



Public Health  
England



# A Public Health Approach to Serious Violence Prevention

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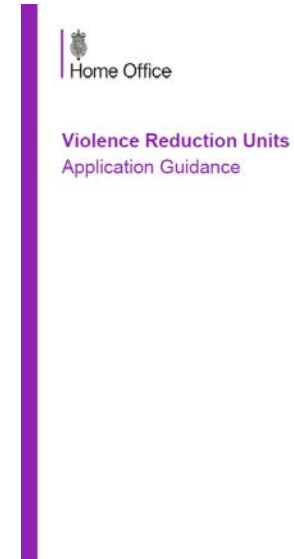
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# National response to serious violence - a public health approach?



- **SVS (April 2018)** - represented a step change in the way we think and respond to serious violence, establishing a **new balance between prevention and law enforcement**.
- **Consultation on a new legal duty for serious violence (May 2019)** – advocating a multi-agency and public health approach to tackling and preventing serious violence
- **VRU funding applications open (June 2019)** - VRU core function is to offer **leadership** and, working with all relevant agencies operating locally, **strategic coordination** of the **local response** to serious violence. Funding **must support a multi-agency, 'public health' approach to preventing and tackling serious violence**.
- **What do we mean by a public health approach??**



## PHE Health & Justice

- **Our mission:**
  - **Improve health**
  - **Reduce health inequalities**
  - **Reduce reoffending** by addressing health & social determinants of criminogenic behaviour.
- We **work in partnership** with policy makers, commissioners & service providers, voluntary sector organisations and with justice-involved populations at local, regional, national and international level.

