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INTRODUCTION

Researching law enforcement and public health

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ABSTRACT

Academic and practitioner attention to law enforcement and public health/LEPH is relatively new. Its seemingly fresh promise can convey a picture of smart, joined-up and reflective inter-agency cooperation to assist the vulnerable and to support victims. But arriving at and establishing cooperation between the two worlds has been a prolonged and even vacillating process, while continuity may now be endangered. This Special Edition interrogates LEPH in detail; how has it developed, what are its current trajectories, and can its promise adapt and even survive in these tough times? The contributors pay special attention to the conceptual and research foundations that must underpin effective and just engagement between LEPH.

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The changing face of crime is creating new demands on policing, *with public safety and concern for welfare incidents now representing the largest category of incidents in some forces*. While recorded crime continues to fall, calls related to modern slavery, child sexual exploitation, vulnerable adults, domestic abuse and mental ill health are all increasing – the Metropolitan Police Service [London] estimates that mental health issues now account for at least 20 per cent of police time. And all this is happening just as resources are being severely squeezed and agencies are withdrawing from partnership working to focus on their core statutory duties. (emphasis added: from ‘Policing and protecting vulnerable people: improving the police response to harm and risk: The Police Foundation’s annual conference’, London 2015)

Introduction

Academic and practitioner attention to law enforcement and public health/LEPH is relatively new. Its seemingly fresh promise can convey a picture of smart, joined-up and reflective inter-agency cooperation to assist the vulnerable and to support victims. But arriving at and establishing cooperation between the two worlds has been a prolonged and even vacillating process – domestic violence and violence against women, for example, was for long systemically denied and neglected – while continuity may now be endangered. Indeed, the current dilemma for LEPH in the UK is well conveyed in the 2015 London conference announcement quoted above. In the UK there has been a bevy of reports from academics, support movements, special inquiries and from within and around policing – including the Police Foundation, College of Policing and Her Majesty’s Inspectorate of Constabulary (HMIC 2015) – promoting support for vulnerable populations. At the same time a politically induced narrowing of the mandate to focus on crime control, plus swingeing austerity measures, has put pressure on UK police forces to cut back on ‘social’ tasks and public health partnerships. The Home Secretary, Theresa May, has even berated the police that they are not social workers

but crime fighters (van Dijk *et al.* 2015, p. 1). Yet this is precisely when demand for emergency services and closer cooperation between agencies is rising: cutting costs across service agencies simply serves to increase the population in need who are not gaining access to care and who are likely to come to the attention of the police for various reasons only to find less police readily available while those officers are being told their only task is to cut crime (O'Hara 2014). In short, we are looking not at steady state but rather at an area that is shifting, volatile and replete with debate, dispute and uncertainty.

What, then, is LEPH; how is it to develop; and can its promise adapt and even survive in these tough and turbulent times? And especially in this special edition, what does research tell us about it? That in turn has to appreciate that both areas – and the interactions between them – vary between agencies not only cross-culturally within societies but also cross-nationally. In western societies in recent years, for instance, both domains have come under increasing scrutiny and financial pressure and with law enforcement subject to the vagaries of socio-political change, regime change in institutions, new legislation, moral panics and fiscal restraints. Indeed, at times policing is rather like the medieval religious procession of Echternach (Luxembourg): this was three steps forward and two step backwards. Except in policing the number of steps forwards, and especially backwards, can vary. This can give policing a somewhat jerky, cyclical or even oscillating nature with a few diffuse concepts – like the infinitely elastic 'community policing' – being promoted, abandoned or recycled with a poor institutional memory, loss of competencies, dependency on specific champions and with increasingly cynical front-line personnel who have endured several cycles. It is important then that we, as academic proponents of the LEPH area with an underlying reform thrust, bear in mind the vagaries of this area within neo-liberal societies that pursue radical 'reform' of service agencies along with harsh austerity. We have, alas, not been able to address this matter in Third World countries, where there are many rich and interesting examples to be found on this area, but intend to do so later and elsewhere.

