

Law Enforcement and Public Health

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Denise Martin • Richard F. Southby • Nick Crofts
Editors

Law Enforcement and Public Health

Partners for Community Safety and Wellbeing

 Springer

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We would like to dedicate this book to all the first responders and emergency personnel who have worked hard to see the world go through (almost!) the COVID-19 pandemic. Your efforts have been remarkable, and we are grateful for the work you do, protecting and caring for our families. To all individuals and families suffering from wars, poverty or illness, our thoughts go to you, and our efforts in our work are constantly directed at trying to make a positive difference to you, locally, and internationally.

Isabelle, James, Denise, Richard, and Nick

To Amélie and Nicolas: because you make EVERYTHING better and brighter, every day. And to Ouschka: because you deserve one too.

Isabelle

To Barb, Gabrielle, and Jack:

For continuing to listen to all my crazy ideas, yet still encouraging me to keep exploring. And to my fellow editors and contributors for allowing me to be part of this special project.

James

For Aaron the best boy.

Denise

*To Janet, my wife, for her love,
encouragement, and intellectual support.*

Richard

*To my best friend and mainstay, Kerri, and my
wonderful daughters;
and my inspiring friends, Bill Stronach, Auke
van Dijk, and David Patterson.*

Nick

Foreword

From Incrementalism to Radical Restructuring: A Preface

Law enforcement and public health (LEPH) have much in common. They share to a considerable degree the same operating spaces as they address specific ills like drug overdose, violence, road safety, and mental illness as well as the deeper social determinants of health and security like poverty and inequality. Both claim preventive roles in relation to social harms but devote considerable resources to responding to harms that have already occurred. Law enforcement is organized to be reactionary, responding to individual symptoms of social problems, and society enlists them to do so. It has been difficult to align individual and population approaches in the advancement of security, just as it has been difficult to achieve this alignment in the advancement of health.

Recognizing these spaces of common ground, the Global Law Enforcement and Public Health Association (GLEPHA) has initiated this collection of papers on the many and diverse facets of the LEPH intersection. We should remember the LEPH idea has a longer history, dating back to the first LEPH global conference in 2012 in Melbourne, Australia. The founders of the conference, Nick Crofts and Bill Stronach, from the Center for Law Enforcement and Public Health, shared the vision of bringing people together from both fields to recognize their commonalities and examine how they could harmonize their missions and practices. This was no easy feat and continues to be a challenge. Historically, public health academics and practitioners have been dubious, knowing that policing can be and has been harmful to health. Public health researchers argue that police are a social determinant of health. In any given interaction, policing agents—through their privileged tools of coercion and law—can undermine people’s mental and physical health. In a more distal sense, police play a role in sorting people into different life outcomes through the discretion granted them to funnel people into the criminal legal system, known to have tragic consequences for health.

Despite some scepticism around the LEPH idea, this rich collection of chapters is evidence that there is an appetite to cross boundaries and tackle shared problems.

Since its inception, the LEPH conference series spawned a network of practitioners and scholars working in a shared space of intellectual dialogue and peer-to-peer exchange of practical ideas. This book is a testament to the fact that GLEPHA has made gains in requiring actors from across LEPH to come together, recognize the limits of their practices, and reflect on the insularity of their institutional cultures. The LEPH idea has come alive by inviting participants to render themselves vulnerable, challenge their own framings, and develop common language to delineate this shared space. Pursuing this goal has been and will continue to be challenging for GLEPHA because all institutions contain residues of past ways of seeing.

In its detail, this book reveals the ways in which the LEPH idea has evolved and taken shape over the past decade, both in terms of substantive/operational areas of inquiry and in the nature of the collaborations that have produced these chapters. The authors of this collection are practitioners and researchers, working collaboratively to advance our understanding of institutional partnerships, the keys to successful inter-operability, and the factors (e.g., institutional, cultural, legal, financial) that limit the full potential and sustainability of joined-up initiatives. This collection also shows in action the ways in which academics are interrogating their disciplinary limits in efforts to advance LEPH theory and methods. Perhaps most importantly, this book also signals the need for researchers and practitioners to challenge their standpoints—shaped by their geographies, occupations, and positions of privilege—to propel the evolution of LEPH towards a focus on the needs, concerns, and experiences of our most vulnerable populations, particularly in the Global South.

