



OFFICIAL REPORT
AITHISG OIFIGEIL

Justice Committee

Tuesday 24 January 2017

Session 5



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JUSTICE COMMITTEE
3rd Meeting 2017, Session 5

CONVENER

Margaret Mitchell (Central Scotland) (Con)

DEPUTY CONVENER

*Rona Mackay (Strathkelvin and Bearsden) (SNP)

COMMITTEE MEMBERS

*Mairi Evans (Angus North and Mearns) (SNP)
*Mary Fee (West Scotland) (Lab)
John Finnie (Highlands and Islands) (Green)
*Fulton MacGregor (Coatbridge and Chryston) (SNP)
*Ben Macpherson (Edinburgh Northern and Leith) (SNP)
*Liam McArthur (Orkney Islands) (LD)
*Oliver Mundell (Dumfriesshire) (Con)
*Douglas Ross (Highlands and Islands) (Con)
*Stewart Stevenson (Banffshire and Buchan Coast) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Dr Peter Bennie (British Medical Association)
Cameron Black (Bethany Christian Trust)
Amy Dalrymple (Alzheimer Scotland)
Assistant Chief Constable Malcolm Graham (Police Scotland)
Bob Leslie (Social Work Scotland)
David Liddell OBE (Scottish Drugs Forum)
Calum Steele (Scottish Police Federation)

CLERK TO THE COMMITTEE

Peter McGrath

LOCATION

The Mary Fairfax Somerville Room (CR2)

Scottish Parliament

Justice Committee

Tuesday 24 January 2017

[The Deputy Convener opened the meeting at 10:00]

Decisions on Taking Business in Private

The Deputy Convener (Rona Mackay): Good morning, everybody, and welcome to the Justice Committee's third meeting of 2017. Thank you for coming. We have received apologies from John Finnie and Margaret Mitchell.

The first item on the agenda is for me to invite the committee to agree to take items 5 and 6 in private. Item 5 is a paper on future scrutiny of the Limitation (Childhood Abuse) (Scotland) Bill and item 6 is consideration of the committee's work programme. Are we agreed?

Members indicated agreement.

The Deputy Convener: I also invite members to agree to consider in private at next week's meeting the draft report on the legislative consent memorandum on the United Kingdom Parliament's Criminal Finances Bill. Are we agreed?

Members indicated agreement.

Demand-led Policing

10:00

The Deputy Convener: Item 2 is a round-table evidence session on demand-led policing: service of first and last resort. This is an informal session that is aimed primarily at giving us the information that we need to write our report. The best way to start is for everybody to introduce themselves, so that we know who everybody is. I am the MSP for Strathkelvin and Bearsden, and I am convening today's meeting.

Amy Dalrymple (Alzheimer Scotland): I am the head of policy at Alzheimer Scotland.

Fulton MacGregor (Coatbridge and Chryston) (SNP): I am the MSP for Coatbridge and Chryston.

David Liddell OBE (Scottish Drugs Forum): I am the chief executive of the Scottish Drugs Forum.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): I am the constituency MSP for Edinburgh Northern and Leith.

Bob Leslie (Social Work Scotland): Good morning. I am representing Social Work Scotland and I chair the Social Work Scotland mental health sub-group.

Liam McArthur (Orkney Islands) (LD): I am the MSP for the Orkney Islands.

Calum Steele (Scottish Police Federation): I am the general secretary of the Scottish Police Federation.

Douglas Ross (Highlands and Islands) (Con): I am an MSP for the Highlands and Islands.

Oliver Mundell (Dumfriesshire) (Con): I am the MSP for Dumfriesshire.

Assistant Chief Constable Malcolm Graham (Police Scotland): I am an assistant chief constable with Police Scotland.

Mairi Evans (Angus North and Mearns) (SNP): I am the MSP for Angus North and Mearns.

Dr Peter Bennie (British Medical Association): I am the chair of the British Medical Association in Scotland.

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I am the member of the Scottish Parliament for Banffshire and Buchan Coast.

Cameron Black (Bethany Christian Trust): I am from the Bethany Christian Trust. I work with rough sleepers, the care van and the care shelter.

Mary Fee (West Scotland) (Lab): Good morning. I am an MSP for West Scotland.

The Deputy Convener: Thank you, everyone. Although the meeting is informal, it would be helpful if you could catch my eye or the clerk's eye if you want to speak, so that it runs a bit more smoothly.

I start by asking Malcolm Graham to outline the extent and nature of police work that is not primarily concerned with prevention or detection of crime. Can you give us an overview of that? We can go into it further as we go along.

