RCEM Spring CPD Conference 2018

The Cardiff Model for Violence Prevention

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WHY?
Because violence is disfiguring, frightening, blights cities and costs a fortune
**WHY?**

Because it's a major cause of injury and death of young people

<table>
<thead>
<tr>
<th>Rank</th>
<th>5-14 years</th>
<th>15-29 years</th>
<th>30-44 years</th>
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<tbody>
<tr>
<td>1</td>
<td>Childhood cluster</td>
<td>HIV / AIDS</td>
<td>HIV / AIDS</td>
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<td>200 139</td>
<td>855 406</td>
<td>855 406</td>
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<tr>
<td>2</td>
<td>Road traffic injuries</td>
<td>Road traffic injuries</td>
<td>Tuberculosis</td>
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<td>118 212</td>
<td>354 692</td>
<td>368 501</td>
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<tr>
<td>3</td>
<td>Drowning</td>
<td>Tuberculosis</td>
<td>Road traffic injuries</td>
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<td>113 614</td>
<td>238 021</td>
<td>354 692</td>
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<tr>
<td>4</td>
<td>Respiratory infections</td>
<td>Self-inflicted injuries</td>
<td>Ischaemic heart disease</td>
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<td>112 739</td>
<td>216 661</td>
<td>224 986</td>
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<tr>
<td>5</td>
<td>Diarrhoeal diseases</td>
<td>Interpersonal violence</td>
<td>Self-inflicted injuries</td>
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<td>88 430</td>
<td>188 451</td>
<td>215 263</td>
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<td>6</td>
<td>Malaria</td>
<td>War injuries</td>
<td>Interpersonal violence</td>
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<tr>
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<td>76 257</td>
<td>95 015</td>
<td>146 751</td>
</tr>
<tr>
<td>7</td>
<td>HIV / AIDS</td>
<td>Drowning</td>
<td>Cerebrovascular disease</td>
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<td>46 022</td>
<td>78 639</td>
<td>145 965</td>
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<td>8</td>
<td>War injuries</td>
<td>Respiratory infections</td>
<td>Cirrhosis of the liver</td>
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<td>43 671</td>
<td>65 153</td>
<td>135 072</td>
</tr>
</tbody>
</table>
WHY?
Because a lot of violence which puts people in hospital is not reported to the police

- Only a quarter to a half of violence which results in hospital treatment is recorded by the police
- Even gun and knife violence may not be reported
- The Crime Survey for England and Wales confirms this
Violence is not reported to the police because of fear of reprisals, people don’t know who injured them, people don’t want their own conduct scrutinised and because people’s first need is emergency treatment.
WHY?

Because it works!
Total Weekly Violence Related Attendances -- Cardiff A&E

Source: Violence & Society Research Group
Barchart - Crimes per 1000 Residents
South Wales - Cardiff
Wounding (serious and other)
'Most Similar' CDRPs
01 Feb 2007 - 30 Apr 2007

[Graph showing crimes per 1000 residents for various areas, with bounding lines for lower and upper bounds and the MCDRP average.]
Hospital Admissions:
down 24/year/100,000 population in Cardiff
up 36/year/100,000 in comparison cities

Florence et al  BMJ 2011
Homicide rates in major UK cities

Source: Eisner 2015
WHY?

Because it saves millions
2007 Savings in Cardiff, population 0.5m = £7m

- Annual cost of ISTV: £5,176
- Cost of violence per case: £8,852
- Cases prevented: 89
- Total cost of cases prevented (benefits): £789k
- Cost/Benefit Ratio - total costs avoided = 1:152

Source: Injury Prevention 2014;20:108-14
WHY?

Because it’s what Community Safety Partnerships were set up to do
PROTOTYPE SAFETY PARTNERSHIP: CARDIFF VIOLENCE PREVENTION GROUP

Statutory in Britain: 373 community safety partnerships

- Crime and Disorder Act 1998
- Police Reform Act 2002
The safety of the people shall be the highest law.

Cicero
Published evaluations

• Cardiff

• Cambridge

• Merseyside
WHY?

Because the NHS contract mandates data collection and the Royal College of Emergency Medicine has set this standard.
CLINICAL EFFECTIVENESS COMMITTEE
GUIDELINE FOR INFORMATION SHARING TO REDUCE COMMUNITY VIOLENCE

Summary of recommendations

1. Emergency departments should routinely collect, electronically wherever possible, data about assault victims at registration. Receptionists should collect the date and time of the assault, the location (name of pub, club, school, street etc) of the assault in free text and which weapon (fist, foot and so on was used.)

2. There is no need for a formal information sharing agreements between the Emergency department and the CDRP.

3. This data should be shared with the local CDRP and crime analysts in an anonymous and aggregate form.

4. Senior emergency physicians should be supported to participate in CDRP meetings.
Information Sharing to Tackle Violence: How?
HOW?

Information
Analysis
Violence Prevention Groups
HOW?

INFORMATION COLLECTION, SHARING AND USE

- 24 hour electronic data collection - precise violence locations, times and weapons - by ED receptionists

The Information Sharing to Tackle Violence (ISTV) Standard/ECDS

- Data anonymised and shared regularly with analyst
- Police and ED data/intelligence combined
- Violence times, locations and weapons summarised
- Prevention actions continuously updated in light of the data
London: Tower Hamlets 2014/15

Data analysis reveals *different* violence locations

ED data

Met Police data

Source: Shepherd et al, Police Professional 2016;503:14-6
ED Information analysis: Brisbane
“Accuracy of targeted policing could be significantly improved using information from emergency health services”.
De Andrade and Homel 2014
VIOLENCE HOTSPOTS IN 21st CENTURY CITIES
CHOLERA HOTSPOTS IN VICTORIAN LONDON
Accountability for Prevention!

HOW? VIOLENCE PREVENTION GROUPS

- Police Commissioner
- Link with regional policing
- City government official
- Police Commander
- Street pastor manager
- Chief analyst
- ED Nurse manager
- City licensing officer
- Bar managers’ representative
- Public health specialist
- Police patrol and licensing officers
- Professor of Surgery/Violence Research Group Director
- Group chair

Cardiff University
Targeted policing

Alcohol licensing

Environmental interventions:

- CCTV, redeployment of police to violence hotspots – locations vary by day of the week
- Plastic glassware, fast food outlet relocation
- Pedestrianisation of entertainment streets
HOW?
By prompting campaigns

Industry switches to toughened glasses
Licensee
27.10.97
How does information sharing work?
It facilitates earlier and more frequent police intervention – keeping people out of hospital and out of prison
OTHER MECHANISMS OF EFFECTIVENESS

• Identification and support of people injured in domestic violence – prevents repeat victimisation
• Identification of weapon trends – informs weapon control
• Identification of park, walkway and school violence locations – informs local authority actions
PITFALLS

• Poor leadership
• Low data quality
• Poor analysis
• Information not used
• Purpose of information not explained
• Too much strategy, not enough tactics
• Complicating a simple process
“Violence can be prevented. Governments, communities and individuals can make a difference”

Nelson Mandela 2002