Although it is posited as a 'new' area, certain aspects of LEPH have been touched on earlier. The leading US pioneer of police research, Egon Bittner (1967), wrote of police having to cope with the mentally ill on the streets some 50 years ago. And Punch and Naylor (1973) analysed calls to the police in a British force which revealed that most calls from the public were not crime related but were for help, advice and diverse public health issues: similar projects have consistently delivered similar results.¹ Punch (1979) subsequently wrote of policing as the 'secret social service': perhaps 'reluctant' might have been more accurate. But for a number of reasons some western forces have in recent decades embraced a broader social and caring role although, as intimated, that may now be under threat.

The LEPH topic has not really been approached as a potentially distinct and interlocked policy and research area. However, Nick Crofts at the University of Melbourne has with others begun to promote it recently. He has a medical background as a general practitioner, researcher and project manager with a special interest in disease/HIV and epidemics globally but particularly in the Third World. He initiated the first LEPH conference in Melbourne in 2012; the second conference was held in Amsterdam in 2014 with the help of Auke van Dijk (Dutch National Police, Amsterdam); and a third conference will again be held in Amsterdam in 2016. In Amsterdam the Mayor, Police Chief and Head of the Health Service all support the forthcoming conference along with the Free University Medical Centre/VUMC.

Police paradigms

From the law enforcement perspective, which is the prime domain of this journal, it is necessary to examine the shaping of modern policing; and then look at the contemporary drivers of change and their impact on policing in this area. One key matter is that historically some Continental European police forces adopted a militarised model with the police as a state agency geared strongly to public order, crime fighting and intelligence gathering (Brodeur 2010). Generally forces with this 'control'

paradigm avoided 'social tasks' including the public health area. In contrast, the Anglo-Saxon 'consent' model, shaped in the early nineteenth century UK, was based on a non-military style of patrolling the streets by unarmed officers who came under local control (van Dijk *et al.* 2015). This gave them a different relationship with the public than on the Continent, while they were often given broader regulatory tasks and duties than simply law enforcement.

In early US policing, moreover, officers sometimes not only kept the peace but also swept the streets and put out fires while they might concern themselves with runaway juvenile; stations were even constructed to accommodate such youngsters (Miller 1977). And following the founding of the London Metropolitan Police in 1829 it was said to have:

... regulated traffic, ensured that pavements were unimpeded, kept a watchful eye for unsafe buildings and burning chimneys, licensed street sellers and cabs, administered first-aid at accidents and drove ambulances, administered aspects of the Poor Law, and supervised the prevention of disease among farm animals. (Emsley 1996, pp. 3 and 83)

The police later took on school attendance duties while some British forces ran boy's clubs, arranged picnics and Christmas dinners for poor children and gave them clothes. These may have been local initiatives but they reflect a model of policing which is close to the public and has a range of regulatory tasks alongside narrow law enforcement. Importantly, this style was more likely to make officers approachable and be seen as trustworthy. Indeed, some UK, US and Dutch forces have in past decades strongly promoted a 'service' orientation geared to community needs and to protecting citizens. In forces in certain other societies, however, police were and are perceived to be distant and unwilling to aid citizens in trouble for diverse reasons such as a rigid mandate and discouraging interaction with the public. It is plain, moreover, that in certain societies the public has low or no trust in the police. The consequence is that people do not go to the police with a problem in some countries in Asia, Africa, South America or Eastern Europe where some police systems are corrupt and repressive and officers are viewed as untrustworthy.

A key question has to be, then, what sort of society are we talking about? For instance, several European societies developed during the last century 'welfare states' promising support for the needy and provision for those with ill health. The ideal was to produce an increasingly healthy and educated population along with the elimination of gross poverty. In practice many people did become healthier but then they lived longer adding to health costs; health provision also created a need, especially for psychiatric services, while there was an increasing accent on prevention; and medicines and medical technology became increasingly sophisticated and expensive. And while abject poverty was largely absent there remained groups of disadvantaged people – often with unhealthy lifestyles and an accumulation of social problems – who have in recent years been pushed into long-term unemployment or poorly paid, insecure work (O'Hara 2014). In effect, the welfare states – with all the benefits they undoubtedly bring – have tended to create huge and expensive institutions and have become open to dispute and change in the harsher political climate of recent years.