Assistant Chief Constable Graham: In the course of the past year we have, as an organisation, undertaken for the first time dedicated work in order to understand better the nature of demand that falls on policing. It is perhaps surprising that that has not been done previously, either before Police Scotland existed or in earlier years. When we did that work over the course of last summer—it is continuing as we to try to improve the picture—what we found probably did not surprise the vast majority of front-line police officers and police staff, who have seen a picture of changing demand over a number of years. That changing demand has resulted in some key findings in our demand analysis; I want to put a bit of context around that so that it is not open to misinterpretation.

One of the things that we found that relates to the calls for service that are made to us is that only about one in five incidents that we attend results in a crime being recorded. That does not mean that four out of five are not crime-related incidents at the point when the call comes in; it means simply that a crime was not recorded when officers attended. To give that point some substance, I will say that domestic abuse incidents remain the most time-consuming matter that we deal with. That is down to a combination of the number of incidents and the amount of time that those frequent incidents take up.

The other thing that I would say about the four out of five incidents that we attend—if we take last year—is that people call us with a broad spectrum of needs. In some instances people think that a crime may have been committed, but on attendance and inquiry we find that that was not the case. Many calls relate to concern about someone who finds themselves in distress—this might be the substance of some of the discussion today—and it may be that the cause of distress is not necessarily clear at the point when the police are called. That may be legitimate use of police time: the police may be the first people to be called, because the cases are ones that the police will always be responsible for responding to. It is absolutely right that the police should be called when, for example, there is concern because a

person has gone missing, or a person is causing alarm in a public or private place because of mental distress—whether it is temporary because of emotional distress, or there is recognition that there is a mental health issue—and poses a risk to the public.

The breadth of the range of concerns that people phone us about is enormous. They call us about children, about young people, about adults in different circumstances and at various points in their life, and about our increasing elderly population. Within the range of the 80 per cent of demand that does not result in crimes being recorded, some cases take a large amount of time for officers to deal with and some can be dealt with in a very straightforward way through working with people.

I could speak longer about the detail, but the key point is that the figure of one in five incidents does not necessarily equate to how we spend our time. Serious crimes take the longest time to deal with, but even less-serious crimes take up a lot of officer time in responding and subsequently. That will always be an important primary role of the police.

The Deputy Convener: I have a further question on that point. Do you feel that you have the necessary resources and do your officers have the skills to deal with the issues relating to vulnerable people, to which you have referred?

Assistant Chief Constable Graham: The skills that a police officer requires are constantly changing. Policing has always been a profession that requires a large number of different competencies and, in my view, it has always been a caring and compassionate profession: it is not just about dealing with crime and criminals. Whenever we deal with a crime or a criminal, we are also dealing with a victim, which is primary in our response.

In recent years, we have become more sophisticated in our ability—thanks to training that we do—to recognise what drives a person's behaviour; for example, if there is a mental health concern. We have done a lot of training of all our officers and staff. In the course of the next few months we will complete mental health awareness training for more than 17,000 police officers—all our front-line officers. We have also done a lot of training around recognising the impact of trauma and we have done a lot of partnership work on making the right responses for people when such issues are identified.

The skills and capabilities of officers are always increasing, but it may well be the case that police are not, when officers are called to an incident, the best organisation to meet an individual's needs.

The Deputy Convener: I will open up the discussion.

Calum Steele: I want to supplement, rather than contradict, what Malcolm Graham has said. I highlight the fact that police demand is not just about calls for service. The police deal with many things that do not originate from a call from a member of the public. For example, in complex criminal inquiries, the police may identify victims as a consequence of stumbling across a piece of evidence in an inquiry. It can take many months, or even years, to identify other victims, for example in child sexual exploitation cases.

The police also deal with events and other incidents including the Commonwealth games, demonstrations, celebrations such as the jubilee, festivals, political unrest and weather-related emergencies. We also provide policing for our road network—the highways and byways—and we may soon police our rail network. We deal with the security of our infrastructure and the policing and delivery of democracy through management of elections, royalty and VIP protection, and things such as the on-going response to the terrorist threat.

Policing is not delivered only in response to calls from the public, although that is clearly a crucial part of it. There are many inherent complexities associated with policing, in addition to calls to the police service itself.

Stewart Stevenson: This matter can be dealt with fairly briefly; I want to explore whether we have a sense of when the police started to take on responsibilities beyond pursuing criminals.