Centring the Global South and centring all marginalized populations in the advancement of theory, methods, evidence, and practice has been important to the LEPH agenda since its inception. Yet, this commitment has been and continues to be extraordinarily difficult to fulfil. The bulk of LEPH scholarship and the bulk of participation at LEPH conferences have been dominated by the knowledge and experiences of people from upper-middle and high-income countries. Because of this, certain kinds of institutions and institutional arrangements for advancing public safety and health are taken for granted. Moving forward, the LEPH idea may best evolve and grow by creating spaces for a plurality of voices to challenge dominant assumptions and frameworks about how we govern in furtherance of common goods. Bringing a diversity of thinking and experiences to writing, networking, and institutional innovation will help GLEPHA enhance its commitment to equality in all forms.

Prevailing over marginalization and inequality is at the heart of the current agenda for advancing the LEPH idea. In one part of the world, the United States, there is a reckoning over police brutality, but state institutional violence is a recognized lived experience in many parts of the world. Prevailing over inequality calls for broad and sustained attention to the structural conditions that make community safety and well-being possible. Inequality, including but not limited to structural racism, continues to be woven into the fabric of laws, policies, and institutions that shape public safety, health, and wellbeing. The harmful effects of laws that sort people into different life trajectories can be exacerbated by the harms of weak public health infrastructures

and institutional dysfunction. The COVID-19 pandemic has shed harsh light on social health inequities arising from broken health systems in many parts of the world.

Recognizing the many visible and invisible vectors of inequality, we believe that GLEPHA, and the LEPH idea, face their greatest challenge to date. Implicitly, the LEPH idea was based on an incremental view of change. How could we alter the mentalities, institutions, and practices of policing to generate less harm to the public's health? How could law enforcement and public health institutions collaborate operationally or strategically to act on shared social problems? How could the best thinking and tools of public health be brought to bear on the practice of policing to instill considerations of health into the doing of police work? What do public health researchers and practitioners need to know to understand the demand conditions on police and the lived realities officers face as they seek to provide temporary remedies to people in distress and communities plagued by crime?

Perhaps it is no longer sufficient to stimulate new thinking about how police and public health can better align. We have long understood that prevention beats response, and that prevention entails addressing the deep structural drivers of crime and illness as social determinants of health. Investment in housing, education, public amenities coupled with policies that significantly reduce glaring racial and economic inequality through new tax and fiscal policies is essential, not just to short- or medium-term improvement but to the viability of democratic societies. GLEPHA is a global organization that can foster dialogue about the signs, symptoms, and roots of inequality within and across LEPH. How might the people and institutions driving the LEPH idea forward build in design elements—to conferences, publications, practices—that foster creative thinking about the legal and institutional arrangements that could give concrete effect to the LEPH idea in different parts of the world. What the solution will look like will depend on where you live and how governance is imagined.

The answer to the question of whether this incremental approach is the best way forward to advance LEPH is necessarily dependent on context. Some may argue that a mission of incremental, sensible improvements in long-entrenched institutional and professional arrangements will not add sufficient value in a world where more is demanded. In the United States, some people are calling for the abolition of police, based on the argument that the police institution is built to violently sort people and populations into unequal trajectories. What an institutional 'replacement' would look like is now a part of the American conversation. Yet, there is no guarantee that what might be built in its place would be good for public health unless the structural determinants of health are fruitfully addressed through the deep issue that connects other social systems, institutions, and laws.

Likewise, in the face of COVID-19, we are seeing the limits of public health agencies in responding to epidemics driven by dramatic underlying inequities. Health agencies are still set up and funded on a model of 'disease control and prevention' rather than promoting the broad social wellbeing that makes communities strong. People working in public health are struggling with the practical questions of turning the analyses of social epidemiology into institutions and practices

fostering social equity. ‘Defund public health’ would be a terrible slogan, not least because the defunding has already happened and is part of the problem; but reimaging public health and its institutional design is more urgent than ever.

