others as relevant, e.g. education) to work together to assess the nature, extent and risk (and protective) factors for serious violence locally, and to produce and implement a multi-agency strategy to respond to those local issues [53] (see Section 2.1 for examples of whole system public health approaches to preventing and responding to violence).

2.2.2 Parenting and home visitation programmes

Partners involved, e.g: health and social care; local government; third sector; support services.

A public health approach would include a suite of interventions to address vulnerability at different stages of the life course. Thus, a whole system early intervention crime reduction approach would include early life interventions which have the potential to have longer term impacts on, and cost savings for, criminal justice, and public health agendas. This includes **parenting programmes** that aim to improve child development, and strengthen families and parenting practices such as:

- **Parenting education programmes**, aiming to prevent specific problems such as harsh discipline and abusive head trauma; or,

- **Home visitation programmes** that aim to develop positive parenting practices, promote a safe home environment, and improve family support.

Parenting programmes are associated with reductions in child maltreatment and child injuries and associated risk factors (e.g. abuse and neglect, violence by children in later life, and domestic violence between parents) [11, 54]. Given the strong links between exposure to ACEs (including child maltreatment) and increased risks of engagement in crime and violence in youth and adulthood (Box 8), preventing ACEs and strengthening families is critical to intervening early to address crime and a wide range of health and social issues [54]. Further, joined up approaches between police and multi-agency partners could include police being a source of referrals into early intervention programmes, helping vulnerable families get the support they may need and thereby reducing future policing demand.

Box 8: Relationship between ACEs and cross cutting public health and criminal justice issues

A meta-analysis of studies examining associations between ACEs and health and well-being outcomes in adulthood shows that, compared to those who experienced no ACEs, those who suffered four or more ACEs are [55]:

- 4 times more likely to experience poor mental health.
- 5 times more likely to use illicit drugs.
- 5 times more likely to report problematic alcohol use.
- 7 times more likely to be a victim of violence.
- 8 times more likely to be a perpetrator of violence.
- 10 times more likely to report problematic drug use.
- 30 times more likely to attempt suicide.

Experience of ACEs also increase risks of engagement with the criminal justice system. For example, in Wales, compared to those experiencing no ACEs, those with four or more are 20 times more likely to have been incarcerated at any point in their lifetime [14, 21]. Correspondingly, those engaged in the criminal justice system report higher levels of exposure to ACEs, compared to the general population [56, 57]. A study of Welsh prisoners found that 80% reported at least one ACE, and nearly half had four or more ACEs; and those with four or more ACEs were four times more likely to have ever served a sentence in a young offender institution (YOI) than those with no ACEs [56]. Another study examining reports of ACEs in case files of children and young people (aged 10-18) engaged in a youth offending service in England found that 91.5% had at least one ACE, and 55.1% had four or more (compared to 47.9% and 9% of adults nationally) [57].

2.2.3 Provision of education and opportunities to develop life skills

Partners involved, e.g: education; third sector; support services; local government; police; safeguarding; health and social care; housing; family support.

Training on early intervention and preventative approaches

Provision of education and training to professionals can help to equip them with the knowledge, skills, and confidence to adopt and implement early intervention and preventative approaches. It can also support the translation of legislation and policy into practice (see Section 2.1.1) and address cultural norms that may prevent the implementation of such approaches and support whole system change (see Section 2.4). Training can cover various cross-cutting topics, including:

- **Trauma-informed practice training (including adverse childhood experiences [ACEs], sexual and intimate partner violence [IPV])**, which aims to raise awareness of the impacts of trauma across the life course and how trauma can affect behaviours, and to support and encourage trauma-informed ways of working to enable multi-agency partner agencies to better support the people they serve. Specifically for sexual and intimate partner violence, training can also address myths that perpetuate violence and increase trainees' understanding of how trauma may manifest in victims/survivors, and their readiness and confidence to positively intervene, reducing risks of retraumatisation [58, 59]. Training for

police, health, support services and other partner agencies has been rolled out in several countries and has been associated with improvements in trainees' knowledge and attitudes (United Kingdom [60, 61]; USA [59, 62-64] (e.g. see Box 9 ACE-TIME, Wales). In the USA, a randomised controlled trial found that trauma-informed practice training for police focusing on sexual violence was effective at improving police perceptions of victims, and knowledge of laws and trauma-informed practices for sexual assault investigations [59].

Box 9: ACE-TIME Training, Wales [60]

In Wales, as part of a whole system response to vulnerability and to enable early intervention and prevention across police and multi-agency (e.g. education, safeguarding, health and well-being, housing, family support), a one-day training programme focusing on ACEs and trauma-informed practice was developed and implemented with frontline police officers and practitioners from partner organisations. The training aimed to increase awareness of ACEs, related trauma, and impacts across the life course; enable individuals to respond competently and confidently using an ACE-informed approach; and support a whole system approach to prevent and mitigate ACEs. Evaluation of the training found that it developed police and partners' understanding of ACEs and their impact, as well as confidence in working with vulnerable people and those who have experienced ACEs.

- **Harm reduction training to prevent and respond to health-risks (e.g. HIV, drug overdose),** which aims to raise awareness of policing practices and wider partner (e.g. health) to reduce harm and maintaining occupational safety. Such training may include drug-related overdose recognition and response (see Box 10), safe drug use/needle exchange programmes, and preventing the spread of viruses/infections such as HIV. For example, in Kyrgyzstan, training was provided to police cadets and officers to enhance the role of police in preventing the spread of HIV. Training topics covered included HIV prevention science, policy, and occupational safety. Engagement in the training was associated with an increase in police officers referring individuals to public health organisations, improved occupational safety

Box 10: Use of Naloxone to respond to opioid/opiate-related drug overdose

Naloxone is an opioid antagonist, which if administered immediately following an opioid overdose, can be an effective tool to reduce the likelihood of opioid-related mortality. The use of Naloxone to temporarily reverse the effects of opioid overdoses is increasing across various countries and settings (e.g. first responder, pharmacy/healthcare, community). Training programmes often target community members at risk of, or who may be a witness to overdose, and focus on how to recognise the signs and symptoms of an overdose and respond appropriately, including administering naloxone [66]. Evidence suggests that community distribution of Naloxone may be an effective and cost-effective intervention [67-72].