I have before me the front page of the *Police Gazette* from 1831, which has a story about a stray horse. It was perfectly clear, nearly 200 years ago, that policing did not just involve dealing with criminality. When I was a child in the 1940s and 1950s—I am, by a substantial margin, the oldest person in the room—the old saying was, “If you want to know the time, ask a policeman”. It was clear 60 years ago that the police were a source of information and assistance in a broad and general sense. Do you have a sense of how that change happened and how it has developed over what has been a long time? Although we are engaging with the issue for the first time as something that must be resourced and so on, it does not strike me as being particularly new in a general sense, although it perhaps is, in the detail. Perhaps Mr Graham can say something about that.

Assistant Chief Constable Graham: I agree entirely with Mr Stevenson’s comments. Policing has a long and proud history of evolution and change since the early 1800s, and Scotland has set some of the standards for policing around the

world. As I said earlier, people have always expected the various organisations through which policing has been delivered—Police Scotland is just the latest of many—to be caring and compassionate in the service that they provide. A painting hangs in the Scottish Police College—the headquarters of Police Scotland—that I think represents very clearly the modern mission of policing, although it was painted in the 19th century. It shows a constable holding a small child close, up on his shoulder, in a snowstorm. The child has no shoes on and is wearing a torn-looking dress, and is possibly destitute. For me, that painting nicely sums up the mission of policing in the days when it was painted.

To move forward to the purpose and mission of policing in legislation before Police Scotland was created, the Police (Scotland) Act 1967 set out that the key purpose of policing was to

“to guard, patrol and watch so as ... to prevent”

crime.

The mission for policing withstood the test of many decades and was substantially enhanced in the Police and Fire Reform (Scotland) Act 2012, which created Police Scotland. The purpose of policing is

“to improve the safety and wellbeing of people, places and communities in Scotland.”

To me, we could not have a broader mission in terms of working in partnership with other services to improve wellbeing and safety, which can be defined in many different ways. It is through that work, and through discussions such as this, that we are starting to fulfil the promise that comes with the purpose that was laid out for us.

Stewart Stevenson: Would it be fair to say that, in 2012, the statement in the legislation was reflective of the police’s mission prior to that, rather than a re-setting of the mission?

Assistant Chief Constable Graham: It was a mixture of both—although I agree with your point. Those are things that the police have always been involved in, and not—as Calum Steele said—just through calls for service but in everything that we do. Society in general—and policing as part of it—has recognised what drives people’s behaviour, in terms of mental health, for instance. We have a better understanding of how society has changed—changes in demographics, changes in the population, but also changes in how people live their lives, which they do increasingly through online means. As we see, people now resort to their phones. There is now a network of communities that are defined not necessarily by where people live, but by whom they connect with. That is a challenge for many organisations, and for policing in particular, as we seek to improve wellbeing and safety.

10:15

Douglas Ross: I will first of all ask a question of Mr Graham and then, perhaps, ask a question of all our guests in relation to their respective organisations. Why did the discussion and investigation of demand-led policing not take place when Police Scotland was set up? You said yourself that it would have made sense to have done it then. What was the trigger for doing it recently?

I wonder whether we can also hear briefly from all the other groups represented here today on this. It seems from my reading of the evidence that everyone accepts that there is a problem and that collaborative working could be better. The Cabinet Secretary for Justice said as much to the Justice Sub-Committee on Policing, where he spoke about working together with the third sector, mental health services, community services, local authorities and the health service in general.

However, as far as I can see, no one has suggested how we should do that. We all say that we have to do it—"There is a problem, and here is where we need to get to"—but there is a big gap to bridge in seeking to overcome the problems. If you had a magic wand, how would you achieve a better balance between the current demands of the police and the way in which other organisations can help to relieve some of the pressure?

Assistant Chief Constable Graham: On the timing of the work, it would have been nice if we had had the capacity to do everything at once, but—as you will be acutely aware—we did not have a huge amount of notice in terms of creating the national organisation, and we had to prioritise very carefully what we did. Our focus in the early weeks and months of setting up Police Scotland was on ensuring operational competence and maintaining critical services to enable us to respond to emergencies and public need.

As we went through the transition period, it took time to bring the legacy police services into one organisation. When we paused to look at opportunities for the future, it became clear that we needed to understand better the evidence base on which we should shape the transformation—as we now realise from the journey that we are on. I describe it as a journey, rather than an event in which we do everything simultaneously.

On the second question, I agree that we need a greater degree of collaboration to address some of the challenges. I can describe some extremely good examples of collaboration. We are working in many different ways in local areas, looking specifically at local needs and building services that meet the demands and expectations of the

people in those communities. We are running pilot programmes to address the specific needs of elderly people who suffer from dementia; we gather information from families and anyone who will assist if, for example, it is likely that a person will go missing repeatedly. We have put in place mental health triage services jointly with health boards. We have had some great successes in a large number of local authority areas by working in partnership to meet people's needs better and direct them more appropriately to services. There is an opportunity for the police, as a national organisation, to take a leadership role in moving substantively on some of those issues at a national level, where that is appropriate. However, I will finish by saying that a lot of our successes are—quite rightly—based on local need and involve local partnership working that best fits the circumstances in each local area.

