

# Brief Report

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Tasmanian Institute of Law Enforcement Studies (TILES), University of Tasmania, Australia, CRICOS Provider Code 00586B

## **Law Enforcement and Public Health Workshop Series Report No. 4 – Knowledge Exchanges the Determinants of Crime and the Determinants of Health**

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*"You can't arrest your way out of a health problem"*

### **Background**

In November 2017 the Tasmanian Institute of Law Enforcement Studies (TILES) released an Issues Paper on 'Law Enforcement & Public Health' (LEPH). The Issues Paper invited responses from the community about using Collective Impact (as a possible, among others) approach for integrated service delivery and collaboration in law enforcement and public health issues (such as mental health, drug and alcohol use or addiction, violence, disease, road trauma, emergency and disaster management).<sup>1</sup>

In addition to the preparation of a Final Report on the Issues Paper, TILES initiated a series of consultations and workshops on collective impact and collaborative models.<sup>2</sup> The Collective Impact Workshop Series sought to transform research and discussions into action. The fourth workshop in the series, on which this report focuses, was conducted in partnership with the Faculty of Education and an active participation of colleagues from the School of medicine. The session was an opportunity for law enforcement and public health officials, educators and stakeholders to discuss intersections between indicators of crime and determinants of health. The workshop was held at the University of Tasmania on 5 November 2018.

The workshop was attended by 18 stakeholders and a panel of speakers including the Deputy Commissioner of Tasmania Police, Scott Tilyard, Dr Jen Ayton from the School of Medicine and Dr Isabelle Bartkowiak-Théron from TILES.

### **Less Crime and Better Health: Intersections between Law Enforcement and Public Health**

Deputy Commissioner of Police, Scott Tilyard opened the panel session emphasising the need for police and allied health professionals to understand 'each other's business and priorities' as service providers and in order to find a common language. He spoke about the shift in policing culture that had occurred over the past three decades, which moved away from a strict model of 'catching crooks' to an increasing awareness that crime is a complex public health problem, and a symptom of deep-rooted social issues. Deputy Commissioner Tilyard also emphasised the value of collaboration and information sharing between law enforcement and public health in enabling effective responses to complex issues facing Tasmanians.

The Deputy Commissioner discussed some of the differences between law enforcement and public health practices, noting that one of the most significant challenges for police is that they are the only 'service' that is available 24/7, state-wide and who operate in a command and control environment. Further, while police are called to and respond to occasional 'incidents',

public health workers have more established or transactional relationships with the community in a 9-5, Monday to Friday service model – a key point of difference for these professionals are working together with different needs, expectations and responses.

Speaking in support of a public health model for law enforcement, Deputy Commissioner Tilyard acknowledged that it was impossible for the police to 'arrest their way out of a health problem' and that in order to address the causes of crime, there needed to be an LEPH response to poverty, mental health, addiction and violence that is based on collaboration, education and training. The Deputy Commissioner also highlighted the importance of leadership both within LEPH agencies and in Government as this is critical to driving change in culture and practice, and also securing the resources required for prevention and appropriate responses.

Dr Jen Ayton then opened her session by inviting participants to word map their understanding of the definitions of 'health' and 'police' and then drew the intersections and commonalities between the words. Participants responses generated the following graphics:



Figure 1 - Word Map responses to the word 'police'



Figure 2 - Word map responses to the word 'health'.

Dr Ayton said that greatest misconception about teaching public health is that it is about illness and disease, noting the concept of health is actually about wellness, prevention and promotion of health. Dr Ayton cited Sir Michael Marmot's<sup>3</sup> work which discusses the concept of 'status syndrome'. Socio-economic disparity in health is not confined to poor health for those at the bottom and good health for everyone else: there are social gradients in health in people who are not poor.<sup>4</sup> Dr Ayton's summary was that people aren't poor because they are sick, they get sick because they are poor and poverty is seen in every layer of society. There are still class layers within all social and economic classes. Dr Ayton added to this analysis using Bourdieu's concept of fields - describing how the larger social, economic, political, family, and local structures can be thought of as forcefields'.<sup>5</sup> This concept is derived from Bourdieu works suggesting that there

is a complex interplay and movement between all social fields that the individual lives, works, is born in to and makes decisions within.<sup>6</sup> These larger (macro) and smaller (family) social structures depicted in figure 3 show the potential multidimensional impact they may have on what and why people (individual) do what they do.<sup>7</sup> Remembering that at the centre of all this is the individual. We can use this concept to help unpick /understand the pressures, education needs, cultures, knowledge gaps of medical practitioners /medical students and on police /police cadets and ask the question where do the 'fields' overlap - are these intervention points?

