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## *Legitimacy, Urban Violence and the Public Health Approach*

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### **Introduction**

The recent spike in levels of knife crime across England has been labelled as a ‘national emergency’ by senior police officer Sara Thornton (Weaver 2019) and, more recently, by Prince Charles as a ‘pervasive horror’ (Christian 2019). The response of central government, foreshadowed by a number of local authority-led initiatives in cities around the country, has been to endorse a public health approach to combating knife crime and urban violence more generally. The hallmarks of this approach include seeing all of the people involved in urban violence as actual or potential victims and a concomitant emphasis on safeguarding (in combination with enforcement, which effectively becomes a last resort) and early intervention. The safeguarding element necessitates multi-agency collaboration and information sharing typically encompassing police, youth offending teams, youth workers, charity workers, probation and housing services, medical professionals and other local authority employees. Schemes are routinely monitored and evaluated, though no ultimate verdict should be delivered before a period of three-to-five years; unlike other approaches, success (or failure) should only be determined in the medium-to-long term. Given the scale and urgency of the issue, any quibbling with the framing of the public health approach is deemed frivolous and unhelpful — because, at bottom, it has been shown to work. The evidence for this comes largely from Scotland, where levels of urban violence and particularly knife crime have reduced significantly since its application in 2005.

In what follows I seek to examine the public health approach through the lens of debates around legitimacy that have taken place in the pages of *Urbanities* (Pardo and Prato eds 2018), in the recently published volume on *Legitimacy* (Pardo and Prato eds 2019) and elsewhere. In doing so I try to answer the following questions: Why is the public health approach to urban violence seen as legitimate? And, more specifically, are there other reasons — beside its successful application elsewhere — for it being seen as a legitimate strategy for combating urban violence? I draw on extensive ethnographic fieldwork conducted among those tasked with enacting the approach: police officers, youth workers, charity workers and local authority employees, among others. I begin by describing the approach in more detail, including its origins, principles and applications. I proceed to survey briefly the literature on legitimacy and consider how it might usefully frame an analysis of the public health approach and its endorsement by central government. Next, I draw on fieldwork accounts and interviews to document how the approach is perceived ‘on the ground’, before venturing some tentative conclusions on the implications of the approach both for the overall shape of government policy and the plight of young people living in cities.

## **The Public Health Approach and Legitimacy**

The public health approach originates in the United States and attempts to curb levels of gun crime in cities like Chicago. As the name implies — and this is perhaps fitting given the propensity for spikes in urban crime to be labelled ‘epidemics’ — the approach is rooted in an epidemiological framing of urban ills though, as we will see, is somewhat selective in its identification of the causes of these ills. As described by Malte Riemann (2019), an epidemiological framing involves seeing violence as a contagion and thus amenable to the kind of prophylactic methods employed in disease control. This emphasis on prevention marks a move away from enforcement-led strategies whose principal levers are punishment and deterrence. It was the initiative documented by Riemann, ‘Cure Violence’ in Chicago, that inspired the application of the public health approach by Scotland’s Violence Reduction Unit. Indeed, the approach has gone global, with 23 cities across the US and national settings as diverse as South Africa, Argentina, Honduras and of course the UK now implementing public health strategies to combat urban violence.

As Riemann outlines in the case of Cure Violence, the implications of seeing urban violence as a disease are important at the level of diagnosis and treatment. As he puts it, ‘by replacing political solutions with medical diagnosis and treatment models, violence becomes disentangled from socio-economic inequalities and explained by reference to individual pathology alone’. In other words, given the locus of pathology, intervention is proximate; therefore, any discussion of the structural causes of urban violence is foreclosed. This is even more problematic when, as in the case of Cure Violence, the identification of victims (in the broad sense) is bound up with racial politics. Compounding these issues are claims made about the natural scientific credentials of the approach. An emphasis on evidence-led intervention and quantitative methods creates what Riemann (following Foucault) calls a ‘regime of truth’ which discredits alternative approaches. For the most part these blandishments are accepted by policymakers and other senior officials as they complement existing managerialist strategies such as evidence-led policing.