Douglas Ross: On that point, would you accept that, despite those very good examples and what you are doing locally in relation to dementia patients and related organisations, when it comes to a situation where someone witnesses something in their local area that they believe to be an emergency, they will still call 999 and ask for the police? How do you get the message across that there is good work going on, but that the police should not necessarily be the first port of call?

Assistant Chief Constable Graham: I do not necessarily agree with the notion that we should be trying to dissuade people from phoning 999 if they think that there is an emergency. If people think that an emergency response is required, I would encourage them to phone 999 and allow the professionals to make an assessment about what is the best response. If that means that the police need to attend to assess the best response—it might not necessarily be a straightforward task to work through what has happened and what underlies it—that is entirely appropriate. It may be that during the course of that exploration of events, decisions can be taken that will lead to better outcomes for the individuals than if there were a criminal justice response.

Just because we have identified that a crime has not been committed does not mean that someone should not have phoned the police. Rather, it means that, in certain situations, the police can be an effective route to accessing other services that will better support people to try to prevent such a situation from happening in the future.

The Deputy Convener: As you mentioned Alzheimer's, I would like to bring in Ann Dalrymple here. Sorry, I mean Amy Dalrymple.

Amy Dalrymple: It is okay; you are not the first person to have done that.

In response to Douglas Ross's question, I do not hear Malcolm Graham describing it as a problem and we do not describe it as a problem in our written evidence. It is an issue and we need to decide as a society how we are going to work together to address it. The police are a really important part of the solution and they accept their role—they are not saying that they should not have a role.

We are delighted to be working with the police on the Herbert protocol, ensuring that people have the appropriate information about people who may well go missing. It is not ready yet, but we have been working at a national level on a system for a more community-based response, using social media, that can support the police and other agencies when there is an issue with a person with dementia.

What we can do to reduce demand is ensure that people with dementia are supported appropriately and therefore do not feel the need to leave the place where they are living in a way that is not known about by the people who are supporting them, whether they live at home, in residential care or in a health care facility.

If people with dementia are supported appropriately, wherever they are, and the right environment is put in place so that their stress and distress are minimised and they are enabled to walk if that is what they wish to do, we may reduce such incidents. None of us would want to be locked up in a facility, however nice it was, if we wanted to get outside. People with dementia who want to go outside will try to do that and if they are prevented from doing so that might create an incident. However, if people are supported appropriately and the right activities and supports are in place for them to live their lives in the way that they want to, we may end up reducing the number of such incidents.

I have also heard the discussion around people with dementia and whether it is inappropriate to call the police in relation to calls to paramedics and ambulances and people being admitted to hospital. Preventing such hospital admissions is a similar issue to preventing incidents where people are missing and the police need to be involved.

We are working very well with the police. Many of Malcolm Graham's colleagues in Police Scotland are dementia friends who take part in dementia friends Scotland, as are many members of the committee. That is the beginning of dementia awareness.

We are looking forward to working further with the police in supporting them and bringing together the other agencies—social work and residential care facilities—to ensure that people are properly supported. The fundamental point is

that people with dementia deserve the same protection as everybody else and, as a society, we must work together to ensure that they get that protection.

The Deputy Convener: Dr Bennie, do you want to come in on the second part of Mr Ross's question, which was about integration?

Dr Bennie: To put this in my personal context, I chair the BMA in Scotland, but I also work clinically as a consultant psychiatrist in Paisley, so this is my daily bread and butter. I was talking to the police just yesterday when they brought someone across from accident and emergency in circumstances that were not quite as good as they might normally be.

When we put the question to BMA council members, we had a very strong response from across many different specialities. The headline is that the general experience of doctors in such situations is that the police are doing a very good job in difficult circumstances. I echo the earlier sentiments that we are talking about a key police role. There is no other agency that is able to deal with someone who is in distress in public. The police also have legal powers if it appears that the person has a mental illness.

It is simplistic, but one can divide those incidents into two types: incidents that occur with people who are already known to have vulnerability, often as a result of a mental health problem—whether that is dementia or a diagnosed mental illness—and incidents that arise with someone who is not known to the services at all. Where someone is known to services, it is essential that there is pre-planning: we know that people with mental health difficulties are going to present in emergency situations, we should be able to predict what those emergencies will be and, at least to some extent, we should have a care plan that outlines the way in which we would like to deal with that. From my experience, you cannot write a care plan that covers every possible eventuality. If you try to do that, the plan will fail. However, you can and should think about what is likely to happen with a person and work out who might be available to respond to that, during normal working hours and out of hours.

