



# Communicating public health approaches in policing for the frontline in the UK

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## ABSTRACT

Calls for collaboration between public safety, policing and public health are now well established. Creating a shared understanding of what a public health approach is and how it applies to policing requires a common language. This has proved elusive, partly because it is often explained using technical terms that are familiar to experts and academics, but not to most people. This project sought to develop clearer communications on public health approaches in policing. Based on consultations with policing in the UK and centring prevention as the core theme, we propose a four-step approach that includes the following: (1) stating the problem (“too many people are being drawn into crime”), (2) explaining the problem (“this is because the building blocks of a safe and healthy society are not in place”), (3) illustrating solutions (“policing can help put these building blocks in place”) and (4) showing change is possible (using examples). We conclude with some challenges, limitations and next steps to mobilize the narrative.

**Key Words** Public health; communication; framing; policing; prevention; guideline.

## INTRODUCTION

Communicating public health approaches in community safety can be challenging. This is especially the case for frontline practitioners, including police, who may feel that public health language is abstract, complex and removed from that of their training or everyday job. Indeed, policing is closely aligned with criminal justice language traditions (e.g., deterrence, perpetration, victims and offenders) rather than those of public health (e.g., epidemiology, social determinants and risk factors) (Shepherd & Sumner, 2017).

Yet public health approaches in policing have been repeatedly identified as a critical element of modern policing in the UK (Department of Health and Social Care et al., 2025) particularly because of the emphasis on prevention. This immediately presents a communication challenge. Prevention, in public health terms, is understood to operate at three (primary, secondary, tertiary), if not four (additionally,

primordial), levels (Arnold & Holden, 2025). Already we can see this technical language may obfuscate the goal, despite some attempts to simplify and make accessible these different prevention levels (for example, presenting levels in a pyramid or as pillars, Public Health Scotland, 2025).

Other common elements of public health approaches include the routine use of data and evidence, a focus on populations rather than individuals and multi-agency/-sectoral working (Christmas & Srivastava, 2019). Additionally, the use of terms such as the wider or social determinants of health and health inequalities/equity add to the communication challenge. Wider determinants of health refer to the economic and social conditions within which people live. Known as the “building blocks” of health (Health Foundation, 2022), these include foundational elements of population well-being – for example, good housing, access to money and enjoying meaningful activity such as employment. Importantly, these building blocks are not distributed evenly making

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some people and places more exposed to health-damaging factors such as poverty, poor physical living conditions and unemployment. As well as underscoring health, the wider determinants affect exposures to crime; people and communities living in poor conditions are more likely to live in high crime neighbourhoods (Health Foundation, 2025), or come into contact with the police and criminal justice system (Christmas & Srivastava, 2019).

The communication challenge has proven considerable. Multiple requirements co-exist: to adopt language that is at once understandable to the policing professions, is relevant to the tradition of policing, offers a sophisticated perspective on prevention and speaks to the issue of inequity arising from the wider determinants. This is important not only within policing but beyond it. Because multi-agency, cross-sectoral working is central to the approach, policing must be able to build a common language with partners. It is known that sharing a common language is a core enabler of effective cross-sectoral collaboration (Lawless et al., 2012; Molnar et al., 2016; Such et al., 2022). It ensures that partners can understand one another and work towards common goals or win-wins such as building health and reducing crime. Sharing a common language is also a first step in bridging differences in professional and organizational cultures between policing and other services (Fisher et al., 2024).

The argument for simple (not simplistic) communication techniques for policing that reflects public health approaches is, therefore, persuasive. This report addresses the central challenge of developing a communications approach to public health approaches in and for policing, primarily at the frontline. First, we outline the process adopted by the project team to develop and test different narrative approaches using “framing” techniques. Second, we report the outcomes of the project with suggested framings of public health approaches in policing. Finally, we report some of the ongoing challenges for communicating the approach, mobilizing it across policing and sharing it with partners in community safety.

## Our Approach and Process

Our goal was to identify and optimize communication on what public health approaches in policing are and what they mean in practice. Our primary audience was frontline policing. We aimed to produce communication guidance for policing in the UK.