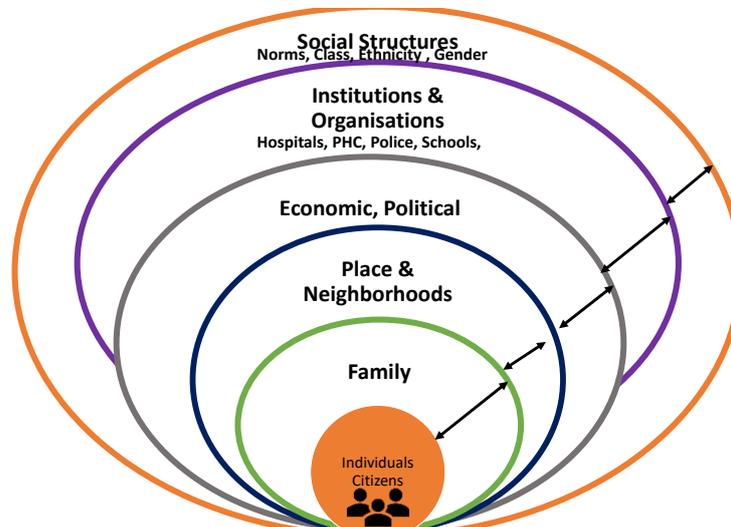
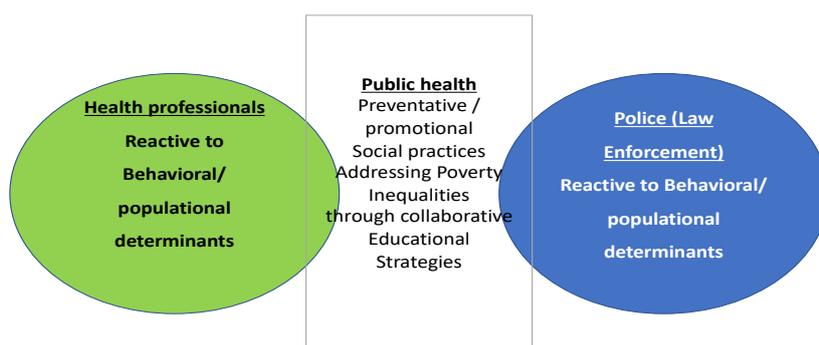


Figure 3 – Adapted from Bourdieu, P. (1990)

Dr Ayton spoke of the importance of shifting health education away from the biomedical model and to bring a greater public health focus that accounted for the intersections with law enforcement. In her practice, this is about looking at the determinants of health and the indicators of crime through the biological, behavioural, environmental and social lenses. Using the United Nations Sustainable Development Goals<sup>8</sup> as a framework for LEPH approaches to education and training, Dr Ayton argued addressing poverty and inequality is the critical first step to promoting health, peace and justice, highlighting this with the following diagram:

Figure 4 – Ayton’s adaptation of intersections in LEPH and the SDGs.



Dr Isabelle Bartkowiak-Théron then shared global perspectives on developments in law enforcement and public health, providing highlights of the international LEPH Conference in Toronto<sup>9</sup>, as a scholarly and practice area that is gaining momentum. As a member of the newly established international LEPH Special Interest Group on Education<sup>10</sup>, Dr Bartkowiak-Théron said the real question for us to consider is not 'why' we need to teach public health to law enforcement personnel, but 'why we are not doing it more and why we are not doing it better'.

Dr Bartkowiak-Théron suggested that there could be better ways for Universities to teach both police and public health personnel that will better equip them for the realities of working in the field. In Tasmania in particular, given the size of the state and the depth of existing relationships, she argued there is great potential for reconceptualising LEPH education using a ground-up approach. As a starting point, Dr Bartkowiak-Théron said she will be exploring opportunities to co-design a new education program that may include co-teaching to a combined cohort of police and medicine students. Her argument is that while education is not the answer to everything, it is through education that the knowledge and relationships form to enable collaboration in the field, while recognising that police do not need to be health professionals and vice versa. In the particular case of Tasmania, education can be the start up to building a common terminology and share understanding of social problems, and of practitioner area of specialty and possible service integration.