For the second group of people, who have no history at all, we cannot predict what will happen at an individual level, but we know that people will present in a crisis—whether as a result of intoxication or acute mental illness—and that in such cases it is crucial that there are very good links between the police, who will be the first point of contact in many circumstances, and well-resourced local facilities, including out-of-hours general practice, psychiatric services, social work services and emergency departments.

I heard the phrase “magic wand” and the other term that is often used around this subject is “money trees”. The bottom line is that all of us—every agency around the table—are working in a very tight financial situation and that means that we have not only a responsibility to do the best that we can with the available resources, but a responsibility to say that it requires more resourcing to do that job well.

The Deputy Convener: Would anyone else like to come in on Mr Ross’s question?

Calum Steele: The question as to the how or the what is more inherently complex than such a simple question might suggest. For the purposes of this session on the police service, the question of how we deal with demand does not sit just with the agencies around the table. Demand comes in a variety of different areas and the solution to that will not come from a single point—there must be a complete community-based assessment and a holistic view of how we deal with the individuals who might need help and assistance, whether that is care, policing or assistance in whatever guise it manifests itself.

A couple of fundamental things have to be recognised in all this. Although we are dealing with particularly challenging financial environments, it would be remiss of me if I did not point out that austerity is a choice, not a necessity. The imposed austerity that is being visited upon all the services and third sector organisations makes it very difficult for us to deliver services and protect the vulnerable people in our community.

When we consider the cuts that are being visited upon all agencies in the public sector and the knock-on effect that that has on third sector organisations, we cannot sit back in a middle-class way, having cups of tea and chattering about how we might make things better. We have to make sure that the resources are available to make real differences and changes to people’s lives. We all talk about collaboration and partnerships, but we must have the capability and capacity to ensure that those are more than 9-to-5—or, if I am being kind, 8-to-8—partnerships.

Crisis, by its very nature, tends to be unpredictable. The likelihood that people who have been involved in drawing up a care plan will be responsible for the execution of the plan at the point at which a person comes to the attention of the police is very slim indeed. Ultimately, we need a phenomenal amount of resource to make sure that all the services have the capability and capacity to do all that we need.

10:30

The Deputy Convener: Mairi Evans has a supplementary.

Mairi Evans: It follows on from Douglas Ross’s question. I thank Amy Dalrymple for clarifying some of the issues.

From reading the evidence, in particular the comments from Superintendent Crossan, it is not entirely clear what we are looking for. Are we trying to move the police away from being the first responders and to find another way of dealing with people who have mental health issues? If that is the case, I would have exactly the same questions that Douglas Ross raised. How do people become aware of those issues? If one is presented with a situation in which someone is in crisis, that person’s mental health issues may not always be apparent. It has been interesting to hear everyone’s take on that and the suggestions that have been made.

Douglas Ross asked what everyone would do if they had a magic wand, and I want to tease that out. Malcolm Graham talked about on-going pilot schemes. To what extent are any of the agencies that are represented here today involved with projects that are looking at how we can better operate services? Do you have any suggestions for the committee on how we can progress that work? That is a wider question for my fellow committee members, too: how will we take the work forward? Will we work with the Health and Sport Committee to progress the issues? It is really important that we do not leave to one side the issues that we are discussing today but progress them as we move forward.

The Deputy Convener: That is a good point, and we will definitely bear it in mind after today’s discussion. Stewart Stevenson has a further supplementary.

Stewart Stevenson: I want to follow up on the reference that Calum Steele made—quite properly—to an 8-to-8 partnership. Is there academic or other research that gives us a profile of the schedule that shows where the demand lies?

For example, we all know—I put the word “know” in quotes—that alcohol-related demands increase at the weekends, but I have not seen any academic research that tells me that. We also know that there are other people beside the police who are the first point of contact. One organisation that springs to mind—which is not represented at the meeting today—is the Samaritans, which might get involved, along with the police and others, in providing psychiatric support.

Has there been any research that might help us—not just the police, but all of us who might end up providing that support—to plan better? When I was at university, research was done, before the advent of induced births, on when children were born. The myth was that they were always born at

night, and the academic research confirmed that the peak birth time was 3 am. In this context, is there some good underpinning research that might help us all to plan better? I do not know which of you—if anyone—will have the answer.