GLEPHA could continue to nourish and grow conversations about the future of incrementalism. But perhaps there is a place for it to create viable opportunities for scholars, researchers, and people with lived experience to illuminate new possibilities. We live in a moment where notions of abolition and reinvention are in the current thought space of everyday people. That said, the idea of reinventing governance and building new institutions is not a new idea, especially in low- and middle-income economies where state authority and capacity is illegitimate, weak, or both. LEPH was always meant to be a global idea. Perhaps there is space to reflect on what new institutions—working to harmonize law enforcement and public health—could look like, who should own them, who should direct them, and what tools and authority could be granted to them to advance security, health, and wellbeing at the population level. Into the future, GLEPHA should foster not simply a space for dialogue, but a strong listening stance in order to learn what might be possible or what might be out of our reach because we did not see what was in our periphery.

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Wayne Helfrich is educated in pharmacology and has 20 years of experience in disease management. He is a committed life-long human and health rights activist for queer and other marginalized population groups. Wayne moved from academia to private practice to NGO sector and now finds himself in full-time politics and policy design.

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Elida Meadows, BA (Hons) Communications, MA has worked in policy and research in the mental health, drug and alcohol, and multicultural sectors for the past 15 years. A researcher, consultant, and historian, Elida's interests include the movement of people through diaspora, displacement, migration, pilgrimage, and travel and the marginalization of people in Western society. Her publication and research interests have explored intersections of place, time, liminality, and identity, and she has presented talks and conference papers on various topics including identity, travel literature, migration history, and heritage.

John Middleton, PhD was a Director of Public Health in an English Health administration for 27 years before moving on to national and international public health professional roles. He is currently President of the Association of Schools of Public Health in the European Region (ASPHER). He has retained a strong interest in policing, law enforcement crime, violence, and public health throughout these different roles.

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Konstantinos Papazoglou, PhD, CPsych is a licensed psychologist (clinical and forensic). His research work focuses on law enforcement stress, trauma, wellness, performance, and resilience. He is the founder and director of the ProWellness Inc., a division of his psychology professional corporation, in Toronto, Ontario, Canada. In addition, he is also the principal founder of the POWER Project: A non-profit public benefit corporation in San Diego, California, USA. He completed his postdoctoral appointment with Yale School of Medicine. He served as a police officer for 15 years with the Hellenic national police and he resigned as a police captain. He authored numerous scholarly articles, edited books, and presented in many major conferences.

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About the Editors

Isabelle Bartkowiak-Théron, PhD is an Associate Professor in Policing and Emergency Management at the University of Tasmania, Australia. She specializes in socio-legal studies, with a particular interest in police interaction with vulnerable people. She is the lead senior researcher on the vulnerability, police education, and law enforcement and public health research streams at the Tasmanian Institute of Law Enforcement Studies. In her teaching capacity, she coordinated the Tasmania Police Recruit Course for the University for ten years, within which she still teaches on police interactions with vulnerable people and the related legislation. An award winning educator, she is the recipient of the University of Tasmania 2020 Teaching Excellence Medal. Isabelle sits on the Board of Directors of the Global Law Enforcement and Public Health Association, heads up the Education Special Interest Group, and sits on the First Responders Mental Health Special Interest Group, as well as the Prosecutors Group. She has been the deputy chair of the Tasmanian Human Research Ethics Committee since 2018. She occasionally consults on the UNODC on vulnerability matters and international curricula. Isabelle sits on various international journal editorial committees and on international and Australian charitable, professional, and research governance boards, the Australian Institute of Police Management Ethical Review and Research Governance Advisory Committee, and the Australia New Zealand Society of Criminology. She sat on the Australian Crime Prevention Council as the executive member for Tasmania and on the Tasmanian Sentencing Advisory Council until 2021. She has two amazingly wonderful children and is often seen with knitting needles in hand.

James Clover, MPA has been responsible for a variety of roles in policing including undercover operations, gangs, high-risk offender assessment and management, training, hate crime investigations, and combating human trafficking and sexual exploitation. He has represented Canadian police education and training in his previous roles as a National Advisory to Police Training and the Chair for the implementation of the National Police Training Inventory. He has conducted research and provided consultation to several countries, including Tampa Florida (2014) and Melbourne Australia (2012). In 2018, James was awarded the 2018