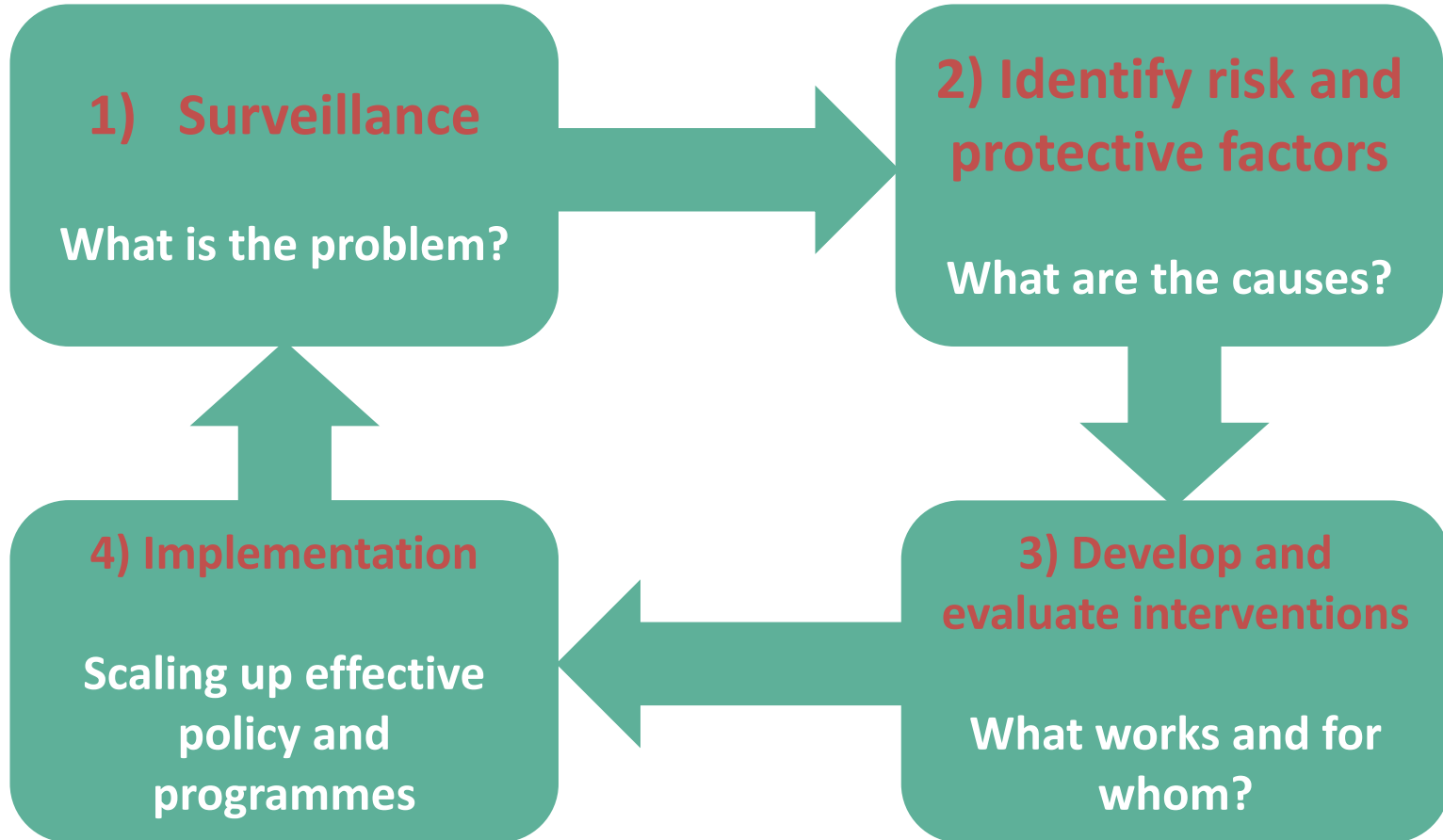


## Defining a PH approach

- In implementing the **public health approach**, local areas should adopt the **World Health Organisation's** definition:
  - **Focused on a defined population;**
  - **With and for communities;**
  - **Not constrained by organisational or professional boundaries;**
  - Focussed on **generating long term as well as short term solutions;**
  - **Based on data and intelligence** to identify the burden on the population, including any inequalities;
  - **Rooted in evidence of effectiveness** to tackle the problem.
- The local area must take the advice of **Public Health England** (and their equivalent in **Wales**) when determining how they will **apply the public health approach** in delivering VRU functions.



# WHO Violence Prevention Alliance approach





# High Quality Public Health Systems

- Recent guidance- **Quality in public health: a shared responsibility**, published March 2019, PHE\*.
- Shared goals focused on reducing inequalities;
- Asset-based approaches, co-produced with communities;
- Early intervention, life-course approach;
- Measurement of performance, transparency, accountability.

A high performing public health system delivers its functions that are:

Co-produced  
with  
communities

Focussed  
on equity

Evidence  
informed and  
standards  
driven

Delivered by  
qualified and well  
trained staff

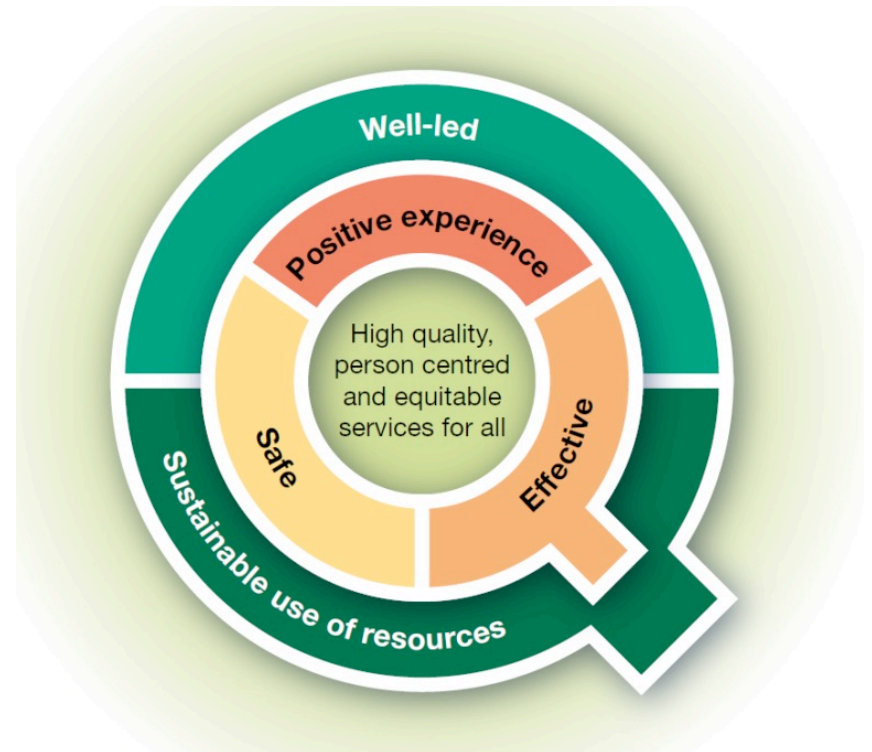
Timely and  
responsive to the  
needs of the  
population