Assistant Chief Constable Graham: Part of the work that we will develop over time will look at better understanding the demands on policing and where the demand comes from. As Calum Steele said, our work is not just about calls for service, but that is a large proportion of it.

You are right that a lot of unplanned calls for service come to the police out of hours and over the weekend, and there are two reasons for that. One is that the nature of some of that demand means that it happens disproportionately at those times. For instance, nearly 50 per cent of the missing people whom we are called to look for are reported missing on a Saturday or Sunday, which is interesting.

The other reason that might underlie some of the data, although we cannot be certain about it, is that people perhaps phone the police outwith hours or at the weekends because they do not have access to other services. We are starting to look at that in a little more detail, to see why calls about, for instance, people who are mentally distressed in a public place might increase outwith hours and at the weekends, and whether that relates to the availability of services. We have no sound data on that.

I will finish with an anecdote that was relayed to me in the past couple of weeks. It relates to an issue about which I do not have evidence but which is a consistent theme when I speak to officers and staff who deal with calls about children and young people. Officers responded to a call about a domestic abuse incident, but it turned out not to be such an incident; it involved a couple who had a history of mental health issues, which were well understood and for which there had been some planning. It was relatively straightforward to access support for the adults at the time. However, the couple had children, who were also identified as potentially needing mental health assessment and care. The children could not access support at the time and went into a different system, which the officers who were dealing with the incident thought was not necessarily the best service for the family. That is not evidence, but it is a powerful anecdote on an issue that has been repeated to me on many occasions. It would be useful to explore the availability of services for children and young people.

Oliver Mundell: My question follows Stewart Stevenson's supplementary question and takes us back to the four out of five calls issue. I know that there is not much data, but is there a breakdown

that can help the committee to understand how often the police are called out to non-crime incidents outside office hours? Are there regional or geographical variations in that regard? Lots of good partnership working with the police is going on, but in a constituency such as mine, with a large rural area in which services are not right next to each other, the police are the only organisation that has a geographical spread.

Assistant Chief Constable Graham: There is a breakdown of all calls for service. When we did the demand analysis we broke down calls using four criteria—that relates to what Calum Steele said. We looked at public and incident demand, which is about people contacting the police or, as happens on many occasions, another organisation, such as a statutory service or third sector organisation, contacting the police on behalf of someone. We also looked at protective demand, which is about our proactive capability; preventative demand, which is about working with others to prevent things from happening before a call has to be made; and pre-planned activity, which covers events and all the calls for police to be present for a pre-planned purpose.

There is a breakdown at national level of calls that come in through the call centre route. We are still trying to break that down by local areas. The breakdown is by call type and there are some quite large baskets in that regard. For example, "call for assistance" covers all sorts of things that people call us about and makes up a large proportion of calls for service, and "concern for an individual" covers all sorts of concern—a concern might be very serious, for example if someone thinks that a person might have died in their house, or it might just be someone saying, "I've just watched my elderly neighbour go into their house and I'm worried that they're not getting on so well." All the other, more clearly categorised, crime types would fall into that category. It is work in progress.

Mary Fee: Mr Graham, I have a question on planning. We know that the policing 2026 strategy is being developed. Can you update us on when that is likely to be completed? How will you develop a specific piece of work in relation to the strategy to ensure that you have the capacity to properly care for the people you come into contact with?

Assistant Chief Constable Graham: The development of a 10-year strategy for policing is in progress and, last summer, we started work to underpin our understanding of where we are at with demands. Over the course of the late autumn and through the Christmas and new year period, we have been developing a public consultation as the start of a conversation about the long-term future of policing.

Although the police have a better understanding of the current demands on the service, we strongly feel that the services that people receive need to be based on our being able to listen to what people say. That public consultation is planned for later in this financial year, and we would like to use it to develop the next three-year policing plan. That needs to coincide with the investment that we need to make it happen; therefore, we are timing the development of the public consultation with an understanding of the budget planning process for next year.

Mary Fee: Do you have a more specific date in mind? When you say that the consultation will take place later in the year, do you mean in the spring, during this financial year?

Assistant Chief Constable Graham: Yes.

Mary Fee: So the consultation will take place before the end of March.

Assistant Chief Constable Graham: Yes. That is our plan.

Mary Fee: Thank you. That is very helpful. How will you ensure that you have the capacity to deal with the type of incidents that we are talking about today? There is no one-size-fits-all solution. You can plan a strategy, but how will you ensure that you always have the capacity to deal with vulnerable people? Who will you work with?

Assistant Chief Constable Graham: That is a key plank of the strategy. The need to work in collaboration and partnership, focusing on the different communities that we serve, will form the basis of the public consultation and the longer-term conversation that we would like to have with people.