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Denise Martin, PhD is a Professor of Criminology at the University of Abertay in the city of Dundee, Scotland. She has had a long career as a researcher in the field of Criminal Justice and her work has involved working with vulnerable groups and practitioners across a range of issues. Her interests are primarily around partnership working and examining ways to effectively support communities resolve issues around crime and anti-social behaviour. She also has a strong interest in learning and education in the field of criminal Justice, specifically leadership and organizational change. She has worked on projects focusing on alternatives to custody for young offenders (with the Children's Society), understanding the experience of school aged children's crime victimization, and evaluating coaching for women offenders. Professor Martin has also been awarded funding from a variety of organizations, including the Scottish Prison Service for a project of prison officer professionalization, the Home Office to examine emergency service collaboration, and Police Scotland to evaluate a National Crime Unit established to Investigate Child Abuse cases and an evaluation of the Prevention First initiative, to introduce a preventative approach to tackling local community issues like anti-social behaviour and violence. She has published a number of articles and edited two books, one on *Crime, Anti-Social Behaviour and Schools* (Hayden and Martin 2011, Palgrave Macmillan) and one on Police Research (*Introduction to Policing Research: Taking Lessons from Practice*, Brunger, Tong, and Martin (2015)). She has been the Associate Director for the Education and Leadership Network for the Scottish Institute of Research since November 2016. She is a member of the Law Enforcement and Public Health Special Interest Group for Education.

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Nick Crofts, AM MBBS, MPH, FAFPHM is an epidemiologist and public health practitioner who has been working in the fields of HIV/AIDS, illicit drugs, harm reduction, and law enforcement for over 30 years. His major epidemiological work has been on the control of HIV and hepatitis C among injecting drug users in Australia (for which he received an NHMRC Senior Research Fellowship) and globally, including almost every country in Asia, for which he received the International Rolleston Award from the International Harm Reduction Association in 1998, and was made a Member of the Order of Australia in 2018. He was at the Burnet Institute for Medical Research and Public Health for 19 years, where he was instrumental in building its Public and International Health arms, and was Deputy Director for 5 years. He was Director of Turning Point Alcohol and Drug Centre for 3 years, and then at the Nossal Institute for Global Health for 3 years. He was Visiting Senior Research Fellow at the UN Interregional Crime and Justice Research Institute in Turin in 2012 and is currently a Senior Expert at the International Development Law Organization in The Hague, resident in Amsterdam. He has been a member of Australia's National Council on AIDS three times and has performed multiple consultancies for WHO, UNAIDS, UNODC, AusAID, and other bilateral and multilateral agencies. As a designer and technical director of AusAID's flagship HIV/AIDS programme in Asia, ARHP 2002–2007, he was instrumental in building capacity among SE Asian police forces in relation to HIV and has worked in many settings forging relationships between police and public health. Through the Centre for Law Enforcement and Public Health, of which he is founding Director, he founded the Law Enforcement and HIV Network (LEAHN) in 2009, convenes the International Working Group on Policing Marginalised Communities, and is Director of the annual Law Enforcement and Public Health Conferences (LEPH2019, Edinburgh, October 2019) from which the Global Law Enforcement and Public Health Association has grown. He is married to his best friend, Kerri, and has four remarkable young women as daughters.

Abbreviations

ACE	Adverse Childhood Experience
AOD	Alcohol and Other Drugs
CIT	Crisis Intervention Teams
CLEPH	Centre for Law Enforcement and Public Health
CVE	Countering Violent Extremism
DEN	Drug Education Network
GLEPHA	Global Law Enforcement and Public Health Association
HIV	Human Immunodeficiency Virus
LEAN	Law Enforcement Against Narcotics
LEPH	Law Enforcement and Public Health
LGBTIQ	Lesbian, Gay, Bisexual, Transgendered, Intersex and Queer
LGBTQ2	Lesbian, Gay, Bisexual, Trans, Intersex, Queer, and Two Spirited
LMIC	Low- and Middle-Income Countries
NGO	Non-Governmental Organization
OPS	Overdose Prevention Sites
PEPFAR	President's Emergency Plan for AIDS Relief
SAPS	South African Police Service
SDOH	Social Determinants of Health
SOLD	Supporting Offenders with Learning Disabilities
SWEAT	Social Workers Education and Advocacy Task Force
SWEEP	Sex Worker Empowerment and Enabling Environment Prog.
UN	United Nations
WHO	World Health Organization
YMCA	Young Men's Christian Association

Part I
Historical and Conceptual Issues

Chapter 1

Conceptual and Practice Tensions in LEPH: Public Health Approaches to Policing and Police and Public Health Collaborations



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Introduction

The intersections of law enforcement (especially police, but also other professions involved in criminal justice, such as public prosecutors) and public health are manifold, covering the widest range of social issues. Partnerships between police and health agencies have a long history in practice, with an evolving history of collaborations, and are increasingly seen as critically important. This cross-sectoral approach to complex social issues has been inadequately recognised and understood.