In practice the main agencies involved in the UK – health, education, welfare and social services – tended to operate in the post-WWII decades as distinct silos. Little thought was given to interaction between the agencies locked within those silos. The dominant focus within policing, for example, was on crime control and public order, the occupational culture typically derided service work as 'soft' and relationships with other agencies were often adversarial. Regarding the Dutch Police in the late 1960s, van der Vijver (2009) conveys a strictly legally oriented agency that instrumentally processed people – narrowly viewed as victim, witness or suspect – for the criminal justice system. It was a defensive, unreflective and insular bastion and members of the public were viewed as the 'enemy'. Doubtless there were in diverse societies, or in particular agencies, forward thinking and humane people who willingly cooperated with other agencies. But institutionally there was typically low if not poor coordination across and within agencies to the disadvantage of the populations in need.

The vulnerable and criminal justice

Yet it has become patently clear from academic research, government reports and interest groups that a disproportionate number of those processed by law enforcement and the wider criminal justice system/CJS – leading to arrest, questioning, trial, sanctioning, incarceration, probation and the stigma of a criminal record – are the poor, the disadvantaged and those with a limitation and that, in turn, a significant number of these are from ethnic minorities. For many of these people the CJS is a hostile, intimidating system which is felt to be loaded against them; and police are its gate-keepers. Throughout the processing cycle of those exposed to the CJS the institutional impact is threatening to personal autonomy and a sense of worth. There is arrest (handcuffs, body search, police cell); investigative and judicial processing (cold and clinical if not aggressive); initial court proceedings (formal and technical); remand prison (cheek by jowl with diverse types of detainee); trial and sentencing with cross examination perhaps on intimate aspects of one's life including one's medical condition or sexual conduct; and incarceration with a stripping process, adjusting to the harsh regime and surviving the tough inmate system. And then there is the insecure process of release, parole and rehabilitation.

The CJS is, then, for many a debilitating and humiliating set of processes and experiences in which the weak are at a disadvantage at every stage. This is graphically portrayed for the US in the grim media reports conveyed by the *Marshall Project* and *The Crime Report*/TCR websites.² The poor and vulnerable are patently too often discriminated against, abused by officials and inmates, not given their rights, denied the medical treatment due to them and become victims of a cruel, inconsiderate and broken system. Ironically federal prisoners were the only group of Americans with a constitutional right to health care following the 1976 Supreme Court ruling *Estelle v. Gamble* – that prisons were required to provide adequate medical care to inmates.³ For to a large degree the CJS is favourable to people with social and cultural 'capital' and/or financial resources, who can present themselves favourably (in dress, demeanour and language), give convincing explanations, can play a deferential role and display repentance, express a determination not to reoffend, have a convincing family and/or social support network and can return to employment or have prospects of employment. It is valuable if the person is literate, is a native speaker or can cope with the language of the system – and can use a computer. And maybe they can pay for a good lawyer: or bribe the prosecutor – or even the judge. These social and other resources and presentational attributes are of especial value in the moral drama of the court-room in the US and UK, but also in other systems, with their adversarial legal style along with a jury that can be swayed by appearance and presentation.

What has started to change this has been the impact of research, media exposures and special interest groups which has illuminated two key insights. One is the discovery of the victim and the other related one is that much violence occurs in domestic settings. These two insights have substantially altered policing along with the accompanying aim of *reducing harm* to vulnerable populations. There are people with a physical impairment, say reliant on a wheel-chair or scooter, or are deaf or blind: and those with some kind of mental impairment which can be on a wide spectrum including autism, dementia, bipolar and schizophrenia. Then there is the impact of social class in that families and groups with social and other problems are disproportionately located at the lower end of the social and economic spectrum. A further feature is the use of alcohol, drugs and other stimulants and the vulnerability to diverse problems among users as well to sexually transmitted diseases. Drawing on this it is possible to define vulnerable populations, some of which have multiple problems: the homeless, for instance, can contain people with an addiction and a mental health condition so that they have 'treble trouble'.

Inter-agency cooperation

Essentially the thrust of LEPH is that there should be societal concern about the issues, should be more involvement in these matters within law enforcement and should be fruitful cooperation

between LEPH. Ideas around this topic have been in circulation for several decades but it has been primarily in the last two decades that serious efforts have been made to join up those agencies which encounter the vulnerable. In the UK there are specific arenas, such as a 'MARAC' (Multi-Agency Risk Assessment Conference) or a 'MASH' (Multi-Agency Safe Guarding Hub), where interaction can take place between police, social workers and medical staff to enhance inter-agency cooperate in aiding people in difficulties. The MASH is largely geared to catering for women and children in relation to sexual offences and domestic violence by offering refuge while bringing the professionals concerned under one roof.

