

Cardiff Model for Violence Prevention

60 Second Briefing



Preventing Violence Using Unique Information from Emergency Health Services – the Cardiff Model

Controlled trials carried out by the Violence Research Group showed that violence can be reduced more effectively if prevention is based on information collected in emergency departments as well as on police intelligence.



In particular, this approach:

- ◆ Reduced violence related hospital admissions by 35%
- ◆ Reduced serious violence recorded by the police by 42%
- ◆ Substantially reduced the costs of violence to health services relative to the costs of the Model
- ◆ Substantially reduced the costs of violence to the criminal justice system
- ◆ Reduced violence in premises licensed to serve alcohol

Background

This new approach to violence prevention was developed in response to the VRG discovery that one half to two thirds of violence which results in hospital treatment is not known to the police. Subsequent research found that police knowledge of violence depends on people reporting these offences, but that many of the injured do not report because they are afraid of reprisals, don't want their own conduct scrutinised, or because they don't think the police could take effective action if they do report.



The Cardiff Model has three components:

- ◆ Continuous data collection in hospital emergency departments (EDs) on precise violence location, time, weapon and numbers of assailants
- ◆ Information anonymised and shared regularly by hospitals with crime analysts who combine and summarise police and ED data to identify areas and times of violence concentrations
- ◆ Combined information translated into violence prevention by a Violence Prevention Board

Implementation of the Model in the UK



- ◆ Early adopters included public health and police partners on Merseyside, and in Cambridge and the Southeast health region of England
- ◆ Welsh Government, through its Community Safety Directorate, instituted training workshops for key professionals: ED receptionists who record the necessary data electronically, data analysts, police managers, local government officials, ED doctors and community safety partnership personnel
- ◆ In the mid-2000s the Violence Reduction Unit in Scotland introduced this approach
- ◆ In 2008, the UK government adopted this approach in its alcohol strategy Safe Sensible Social
- ◆ In 2010 the new UK administration made this approach part of its programme for government
- ◆ In 2016, government commitment to this approach was reiterated in its Modern Crime Prevention strategy
- ◆ The Cardiff Model dataset was codified (ISB 1594), published by NHS Digital and incorporated into the new Emergency Care Data Set which software suppliers are required to include in their products
- ◆ Cardiff Model data collection in EDs became mandatory under the terms of the standard National Health Service contract

International Implementation

Prompted by the publication of evaluations demonstrating effectiveness and cost benefit, and by endorsement by the World Health Organisation:

- ◆ The Netherlands Minister of Justice, through the Mayor's office, replicated the model in Amsterdam with a view to national adoption
- ◆ The Robert Wood Johnson Foundation in the United States funded replications in Atlanta and Philadelphia in collaboration with the U.S. Centers for Disease Control and Prevention (CDC)
- ◆ The U.S. National Institute of Justice funded replication of the Model in Wisconsin
- ◆ The National Health and Medical Research Council in Australia funded replication, by a consortium set up for this purpose, in Sydney, Melbourne, Canberra, Geelong and Warrnambool
- ◆ The CDC published guidance and a training toolkit to support the adoption of the Model in the United States



Australian Government
National Health and Medical Research Council