Scotland was the first country to introduce a national Naloxone programme, including operational police, partner agencies and community members being trained and equipped with intra-nasal Naloxone Kits to help people who have experienced a suspected opioid-related overdose. Whilst findings from studies are mixed, there is some evidence that the programme has reduced drug-related overdoses in adults in the four weeks following prison [3, 4, 68].

knowledge, and reductions in intentions to confiscate syringes [6].

- **Crisis and mental health intervention training,** which aims to improve the interactions between police and those with a mental illness, enabling them to provide better support and referral and reduce inappropriate arrests, use of force and injury (e.g. Box 11). Evidence suggests that crisis and mental health intervention training for police officers and staff can have positive outcomes for trainees, including personal satisfaction and self-reported reductions in use of force. However, there is little or mixed evidence on its impacts on reducing arrests, officer or client injury, or use of force [11, 65].

Box 11: The Crisis Intervention Team (CIT) model, West Africa [73]

The Crisis Intervention Team (CIT) model aims to build alliances between law enforcement and mental health communities and includes a 5-day (40 hour) training programme for law enforcement officers, mental health clinicians and advocates, and those with lived experience. Training covers mental illnesses commonly encountered by police (e.g. depression, psychosis, substance use disorders, posttraumatic stress disorder [PTSD]); suicide and violence prevention; review of the mental health referral process and local resources; and verbal/non-verbal communication and verbal de-escalation. Engagement in training has been associated with improvements in trainees' knowledge and attitudes, both immediately and nine months post-training.

Education-based programmes for children and young people

Educational settings such as schools and colleges can provide an opportune environment for multi-agency partners to build positive relations with children/young people and their caregivers, identify needs, and implement interventions that help to prevent harm. School and college-based programmes play a key role in teaching children and young people about violence/crime and providing them with opportunities to develop life skills that may protect them from harm. For instance, implementation of **social skills training for school-aged children** has been associated with decreased engagement in anti-social behaviour (a risk factor for engagement in crime during youth and adulthood) [11] and an increase in self-regulation [74]. Programmes target children and young people aged 4-18 years and involve the delivery of a structured set of sessions addressing social and psychological risk factors for anti-social behaviour (e.g. self-control, problem solving, and prosocial interaction). Evidence suggests that impacts are strongest for those who have already exhibited some behavioural problems, and amongst children with multiple risk factors [11].

Other programmes focus on preventing bullying and intimate partner/dating and sexual violence. For example, **school-based intimate partner/dating violence prevention programmes** aim to raise awareness of the importance of healthy, supportive, and caring relationships, and signs of manipulative, controlling, and abusive intimate partner/dating relationships. Programmes can also use bystander approaches to provide young people with the skills to intervene to challenge harmful social norms and behaviours in their peers. Evidence suggests that such programmes can be effective in preventing intimate partner violence perpetration [75, 76].

Building positive interactions between children and young people (and parent/caregivers) and the police is key to building trust and legitimacy, educating people about the law, and supporting compliance. Further, **police may provide a supporting role to schools to promote factors that prevent engagement in crime and disorder and support health and well-being**. Whilst evidence is limited, several studies suggest that involvement of the police in school-based programmes can have positive impacts for universal and targeted programmes. For example:

- Across England and Wales, a randomised control trial found that **police-delivered education on drugs and the law** to children (aged 13-15 years) in school settings significantly increased young people's trust in police fairness and their knowledge of what 'intent to supply' meant compared to both the control and teacher conditions. Effects remained significant ten weeks post-intervention [77].

- In the USA, a **structured in school police-youth engagement programme** aimed to promote positive youth development through enabling children to work collaboratively on community projects with the police. A randomised controlled trial found that the programme promoted youths' positive values, positive identity, empowerment, and social conscience [78].

- In Australia, a **police-school partnership sought to reduce truancy and increase students' willingness to attend school** through a family group conferencing approach to: identify psychosocial issues contributing to the young person's truancy; raise awareness of truancy laws; and create an action plan to support families' efforts to re-engage the student with school. A randomised controlled trial found significant reductions in absenteeism and increase in student reported attempts to go to school more often [79].

- In the USA, a **school-arrest diversion programme aimed to reduce school-based arrests, serious behavioural incidents, and recidivism** through offering eligible youth (those accused of minor school-based offenses) voluntary community-based services in lieu of arrest. Evaluation found that the annual number of school-based arrests declined by 84% and the number of serious behavioural incidents declined by 34% following programme implementation. Whilst diverted youth demonstrated less recidivism than arrested youth in the two years following their initial incident, significant differences no longer remained after comparing to a control group. However, diverted youth were less likely to experience suspensions and permanent exclusions post-incident, compared to matched controls [80].

2.2.4 Sports and physical activity programmes for children and young people

Partners involved, e.g: third sector; education; support services; local government; police/justice.

Sports and physical activity programmes for children and young people can be used to divert them from engagement in anti-social behaviour or crime. Programmes are often structured and target the general population to promote protective factors, those at-risk of anti-social behaviour or crime to divert them away for such behaviours (secondary prevention), and those who have already committed crime to reduce reoffending (tertiary prevention). They aim to protect children and young people by connecting them with positive peer groups and influences, enabling them to take

risks and develop social and wider skills in a safe environment, and improving their physical and mental health. They also provide an opportunity to engage children and young people in other interventions (e.g. mentoring[3]), and to connect them with wider support services (e.g. mental health or drug and alcohol support services), whilst reducing the time they are exposed to negative influences. There is some evidence to suggest that such programmes may reduce crime, violence and aggression and promote mental health and respond to other behavioural difficulties [74]. Whilst programmes are often delivered by third sector or education partners, police and multi-agency partners can have a key role in such programmes for example by identifying areas which may benefit from them, referring children and young people into them, and providing financial resources for programme implementation.