What has also been promoted for some time is linking police officers with social work or medical professionals to patrol together and combine on problem solving. In the US many such schemes are in operation but those within the Los Angeles Police Department/LAPD, the Madison (Wisconsin) Police Department and the New Haven Police Department have drawn wide attention (TCR 2015a). In the latter community officers, with local knowledge and awareness of families with problems, attend homes together with a clinician from the Yale School of Medicine Child Study Center. Their focus is largely on the children and the impact of violence in the home or arrest of a parent. If there are any signs of children experiencing difficulties they return at a later date to follow upon this and to offer support:

— this allows clinicians to get inside the homes to talk to the children and connect the families to the Child Study Centre where they can get free services to treat trauma. The most common referrals the center gets stem from domestic violence, sexual assault and community violence. (TCR 2016, n.p.)

Similar projects have been launched in the UK, Australia, the Netherlands and elsewhere. In the Netherlands, for example, there are 'psycholances' which are ambulances for conveying disturbed and psychotic people to a place of care, instead of to a police station, and they are crewed by professionals trained in psychiatry and emergency response. But this is a limited, pilot project meaning that most people with mental health problems who are apprehended are still handcuffed, searched and taken to a police cell. In England and Wales, moreover, the new College of Policing and the Association of Chief Police Officers/ACPO⁴ signed a *Mental Crisis Care Concordat* which promises enhanced attention to this area. And some forces have formed 'street triage teams' similar to the Joint Intervention Teams/JITs in the US. However, the harsh cuts in funding have pushed, as mentioned above, British police forces to concentrate on crime control at the expense of 'ancillary' tasks. But what is the nature of these initiatives; to what extent are they pilot projects and what is their funding, life-cycle, evaluation and dissemination? There's a feeling that they are temporary, piecemeal, dependent on limited funding, weakly evaluated and poorly disseminated. It could be argued that at its heart law enforcement has a poor institutional memory and is condemned to cycles of unlearning and of anew rediscovering, at some cost and energy, the lost lessons of the past.

This takes us into the culture and functioning of most conventional policing in western societies which is short term, action oriented, macho and non-reflective and culturally geared to crime management and public order. This can lead to denigrating social tasks which officers dub as 'shit work', pillorying those officers engaged with those tasks and negatively stereotyping the external professionals who enter the police domain. For example, the LAPD has developed a programme of partnering patrol officers with mental health clinicians in 'mental response teams' and this has attracted national and even international attention. But when there was an attempt to introduce the scheme in Boston there were intense turf wars and considerable resistance from the rank and file: this also happened in New Haven before a new police chief turned the department around. This resistance may have reflected an antipathy to outsiders, a resistance to having civilian personnel encroaching on their territory and also a myopic focus on crime control as 'core business'.

We also know that in the past inter-agency partnerships did not always function well with issues of funding, culture clashes, failure of some parties to deliver and of continuity. They could be subject to passing fads and fashions and having to rely on institutional champions meaning that initiatives did not survive when they moved on. Moreover, there were sometimes complaints about the quality of

that interaction between LEPH with some scandals where there has been a systemic failure of communication and coordination with even fatal consequences. There is much work to be done in ensuring that inter-sectoral concepts and practices do not actually make problems worse, by, for instance, placing demands on agencies that they are ill-equipped to meet given funding deficits and political agenda-setting. Target-setting and performance management need to be aligned carefully so that the problems of front-line cynicism and boundary-drawing are addressed. At the same time, working closely with the 'community' should not mean that LEPH workers take their directions from vengeful and discriminatory pockets of society which clamour loudest. These are formidable demands, but the costs of not meeting them are high.