One aim of this collection is to consolidate literature on the topic of law enforcement and public health (LEPH); it is also to provide a critical analysis of how effective police and public health partnerships have been to date. Questions of effectiveness (and cost-effectiveness) are at the forefront of public policies, not only because of measures of austerity, but also because of relatively recent analyses that

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have revealed redundancies or gaps in problem-solving. More recently still, there has been scrutiny around the remits of policing and of public health, and reinvigoration of the question as to whether such problem-solving should better sit in early primary health prevention, rather than in the hands of police at (crisis) intervention stage (Bittner, 1967; Toumbourou et al., 2007; Millie & Herrington, 2014; Punch & James, 2017).

Although the justice and law enforcement industries are partners in the delivery or in facilitating access to public health services and outcomes, the essential role of brokerage played by police has only recently started to be formally acknowledged by other stakeholders (Asquith & Bartkowiak-Théron, 2017; Wood et al., 2015; Wood & Watson, 2017). In light of such a late acknowledgement, it should not come as any surprise that with issues characterised as being the responsibility of either the health system or the criminal justice system, outcome measures have been similarly demarcated (van Dijk et al., 2015) and that reliable measures of service referrals, collaboration or integration have been hard to find. There is now much evidence that such polarisation, in core business and evaluation, is detrimental to any process and that law enforcement and public health agencies often work with the same clientele, sometimes simultaneously, often at different times and according to a different timeline. They also sometimes work at cross-purposes.

This collection gathers some of the leading thinkers and practitioners in the articulation of LEPH partnerships, in a consolidation of the scholarly work done to recognise and enhance joined-up solutions to complex social problems (van Dijk et al., 2019). Together, we analyse the principles critical in the building of efficient, sustainable and productive cross-disciplinary partnerships between health and police. In painting the landscape with a broad-brush, we provide a canvas for our contributors to build an argument for the necessity of law enforcement and public health collaborations (LEPH). We define key terms and break down the major themes that underpin this collection.

A Rationale for LEPH

The need to build efficient partnerships to address complex issues—very often characterised as ‘wicked issues’ (Fleming & Wood, 2006)—is not a new idea (Bittner, 1967; Punch & Naylor, 1973; Punch, 1979; Butterfoss et al., 1993). However, systemic siloed practices, policies, agencies, underpinning assumptions, workforces and budgets have created disparate cultures in the law enforcement and public health sectors (Burris et al., 2010; Shepherd & Sumner, 2017). This disjunction has often led to the failure to address complex social issues adequately, resulting in an aggravation of crime, antisocial behaviours, ill-health and ultimately death. This has particularly been documented in the fields of substance use, sexual assault

or mental health (themes that are explored in further depth in Chaps. 8, 9 and 12 of this collection).

The sharing and complementarity of information and responsibilities, especially in the fields of policing, criminal justice, and public health, present challenges as far as ways of working and the daily job routine is concerned (Shepherd & Sumner, 2017). It also creates difficulties in the design of policies and in the allocation of budgets across multiple government areas, co-opted evaluation measures, mixed methods analysis, goal sharing and shared visions (Burris et al., 2010; Bartkowiak-Théron & Asquith, 2016). The study of partnerships, in practice, theory and policy, constantly reveals issues with their creation, sustainability, resourcing, overarching goals and actual machinery.