2.2.5 Situational crime prevention and monitoring behaviours to improve safety, and reduce crime and associated risk factors

Partners involved, e.g: police/justice; local government; community safety; public health.

Interventions by criminal justice and other partners (e.g. local government, community safety) that aim to directly improve the safety, health and well-being of individuals and communities can have various benefits. Adapting the environment to reduce crime and associated risk factors is referred to as situational crime prevention [81]. This approach focuses on the setting in which crime occurs, rather than on those committing specific criminal acts, by managing and changing the environment to reduce opportunities for crime to occur [82], identifying criminogenic design features, and offering remedial advice [83]. Interventions to improve community safety through modifying the environment (e.g. **physical barriers restricting access to residents only, street lighting**) have been associated with significant reductions in crime and disorder [84]. Other approaches to monitor the environment to improve safety and reduce crime include **CCTV and camera programmes** (e.g. speed or red-light cameras) and these are associated with significant reductions in crime and disorder [84], and injury [85, 86]. For example:

- A meta-analysis of the installation of alley gates, to restrict access to areas (e.g. alley ways between residential properties) to residents only, found that they are associated with 43% fewer burglaries [84].
- A meta-analysis of red-light camera programmes found that they led to a 20% reduction in injury-related crashes [85].
- A systematic review found that speed camera programmes were associated with an 18% reduction in collisions resulting in injury, and 21% reduction in severe and fatal collisions [86].

Breath tests, which involve the police randomly or selectively stopping drivers to assess their level of alcohol intoxication and impairment, aim to prevent drink-driving and related injuries and deaths by

[3] Mentoring programmes connect children and young people with a mentor, who aims to develop a trusting relationship with them, be a positive role model, and help them develop life, social and communication skills, as well as providing other support as needed. Such programmes are associated with preventing young people's engagement in crime and violence and are likely to have other positive impacts on substance use, behavioural issues, education attainment and self-esteem [54].

deterring drink-driving and increasing the chance of offenders being caught. There is strong evidence that sobriety or drink-drive stops can reduce alcohol-related injuries and crashes [11].

- A systematic review reported that for every 100 crashes, an average of 14 crashes were prevented with the use of sobriety checkpoints [87].

2.3 Secondary interventions

2.3.1 Sports and physical activity programmes for those at-risk of offending

Partners involved, e.g: education; third sector; support services; local government; police/justice.

Sports and physical activity programmes for children and young people can be targeted towards those at-risk of anti-social behaviour or crime to divert them away for such behaviours. There is strong evidence to suggest that such programmes can reduce crime, violence and aggression and promote mental health and respond to other behavioural difficulties [74]. See 2.2.4 for further details.

2.3.2 Strengthening families programmes

Partners involved, e.g: local government; health and social care; third sector; support services; police/justice.

Programmes to support and strengthen families can be targeted towards those at risk of or exposed to a range of health, social and criminal justice issue (e.g. parenting programmes, see Section 2.1.4). For example:

- In the USA and other countries, the Strengthening Families Program, targeted towards at-risk families, aims to develop parenting skills, children's social skills and family life skills. Parent sessions can include alcohol/drug relapse prevention, family relationships, parental supervision, communication, and use of positive reinforcement. Child sessions include problem-solving and coping skills. Evidence suggests that it is effective in improving positive parenting and parenting efficacy, and reducing child mental health problems, delinquency and substance abuse [88].

- In the United Kingdom, the Troubled Families' Programme aims to provide intensive support to families experiencing multiple complex issues such as school absenteeism, anti-social behaviour, unemployment, mental health problems, domestic abuse, and crime. Delivered by local government via a multi-agency partnership approach to addressing and supporting the families, the programme has been shown to have a positive impact on offending outcomes, particularly for families with a recent criminal history and for those who were involved with children's social care in the year prior to participating in the programme [89].

Therapeutic foster care aims to provide a safe structured environment to promote prosocial and emotional skills for children and young people who cannot live at home (usually due to behavioural issues) [11]. Trained foster carers provide support with intensive monitoring of the child or young person at home, school, and in other settings. Evidence suggests that such programmes can reduce young people's engagement in anti-social behaviour and crime, and number of days in secure settings (e.g. detention, correctional facilities, and prison) [11].

2.3.3 Approaches to identify, protect and safeguard vulnerable persons

Partners involved, e.g: health and social care; third sector; support services; police/justice; probation; education.

Children; individuals who have a mental or physical disability, disorder or impairment; or who are experiencing harms (e.g. violence, abuse and exploitation) may be vulnerable and require protection or safeguarding support from police and services such as health and social care [90].

In the United Kingdom, various **multi-agency approaches to identify, safeguard, and support vulnerable people** are implemented enabling partners to safely share information on those at risk of or experiencing harm, and to provide a joint response that is person or family-centred and aims to meet a range of complex needs. Such approaches may involve the immediate and direct sharing of information between services to support vulnerable people (e.g. children exposed to intimate partner violence, see Operation Empower, Box 12); multi-agency meetings, where high-risk cases are discussed, and responses developed (e.g. Multi-agency risk assessment conferences); or teams/hubs where individuals or families with multiple and often complex needs can be referred to access support (e.g. Multi-agency safeguarding hubs).

