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Christine Grahame MSP  
Convener  
Justice Committee  
Scottish Parliament  
Edinburgh  
EH99 1SP

2nd March 2016

Dear Christine,

During my appearance before the Justice Committee on 9 February 2016 regarding the Scottish Government's annual update on women offenders, members had asked to receive further information on three topics.

Firstly, during my conversation with Christian Allard MSP, Christian asked for details of the age of the female prison population. The enclosed table provides an analysis of the female prison population for 2015, with comparison data from previous years for reference.

	2011	2012	2013	2014	2015
<b>Total</b>	<b>472</b>	<b>464</b>	<b>437</b>	<b>430</b>	<b>420</b>
Under 21	40	37	27	28	15
21-29	174	163	144	*	120
30-39	138	147	160	*	163
40-49	96	82	70	402	79
50-59	23	31	32	*	36
60-64	0	3	1	*	7
65+	1	1	3	*	0

Source: Scottish Government Justice Analytical Services.

(Notes: Data as at 30 June each year.

Data for 2011, 2012 & 2013 drawn from official statistics on prison population.

Due to technical difficulties, data for 2014 and 2015 has been prepared from the Scottish Prison Service management information. The full age breakdown for 2014 is not currently available.)

As was referred to in discussion, age profile of the female prison population can be seen in the context of changing conviction rates for different age groups. As noted in "Criminal Proceedings in Scotland 2014-15" (published on 23<sup>rd</sup> February 2016), in 2005-06 the age with the highest conviction rate was those aged 18 (at 102 convictions per 1,000 population). Since 2005-06 the age with the highest conviction rate has shifted upwards.

The highest conviction rate was for those aged 26-30 in 2014-15 (51 convictions per 1,000 population). It is notable that conviction rates by age follow similar trends for both males and females.

Secondly, following a discussion with Margaret Mitchell MSP regarding the use of Fiscal Work Orders (FWOs), you asked for a breakdown of the offences for which an FWO had been issued.

As we discussed, the guidance regarding the use of FWOs does not specify which offences are appropriate for their use, rather that it will be appropriate for them to be used for comparatively minor offences, and that Procurators Fiscal will employ their judgement based on the nature and circumstances of the offence. The publication of statistics on the use of FWOs will be incorporated into the annual publication of Criminal Justice Social Work statistics, starting with the first full FWO cohort for 2015-16. The specific data on which offences an FWO applies to is not held centrally. However, indicative results suggest that FWOs have been predominately used in relation to theft by shoplifting, breach of the peace, vandalism and possession offences under the Misuse of Drugs Act.

Lastly, the Committee noted their enthusiasm for the development of arrangements between the Police and Community Psychiatric Nursing for the community triage of individuals who come into contact with the police, either in a public or private place, where operational police officers can consult an on-call service to aid the assessment of the individual. Where appropriate, this can prevent the need for the individual to be taken to a police station, or to hospital accident and emergency, until they can be assessed.

As we discussed, following a successful event at Tulliallan in September 2015, Police Scotland and Scottish Government officials contacted NHS Boards and other stakeholders to share the positive evaluation of the initial Glasgow pilot project, and to suggest that similar triage arrangements might be developed across Scotland.

The Committee asked for further information on which areas are now developing similar services. Services have continued to be implemented in NHS Glasgow and NHS Lothian areas, as we discussed. NHS Ayrshire & Arran have secured Mental Health Innovation funding for a new service, and hope to be running in the next financial year. NHS Lanarkshire have engaged their Response to Distress Working Group to consider crisis response partnerships both in and out-of-hours. Initial discussions are underway between other NHS Boards and their stakeholders, and officials will continue to track this work as it develops.

I trust this information will be helpful to the Committee.

Yours sincerely,



**MICHAEL MATHESON**