When cooperation fails

There is typically an implicit assumption that both segments of LEPH are essentially benign in intent and performance.⁵ Yet that is not always the case. At times joint work between LEPH has led to abject failure and avoidable fatalities as in the 'Baby P.' case in London where, despite the frequent involvement of diverse agencies, a young toddler at risk died at the hands of adults in a 'problem' family (Jones 2014). This is not the place to expand on such cases – including those of Daniel Pelka, Victoria Climbié and Fiona Pilkington – but they are deeply disturbing.⁶ Inter-agency cooperation depends on people reading the previous reports, following up on recommendations, sharing information, communicating adequately, taking the decisions promised and following through on decisions. There needs to be an ethos of responsibility whereby individuals concern themselves with what should have happened before their specific role in the chain, with fulfilling their functions professionally and competently and making sure that their role in the chain is being dealt with adequately by the next in line. But due to pressure of work, turnover of staff, inexperience, incompetence, and absences it could happen that proposed action was not taken and glaring 'red lights' signalling acute problems were missed.

A prime element could be that case managers and others were carrying a heavy work-load with diminishing resources. They were, then, dealing with a range of problem families in which there were sometimes difficulties of language and culture and where some parents were shrewd, manipulative and capable of convincing case workers and others that there was no cause for concern. For all these reasons there was – according to Jonathan Crego who conducted debriefs with London case workers following such grave incidents – among practitioners with a continuous exposure to such 'problem' families, a major difficulty in predicting when suspicious circumstance would lead to the extreme of a fatal beating in a particular home (personnel communication). The second factor was that above the front-line was a management cadre along with the local politicians responsible for this specific topic. In tough London boroughs, such as Haringey and Brent, these were functioning in a high pressure, high stress environment of accountability to a network of stakeholders within a wider context of hostile political scrutiny and critical media attention. There was a tendency, then, to defensiveness, curbing critics and side-stepping discomfiting signals. In diverse segments practitioners did draw attention to recurrent institutional problems and to dysfunctional teams or poorly performing individuals only to face inaction, denials, selective publication of material or even gagging measures with the threat of sanctions. Driven into short term, opportunistic responses from pressure for results but with diminishing resources, there was a tendency to ignore warning signals and to neglect the reform proposals of previous reports and regimes. This could be a recipe for repeating mistakes in a defensive context that had undermined organisational learning and turned a blind eye to persistent and glaring signals. As a result young children died whose lives could have been saved.

Then in residential care within public health the old and the young may be mistreated and this – alongside negligence – may lead to injuries, malnutrition, financial exploitation, sexual abuse and even deaths. One element in the material on violence and sexual abuse of the young is the extent to which it occurs within educational, custodial and care institutions where there is an assumption

of a pastoral role with an ethic based on duty of care. It was most disturbing, then, when grave revelations emerged a few years ago of abuse in Catholic residential homes in Ireland, US, UK, the Netherlands and elsewhere. Much of this was historical relating in Ireland partly to residential establishments for young, unmarried, pregnant women whose children were taken from them and given away for adoption. But in some cases it was sexual abuse of the young by the clergy and in the Netherlands involving vulnerable children with a limitation in residential accommodation. The diverse evidence indicates that in some cases the abuse was recurrent if not systemic and was covered up by the church hierarchy. Priests or personnel were moved away to evade investigations and evidence was destroyed. In all four countries this has led to inquiries, investigations, court cases and sanctions against members of the clergy.⁷

Drivers of change

This background material touches on large numbers of vulnerable people with a wide diversity of limitations and impairments raising a bewildering matrix of issues, problems and interactions with regard to the interchange between such people and the agencies they encounter. The pivotal issues are in our opinion (with the focus largely on the UK with some attention to the US, Australia and the Netherlands).