As clearly indicated by the volume recently edited by Italo Pardo and Giuliana B. Prato (2019), in seeking to analyse these issues through the lens of legitimacy, there are a number of important conceptual innovations to take account of. These innovations (Pardo 2000a, 2000b, Pardo and Prato 2018) have moved debate around legitimacy beyond the basic Weberian assertion (1978 [1922]) that the authority to rule depends on recognition of rulers’ legitimacy. As noted by Pardo and Prato (2018: 2), such work has ‘examined in depth the socio-economic impact on urban life of policies, rules and regulations that are received in the broader society as unfair, slanted or punitive ... They have asked: How much more governance failure before legitimacy is withdrawn and, consequently, democracy is jeopardised? The need to address this question is now more urgent than ever; particularly in democratic systems across the world, for there governance and the law are broadly seen to fail the democratic contract as they fail to meet the challenge posed by the implications of this phenomenon.’ (see also, more extensively,

Pardo and Prato 2019: 6-8). As Pardo (1995, 2000a) observes, in answering these questions we must distinguish between legitimacy as a philosophical concept — that is, the principle of authority resting on consent rather than coercion — and a sociological analysis of legitimacy's various sources which include ideological commitments and everyday perceptions — or what Pardo and Prato call 'apperceptions (in the sense of critical consciousness, and recognition and valuation) of legitimacy' (Pardo and Prato 2018: 4; see also 2019: 9). Pardo and Prato follow Elias (1982 [1939]) as they argue that, 'the legitimacy of the political (and social) order is in constant transformation' (2018: 4). They go on to say that, 'Similarly, and most importantly, apperceptions of legitimacy are not static, but are subject to constant change, too, due to changes in the values, norms and needs within a specific socioeconomic and cultural context at a specific historical juncture' (2018: 4).

In bringing these insights to bear on the issues regarding the public health approach identified earlier, it is necessary to explore the apperceptions of legitimacy that surround this approach: what characterises the apperceptions and ideological views that endorse the approach and, conversely, what commitments and imperatives are behind the dissenting voices? There is also the deeper question of whether and to what extent there has been an attempt to manufacture legitimacy for the public health approach, given its compatibility with existing governmental logic. I now try to map these apperceptions using the findings of fieldwork conducted among front line professionals across the public and third sectors.

### **The Public Health Approach: Apperceptions of Legitimacy**

For those who bought into the public health approach, the fact that it 'worked' and perhaps more importantly, that its success was measurable, was key. For Tanya, member of a local community safety partnership, institutional imperatives were as important as more qualitative attempts to solve the problem of urban violence.

Tanya: I mean, we have targets. We care about these children, but we all have line managers and evaluations of our performance, and we have to demonstrate that what we're doing is effective. And my impression is that this will work in that sense, you know? It's worked (in) other places and it's about showing it will work here.

A London-based youth worker, Jeffrey, echoed this sentiment.

Jeffrey: I see some issues with it. But in terms of making my professional life that bit easier, it is appealing, yeah. We have to count and document everything, or someone does it for us, so it gets to the point where we're not really fussed how it works. If we can show it have the right sort of effect, then happy days. And if that has a connection with what's happening out there on the street, then it's a win-win (situation). I've been doing this a long, long time, and I've seen the changes. It's become a charade. But it's a game we're more or less forced to play if we want to stay in work.

Both of these statements indicate qualified support for the public health approach, but as apperceptions they are rooted in the realities and exigencies of New Public Management. This term was coined by academics in the late 1980s to describe attempts at making public sector organisations more business-like and efficient by applying models of management borrowed from the private sector. In simple terms, this meant treating the members of the public as customers, setting targets, introducing regular evaluation and auditing exercises together with quasi-market mechanisms. Such measures were consistent with the neoliberal policies embedded in the UK from the early 1980s (Connell et al. 2009).

It would be unfair to identify the public health approach with neoliberal regimes of governance and the forms of new public management these have inspired. However, one of the reasons the approach is seen as attractive and, indeed, legitimate by politicians and policymakers is that it goes with the grain of existing institutional regimes and assemblages. As local authority official, Ash, commented:

I'm pretty sceptical about all this, and I shouldn't really say this, but it's all very convenient isn't it? They're asking all of these people and agencies to work together to solve problems, when each of those agencies has been squeezed and squeezed. If you speak to anyone in any of those (agencies) they'll say, 'we need more resources', but the government can pull a policy off the shelf which conveniently fits with the way things are organised. And they were organised that way because of austerity.

Here Ash makes an important point: the legitimacy of the public health approach is drawn from ideas relating to neoliberal regimes of austerity on the 'problem' and 'solution' sides of the equation. It is not only that, as underlined by Riemann, the suppositions baked into the public health approach are consistent with 'neoliberal practices that aim to erode the political in favour of the market, because by reducing violence to individual factors, any form of structural critique becomes void and the relationship between austerity and violence can be disguised.' Furthermore, the principles and protocols of this approach are compatible with a public sector decimated by cuts in the name of austerity. To work effectively agencies must work together, sharing information, pooling resources and staging joint interventions. David, a housing officer in an outer-London borough, linked the adoption of the public health approach to the existing allocation of resources.

David: I've been doing this for long enough to be cynical. But this focus on safeguarding just happens to come when we've got record low numbers of cops to do the actual enforcement. So, it's over to all of us and the new focus is on 'partnership working' and collaboration ... You have to wonder whether it's not so much, 'how best to solve a problem' as 'how best can we solve this problem in light of the fact there's not enough people in each agency do stuff properly'.

