Science & Technology in Policing

POLICE STAR FUND 24/25

AN EVALUATION OF THE NEW HIGH HARM UNIT IN DORSET POLICE

Summary

This project will evaluate an innovative High Harm Unit in Dorset Police, established to improve identification, assessment, and management of perpetrators responsible for repeat domestic abuse or sexually harmful behaviour(s). The new intervention aims to enhance public protection by encouraging behaviour change or disruption over and above current investigative practice.

Organisations

Dorset Police
Bournemouth University
University of Suffolk

Challenge

Integrated Offender Management Units (IOM Units) attempt to manage prolific offenders, historically focussing on those convicted of acquisitive crimes. Yet others can pose a significant risk – for example perpetrators of domestic abuse or stalking offences who may not have been convicted. In 2023 Dorset Police set up a High Harm Unit (HHU) to identify, assess and manage such perpetrators. The aim was of the present research was to identify effective practice, suggest future enhancements, and provide recommendations to other forces looking to implement similar initiatives.

Innovation or research

The HHU is innovative in that it broadens the scope of traditional IOM Units; employs a dedicated high harm offender manager; utilises best practice in assessment and management of offenders by engaging multidisciplinary teams at monthly triage and High Harm Perpetrator Panel (HHPP) meetings; undertakes both engagement (e.g. referral to local partner agencies) and/or enforcement (e.g. using protection orders) as appropriate.

The research involved mixed methods, incorporating quantitative and qualitative analysis of data from interviews with officers involved with the HHU (n=8); observations of triage (n=1) and HHPP meetings (n=6); a review of force documents (including minutes, logs, reoffending rates) as well as operational observations of the offender manager's interactions with perpetrators, victims and other agencies.

Findings

In addition to how the unit was set up, the study focussed on four main strands:
Identification: due to the volume and quality of referrals being made to the HHU, a triage process was introduced to initially assess perpetrators for subsequent consideration at HHPPs. This addition is working well.
Assessment: assessing risk is complex and time-consuming, currently reliant upon multidisciplinary professional judgement. Development of a bespoke, evidence-based risk assessment/decision making tool is strongly recommended.
Management: an impressive array of methods to trace, manage and engage perpetrators was witnessed. A variety of interventions were undertaken, and engagement was generally high. Balancing the management of offenders, with safeguarding victims; and attempting engagement (to encourage desistance) alongside enforcement (if required), with limited sanction for voluntary interventions is difficult. This requires highly skilled officers and takes significant time.
Evaluation: the effectiveness of the HHU was clear, with six of the eight offenders tracked over time showing a reduction of offending. Offences overall decreased by 55%, and three perpetrators committed no further offending. The value of measuring other forms of success in relation to interventions (e.g. assisting with housing/benefits/substance abuse) or safeguarding (e.g. Clare's Law disclosures and protection orders) were significant. Whilst challenges remain, the HHU continues to evolve and has built strong relationships with other agencies, perpetrators and potential victims.

Next steps

We aim to disseminate findings to both academics and practitioners as it offers an excellent example of good practice. The HHU is in the process of increasing resources and therefore capacity to monitor a greater number of perpetrators.
Suggestions include further monitoring of perpetrators not taken forward to HHPPs, and post intervention; development of a bespoke risk assessment tool; and to consider the need for enhanced external capacity – e.g. to referral agencies.