## **A Model Curriculum for Law Enforcement and Public Health?**

Participants were asked to reflect on panel contributions and then explore the following questions in smaller groups:

- What can education achieve for law enforcement and public health?
- What problems can education solve?
- What are the gaps?
- Is there room for a specific LEPH curriculum?
- What would that look like?
- How should it be delivered?
- What other reforms do we need?

In response to the broad range of questions and comments from the panel, participants made a range of comments and recommendations. Across the groups, there was strong support for a co-designed, co-delivered LEPH component to both police recruit training and to medical students that wasn't just adding on to existing content, but offering new opportunities for experiential learning exchanges across disciplines. Underlying these educational developments was an acknowledgement that building relationships between law enforcement and public health personnel at the education phase, a common language and a shared understanding of how to work with each other will in turn shift culture and practice on the frontline. Participants also discussed the need for and the potential to expand LEPH co-teaching to other allied health professionals and to lawyers.

There was discussion about using education to create understanding and shared motivations around crime prevention, health promotion and in turn, safer and more inclusive communities. As part of this approach, participants emphasised the need for more multi-disciplinary problem solving and approaches to poverty, addiction and violence on the frontline, and backed up by managers and leaders. Recommendations around shifting the paradigm of education, culture and practice included piloting the Multi-Disciplinary Centre approach from Victoria in Tasmania, and using complexity theory and lived experience in the co-teaching of LEPH.

## **Conclusion and Next Steps**

TILES will continue the LEPH workshop series with the next Workshop scheduled for 7 December on 'Co-Designing an LEPH Multi-disciplinary Hub'. The workshop will be an opportunity for to discuss an integrated model for between police, the alcohol and other drugs sector and mental health.

TILES also encourages further responses to the Issues Paper on Law Enforcement and Public Health ([http://www.utas.edu.au/\\_\\_data/assets/pdf\\_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf](http://www.utas.edu.au/__data/assets/pdf_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf)).

### **The workshop report series can be accessed from the TILES website:**

<http://www.utas.edu.au/tiles/research/research-streams/law-enforcement-and-public-health> and any comments or queries can be forwarded to the team through [leph.tiles@utas.edu.au](mailto:leph.tiles@utas.edu.au).

## References

- Bartkowiak-Théron, I, Campbell D, Julian, R and Hughes, C, 'Law Enforcement and Public Health Issues Paper' November 2017 at [http://www.utas.edu.au/\\_\\_data/assets/pdf\\_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf](http://www.utas.edu.au/__data/assets/pdf_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf).
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## Web References

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- [http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs\\_Booklet\\_Web\\_En.pdf](http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs_Booklet_Web_En.pdf).

## Endnotes

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- <sup>1</sup> Bartkowiak-Théron, I, Campbell D, Julian, R and Hughes, C, 'Law Enforcement and Public Health Issues Paper' November 2017 at [http://www.utas.edu.au/\\_\\_data/assets/pdf\\_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf](http://www.utas.edu.au/__data/assets/pdf_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf).
- <sup>2</sup> See further background to the workshop series through Julian R, Bartkowiak-Theron I, Hallam J, Hughes C, 'Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study', *Journal of Criminological Research, Policy and Practice*, 3, (2) ISSN 2056-3841 (2017). Copies of the LEPH CI Workshop Series Reports can be accessed <http://www.utas.edu.au/tiles/research/research-streams/law-enforcement-and-public-health>).
- <sup>3</sup> See further Marmot MG. (2006). Status syndrome: a challenge to medicine. *Jama*, 11(295), 1304-1307.
- <sup>4</sup> (As at Note 3 - Marmot MG. (2006). Status syndrome: a challenge to medicine. *Jama*, 11(295), 1304-1307).
- <sup>5</sup> See further Grenfell, M. (2008). *Pierre Bourdieu Key Concepts*. Durham, UK.: Acumen Publishing Limited.
- <sup>6</sup> As at Note 5 see further Grenfell, M. (2008). *Pierre Bourdieu Key Concepts*. Durham, UK.: Acumen Publishing Limited.
- <sup>7</sup> Graphic at Figure 3 adapted and derived from Bourdieu, P. (1990). *The Logic of Practice* (R. Nice, Trans.). Cambridge: Polity.
- <sup>8</sup> See further [http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs\\_Booklet\\_Web\\_En.pdf](http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs_Booklet_Web_En.pdf).
- <sup>9</sup> See further – <https://leph2018toronto.com/>.
- <sup>10</sup> See further - <https://gleapha.wildapricot.org/activities>.