Other workers were frustrated with the approach's lack of attention to structural issues. Detached youth worker, Jay, described the situation in his area.

Jay: It's all the rage, isn't it? There was this miracle in Scotland and now it's going to be copied down here. But things are different here. And, if I understand this thing correctly, we're not even getting down to the root causes of the issues here. Look, how far is the gap between rich and poor in this borough. It's crazy, probably, like, one of the worst in this country. And that's generational, mate. It's bedded in. There ain't much chance of the next kid doing better than his parents. He may even need to be on road to support himself and his parents. And, as I say, if my understanding is correct, then the problem is with him, the kid. It's him that needs to be fixed. Not, like, the system that's creating the same mentality in every second or third young man on that kid's estate. You can tell me it works. But what is it really working to achieve? You know what, you could get real deep and say, a few less kids getting violent but the system remains pretty much the same. There's always more going on than meets the eye, my friend.

As an experienced youth worker and former gang member — someone who possessed 'cultural competence' — Jay's unhappiness with the public health approach was obvious. He ended on a conspiratorial note, hinting that the legitimacy of the approach rested on its ability to support and reproduce the status quo and, more specifically, the staggering levels of inequality that existed in the inner-London borough in which he worked. Other respondents went further, and pointed to the possible implications of the approach in terms of racial politics. Diana was a member of a youth offending team.

Diana: It's more of the same, really. You see the racial profiling in the Gang Matrix. This will probably be just the same. By saying, 'you're the problem. We'll help you fix you', what are you actually saying about young people? I mean, if the majority of young people targeted are BAME, and you're saying the problem is with them, then what are you really saying?

Here Diana supports one of the points made by Riemann (2019) regarding possible racial coding in the public health approach. As Reimann argues of Chicago's 'Cure Violence' initiative, 'By drawing the line between the "normal" and the "pathological" according to markers of "race", negative stereotypes are reinforced and marginalized individuals living within zones "contaminated" by violence are stigmatized.' Indeed, in its reluctance to reckon with structural issues such as poverty and inequality — what Wacquant (1996) has called advanced marginality — and making urban violence an issue of individual pathology, the public health approach risks identifying such violence with the 'Otherness' of these individuals.

### **Concluding Remarks**

In drawing the paper to a close it is important to note that none of the respondents refused to accept that the public health approach to urban violence could be effective. However, many were cynical about how and why there has been a wholesale 'buy in' to the approach from politicians and policymakers. Their reasoning on this score illustrates Pardo's and Prato's point

regarding legitimacy and the socio-political backcloth to people's apperceptions: the specific historical juncture within which people found themselves tempered and shaped different views of legitimacy when it came to the public health approach (Pardo 2000a, 2000b, Pardo and Prato 2018 and 2019). For those who saw it as legitimate, it was so because of its ability to demonstrate success (in a context where there may be only a tenuous connection between reality and the measurement of reality). It was the approach's 'regime' of truth that proved attractive, rather than its actual effectiveness (on which very few remarked). To borrow more extensively from Foucault, neoliberal forms of governmentality — the conduct of conduct — had created a curious dispensation among respondents in which the legitimacy of a policy was judged according to its ability to demonstrate effectiveness. They consented to this policy because it would make their employment more secure on account of demonstrating success.

Respondents' opinions on why the approach had been endorsed by politicians and policymakers were also telling. For some respondents, it was the approach's conservative stance with regard to inequality and resistance to radical change that lay behind its endorsement, particularly at national level. Another reason cited by respondents was the approach's compatibility with existing institutional arrangements. Put simply, it could be delivered in an austere financial climate where people and resources were scarce. Others were even more cynical, seeing in the approach a sinister tendency to identify race as a shorthand for criminality.

The points raised above illustrate that judgements about legitimacy are not always absolute. Where policy is concerned, people may make judgements on the basis of how they are (or will be) affected, rather than the anticipated effects on the policy's principal targets. In turn, this shows that by re-engineering the workplace, and instilling a neoliberal form of governmentality in many public sector workers, decades of government policy have reframed and recalibrated people's judgements of legitimacy. People make these judgements as neoliberal subjects with an eye on individual advantages and disadvantages, as much as citizens with an eye on the social good. In the case of the public health approach to urban violence, consent was partial and conditional, issuing largely from vague proclamations about its effectiveness and, more specifically, its ability to demonstrate success. For the people tasked with implementing this approach, there was a good deal of cynicism about its adoption by central government, with the latter suspected of picking an 'off the shelf' policy compatible with ongoing austerity and inattention to structural inequality. With the bar for consent set so low, in clearing it the government seems to gain little in the way of meaningful legitimacy.

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