Our approach was inspired by “framings” literature in communications research and practice. This body of work addresses the communication of complex, socially rooted issues (e.g., violence, health, inequality) to help enhance the chances of socially or structurally oriented responses (for example, FrameWorks Institute, 2002; Manuel & Davey, 2009). These approaches identify that people use mental framings to understand issues and depend on existing knowledge to construct them (FrameWorks Institute, 2002). Language and the way we communicate can affect these mental models. It can affect how we think, feel and act (Health Foundation, 2022). How we frame information – what we include and what we leave unsaid – is, therefore, important when trying to communicate new, complicated or complex ideas such as public health approaches in policing. Using simple and clear

terms in framings that are sympathetic to existing policing knowledge and values are likely to be helpful.

There were five phases to the work:

### *Reviewing existing documentation on public health approaches in policing*

This phase included searching for, sifting through and reviewing 99 documents relating to public health approaches in policing. Searching was both targeted and generalized. For example, we searched for and reviewed relevant documentation from all Violence Reduction Units and Partnerships and Police and Crime Commissioner strategies. We also used key search terms (e.g., “public health approach\*”; “population health approach\*”) in standard online search engines and reviewed a range of rich and detailed documents from them (for example, the US Centers for Disease Control and Prevention Violence Prevention website). We extracted information on how public health approaches were defined, what were their core elements and relevant additional information, for example, what elements of public health approaches were most heavily emphasized or highlighted.

### *Consulting with experienced practitioners about communicating public health approaches in policing*

Running alongside the documentation review, we conducted nine focused discussions with policing and public health professionals with a history of building and applying public health approaches in policing. Discussions centred on how they communicated public health approaches in their work, common phrases and terms used and what were the communication challenges.

### *Creating a long and short list of dominant and “edge” framings of public health approaches in policing*

Findings from the documentary review and consultations with experts were synthesized into a compendium of terms, phrases, concepts, statements, metaphors, analogies and common sayings used in the presentation of public health approaches in policing. How such sayings, phrases and terms were presented, or framed, were also noted. Particular attention was paid to how public health approaches and their elements were framed in the context of existing policing practices, operational challenges and policing values. Dominant universal values – or widely held societal norms and values such as the right of people to live in safety – were also noted as potential “hooks” upon which to hang potential narratives. “Edge” framings or narratives that were not dominant in our initial findings were recorded as potential alternative framings for testing.

### *Surveying police and public health professionals’ preferences on proposed framings using voting techniques*

This phase brought together the discovered range of elements to public health approaches in policing into a framework previously used in other, comparable projects (Health Foundation, 2022). This framework offered a structure to a communications process that forefronts the underlying causes of crime rather than its individual nature and consequences. Although dominant in societal discourse, public health approaches to policing highlight the importance of

the “causes of the causes” (“root causes”) or the wider determinants of crime. This is regarded as fundamental to the prevention of harm.

The framing technique included first, stating the problem, second, explaining the problem, third, illustrating with facts and finally, showing change is possible (Health Foundation, 2022). This structure was used to present a series of framed statements from which respondents could vote for their favoured option. This was first tested with the expert group, refined and then sent out as an anonymous online poll/survey using Microsoft Forms. Sixty-nine respondents from across policing (staff and frontline) and public health competed the poll.

### *Refining final framings through discussions with frontline policing*

Finally, online discussions with 10 frontline police officers working across different UK forces were used to refine the final output. These discussions centred on the content of favoured statements, what was missing from statements, the “flow” of the whole framing narrative and any problems or issues that might arise in using the framing. This phase highlighted some ongoing challenges on ensuring pragmatism, realism and balance while retaining a sense of ambition. We will return to these challenges in our discussion.