As a result of such a conflicting terrain, it is unsurprising that public health has underestimated the role of law enforcement in helping to achieve its goals. Unremarkably, law enforcement has done the same in failing to recognise the importance of its function as a partner in fulfilling the overall public health mission. However, these historically specialised fields are increasingly beginning to understand the inextricable links between public safety and public health. In part, such realisation of how enmeshed both fields are has resulted from deliberations about health practitioners as procurers of public safety, as much as about the role of police as public health interventionists and facilitators (Wood & Watson, 2017; Asquith & Bartkowiak-Théron, 2017). Part of this is a shift in thinking about law enforcement officers as guardians, as opposed to warriors (Wood & Watson, 2017), and of health practitioners as facilitators of public safety. At the centre of such deliberations and re-conceptualisations of roles and remits, leaders and managers, especially at local government level, are essential to bring a new organisational ‘flavour’ and sensitivity to business as usual, shaping debates and shifting policies and practices towards more integrated practices (Sharma & Hossain, 2019).

In some way, the movement of LEPH is guided by community imperatives for joined-up, more visibly effective solutions. As we explore the various contributions in this collection, we are made very aware of conflict in how police and the public health operate—both in the shared and separate spaces. The health and wellbeing of communities is an all-of-system responsibility, and continuing to operate in silos to meet that responsibility will not further the efforts to achieve satisfactory outcomes for all involved.

In shaping this introductory chapter, we want to emphasise an urgent need to develop knowledge and broaden theoretical positioning, and to advocate for practices that have less to do with collaboration and more to do with a fundamental integration of services. We aim to do so by dedicating a whole collection to the analysis of not solely the conceptual, ethereal idea of partnerships, but in showcasing examples where partnerships, collaboration or integration have worked, or failed, and in drawing on the very large literature in public health on this topic, and the, perhaps more limited but increasing literature in criminology and policing.

Key Themes

Five key themes underpin this collection. We see these themes as essential in setting the tone of the book, and all contributing authors have used these as guides in considering the ways in which to focus an argument around LEPH. While not all themes are addressed in all chapters, most chapters address one or more of these.

1. The first key theme revolves around the underpinning principles of public safety that inform approaches to LEPH and how these dominate or conflict across sectors. In considering LEPH, one must systematically consider what issues or components of a crisis are prioritised in a field of practice or in a scholarly argument that focuses on dealing with vulnerable populations (Karpati et al., 2002). One of the main issues here is that such prioritisations are not always easy to reconcile or holistically address, which raises the question as to why such reconciliation seems unsurmountable in the first place. Some examples or case studies in this collection do demonstrate, however, that some collaboration principles can effectively reconcile and showcase the mechanics of such integration in practice.
2. Collaboration and partnerships as an organising principle of LEPH and the ways in which they work effectively are the second main theme of this collection. The benefits of collaborative approaches and the challenges in working in effective, collaborative manners are scrutinised and often characterised as non-negotiable practice that should be more of a norm than an exception. Authors explore and provide evidence of the various ways in which collaboration has been successful (what were the internal/external drivers that impacted on these: structures, culture, resources or relationships) and also highlight what went well/not so well in other situations.
3. It is only logical, then, to focus on governance frameworks as a subsequent theme, and how these support or hinder the progress of LEPH collaborations and integration. In examining how LEPH collaborations can unfold to their full potential, it is necessary to analyse the broader structural elements that work collectively to enhance or inhibit policy, strategy and legislation development to support the LEPH agenda (Julian et al., 2017).
4. Resources through times of austerity or challenging circumstance that are likely to impact us globally over the next few years is our fourth theme. Budget cuts have plagued the health system across many countries for a number of years in the Global North, with the Global South suffering from constant lack of critical resources overall. In examining how LEPH collaborations work in both cases, we can learn deeply from situations where collaborations, built from the ground up, have been the necessary accommodations to shrinking budgets that are out of synch with government and public demands to do more. Such resourcing issues continue to impact upon the LEPH agenda, with agencies often reverting to looking inwards when times become too tough, financially. But, we argue, one way to resolve these financial and other resource limitations is thinking how best

to use both monetary and other opportunities and assets, such as physical, environmental and people resources in better and more effective ways.

5. The building of evidence across the broad field of LEPH is crucial in recognising both success and failure. However, collaborative partnerships are often difficult to measure, due to diverging core businesses, performance indicators and (hard or soft) measures of impact (van Dijk et al., 2015). The point remains that evidence should inform the field about how to approach or create a momentum in LEPH to support its longer term and continued growth as a field of critical importance. Here we argue that programme evaluation should form a key aspect of the LEPH space. More critically, we mean evidence not through applying a narrow or prioritised methodological approach, but in a way that builds knowledge of what is effective, where, when and who, taking into consideration that adaptations need to take place depending on the contexts in which LEPH innovations occur.

