How wide or narrow should the police’s remit be?

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Introduction

Many thanks to Andy for his paper and insights on the expansion and contraction of policing. I think there is much on which we agree. Yes, I am also of the opinion that austerity provides with it an opportunity to review what it is that the police do, and that to slavishly preserve the ‘front line’ without a commensurate discussion on the role of that ‘front line’ is to miss that opportunity. Back room functions are relatively easy to cut and still maintain a community profile, and for the most part the public don’t care how the job gets done, so long as a police officer arrives when they feel that they need one. But ensuring these front line police are effectively engaged in policing, and understanding that this function is broader than throwing someone in the back of a divvy van, is an important consideration.

I think we are also in furious agreement that there is much more to policing than simple crime control, and any refresh of the police role should include with it an understanding that the role is a blend of crime control, a social service function, and order maintenance. Theresa May’s characterisation of police as ‘crime fighters’ fails to consider either the symbolic function of police (Jackson and Bradford, 2009), or the reality that as a 24/7 emergency service they are likely to be first responders to a number of ambiguous events stemming from a raft of social problems (Bittner, 1990) and that in many ways this is what the public wants and expects. Appreciating this reality is not the same as saying that police have a responsibility to fix all of these problems, but as I will argue, I think they do have a responsibility to contribute to such solutions, if for no other reason than in doing so they likely reduce the demand for their own services when the proverbial ‘wheels fall off’.

So to pre-empt my conclusion, I think where we disagree is in how police should deal with the realities of a contracting budget, and a contracting ability to deal with the multitude of issues that - for better or worse - have been laid at their door. For me rather than hiving off functions that the police should withdraw from, and either expecting these to be adequately catered for by other government services or the private sector, the current environment offers an opportunity to look at public safety in a much more holistic way and joined up way. And to recognise not only that police have a necessary function in public health and other ‘non-crime’ issues, but other public agencies have a role to play in crime control. So rather than seeing the need for police to expand or contract their role, I see the need for a refocusing of effort on all sides and recognition from all public sector agencies we are really all in this together.

Definitions and parameters

The intersect between policing and public health is the focus on this conference, and as such I will concentrate - as an example - on how we might better understand the common ground between these two disciplines to enable better health and safety outcomes. I think a similar argument can be
made for education, and for other areas of the criminal justice system that Andy has touched on in his presentation. So whilst I’ll talk about the specifics in the context of public health, I think the principles of my argument may well be generalizable to other contexts.

Public Health is most commonly defined by the World Health Organisation (1948) as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity” (see Smith, 2014). The interesting thing for me about this definition is that it calls for more than simple medical intervention for individuals or groups of individuals, and underscores the need for health to be considered at the level of the community as well. The second set of parameters that I want to briefly set out are those accepted as having been articulated in one form or another on the inception of the Metropolitan Police Service in 1829, and which continue to define democratic policing across the globe (see Victoria Police 2014). Two of these so-called Peelian Principles are of particular note: that “the basic mission for which police exist is to prevent crime and disorder” and “the test of police efficiency is the absence of crime and disorder, not the visible evidence of police action in dealing with it”. Crime prevention is the key message in these two principles, and is an aspect of policing that was underscored further by the UK’s Inspectorate of Constabulary (HMIC) in their Taking the time for crime report (2012), noting that a “preventative policing approach is critical because it reduces crime and the demands that go with it” (p4). Thus in broad strokes public health is about the creation of social well-being, and policing is crime prevention.

I think it is in the interpretation of the scope of both of these missions where Andy and I disagree. For me, a good response to the constraints of austerity (or perhaps I should say the political predispositions that have accompanied austerity) is in reducing the demand for police services. And the best way to reduce a demand for police services is to reduce the amount of crime. As such rather than a simple redistribution of responsibilities to other ill-funded and reluctant agencies, and a retraction from the proactive crime prevention type work that police have been doing, a better response may be the refocus of efforts and better joined up working to deal collectively and more meaningfully with the antecedents of crime. Thus rather than simply fighting crime, the police role in crime prevention necessitates stepping beyond the boundaries of their police powers and working with, but not instead of, the multitude of other agencies dealing with the wide range of social problems that conclude at the police’s door.

Why should the police care about public health?