Given the demand placed on police forces to safeguard and protect vulnerable people, various approaches have been developed to increase the identification of those with safeguarding needs, provide an appropriate response, and effectively support and/or refer them to wider services. Ensuring police staff and officers (and wider partners) are **trained in vulnerability, safeguarding, and trauma-informed practices** (see Section 2.2.3), and that police forces have dedicated **protection and safeguarding teams or departments** supported by police or government **policy and resources,** are key approaches implemented across various countries. For example:

- In the United Kingdom, various national policies ensure that protecting and supporting vulnerable people forms part of the duty of the police, and many police forces are implementing models to develop and implement trauma-informed practices as part of a multi-agency whole system approach (see Section 2.1). Police forces have **specialist public protection units/teams** who review and manage safeguarding notifications submitted by police officers and staff, and if appropriate refer safeguarding notifications to wider services (e.g. child and adult social services, multi-agency safeguarding partnerships). These receiving services will then implement a risk assessment to determine if and what type of support is needed, with a care and support plan implemented as relevant. In Wales, across one local authority area, a study found that over half (57.5%) of police safeguarding notifications (n=3,466) were referred to social services yet only 4.8% received social service input (e.g. social worker intervention), suggesting differences in vulnerability-related risk thresholds across the services [91].

Using police call-handling systems to **'flag' vulnerable households or people** can raise awareness of the protection and safeguarding needs of individuals or households engaging with the police, particularly those with repeat engagement. 'Flags' can highlight mental health needs, experience of violence, or abuse such as domestic or intimate partner violence, and other safeguarding concerns.

These alerts are intended to ensure police can provide an appropriate response, and that repeat victims are identified as soon as possible. However, evidence on their impact is limited, and one study suggests that use of mental health flags may disadvantage those who are flagged [92].

Box 12. Operation Encompass, United Kingdom [93]

Across England and Wales, most police forces implement Operation Encompass, a partnership between the police and educational services to support children exposed to or involved in intimate partner violence. When police have attended an incident of intimate partner violence where a child has been exposed to or involved in the incident, they will share relevant information with the child's school safeguarding lead before the start of the next school day. The purpose of this information sharing is to enable school staff to better understand the child's home experiences, any changes in the child's behaviours and schoolwork, and provide immediate support as relevant to the child's needs. Participating schools are invited to attend training that includes the impact of intimate partner violence on children and families, and how children can best be supported, helping staff to understand and support the child from a trauma-informed perspective, rather than perceiving any changes in them as problem behaviour. Whilst reports by programme developers suggest that it has been effective in enhancing staff skills, information sharing and multi-agency working, and identification of children who may need support [94], it hasn't been independently evaluated.

2.3.4 Crisis intervention models

Partners involved, e.g: police/justice; health and social care.

Police are often the first responders to mental health crises and situations can sometimes escalate to create a situation which requires significant police involvement [95]. The approach taken by police when dealing with a person in crisis can have a significant impact on how these encounters are resolved. Crisis Intervention Models and Co-responder Models are two approaches often implemented to enhance the role of police in responding to mental health crises. Crisis Intervention Models involve training police to enable them to provide better support and referral and reduce inappropriate arrests, use of force, and injury (see Section 2.1.2). Co-responder models involve specially trained police and mental health teams working in partnership to jointly and more effectively respond to people in mental health crisis and avoid unnecessary incarceration or hospitalisation [96]. By delivering a collaborative response, either in person or remotely from a control room [97, 98], teams of police and mental health workers provide direct and immediate support, bringing together skills to manage immediate risks for all involved (e.g. de-escalation of violence, preventing risks of injury), whilst ensuring those in crisis receive timely, appropriate and effective support, and reducing pressure on police and wider partner demand. Co-responder models have been implemented across a range of countries, but primarily, in Canada, Australia, the United Kingdom, and the USA [99]. There is some evidence that co-responder models may be more acceptable to service users than a standard response [100], and that they can reduce pressure on the justice system (e.g. through reduced arrest and on-site handling time) [91, 100]; however

evidence is mixed, and there is limited evidence on other impacts (e.g. crisis escalation or injury rates) [91].

Increasing, due to the huge impact mental health crisis places on policing demand and the importance of ensuring people receive the most appropriate response and support, there are debates about whether police should be involved in responding to all mental health crises where there is no crime committed and no threat to safety. In England in 2023, to ensure patients receive the most appropriate care and reduce pressures on police, a new national agreement was signed between police and health to ensure that patients with mental health crisis receive the right care by the right person and are thus treated by the most appropriate agency. Further, where police may be the first responder, the agreement aims to ensure that patients are handed over to appropriate health staff in a timely manner [101].

2.3.5 Police-led diversion programmes

Partners involved, e.g: police/justice; third sector; support services.

Police-led pre-charge or pre-court diversion programmes provide an alternative to proceeding through the youth and criminal justice system for those with no or little prior involvement, particularly children and young people. The police divert individuals away from traditional criminal justice procedures by imposing alternative sanctions, and/or referral to wider support services to meet their needs (e.g. support for substance use), or restorative justice. Diversion can occur at the point of arrest or prior to charges being made and evidence suggests that such programmes can be effective at reducing reoffending [102]. For example, amongst children, evidence suggests that pre-court diversion can reduce reoffending, with greater impacts for children aged 12-14 compared to those aged 15-17 years [74].

- In England and Wales, children can be diverted at point of arrest and referred to Youth Justice Services or other support services to avoid criminal justice processes entirely and access relevant support to prevent reoffending and address complex needs. Further, out of court disposals may include community resolution, a police caution (i.e. a warning) or conditional caution (where the individual must complete an assessment of their support needs and participate in relevant interventions aiming to address these needs).

2.4 Tertiary interventions

2.4.1 Restorative justice

Partners involved, e.g: police/justice; third sector.