Structure of the Book

This book is built in three parts which progressively examine the conceptualisation and operationalisation of the LEPH field.

Part I combines contributors' considerations of historical and conceptual issues relating to LEPH.

In Chap. 2, John Middleton provides a reflexive account of how he observed the development of the collaboration of law enforcement and public health throughout his career, and how it has always been a reality of public health administrators. What essentially existed as 'communities of interest' slowly progressed into partnerships of necessity which then became statutory to address complex issues of emergency. The sheer array of issues presented in this chapter is an illustration of the broad range of topics that are, or should be, addressed in partnership, due to their complexity. It also highlights the sobering dawn of LEPH problems which present new and unparalleled challenges, from cyber-crime to climate change.

James Clover provides a careful, and much needed (re-)consideration of the definition, role and remit of police in Chap. 3. By asking the question of what police do, and what we want them to do, Clover examines the morphing of a role that was initially perceived and codified as solely revolving around incidents of crime, into the reality of responding to the nature of incidents, that are less about criminality and more deeply rooted into pre-existing situations of deprivation.

In Chap. 4, Bartkowiak-Théron and Asquith reprise the issue of vulnerability as a core concept in the LEPH field, but examine the recent worldwide events that have precipitated a renewed attention and an un-deniability of the universal nature of vulnerability. Increased attention and media coverage of the #Defundthepolice and Black Lives Matter movements, as well as the heart-breaking death of George Floyd, present sobering and important calls to action.

It is only natural to place, early on in this collection, the communication/dissemination of what works and how to do it in LEPH partnerships through education and

training of practitioners. There are many models for accomplishing the education and dissemination of goals that preoccupy not only many of our contributing authors but also many practitioners who have shaped LEPH debates. Some of these models include work-integrated learning, coaching and mentoring, online delivery of theory and practice modules, etc. It is justified to question what models underpin curriculum development and educational strategies that are emerging in this field. In Chap. 5, Richard F. Southby and Brandon Del Pozo dissect the need for strong education practices to facilitate the operationalisation of LEPH partnerships. Societal expectations of law enforcement are evolving globally, and these have implications for the education and training of police and their expanded roles in society. The ‘militarisation’ of law enforcement is evident in many countries and has resulted in undesirable practices and negative reactions from communities. The professionalisation of policing demands more collaboration and partnerships in education, training, professional development, expansion of applied research and evidence-based policing.

Each part of this book finishes with a chapter, introduced by one of the editors, which features the voice of professionals on specific issues explored in the previous chapters or introduces new issues of interest that are relevant to the part’s main topic. It was important for us, as editors who constantly engage in both the practical and scholarly fields, to include voices from both practitioners and academics in this collection. Particularly, we insisted on the importance of providing some visibility to the many issues that are of prevalence in LEPH, especially those that are of crucial importance to practitioners. We have therefore provided practitioners with a platform to describe the intersect of police and health and how that intersection impacts their respective field of work. We called these ground-up contributions to the collection ‘Community voices’, and we have placed them in the parts of the collection that they illustrated best.

To conclude Part I, Jurman and Turner highlight the importance of communication and procedural justice to effectively engage with vulnerable groups. Chapter 6 starts with an analysis of the impact of adverse childhood experiences, by Dan Jurman. Adverse childhood experiences are traumatic events that happen before the age of 18 years. Their prominence came to the fore in the 1990s after a study by the Centers for Disease Control and Prevention linked their occurrence with significant negative outcomes in adult life, from substance and dependency issues to crime or further victimisation. The second one, from Shelley Turner’s social work perspective, provides some insight into the brokerage role police officers play in the broad public health continuum, insisting on the importance of adaptable communication techniques and skills.

Part II explores in further depths the kinds of partnerships that are needed for LEPH to function. In many communities and organisations cross-disciplinary partnerships are celebrated precisely because they are still relatively unusual (if not, at least not documented as such), but that does not necessarily mean they are effective at solving wicked problems. Authors provide a critical stance and dedicate close attention to scientifically sound evidence on what works at every level in partnerships, and what brings the demise of joint ventures. In Chap. 7, Taylor, Corley,