## A GUIDE TO FRAMING PUBLIC HEALTH APPROACHES IN POLICING

The project provided some clear guidance on how public health approaches in policing can be communicated at the frontline. Here we describe how it can be achieved practically based on the findings of the project. We suggest a four-stage process that identifies the problem, explains the problem, illustrates solutions and shows change is possible. This is presented in the form of possible wording with at least one alternative for each phase, depending on personal preference and context. Importantly, the core elements of each framing phase are identified; wording is primarily there for illustration. An interactive online version of the guide is available in the following website: <https://view.genially.com/684c115f-c279fa80356b340e>.

### **State the Problem: Too Many People Are Being Needlessly Drawn into Crime**

Opening up the conversation about a public health approach often starts with stating the challenge. It is important we identify what it is we are trying to address. At this stage we need to emphasize that people and places need to be safe to thrive, and that enforcing the law on its own will not solve the problem. Prevention is key.

We propose framing the problem in the following way:

*“Frontline officers see every day how people and places are needlessly drawn into crime – seeing the lasting consequences on lives, families and communities. Harm can be deep and enduring and can affect the lives of many generations, denying people the opportunity to live safe and fulfilling lives. We often hear we can’t arrest our way out of these problems; that prevention has to come first.”*

Alternative wording:

*“Policing is about preventing people from being drawn into crime. Prevention benefits everyone. It means we are free from fear and to live our lives in safety, reaching our full potential.”*

This phase of communications should also seek to avoid using defeatist or crisis language as this may encourage people to think that prevention is unachievable.

### **Explain the Problem: This Happens Because the Fundamentals – The Building Blocks – Of a Safe and Healthy Society Are Not in Place**

Once the challenge or issue has been introduced, a deeper explanation is recommended. This phase links the challenge of policing to broader societal issues, highlighting how the fundamentals or the basics of life such as good housing, good work and safe communities underscore policing challenges. Explanations connect to policing’s everyday realities and ask us to look beneath the surface of our common interactions.

Suggested framing:

*“Putting prevention first is a challenge. Frontline work is often about reacting in real time to an incident, crime or problem. This means we are often dealing with what’s on the surface. Yet we know that the roots of problems run deep into the foundations of society. A fair and safe society includes the building blocks of secure housing, good work and safe public spaces. When these are not in place, people and communities are more vulnerable to harm, exploitation and criminal involvement.”*

Alternative wording:

*“If you’ve been on the frontline a while, you begin to see patterns in your work. You see the same issues, maybe you’ll see a lot of the same people. Sometimes you’ll be in contact with different generations of the same family and it can feel like going round in circles. These experiences repeat because many of the foundations for a good life are not in place. These are basic things like secure housing, good work and a safe neighbourhood. When these are not in place it is easier to be drawn into crime.”*

These first two phases notably avoid distinguishing between victims of crime and perpetrators, recognizing that there are common characteristics among all those affected. This avoids feeding dominant mental dichotomies of victims and perpetrators, thereby avoiding reinforcing unhelpful and stigmatizing stereotypes. The explanation phase also balances the operational reality of policing (high pressure and time poor) with the aspiration to do more on prevention.

### **Illustrate with Solutions: Policing Has an Important Role in Supporting Safe and Fulfilling Lives**

In this phase we continue to build meaning by illustrating both the challenge that needs addressing and the solutions that public health approaches offer. Here we can use common metaphors and illustrations of the elements of the approach that feel realistic and achievable for frontline police.

This phase has two features: (1) illustrations that point us toward the logic of policing supporting the societal building block of safe and thriving neighbourhoods and, (2) providing examples of how that could be achieved in everyday work.

Suggested framings:

*“By building safe neighbourhoods and nice places to live, policing can stop crime before it happens or early on, preventing many harms and breaking cycles of repeat contacts. It’s about doing something now for better outcomes in the future.”*

OR (using a metaphor-driven approach)

*“Instead of pulling people out of the river, more preventative policing is about going upstream to stop new generations from falling in. We can build barriers around the river or bridges over the river and stop new generations from being drawn into crime and the suffering it creates.”*

AND

*“We can do this by focusing on actions like engaging families under stress and working with places experiencing repeated low-level problems before they escalate. We can also build partnerships with others tackling root causes like schools and councils.”*

This phase links observed challenges to logics of prevention and how it could be expressed in frontline policing practice.