Restorative justice can be implemented throughout the criminal justice process to enable direct or indirect communication between victims and offenders. The process aims to support victims/survivors to obtain justice and for offenders to take responsibility for their actions, improving victim satisfaction with the criminal justice process, and reducing reoffending. Evidence suggests that restorative justice can have a moderate impact on preventing reoffending [11, 74].

2.4.2 Pulling levers/focused deterrence programmes

Partners involved, e.g: police/justice; local government; third sector; support services.

Focused deterrence programmes recognise that a small number of people are responsible for most crime and aim to identify, target, and engage with these individuals, developing a range of support options (e.g. training and employment, support to reduce substance use) to deter them from offending behaviour. A review of focused deterrence strategies shows significant reductions in crime, with the strongest decreases found in programmes aimed at reducing serious violence related to gangs/criminal groups [103].

2.4.3 Court based diversion programmes

Partners involved, e.g: police/justice; third sector; support services.

For those proceeding through the court system with alcohol or drug issues, courts can offer alternative options to sentencing to support the individual to address such issues, and thus prevent reoffending. For instance:

- **Drug courts** can provide an alternative option to progressing through traditional court systems. They provide a package of supervision, support, and punishment to help the person to progress through the system and address their drug issues. Evidence-based studies from the USA suggest that they can be effective in reducing reoffending [11].

- **Car breathalyser locks** are a specific intervention that can be imposed as part of sentencing to prevent drink-driving and associated harms such as alcohol-related crashes, injury, and mortality. The lock prevents the operation of a car without the provision of a breath specimen with an acceptable breath alcohol concentration. Evidence suggests that whilst installed, car breathalyser locks can reduce drink-driving reoffending [11].

2.4.4 Programmes for offenders to prevent reoffending and further harm

Partners involved, e.g: police/justice; health and social care; third sector; support services.

Various programmes aim to prevent offenders from reoffending and causing further harm. Such programmes are often implemented within criminal justice settings, particularly for perpetrators of intimate partner violence, and include cognitive behavioural therapy (CBT), psychoeducation, and wider holistic approaches such as motivational interviewing, mindfulness, and acceptance and commitment therapy [104]. Whilst evidence on such programmes is inconclusive [105], there is evidence that some programmes may be effective in reducing reoffending through increasing perpetrators' motivation to change and subsequently supporting engagement in and the success of treatment programmes (e.g. motivational interviewing [11]); and by working with offenders to build cognitive skills and restructure thinking (e.g. taking responsibility, developing victim empathy) (e.g. through CBT [11]). Electronic tagging of offenders is another approach used to prevent reoffending by monitoring offenders and placing restrictions on their movements. Whilst evidence is limited, studies from the USA suggest that electronic tags for sex offences can reduce reoffending [11].

Another approach to preventing reoffending and wider harm includes programmes to mitigate the impact of parental incarceration. These programmes involve the provision of specific prison facilities for parents and children to continue parent-child relationships, such as prison nursery programmes, and parenting programmes to support the development of parenting skills and child development. Whilst it is unclear if they are effective in improving parenting skills/behaviours, parent-child relationships, and maternal well-being [106], prison nurseries can support positive adaptation in young children in the areas of attachment and development/behavioural outcomes [106-108]. Further, post-release, mothers are more likely to retain custody of children and have less recidivism [106, 109]. Similarly, community residential facilities offer structured, secure environments where mothers can live in the community with their children, and often also include a parenting component as well as targeted support for those with co-occurring mental health and substance misuse issues. Although evidence is currently unclear, early findings suggest these programmes may be effective in reducing both parental reoffending and future child offending [110]. Other non-custodial alternatives implemented in some countries include suspended sentences for mothers until their child is of a certain age, or a ban on the imprisonment of pregnant women who meet certain conditions [111].

2.4.5 Sports and physical activity programmes for offenders

Partners involved, e.g: education; third sector; support services; local government; police/justice.

Sports and physical activity programmes for children and young people can be targeted towards those who have already committed crime to prevent reoffending. There is strong evidence to suggest that such programmes can reduce crime, violence and aggression and promote mental health and respond to other behavioural difficulties [74]. See 2.2.4 for further details.

3. Key considerations for implementing early intervention and preventative policing

Key facilitators and barriers to implementing early intervention and preventative policing	
Facilitators	**Barriers**
• Strategic and leadership support and investment (funding/resources) within and across agencies • Workforce development and representation • Partnership working • Building community relations and gaining public support	• Lack of strategic, management, or workforce support • Lack of trust in and fear of the police • Defining, measuring, and achieving prevention outcomes • Community characteristics and assets • Police staff capacity and turnover • Lack of multi-agency support/working • Competing priorities

3.1 Facilitators

Evidence suggests that several factors can facilitate the implementation of early intervention and preventative approaches to policing. This includes developing political and cultural support for these approaches, workforce development through training and diversification, and activities to enhance partnership working and build community relations.

3.1.1 Strategic and leadership support and investment within and across agencies

Strong leadership promoting and facilitating the implementation of early intervention and preventative approaches to early intervention is vital. This can include Governments developing policy, guidance, and legislation that provides the framework for national and local implementation of public health approaches to preventing harms that cross the public health and criminal justice landscape (e.g. United Kingdom, Box 13). National and local leadership can facilitate culture change, and influence policing and multi-agency partner priorities and resource allocation [112]. Developing and implementing standardised approaches can provide the police with guidance on their role and responsibilities [113-115]. This will also allow partnerships to strengthen and develop by designating clear roles for both the police and their partners [113]. Having dedicated policing and multi-agency investment, and pooled budgets/finances, to focus on and implement prevention approaches is also critical to enabling implementation and facilitating impact [43, 116-120]. For example, having dedicated resources to enable and increase community policing and build community trust and confidence can facilitate the gathering of information to prevent crime and disorder [119], and systems to develop, implement, and sustain multi-agency data sharing and analyses (e.g. see Box 4).