Prioritised in a  
planned way  
within available  
resources



# Characteristics of high-quality public health systems

- **Safe:**  
People are protected from avoidable harm, neglect and abuse. When mistakes occur lessons are learned.
- **Effective:**  
People's care and treatment achieves good outcomes, promotes a good quality of life and is based on best evidence, as part of a seamless service.
- **Positive experience:**  
Caring - the public health workforce involves the user and treats them with compassion, dignity and respect.  
Responsive Services respond to diverse needs, meeting those needs in ways that people have chosen, with support from professionals.
- **Equity of access and usage:**  
Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- **Well-led:**  
Promoting a culture that is open, transparent and committed to learning and improvement.
- **Resourced sustainably:**  
Resources are used responsibly, providing fair access.





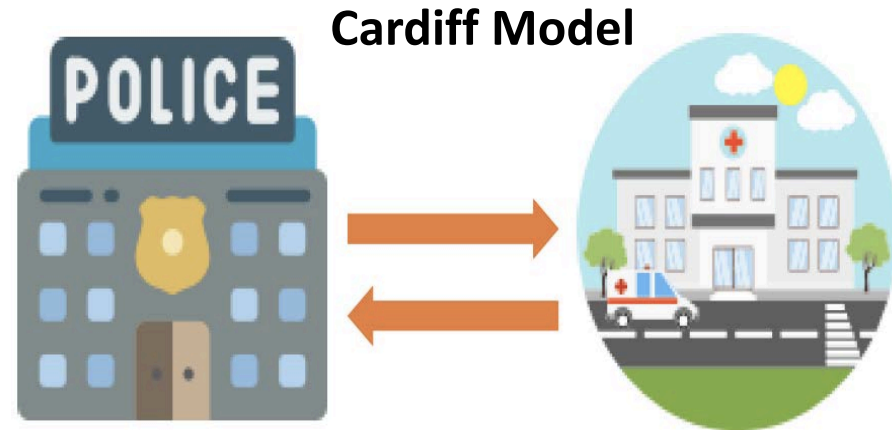


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# Examples of “public health approaches” to serious violence



*Violence is preventable, not inevitable.*







# Risk & Protective Factors

## Protective factors

## Risk factors

### Individual

- healthy problem solving and emotional regulation skills
- school readiness
- language acquisition
- healthy social relationships

### Families

- stable home environments
- nurturing and responsive relationships
- financial security/economic opportunities
- strong and consistent parenting skills
- frequent shared activities with parents
- consistent presence of parent

### Schools

- commitment to school
- positive teacher relationships
- positive social interactions and friendship groups

### Community

- opportunities for sports and hobbies
- community cohesion
- opportunities for volunteering
- safe community environments
- inclusion
- increasing community knowledge

Individual  
and families

Schools  
and  
community

### Individual

- genetic or biological risk factors
- perinatal trauma
- early malnutrition
- behavioural and learning difficulties
- language difficulties
- alcohol or substance misuse
- traumatic brain injury

### Family/Household

- **abuse** (emotional, physical, sexual)\*
- **emotional or physical neglect\***
- **household alcohol or substance misuse\***
- **household mental illness\***
- **family violence\***
- **family breakdown\***
- **household offending behaviour\***
- being in care (looked after child)
- poor parenting and inconsistent discipline
- family size
- low family income

### Schools and peer groups

- poor educational attainment
- truancy
- school exclusions
- low expectations from teachers
- poor commitment to school
- association with delinquent peers and gang membership