So why should police be interested in dealing with issues of public health? We know that the police are intimately connected with public health whether they want to be or not. They routinely encounter health risk behaviours in their work (Wood et al., 2013) and estimates are that around 30% of police work involves dealing with people with a mental illness, often in crisis. In many of these cases individuals are ‘frequent presenters’ to police and are the victims of the revolving door of acute admission, discharge and ineffective engagement with community based mental health services. We know from research of course that it is not so much the initial response that is of concern, but a lack of capacity for follow-through by other agencies; oftentimes blowing out the amount of time it takes to deal with such incidences and – perhaps – encouraging police to fix such problems that might better sit with mental health services (Herrington and Pope 2013; Ogloff et al., 2013; HMIC, 2012)
Family violence, and drug and alcohol related incidents make up a very large proportion of the rest of the average police officer’s workload. Oftentimes a police response is required because a law has been broken, or to prevent a law being broken. There are reasons why some police jurisdictions characterise their work around domestic violence or stalking as ‘murder prevention’ given everything we know about a victim’s likely assailant. Most crimes do not come out of the blue, and in most cases crimes signal a lack of effective intervention and engagement by a range of public service agencies upstream of the crisis event. Dealing with such fall out is policing, of course, which is a point recently underscored by a report from Her Majesty’s Inspectorate of Constabulary (HMIC) in the UK (2012), which found in its assessment of six forces, that 80% of things that police respond to tend to genuinely need a police response insofar that they involve a crime, or the possibility of a crime. But if crime prevention is a central feature of policing, then preventing such events is also policing.

Which leads me to paraphrase criminologist Ian Loader (1997) and ask “can there really a policing solution to the crime problem?” Whether police are dealing with the fallout from failings in the public health system at the point where they start to grey into public safety (as is arguably the case when responding to persons with a mental illness in crisis), or where incidents require a full blown legalistic response, police work is intimately tied to the work of other public agencies, and in the context of this conference, to public health. Thus the effectiveness of any crime prevention starts a long way upstream.

Andy makes a good point, however; how much of this should be down to the police? Clearly police have a vested interest in ensuring effective preventative engagement with would-be offenders and persons of interest, although that is not the same as saying that they should be responsible, entirely, for such engagement. However where police continue to be measured on the effectiveness of their response to such events and their prevention, and where effective prevention requires up stream work that may not be forthcoming from similarly cash strapped public health agencies, what are the police to do?

Whilst not a satisfactory state of affairs there is a degree of fatalism in the reality that ‘if the police don’t do this, who will’? What other agencies’ effectiveness is measured against levels of crime? Or against perceptions of public safety? Who else is therefore instrumentally motivated to ensure that the wheels do not come off, even when that means crossing professional discipline boundaries?

Andy is absolutely correct when he says that other agencies may be better placed to deal with education, or health, or other criminogenic precursors, and that police involvement in such activities may lead to a ‘policification’ of social policy. But police organisations are (both) blessed and cursed by a ‘can do, will do’ attitude. Which can admittedly sometimes be coupled with the clarity to see exactly what needs to be done born of ‘professional arrogance’, as well as the necessary grunt to fix the problem. More frequently however police involvement in public health issues is driven by necessity. What is a police crew to do at 2am when faced with a person in mental crisis? What are the consequences if they do nothing? What are they to do if this is the 10th time they have been called to assist this particular individual? Who wouldn’t try and do something to better stem the demand for their service?
I’m sure Andy would agree with me so far, but I think we differ in our response. In times of austerity in particular, but in times of efficient and effective public service more generally, police cannot afford to be the ‘fixers’ for the range of social problems that ultimately land at their door. But given the way in which police effectiveness is measured - both technically by government and intuitively by the public - they cannot afford either to abrogate responsibility for upstream crime prevention entirely either. Thus instead of the opposing extremes of ‘fixing the problem’ themselves or ‘leaving this for others to do’, I advocate for a refocus of police effort to become enablers of a joined up approach to such issues, powered by a holistic understanding of the continuum between public safety and public health.

Of course, police already profess to work in a joined up space, and have partnerships with schools, health services, corrective services, and drug treatment services. The balance that needs to be struck is between police being the initiators and drivers of many of these partnerships, to being a collaborator. We know that there are hurdles to effective partnerships including a mismatch of resources, skills, culture, processes, expectations, professional identity and competing demands from organisational key performance indicators (Herrington, 2012; Skinns, 2008; Evans and Forbes 2009; Wood et al., 2011), which is why a holistic approach to joined up working along the public health-public safety continuum requires all sides to see their involvement and central to their mission or cause, and not an additional add on that takes away from the ‘real work’ or the organisation.

As such the real question to ask is not how narrow or broad policing should be, but what other agencies are responsible for contributing to downstream public safety, and how can we better encourage joint ownership of this. The first part of answering this is articulating why non-police organisations – and public health organisations in particular – should be interested in it.