Studies examining multi-component interventions to prevent sales of alcohol to intoxicated patrons also illustrate the critical role of dedicating police resources to prevention activity (see Box 5).

Box 13: Development of Government policy to adopt early intervention and public health approaches to policing (England)

Research on policing demand in England by the College of Policing (2015) [8] showed that 83% of all police calls were for incidents of a non-criminal nature, with many relating to issues involving vulnerability and complex social needs. Further, between 2-20% of all police incidents were related to mental ill-health, which is likely to have become an increasing issue for police in recent years given increasing demand for mental health support and limited access to specialist mental health services, particularly among young people [8, 121].

In 2016, the Policing Vision 2025 was published, setting out priorities for reform and shaping decisions about use of police resources. It recognised the need for policing environments to adapt to respond to increasingly complex challenges of crime and disorder, and to meet the needs of communities, whilst utilising a limited set of resources [122]. The Vision set out the mission of preventing crime and anti-social behaviour while protecting communities and particularly vulnerable people, aiming to achieve this through proactive policing and partnership working. Other key tenets set out in this preventative approach to policing included developing an understanding of vulnerability and cohesive communities, improving data sharing, evidence-based practice, and whole system approaches. These components are firmly set within an early intervention and public health approach to policing.

In 2018 the *Policing, Health and Social Care consensus* provided *"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 well-being, prevent crime and protect the most vulnerable people"* [123]. It detailed a joint commitment to embedding a system-wide preventative approach which tackles the root causes of problems to improve health, well-being, social, and offending outcomes, whilst also reducing inequalities. The consensus supports and is supported by various strategies and legislation to adopt and implement early intervention and preventative approaches, such as multi-agency data sharing (e.g. Serious Violence Duty) and development of Violence Reduction Units (see Box 5).

3.1.2 Workforce development and representation

Training for police staff (and multi-agency partners) has been shown to develop their knowledge, attitudes, and skills (and confidence) (see Section 2.1.2). The focus of training can vary from broad topics relating to all aspects of policing activity (e.g. trauma-informed practices) to those focused on specific interventions (e.g. restorative practice [124]; use of naloxone to prevent drug overdose [125]; needle exchange [126]; use of risk assessment tools [127]), and it can be delivered in-service or by external agencies. Training of police staff is often identified as one of several factors that can support implementation of prevention approaches [127, 128]. Across England and Wales, the College of Policing have developed a professional framework for training all police officers and staff

(i.e. Policing Education Qualifications Framework), to ensure they are sufficiently skilled and prepared for their complex role [129].

Ensuring the police understand the needs and experiences of communities is vital. Recruiting ethnic minority and female officers can help to improve representation and diversity within the workforce, thus facilitating engagement with ethnic and minority groups, building police legitimacy and trust, and enhancing communities' perceptions of the police [130].

3.1.3 Partnership working

Positive and effective relationships between the police and key partners/stakeholders can facilitate the implementation of early intervention and public health approaches to policing through positive communication [131] and sharing of knowledge [132] and evidence [133]. In various countries, multi-agency data sharing systems have been established to enhance understanding of cross-cutting issues such as violence and to inform the implementation and monitoring of prevention programmes (see Box 4). Data sharing is vital to effectively understanding the extent and nature of an issue and key risk and protective factors, to inform and target prevention activity, and to monitor and evaluate impact [22, 23, 134]. Additionally, multi-agency data sharing can assist the implementation of a public health approach to policing by identifying need, intervening early and preventing duplication of referrals and interventions [133].

3.1.4 Building community relations and gaining public support

Positive relationships and regular communication with the community develops mutual trust [33, 135-138] which may facilitate the sharing of information and intelligence [139, 140]. There are several methods to achieve this, including regular meetings with the community to build rapport [137, 141], having a presence in the community [142], dedicating time to building relationships [142, 143], and being flexible to meet the needs of the community [138, 144]. The community can indirectly support the police to prevent crime by engaging in protective behaviours [145], or directly by acting as a partner to the police [31, 267]. In the United Kingdom, community engagement in the form of PCSOs has also been recognised as playing a vital role [146, 147]. PCSOs provide visible, on foot patrol in local communities to reduce the demands for police and provide reassurance to the public through having a greater presence in the community [146]. They have a positive contribution in terms of public reassurance, crime prevention, and intelligence-gathering [146].

3.2 Challenges

Despite significant progress in developing and implementing public health approaches to policing, several key challenges to implementation have been raised in the literature. This includes a lack of support on a strategic, management and workforce level; a culture of 'crime fighting' in police; public distrust and fear of the police; difficulties measuring and achieving success; community characteristics and assets; workforce capacity and staff turnover; lack of multi-agency support/working; and competing priorities.

3.2.1 Lack of strategic, management or workforce support

A lack of policy, legislation, and defined guidelines outlining the role that police should play in prevention is an established barrier to implementing early intervention and public health approaches to policing, due to shifting political priorities and lack of capacity [114, 133, 148-150]. Such omissions can foster cultures that view the police as operating outside their remit when working preventatively [133] which may lead to resistance to change. Further, changing priorities across Governments towards performance management and crime detection may take the police away from prevention activity. A lack of resources and personnel is consistently reported as a challenge to implementing preventative approaches [33, 79, 114, 145, 151, 152]. Where resources are already limited, there may be concerns about competing priorities and taking resources away from other parts of the police (e.g. investigative units [79, 151]).

Occupational cynicism and police attitudes asserting that prevention is a waste of time, and that policing is about ‘crime fighting’, presents a significant challenge for embracing the values of a public health approach [12, 32, 131, 148, 153], particularly if present at a managerial level [32]. Managerial resistance raises particular concern as it impedes the implementation and embedding of a programme [32, 131]. Attitudes such as a belief that people can control their circumstances in life, that people who engage in crime have done so with wilful intention, and that punitive approaches are the only or best approaches for addressing crime can hinder preventative approaches [153].