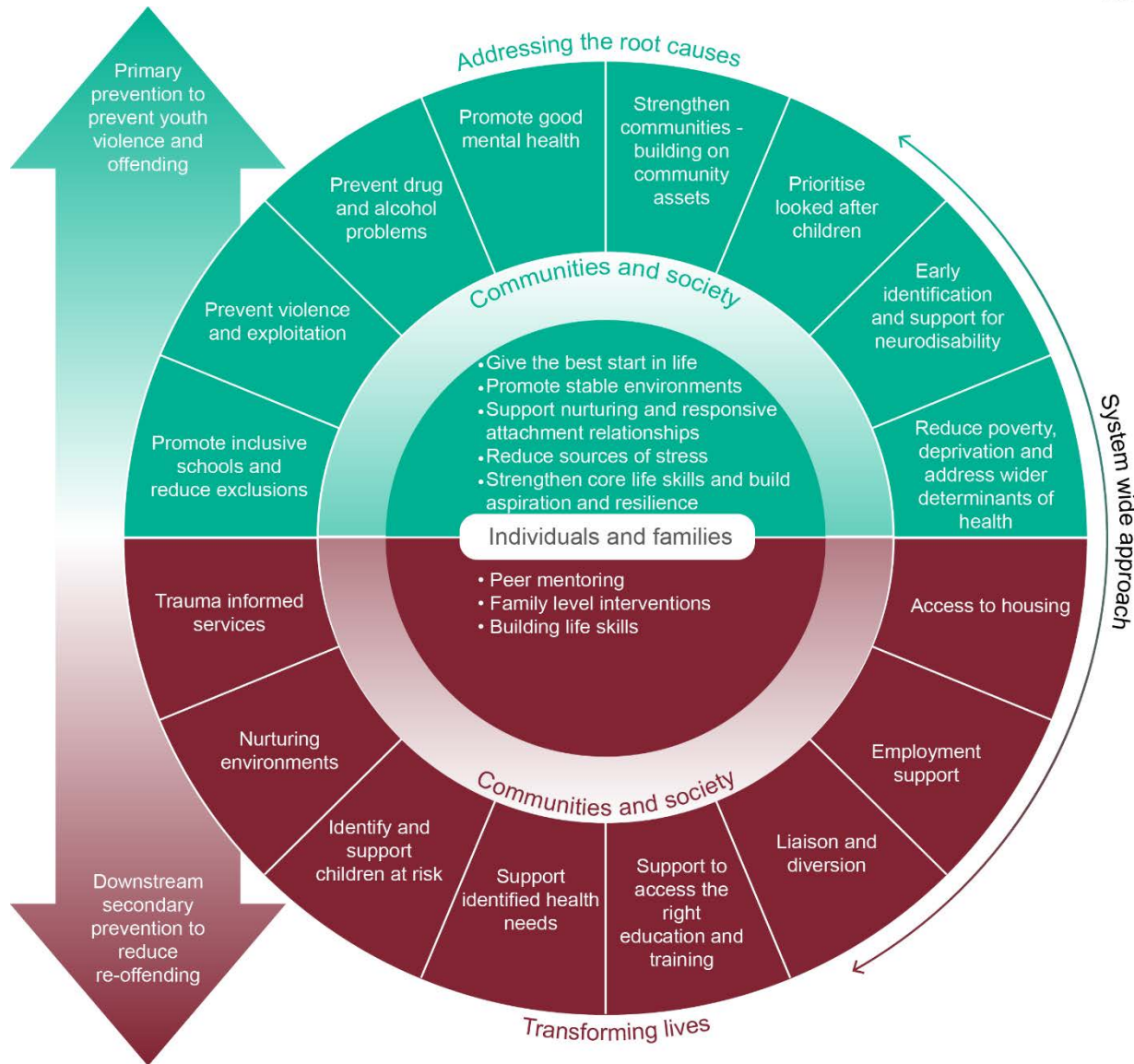
### Community

- socio-economically deprived communities
- homelessness or poor housing
- unsafe and/or violent areas
- laws and norms
- poor social mobility
- high crime rates
- high unemployment
- low levels of community participation
- racism

\* These are all Adverse Childhood Experiences



# The CAPRICORN Framework





# A Whole System Approach





# A place-based public health approach for England- the 5Cs