- Policing became strongly influenced in the 1980s and onwards by the concepts of Community Oriented Policing/COP and Problem Oriented Policing/POP which drew on the work of Goldstein (1979) and others. In various ways these diffuse concepts have been reinvented and recycled at moments of change.
- 'New Public Management'/NPM entered the arena of public services from the 1980s onwards. There was an emphasis on efficiency and effectiveness but also a major shake-up in service agencies on standards of care, treatment and communication within and between agencies. Many of the weak and vulnerable have little or no choice in agency choice but at times NPM did have the effect that, almost for the first time, police and care workers started to take their 'consumers' seriously.
- Academic research, government reports and data from interest groups have continually revealed that a disproportionate proportion of those being processed by law enforcement and the CJS were and are the poor, disadvantaged, marginalised and people with a limitation. Specific interest groups have become important and are sophisticated promoters of diverse populations by use of the media, raising funds, engaging in public debate, publishing reports, stimulating research, taking part in multi-agency projects and mobilising local and central politicians for their cause. Research, for instance, has revealed that prisons have become the new asylums with a substantial proportion of inmates suffering from diverse forms of mental health problems (Peay 2010). Cook County Jail in Chicago, for instance, has been called 'the largest mental hospital' in the US (TCR 2015b).
- The media began to focus on scandals which at times generated much public and political concern leading to campaigns, proposals for reform and legislation. Social movements have campaigned for attention to the previously neglected victimisation of women, children, gays, the elderly and the disabled. While this seems to be promising it remains the fact that there have been harrowing examples of system failure whereby several agencies have collectively failed abysmally (as noted above).
- There has been a government response in the UK – recognising the rights of those with a disability and passing legislation mandating an inter-agency response to their victimisation – and at the municipal level. Two reports – *Hidden in Plain Sight* on disability-related harassment from the Equality and Human Rights Commission (EHRC 2015) and the *Bradley Report* (2009) on people with mental health problems/learning disabilities encountering law enforcement – were crucial in shaping legislation and policy. Some victimisation of the disabled has subsequently been

labelled as 'hate crime'. And the right of those with a mental health problem to be taken to a place of care if detained by the police is established in the *Mental Health Act* and police compliance with article 136a is overseen by the Independent Police Complaints Commission/IPCC.

- Finally, there was as mentioned above the 'discovery of the victim and the vulnerable'. This had been largely ignored due to a predominant focus on street crimes in public places even when existing data was convincingly available on the issues (Stanko and Dawson 2016). Moreover, there were categories of victims requiring a differential response; but this has only started to change in recent decades.

Conclusion

The LEPH field does open a Pandora's box as social change has brought about new categories in a dynamic field. Patterns of migration, for example, have led to multi-cultural enclaves in cities with accompanying concerns about people smuggling, sexual exploitation, slavery and female genital mutilation. The current flood of asylum seekers largely to Western Europe is importing large numbers of people with mental health problems related to undertaking hazardous journeys to escape war zones and to having to adjust to a radically new society. Then data in certain areas – such as domestic violence and sexual violence against women – have revealed alarming figures as more victims become willing to report offences. In the UK, moreover, there have been shocking revelations of widespread sexual offences against the young which have been committed systematically both in certain cities and by elite figures from entertainment and politics. For example, the major historical police investigation currently being conducted in Britain into the alleged sexual abuse of young children during several decades, has no less than 260 suspects including the (deceased) iconic and eccentric entertainer Jimmy Savile whose victims are estimated in the hundreds.⁸ This suggests a focus upwards on the social scale and not just downwards: and not just on individual 'problem' families but also on institutions and elites.⁹

There are further major areas including sex work, drugs, epidemics, disasters, neglect and/or abuse during residential care as well as exploring some of the topics outlined above in Third World contexts or in Eastern/Central Europe. Here we could only make a selection of subjects on which to focus in this special edition.

Our concerns with vulnerability as the axis point between LEPH has guided our choice of authors and topics. We acknowledge readily that 'vulnerability' has many faces, and the necessarily restricted ambit of the following papers is not meant to be exclusionary. But in these topics, the authors have the opportunity to reflect broadly upon the histories, practices and problems relevant to inter-sectoral approaches to selected joint LEPH issues. We have asked them to consider the research and evidence base, and to describe the possible shapes of remedy, especially through a law enforcement lens. While the emphases vary, the authors are agreed that the intersection between LEPH is a substantive one, but one in need of greater understanding and refinement, and one in which the practices of intersection matter as much as the design.

Our authors and their topics are:

- Auke van Dijk and Nick Crofts (see above), who describe in detail the origins of LEPH as a set of needs and practices, and as an academic field. They draw upon histories of public health and policing for their description of the emerging synergies between these fields, and they detail the conceptual and empirical questions that need to be answered if progress towards a sustained reduction in harm is to be made.
- Evan Anderson (Center for Public Health Initiatives, University of Pennsylvania) and Scott Burris (Director, Center for Health Law, Policy and Practice, Temple University), who provide a US account which pays particular attention to how efforts to develop a public health perspective in health care in order to reduce counterproductive medical intervention relate to attempts to

reform police practices in order to make them less likely to harm people with social and health vulnerabilities. Their paper offers a somewhat alternative approach to that of van Dijk and Crofts.

