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Tackling Violent Crime

Findings from regional workshops with 12 Crime and Disorder Reduction Partnerships

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Executive Summary

In 2008 the Home Office published an *Action Plan for Tackling Violence*, setting out the Government's agenda to reduce the harm caused by violent crime, especially the most serious forms of violence. Much of the responsibility for delivering the aims set out in the Action Plan lies with local Crime and Disorder Reduction Partnerships (CDRPs) in England and Community Safety Partnerships in Wales. These are local, statutory partnerships[2] responsible for tackling crime and anti-social behaviour.

The NAO reported on the Home Office's efforts to tackle violence in a 2008 report entitled *Reducing the risk of violent crime*, a key finding of which was that more needed to be done to address barriers which prevented effective multi-agency working among CDRPs and other partners at the local level.

In order to discuss these barriers and further explore local successes the NAO commissioned a series of workshops across England for local practitioners involved in work to tackle violent crime. The workshops represent a pragmatic approach to investigation. They allowed information to be gathered from practitioners who had extensive experience and knowledge of the issues, and for the capture of rich and detailed findings which provided insight into local, 'on the ground' context. The limitations of this approach, however, are that the findings reflect the particular perspectives and experiences of those people who attended each of the workshops, which carries the risk that wider perspectives are neglected.

Findings from the workshops are broadly in line with those from the NAO report, with the workshops enabling a richer and more nuanced understanding of the challenges practitioners faced in implementing the Government's plans for tackling violent crime. The following are the main findings from the six workshops conducted with 12 CDRPs in England.

Partnership working and strong relationships were prevalent amongst participating CDRPs

Discussions during the workshops indicate that partnership working is embedded in most of the participating areas, and that there are strong relationships between agencies, especially the police and local councils.

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[2] The local partnerships include the local police service, police authority, local authority, fire and rescue service, and NHS Primary Care Trust.

Violent Crime is a priority for CDRPs

Tackling violence was on the agenda of all of the 12 CDRPs who took part in the workshops¸ all of which were undertaking some work to tackle violent crime, although the extent of this varied between CDRPs and depended upon the profile of each area. CDRPs covering large cities and towns reported significant investment of resources in tackling violence and the majority of CDRPs were undertaking a significant amount of partnership work in this area. Some CDRPs had produced a single strategic assessment[3] for their area, rather than different documents for the CDRP and each of its constituent agencies. When all agencies work from a single document which details the nature of crime and other problems in an area, coordinated action is more likely.

There is a call for greater involvement by health, the probation service and schools

Primary Care Trusts (PCTs) are responsible authorities under the 1998 Crime and Disorder Act, and have a corresponding duty to work with other local agencies and organisations to develop and implement strategies to tackle crime and disorder. Practitioners taking part in the workshops wanted health agencies to be more involved in work to tackle violent crime (largely through greater sharing of information). Even where there was a commitment to partnership working at a strategic level, such as from the PCT, this was not replicated at lower levels in the organisation where the work in relation to violence takes place. Negotiating directly with individual accident and emergency departments or ambulance trusts, rather than with PCTs, was one way to overcome this barrier.

The workshops also found a desire among practitioners for greater input from the probation service and schools. Although these are not statutorily required to be involved in CDRPs, greater cooperation and input from these agencies was called for on the basis that they held relevant information, and because they could deliver services which might affect levels of violence.

More data sharing and collection would be beneficial – especially from hospital accident and emergency departments

Data sharing between agencies was taking place in all the areas represented at the workshops, especially through structures such as Multi Agency Public Protection Arrangements (MAPPA)[4] and Multi Agency Risk Assessment Conferences (MARAC)[5]. However, work to tackle violent crime would be improved by greater sharing of both personalised and depersonalised information (the latter relating to, for example, numbers of violence related admissions to hospital or to the location of violent attacks).

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[3] A Strategic Assessment presents and interprets the findings of analysis of local patterns and trends of crime and disorder. These assessments provide the information base for setting priorities within the partnership.

[4] MAPPA support the assessment and management of the most serious sexual and violent offenders.

[5] MARACs are commonly used in relation to Domestic Violence. Local agencies meet to discuss the highest risk victims of domestic abuse in their area, with the aim of reducing the risk of serious harm or homicide to the victim. The MARAC will help ensure that high risk victims are supported and better protected from further abuse by a coordinated effort from all agencies and organisations. The Government aims to extend their use to cover vulnerable victims of other kinds of violence.

A lack of data from accident and emergency departments, which could be useful in building a more accurate and detailed understanding about the level, nature and location of violent crime was mentioned in all workshops. The incentive for accident and emergency departments to share this information is that by doing so, harm to potential victims might be prevented and admissions to accident and emergency departments might, therefore, be reduced. For example, if departments shared information about where injuries resulting from violence were sustained, this information could be used by the police to target patrols which might reduce incidents of violence in that location and thus the number of injuries requiring hospital treatment.

Practitioners thought that the Home Office could suggest ways in which the benefits of information sharing can be 'sold' locally, for example by estimating the savings which different agencies could make through information sharing and cooperation. Practitioners also thought that the Home Office should work to achieve 'buy in' from senior officials in the health sector to share information and be involved in work to tackle violent crime.