From a front-line perspective, resistance to working preventatively can stem from a lack of knowledge, capacity, and willingness to change [32]. Limited knowledge and understanding of community/neighbourhood police work for example among key stakeholders and frontline officers has been cited as a barrier to implementation [152, 154, 155]. Resistance may also develop from a perceived lack of safety when responding to incidents or patrolling communities [139, 156]. For example, one US study found that police had safety concerns when administering and handling naloxone; however it was possible to overcome this barrier with education and training [157].

3.2.2 Lack of trust in and fear of the police

Unfavourable preconceived opinions, mistrust, and fear of the police by members of the community serve as a barrier to the implementation of a preventative approach due to difficulties cooperating and collaborating with the community [150, 158-161]. A lack of confidence in the ability of the police to respond to a call may result in fewer reports of crime [158]. Furthermore, such sentiments can result in individuals being less cooperative with, or less supportive of police in future interactions [159]. It is important to consider that trust and confidence in the police within minority groups may be diminished if they feel that their community is over-policed or is a target of policing action. This lack of trust will undermine consent, making cooperation more difficult [160]. Lack of trust and fear may be exemplified by police misconduct (such as stigma, stereotyping, and abuse of power) [157, 162, 163].

3.2.3 Defining, measuring, and achieving prevention outcomes

Measuring the impact of an early intervention and preventative approach is difficult [133, 148, 164]. Difficulties arise with a lack of data being collected and shared [133, 164], inappropriate outcome measures [133], and difficulty proving impact [133, 148]. Challenges determining appropriate outcome measures have been argued as likely to put a public health approach to policing at risk of being withdrawn due to an inability to justify the use of resources and prove effectiveness [133]. These concerns imply a need for evaluations that can measure short and medium-term indicators of realistic progress over time or across jurisdictions to demonstrate impact robust manner [133, 148].

3.2.4 Community characteristics and assets

Cultural and language barriers can impede effective communication with the community [135, 165] and may lead to a lack of social cohesion [135], thus hindering the development of trust and confidence - a significant factor in the success of implementing a public health approach to policing. This may include differential support for counter-terrorism policing activities across ethnic groups and different levels of trust across communities [166, 167]. One study suggested that minority groups may be profiled by the police as 'enemies within', rationalising the use of punitive measures against them, thus damaging the relationship between the police and minority groups [167]. In addition, collective efficacy may be diminished if police are perceived to be targeting particular groups for enforcement and treating suspects with disrespect [135]. Weak alliances between law enforcement and community members (also referred to as social distance) impair public health approaches and this social distance is perceived to be greater from minorities groups [166]. Diminished trust and confidence in the police can deter minority groups from calling or cooperating with them [167], and when officers perceive a weak partnership between themselves and a minority group, they may be less likely to establish relationships [166]. A strong police enforcement presence may also reduce collective efficacy by decreasing the perceived legitimacy of the police [135].

More unstable and complex environments can also limit the likelihood of a public health approach to policing being implemented, as agencies including the police may work more relatively to emerging issues [168]. The geographical location and size of the area can also be a consideration (132; 60), with geographic isolation presenting significant challenges to the development and sustainability of crime prevention initiatives [136]. Wider societal factors may present challenges for engaging with communities, and/or the success of interventions, particularly in areas that may lack community assets or resiliency. For example, those living in more deprived areas may be more likely to suffer from poverty, unemployment, poorer physical and mental health, low self-esteem and confidence, and poor educational attainment, which may hamper police engagement with these communities, and present additional considerations for programme implementation and success [150].

3.2.5 Police staff capacity and turnover

The increased demand associated with a public health approach to policing means limited capacity may impede the ability of police to implement the approach [148]. High turnover of staff also limits the continuity of a preventative approach, and in particular a high turnover of senior management

has been shown to hinder the impetus of dissemination and implementation [132]. High staff turnover also impacts on the sharing of information amongst inter-agency teams [113].

3.2.6 Lack of multi-agency support/working

There can be substantial challenges to multi-agency working, including low collaboration between police and partners. A lack of conceptual clarity and knowledge around a public health approach to policing by the police and partners limits partnership working [148, 152, 169]. Negative preconceived ideas of the police by partners can lead to a reluctance to cooperate, which may be attributed to differing views between the police and partners [169]. Consequently, the police become sceptical about the willingness of partners to cooperate with them, although this could also be attributed to previous negative experiences with the same partner [169]. This is important, as perceptions that partners are not valued by police leads to scepticism by partners [170], thus leading to a cycle of poor partnership work. This demonstrates the interrelatedness of the challenges of multi-agency work, and that as soon as one element of the partnership is weakened, there may be an indirect effect that further deteriorates the relationship.

Challenges preventing effective information sharing between organisations have been evidenced [148, 152]. For example, unwillingness to share information; conflicting interests, priorities, and cultural assumptions on the part of different agencies; local political differences; lack of inter-organisational trust; desire to protect budgets; lack of capacity and expertise; and overreliance on informal contacts and networks, which lapse if key individuals move on [148, 152]. A lack of knowledge surrounding a public health approach to policing also hinders information sharing. These inconsistencies impact the willingness of other partners to share information due to feelings of resentment when other partners are not putting in the same effort [171].

3.2.7 Competing priorities

Misaligning priorities between the police and wider stakeholder is an important barrier in that it prevents efficient partnership work. Varying priorities between the police and the community have been considered a point of friction, where what matters to the community is not a priority for the police [119]. This conflict may diminish the communities trust and confidence in the police.

