

Serious violence measures in the Police, Crime, Sentencing and Courts (PCSC) Bill undermine public health

Briefing — September 2021

Summary

As an organisation that represents the voice of the health community, we are concerned about the public health impacts of the PCSC Bill.

In this briefing, we focus particularly on the risks of harm associated with the proposed Serious Violence Duty (SVD) and Serious Violence Reduction Orders (SVROs). We have identified the following key issues arising from parts 2 and 10 of the Bill:

- 1. The SVD and SVROs embed discrimination and will worsen inequality.** Public health approaches stress the need to reduce inequality based on studies showing that inequality is conducive to violence. By contrast, the PCSC Bill's serious violence measures will worsen inequality, particularly racial discrimination.
- 2. The SVD undermines confidentiality and erodes trust in health services.** Public health approaches advocate consensual, anonymised data collection in order to understand risk factors for violence, which inform intervention programmes. By contrast, the PCSC Bill's serious violence measures override existing data protection and confidentiality obligations and could be used to profile specific individuals and implement punitive policing interventions.
- 3. The SVD and SVROs tackle symptoms not causes, leading to punishment not prevention.** Public health approaches seek to reduce risk factors for violence by deploying evidence-based solutions addressing root causes. By contrast, the PCSC Bill's serious violence measures are criminal justice law enforcement measures unsupported by evidence of efficacy.

About Medact

Medact is a public health charity which supports health workers to take action on the structural causes underlying health equality issues, including public health approaches to violence.

Recommendation

We urge you to support amendments to delete Part 2, Chapter 1 (Functions relating to serious violence) (clauses 7 to 22) and Part 10, Chapter 1 (Serious violence reduction orders) (clauses 140 to 141).

1. The SVD and SVROs embed discrimination and will worsen inequality

The Serious Violence Duty provision in Part 2 of the Bill will worsen racial discrimination in health services and as a result is likely to exacerbate inequalities which are a key risk factor for violence:

- The Serious Violence Duty is modelled on the Prevent Duty and has a similar lack of clarity around risk criteria. It is therefore likely to produce ethnically biased outcomes similar to those which our research has shown are observable in Prevent.¹
- Serious Violence Reduction Orders, as the Home Office's own consultation document acknowledges, are likely to disproportionately impact Black men.²
- Public health approaches, by contrast, emphasise the need to reduce inequalities (including health, gender, racial and economic inequalities), based on studies that show high levels of inequality create conditions that allow violence to flourish.³

2. The SVD and SVROs undermine confidentiality and erode trust in health services

The Serious Violence Duty overrides existing data protection and confidentiality obligations:

- It enables police to demand data from specified authorities, including healthcare providers, which could be used to profile specific individuals and implement punitive policing interventions such as Knife Crime Prevention Orders.⁴
- This undermines trust in health workers and will reduce access to vital health services for communities targeted by these provisions. Our research on similar data-sharing measures in place under the NHS Charging Regulations has shown that such policies act as a significant deterrent and reduce access to healthcare.⁵
- Public health approaches, by contrast, advocate data collection in order to understand risk factors for violence, which inform intervention programmes. However, the importance of gathering information consensually and anonymously is emphasised.⁶

3. The SVD and SVROs tackle symptoms not causes, leading to punishment not prevention

The PCSC Bill's serious violence measures have been labelled a "public health approach" by the Home Office.⁷ However, they are police-led and create new law enforcement powers:

- Despite identifying issues such as deprivation as risk factors for violence, the Serious Violence Duty and Serious Violence Reduction Orders are 'downstream' interventions which target the symptoms of violence.
- Public health approaches, by contrast, deploy long-term, evidence-based 'upstream' interventions which target the root causes of violence. By reducing underlying risk factors and/or increasing protective factors for violence, they constitute primary prevention measures.⁸
- Examples of public health measures which have been shown via rigorous evaluation to effectively reduce violence include mentoring, family therapy, academic enrichment programmes, home visiting and therapeutic foster care.⁹

1 Aked, H., *False positives: the Prevent counter-extremism policy in healthcare*, 2020, Medact pp. 23-31.

2 Home Office, *Serious Violence Reduction Orders: A new court order to target known knife carriers*, 14 September 2020, p. 15.

3 Conaglen, P. and Gallimore, A., *Violence Prevention: A Public Health Priority*, 2014, Scottish Public Health Network, p. 16.

4 Liberty, *Briefing on the Police, Crime, Sentencing and Courts Bill for Second Reading in the House of Commons*, March 2021, p. 12.

5 *Migrants' Access to Healthcare During the Coronavirus Crisis*, 2020, Medact & New Economics Foundation, p. 8.

6 World Health Organisation, *Preventing violence: A guide to implementing the recommendations of the World report on violence and health*, 2004, World Health Organisation: Geneva, p. 17.

7 *Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence*, 2019, Home Office, p. 5.

8 Krug, E., et al, ed. *World report on violence and health*. 2002, World Health Organisation: Geneva, p. 15.

9 See footnote 6, pp. 36-37.