Workshop participants, however, acknowledged that lack of data sharing did not always stem from a lack of commitment from health agencies or their unwillingness to share data. Rather, much of the information which might be useful in tackling violent crime is not routinely collected or collated by health agencies.

More and better information and analysis is needed to develop the evidence base
In line with the drive to make CDRPs and their constituent agencies 'intelligence led', practitioners wanted to develop their Partnership's analytical capacity by appointing dedicated analysts and increasing the quantity and quality of information which fed into the analysis processes. This would provide a more robust informational basis on which to make decisions about how to tackle violent crime in their respective areas.

There is a need for a more coherent, coordinated and long-term approach to funding
The amount of funding for violent crime work was considered by participants to be adequate, but the way in which this funding was allocated was said to be inefficient and uncoordinated. Multiple sources of funding and short notice of the availability of funding were considered to be barriers to partnership working.

Practitioners reported that 'funding finder'-type software could help identify available sources of funding, but called on the Home Office to allocate funding for longer periods, give advanced notice of the opportunities to bid for funding (perhaps by publishing a timetable of future funding opportunities) and to consolidate funding opportunities. Overall, a more strategic approach to funding was called for, under which partnerships identified a problem, then bid for money to solve it, rather than having to allocate available resources more arbitrarily in order to meet Government spending requirements.

CDRPs need to take a more proactive approach to communications and managing the media
Reducing the disproportionate fear of crime and improving public engagement were priorities for all the CDRPs participating in the workshops. Practitioners strongly believed that was hindered by the media's disproportionate focus on 'bad news' stories.

Practitioners discussed the need for improved media management by CDRPs, including promoting positive messages and using (and if necessary creating) a CDRP 'brand'.

Practitioners would welcome good practice guidance from the Home Office on dealing with the media.

Information about good practice

As in many other policy fields, the sharing of good practice in tackling violent crime is actively encouraged by the Home Office. One approach to learning about applicable good practice in tackling violet crime which was mentioned in the workshops was linking with a Partnership's Most Similar Areas.

However, practitioners were also concerned about the lack of clarity as to what, exactly, constitutes good practice. The Home Office should consider setting criteria or standards for what can be called 'good practice', to allow practitioners to decide whether ideas from other areas are genuinely beneficial.

Workshop outcomes and feedback

Feedback from practitioners about the workshops was positive. Attendees appreciated the opportunity to meet with colleagues from their own and other areas, to discuss specific issues and problems and hear about practice elsewhere.

Summary of barriers and action points

Table 1 sets out some of the barriers to partnership approaches to tackling violent crime, which were identified in the workshops, and summarises participants' ideas as to how these might be approached and overcome.

Table 1 Action points for overcoming barriers to tackling violent crime

Barrier	Possible responses
1. Limited involvement of health agencies and the lack of collection and sharing of health data • Executives in the health service do not see violent crime as something on which the resources of the health service should be focused. • Even if there were a commitment at a strategic level (PCT level) this was not replicated at lower levels in the organisation. • Limited time, resources and personnel might effect the health sector's involvement in partnership working.	• The Home Office could suggest ways in which the benefits of information sharing can be 'sold' locally, for example by estimating the savings which different agencies could make through information sharing and cooperation. • Nationally, the Home Office should work to achieve 'buy in' from senior officials in the health sector to share information and be involved in work to tackle violent crime. • Negotiating directly with individual accident and emergency departments (receptionists or consultants, for example) or ambulance trusts, rather than with PCTs.
2. Limited analytical capacity within CDRPs	• Employing dedicated analysts in each CDRP allows the analysis of information from a multi-agency perspective, geared towards multi-agency action, rather than from within a single agency.

3.	Multiple, uncoordinated sources of funding	• 'Funding finder'-type software can help identify available sources of funding.
4.	Short notice of availability of funding	• The Home Office should allocate funding for longer periods, and ensure that areas have greater advanced notice of the opportunities to bid for funding. • Partnerships called on the Home Office to publish a timetable of future funding opportunities a year in advance. • The Home Office should consolidate funding opportunities so that Partnerships make fewer bids for larger amounts rather than many bids for smaller amounts, since the latter is an inefficient approach to accessing funding.
5.	The media is only interested in 'bad news' stories	• Improve 'media management' and take a proactive, strategic approach towards the media: promoting positive messages; publicising good work; budgeting for publicity and communications; using or employing a communications manager. • Developing and using a CDRP brand. • Good practice guidance from the Home Office on dealing with the media would be useful.
6.	Finding information about good practice which is applicable to the area	• Some areas had met with colleagues from their Most Similar Areas to share good practice, and this had been useful in some Partnerships. • The Home Office should consider setting criteria or standards for what can be called 'good practice', to allow practitioners to decide whether ideas from other areas are genuinely beneficial.
7.	Need for a more coordinated, joined up approach	• Some areas had produced a single strategic assessment for the area, rather than different documents for the CDRP and each of its constituent agencies. • When all agencies work from a single document which details the nature of crime and other problems in an area, coordinated action is more likely. A unified exposition and understanding of problems means that priorities for action can be aligned between areas.