The public health role in crime prevention

There is an instrumental quid pro quo argument that might be of value here: public health professionals know all too well the undermining impact that police activity can have on public health outcomes. The police are oftentimes antagonists to public health, particularly in the drug law enforcement domain, where police activity has been seen to have a detrimental impact on the health of substance users who revert to risky behaviours such as needle sharing in a bid to stay under the drug enforcement radar (eg Maher and Dixon, 1999). Similarly police involvement in criminalising those with a mental illness rather than seeking a public health outcome, or displacing sex workers into riskier environments through law enforcement activities (Wood et al., 2013) are harmful outcomes borne of a lack of understanding about the broader public health project. There is a benefit then for public health outcomes from ensuring that the police are fully cognisant of the impact of their law enforcement work. Which is a message that may be enhanced through a public health undertaking to be similarly cognisant of the flow on impact of their work for broader public safety endeavours. To say the same thing another way, public health professionals should care about crime prevention because in doing so they are well placed to make a similar argument about why police should care about public health. Thus there is as much potential for public health organisations to create ‘public health armies’ (personal communication, N. Thomson, 12th July 2013)
that involve the police as well as other non-health organisations, as there is for the police to create the crime-prevention networks required to engage in upstream preventative action.

Crime prevention is also, arguably, implicit in the definition of public health. Social wellbeing - a key attribute of the World Health Organisation’s definition of public health - encompasses many factors that are known to be the antecedents of crime. The intersection between public health and public safety is vague. It is not as simple as delineating ‘people who want to harm themselves’ and ‘people who want to harm others’. Public safety and public health go hand in hand in creating social wellbeing, and there is much to be learned from each approach, and much that can be gained from working more coherently together (Moore, 1995). There is, then, intrinsic value in public health professionals recognising their role in public safety and crime prevention.

I’m curious about whether our panel believe that this is a winnable argument. My experience with police is that they inherently understand their role in public health, even if this is not recognised directly in key performance indicators, or rewarded organisationally. For example, recently the Chief Constable of Durham police noted that he was proud to have his officers operating as proxy social workers, and advocated for revised approaches to dealing with drug users including the provision of heroin to users, as a means to undercut the operations of drug dealers (The Guardian, 27th September 2013). But public health organisations are further removed from the crime conclusions that they might be able to assist in thwarting, and a lack of visibility of their effectiveness against such measures may mean there is limited interest in becoming involved. Add to that the very different organisational cultures and professional philosophies of the health and the policing worlds, and ‘selling’ crime prevention to the public health masses may be an unachievable task.

So perhaps we are reliant on making more of the pockets of excellent practice that exist across the world, and which I look forward to hearing more about over the course of this conference. Where truly joined up initiatives have worked, how has that happened? And how might we ‘bottle’ such success and replicate it elsewhere?

**Conclusion**

So how do we move forward on this issue? Given that I represent the peak body for public safety leadership development in Australia, it would be remiss of me not to conclude without a nod to what leadership might be able to achieve here. Leadership, true leadership, is about negotiating progress on complex issues in environments where telling people what to do is not the best way ahead. This is often a challenge for police organisations, who get used to an “I say, you do” hierarchy (Herrington and Pope, 2013) and exercising of authority as they ‘take charge’ of situations – which undoubtedly contributed to the current state of affairs. But there are distinct advantages to a non-authoritarian leadership approach, both in terms of negotiating buy in and the necessary expert involvement to deal with multifaceted problems. As well as accepting that the person with the loudest voice, or the most pips on his or her shoulder doesn’t necessarily have all the (right) answers. This leadership does not necessarily have to be instigated by the police, and should not be undertaken in isolation by any agency. Although there is perhaps more incentive for the police than other agencies given their involvement at the pointy end, and their organisational commitment to deal with crime. If public safety is a responsibility of multiple agencies, then multiple agencies must
have a commitment to partnership working, a commitment to true leadership in this space, and a commitment to considering what organisational changes might best assist such a joined up approach. The police should not be responsible for doing it all. But neither must they abrogate their responsibility to encourage others to more appropriately engage with public safety.

So in conclusion I would like to wriggle free of the parameters around this debate and request a reframing of the question from ‘how wide or narrow should policing be?’ to ‘who other than the police is responsible for public safety, and how can we encourage them to play an active role’. Police cannot prevent crime on their own. Nor can they prevent it only alongside their criminal justice colleagues. One look at the recidivism rates can tell us that. Other public sector agencies have a significant role to play but perhaps less incentive to use their limited resources to do so. Public health and public safety are both related to social wellbeing, and as much as police are the unsung contributors to public health, so public health could better recognise their role in crime prevention and public safety. Encouraging such a state of being when all agencies are being financially squeezed is difficult. But a first step is to recognise the breadth of the organisational mission, rather than looking for opportunities to minimise one’s involvement further.

References


The Guardian (2013) 'It is time to end the war on drugs', says top UK police chief