- Jennifer Wood (Department of Criminal Justice and Centre for Security and Crime Science, Temple University) and Amy Watson (Jane Addams College of Social Work, University of Illinois at Chicago), who review the histories of the policing of mental health, and describe progress to date. They map out an ambitious but persuasive programme for further research and practice developments.
- Isabelle Bartkowiak-Théron (School of Social Sciences, University of Tasmania) and Nicole Asquith (Policing and Criminal Justice, University of Western Sydney), who argue that the rhetoric of LEPH needs to be grounded in shared understandings of the shapes and implications of vulnerability across law enforcement, public health and the law. In doing so, they offer a nuanced account of 'vulnerability' which adds considerable depth to a concept which is at times in danger of being simplified.

Finally, addressing the LEPH area raises the question as to what sort of society do we live in and what sort of society do we wish to live in; and posing similar questions for law enforcement and for public health while analysing the persistent and resilient nature of injustice for specific populations (Dorling 2015). It is clear that in several societies the agencies concerned face major retrenchment and restructuring while the demand for their services is increasing, in some cases – such as mental illness related problems – quite dramatically. The dilemmas faced and solutions made as a result of this dynamic situation will become evident in the next few years. However, it is the underlying paradigm of those involved in the LEPH area as administrators, practitioners and researchers that the vulnerable who encounter the inter-agency processing of LEPH are dealt with jointly through professionalism, respect for rights, an ethos of care and, above all, compassion.

This edition is, then, a call for engaged LEPH but also for engaged research in the sense of placing the victim, those in need of care and those exposed to harm central to the project (Jones 2014). Indeed, the diffuse concept of harm needs attention in relation to what sort of harms come to attention in what ways: and including harm from the medical, caring and police services. There is, moreover, currently an emphasis on 'evidence based' research and policy with Controlled Trials/RCTs and other forms of systematic evaluation leading to policy based on best practice and 'what works?'. This is clearly of considerable value to all concerned say in uncovering the dynamics of successful inter-agency projects. But it is salutary also to focus on 'what doesn't work' as our field is dotted with scandals and institutional failure. This further suggests that some topics are best addressed by case studies, interviews, documentary research and field work with participant observation in addition to randomised control trials and other forms of evaluation (Punch 2016). When dealing with the vulnerable and their plight in society – including their career through the agencies of LEPH – it is important that research is also driven by the underlying fundamental issues outlined in these articles and through the critical and inquisitive lens of 'what matters'?

Notes

1. There is the issue of selective response to recording calls and of responding to calls while the classification can change over time: Punch and Naylor in 1973 classified domestic disputes under 'social' whereas now they would mostly be viewed as 'crime related'.
2. The Marshall Project is free access and the weekly TCR is also free: both are valuable sources for US criminal justice and reflect the saying, 'it's criminal what the system has done to justice in America'.
3. This was until the introduction of the 'Obamacare' federal health care programme. This is not to say that the treatment they actually receive is 'adequate'.
4. Now disbanded and replaced with the NPCC/National Police Chiefs Council.
5. In policing there can be cynical exploitation of the vulnerability factor as people with limitations can make for easy arrests, ready confessions including false confessions, and manipulation as a fake informant (Punch 2009).
6. Such cases typically generate a flurry of internal evaluations, external public inquiries, media campaigns, parliamentary debates and disciplinary investigations that can lead to sanctions and dismissals. All this tends to convey that previous issues and recommendations raised in previous decades have not fully been attended to meaning that subsequent reports appear repetitive.

7. The film *Spotlight* won a 2016 Oscar for its portrayal of the Boston Globe's investigative reporting of widespread abuse of the young by Catholic clergy.
8. Savile was knighted for his charity work but is now suspected of being a pathological serial abuser who may even have committed necrophilia (Davies 2014). He seemingly used his position in the media and in philanthropy to sexually abuse mostly young girls but also boys, to abuse patients in hospitals, in a custodial school for girls, in two secure prisons for inmates with a psychiatric condition and in care homes including those with inmates with a limitation.
9. Justice Goddard is leading the inquiry into *Historical Allegations of Child Abuse* with 12 lines of inquiry including 'figures in Westminster politics, the Anglican and Catholic church, local councils, schools and youth offender institutions' (Laville and Sherwood 2015).

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