Calum Steele talked about austerity. I do not necessarily want to get into that, but I should say that we would need to do the work anyway, whether we were feeling more or less financially constrained, because working in partnership to provide better services to people is the right thing to do. We will always need to make choices about how we prioritise our limited resource, and our view has long been that the best way to provide services for people is to work collaboratively and in partnership to achieve the outcomes that we are seeking to achieve in order to improve people's lives and to make sure that they are shared, particularly when organisations feel financially constrained.

How will the police ensure that we are making the best use of the resource that we have? One way in which we are approaching that question is through undertaking a piece of work to redefine how we prioritise our response on the basis of the threat, risk or harm that we think will be caused to people. A number of years ago, we might have

taken a less sophisticated approach whereby we would have responded to what we thought a person's needs might be on the basis of how the call came to us. If somebody reported a minor theft, for instance, we might have responded to that in line with a blanket approach to minor thefts. Through the training of staff, we are now seeking to develop an approach whereby, at the point when the call comes in, we have a different way of triaging the priority of that response depending on the threat, risk or harm that is posed to that individual.

For example, if I were to be subject to a minor theft when I go back to my car after the meeting, I would report it to the police because I would want to make an insurance claim, but it would not have a significant impact on my life and I would be able to deal with it—I would be able to navigate my way through the police and the insurance company. If, however, an 80-year-old man who was suffering from dementia and who did not have many people around him to support him was subject to the same theft or to a minor theft in different circumstances, the police response might need to be very different. It might need to be faster, and it might need to involve people attending in person. It might result in a range of different links to services and outcomes for the individual.

That is an example of the approach that we are seeking to develop over the course of this year and next year. I hope that that answers the question about prioritisation of resource.

10:45

Mary Fee: That is helpful. In an earlier answer, you mentioned the training that you were going to give to 17,000 officers. Can you explain a bit more about who is doing that training? Is it in-house training? Are you working in collaboration with outside agencies? How will that work be developed?

Assistant Chief Constable Graham: The training programme is based on our early experiences of the mental health community triage systems that we have set up in most areas of Scotland. That is being done in conjunction with the health boards in their respective areas and with third sector organisations that have supported the training.

The training is being delivered in-house, but it is based on a team of people in Police Scotland who have led that work with national health service professionals. It involves raising awareness of the issues and the appropriate responses, ensuring that people are aware of the various different choices for accessing services.

Mary Fee: That is very helpful. My final question relates to homeless people. We have focused this

morning on people with dementia and mental health problems, but people can be homeless for a number of reasons. They might have mental health problems or drug and alcohol problems. They could be homeless because of other problems.

You might be a good person to start with on this, Mr Black. How good are the services that homeless people get? Would you like some changes to be made?

Cameron Black: That is a good question. We work with the police a lot. We have a shelter here in Edinburgh and we provide services across Scotland. The police will bring individuals to the shelter. Very often—most nights, in fact—the police will be in attendance for some reason. We are open for 28 weeks this year. We are very happy to work with the police, who are very good at dealing with individuals for whatever reason they are homeless, be it mental health, relationship breakdown through drug and alcohol problems or rent arrears. There may be other reasons relating to foreign nationals.

We provide a catch-all net at the shelter. Anybody who would not have anywhere else to stay that night, who would otherwise be sleeping on the street, can come to us. The police often bring us people because they know that we are open. Sometimes there is a difficulty when we are brought the wrong types of individuals. Also, over the past couple of years, we have been very full, as there is a crisis in rough sleeping on the streets. Three seasons ago, the police brought us 96 individuals out of the 763 who stayed in the care shelter over the 24 weeks that it was open. Over the past couple of years we have not been able to take as many individuals from the police, because the police are bringing them later on, when we are already full.

We are very happy to work with the police, but the problem is not necessarily to do with policing in this instance. There is a broad spectrum of things going on. In particular, housing is not available even for people who are eligible to be housed by councils under statutory duties. I am talking here about temporary accommodation and further move-ons. Social housing is full, and there is a backlog so it is up to us.

David Liddell: To come in on the back of what Cameron Black has said, this is about trying to understand how demand on the police could potentially be reduced. It is useful to define the vulnerable population that Cameron Black has been talking about in a bit more detail. Our focus is on people with drug problems, of whom there are 61,500. Among them there is a huge crossover of people dealing with drug and alcohol problems, mental health issues, offending and homelessness. They are a group of people who

are, by and large, known to services, as Peter Bennie was saying.