### Show Change is Possible: Use Examples of National/Local Practice Where Public Health Approaches Have Been Used to Good Effect

The final stage is showing how change has been achieved and builds on the notion that examples of success are often persuasive. First, this phase highlights that policing is not expected to do this work alone but in partnership with others (e.g., local institutions and communities). Second, this phase includes providing examples of where public health approaches have been successfully applied in policing, showing that change is possible. These can be adopted at different scales and contexts from national to community level. While we provide examples in our guidance, policing is encouraged to build its own examples, tailored to context or locality.

Suggested framing:

*“Policing was never meant to do this prevention work on its own. But it is an important part in making it happen.”*

THEN

Provide examples.

*Local: Police in Camborne, Cornwall wanted to stop repeated problems with low-level anti-social behaviour among young people. They wanted to prevent it escalating and causing long-term harm to local people, young lives and the neighbourhood. They began by talking to young people and identifying what they wanted to see in their area. Young people in Camborne began to organize their own youth street dance group with the support of the police. This saw an enduring reduction in anti-social behaviour, anti-social behaviour*

*warnings and school truancy. The program has sustained for over 20 years.*

*National: Glasgow saw a significant drop in homicides by addressing the root causes of violence through early intervention programs and community engagement activities. Overall, the city prevented over 3,000 hospital admissions for violent injury.*

This phase could also be helpfully supported by using local knowledge and data to illustrate local challenges and evidence of progress, keeping in mind that data should be used sparingly when communicating with most audiences. We also suggest that activities and practices that fit under the public health approach umbrella such as trauma-informed practice, problem-solving policing or contextual safeguarding could be helpful examples to use at this point.

### DISCUSSION: CHALLENGES, LIMITATIONS AND NEXT STEPS

This paper has sought to outline and report on improved and more compelling ways to communicate public health approaches in policing. While set in the UK, the lessons from this exercise may be transferable to other settings facing similar challenges and seeking public health-driven solutions. It offers a structured, tested way to frame public health approaches that are simple, relatable and fit for purpose at the frontline. The challenge now is to mobilize and normalize the narrative structure across policing. This is an equally difficult task, particularly in the current context of resource-poor, time-squeezed and politicized environments for policing. While conducting the project, we noted that frontline officers and strategic leaders were at once enthused by early prevention and cautious about its feasibility, given operational pressures. There was also healthy scepticism about the extent to which this would change soon, despite recent political commitment to preventative policing (Home Office, 2024). We infrequently received deeper scepticism that upstream prevention was the job of policing at all. In this regard, it is encouraging that the ground on which the proposed framing might land is potentially fertile. Recent announcements of a renewed consensus agreement between the health sector and policing at a national level partly justifies this optimism (Department for Health and Social Care et al., 2025).

Mobilizing the framing is likely best achieved, and possibly further refined, by building the technique into routine early police service training. Collaboration with the College of Policing (a signatory to the recent consensus agreement) offers an opportunity to do this. It was also commented during the project that well-framed and clear communications from senior policing figures would help build the public health narrative and socialize others into its use. It is probable that a combined bottom-up, top-down approach is required.

In conclusion, this project has revealed a unique and useful set of actionable recommendations on how public health approaches in policing can be communicated well, with consistency and persuasively. While further refinement and testing is required of the framing itself and its influence on action (more preventative policing), it represents an important step in normalizing and growing an approach that holds much promise for the future of community safety.

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## CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

## ETHICS APPROVAL AND INFORMED CONSENT

Human participants were involved as consultees and respondents in this project. Ethics approval was not required because the project did not constitute research but was a commissioned consultancy to develop policing practice. The ethical principles of research were applied proportionately to the project: all consultees provided active informed consent and confidentiality and anonymity was guaranteed.

## DETAILS OF POSSIBLE PREVIOUS OR DUPLICATE PUBLICATION

This paper has not been published in any other form at the time of submission.

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