Agency-level barriers exist in relation to competing interests [32, 172, 173]. Competing responsibilities and changes in priorities impede implementation as senior staff rotate positions [172]. It is important to recognise that differing priorities within the organisation will always exist as departments which are primarily focused on charges and convictions, may have targets which conflict with taking a public health approach to policing. The same issue is experienced outside of the force, between the police and their partners. Competing priorities, processes, and structures can prevent effective partnership work, thus hindering a public health approach to policing [79]. This can occur where the economic costs of preventing or investigating crime are not justified by partners [173]. However, this barrier could be overcome by engaging stakeholders to raise awareness and develop a sense of collective responsibility around the existing problems and possible solutions [172]. Further, competing interests between the government and the police may mean that interventions are halted by a lack of political support [11, 149].

4. The case for investing in early intervention crime reduction

Multi-sectoral partners are increasingly collaborating at local, national, and international levels to address and prevent shared concerns about the causes and impacts of crime. Crime is recognised as a societal problem, and preventing and reducing crime, violence, and associated factors, and protecting people, families, and communities are key targets in the United Nations 2030 Sustainable Development goals (Box 1). Changing the way police forces and multi-agency partners prevent and respond to crime is critical. Demand for police services has changed over time and police may struggle to accommodate rises in demand alongside managing restricted or limited resources [174, 175]. Further, it is acknowledged that a large amount of the demand for police services may be outside of what is considered 'traditional police business', for example in a United Kingdom study, welfare concerns and public nuisance incidents were found to demand the majority of policing resources [6]. The root causes of crime and the drivers of demand for police services are multifaceted. There are, however, clear links between policing demand, public health issues, and social inequalities. For example, there is a longstanding and robust association between higher inequality and higher rates of crime [176, 177]. Importantly, it has long been recognised that the same social and environmental factors that may explain higher crime rates may also explain community variations in health and well-being [178].

Early intervention crime reduction aims to address the root causes of crime and prevent crime before it occurs, or to reduce recidivism and wider harm on individuals and communities. Investing in crime prevention and early intervention will save money in the long term. Approaches that aim to break cycles of intergenerational offending are also important. Providing training to the police and multi-agency partners on early intervention and preventative approaches can help to equip them with the skills needed to adopt and implement relevant approaches and engender support for whole system change to address the root causes of complex criminal justice and public health concerns. Many existing policing approaches are multi-component and encompass principles of the public health approach. They also draw from evidence-based policing models shown to be effective in preventing crime, including community focused, problem orientated, and hot spot policing. Several police-led tertiary interventions have been shown to deter further engagement in crime, reducing recidivism and wider harm on individuals and communities (e.g. focused deterrence). There is evidence that different types of interventions led by multi-agency partners, including the police, can be effective in reducing risk factors for criminal justice and related public health issues. For example, sports and physical activity programmes can be used to divert children and young people away from engagement in anti-social behaviour and crime. Programmes to support and strengthen families can provide intensive support to families, for example to break intergenerational cycles of criminal behaviour.

Many factors can influence the development, implementation, and consequently the 'real-world' impact of early intervention and preventative approaches to policing. Drawing on a range of evidence, there are several factors that can facilitate implementation including developing political and cultural support, workforce development, and activities to enhance partnership working and

build community relations. There are also key challenges to implementation which must be addressed. These include a lack of strategic, management, or workforce support, which may foster a culture whereby early intervention and preventative policing is viewed as outside of the remit of the police. Public distrust and fear of the police and difficulties in cooperating and collaborating with communities are also key barriers. Cultural and language barriers and weak alliances between the police and communities are other known factors that can impede the implementation of public health approaches. Partnership working, a key principle of the public health approach, can be limited by a lack of conceptual clarity and knowledge, and competing priorities, processes, and structures between partners. Engaging stakeholders to develop collective responsibility for early intervention and preventative approaches is key to overcoming these challenges.

Further evaluation and evidence reviews are needed to understand the impact of early intervention crime reduction and preventative approaches to policing and the ‘where’, ‘why’ and ‘who’ of intervention impacts. Both the RAND Corporation Better Policing Toolkit and the College of Policing Crime reduction toolkit provide summaries of the best available evidence for crime prevention interventions and strategies. These resources also draw attention to the lack of ‘fully fit-for-purpose evidence’ [179]. For example, there is currently a dearth of economic evidence on preventative interventions and the economic benefits of investing early and avoiding crime are therefore unclear. Practitioners and policy makers need evidence about how intervention impacts may vary according to the implementation context into which the intervention is introduced, and about how an intervention is thought to produce its impacts (i.e. its causal mechanisms). This type of evidence is of considerable importance for decision makers and when advocating for, implementing, and working to sustain early intervention and preventative approaches. The “EMMIE” framework [180], standing for *E*ffects, *M*echanisms, *M*oderators, *I*mplementation, and *E*conomic returns, has been developed by criminology researchers to encourage mixed-methods evidence reviews on crime prevention. However, further mixed-methods primary research and economic analyses are also needed to increase the range of evidence that is available to draw on at the review level.

5. Conclusion

Early intervention crime reduction is everybody's business, and investing in crime prevention and early intervention will save money in the long term. The police need support to both prevent crime and also respond to the vulnerabilities which they encounter daily. They cannot do this alone. The root causes of crime and the impacts of crime are cross-cutting issues for multi-agency partners, and as such as whole system public health approach is required. Such an approach takes a life course perspective and considers the roles of various agencies in intervening to reduce the risks of harm, preventing crime and wider public health issues. This report shows how early intervention crime reduction and preventative approaches to policing, focusing on a public health approach, are being adopted and implemented across various countries and settings, with some evidence of promising impacts. However, this work needs to be accompanied by strong whole systems evaluation using a range of techniques and methods. Communication and dissemination strategies also need to be in place to ensure that practice and lessons learnt are accessible and shared widely, and that the case for investing in prevention is maintained.

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