They are not hard to reach, but they are hard to engage with in various ways. They are the most vulnerable group, and we have reflected on that a lot in relation to things such as deaths from drug overdoses. They drop in and out of services and in and out of prison. If they are on a prescribing programme, they tend to be on it for a short time and then drop out. Inappropriate care and care services that do not stick by people over the long term need to be addressed so that the police do not have to pick up on the casualties, which is an issue for the services.

Douglas Ross asked about specific solutions. We have been looking at an approach in England called making every adult matter, which looks at the most vulnerable populations and provides much more intensive, long-term care for individuals so that they are not just left to drop in and out of services on a regular basis.

As I said, people with drug problems form a significant proportion of the most vulnerable population. We have an ageing population with increased vulnerability. For example, more than half of the 61,500 people with drug problems are aged over 35. According to some projections, that will continue to increase, so this will be an increasing problem. As well as the issues that I have mentioned, these people have a range of healthcare issues, in terms of multiple morbidities, that are not being addressed.

As my colleague Amy Dalrymple from Alzheimer Scotland said, a lot of the issues are to do with improving the range of other services alongside the police work. However, as Cameron Black said, the problem is being able to do that. I urge the committee to consider that.

To pick up on Mary Fee's point about homelessness, initiatives such as the housing first model have looked to provide people with housing ahead of them resolving their drug or alcohol problems, because otherwise they are in a catch 22 situation—they cannot stabilise their drug and alcohol use because they are homeless, but they cannot get a house until they do that.

The Deputy Convener: That is useful. This might be a good time to bring in Bob Leslie. We know that one in four people have mental health problems. How do you feel those people are being supported in the current system? Is there adequate support?

Bob Leslie: I echo my colleagues' plea. Dr Bennie referred to talk of money trees, but there is no magic solution. We are working in constrained times, and we would all love to have more resources, but we must be realistic and work with what we have, and we must try to tailor our

services as best we can to address people's needs.

I work in the same area as Dr Bennie, in Paisley. The vast majority of demand on our social work services comes from the adult protection and adult welfare concern reports that come in every day through the police service. In Renfrewshire, more than 2,000 concern reports—a vast number—have come in since April, and they all have to be screened, looked at and followed up. Some of the reports relate to criminal matters—sexual offences, domestic violence and so on—and a parallel investigation will therefore be going on. Others involve individuals who are experiencing various crises arising from mental health issues, addiction and so on.

Our local adult protection committee has adopted a strategy that features a community safety hub, which is led by our public protection team and meets daily. All council departments, including the housing department, along with Police Scotland, the Scottish Fire and Rescue Service and the local authority warden service, are represented in the hub. Various concerns are raised in the meetings, and those can be screened so that individuals can be signposted and cases can be picked up and directed.

Our social work team also has a repeat referral group that picks up multiple referrals through the mental health system—from Dr Bennie, for example—and through police call centres. A number of individuals in our area have a season ticket, shall we say, for contacting Police Scotland or NHS 24, rolling up at A and E or phoning the social work standby service—whichever agency it happens to be. Those individuals are well known and pop up every so often—regularly, in fact, and sometimes multiple times in one day—with a crisis.

The purpose of that group is to look at how we tailor support. As David Liddell indicated, some of those individuals are incredibly difficult to engage with because of their personality, the state of their addiction or the point that they are on in their particular journey, which makes it very difficult to deliver services. As others have mentioned, demand is rising all the time, and the resources to deal with it on the ground are just not there. Our mental health hospitals have been reconfigured and in-patient beds have been taken away, supposedly to put resources into the community, but community resources do not match demand. That is the reality that we face.

Stewart Stevenson: I would like Bob Leslie to provide a tiny bit of clarity—maybe I missed something in what he said just now. Is the figure of 2,000 referrals that you mentioned for the whole of Scotland or just your area?

Bob Leslie: It is just for my area.

Stewart Stevenson: Which area is that?

Bob Leslie: It is Renfrewshire Council.

Stewart Stevenson: What is the timescale for those 2,000 referrals?

Bob Leslie: It is from 1 April 2017 to the present.

Stewart Stevenson: Do you mean April 2016?

Bob Leslie: Yes, sorry—I mean April 2016.

Stewart Stevenson: Thank you—that is helpful.

Equally, as MSPs, we have what we term “frequent flyers” at our surgeries; that issue affects everybody.

Liam McArthur: Bob Leslie spoke about the difficulty of engaging with and diagnosing individuals who present with issues that may arise from drug or alcohol addiction. We heard anecdotal evidence about police officers who arrive to deal with a call and find an individual who is in distress and is clearly under the influence of drugs, alcohol or potentially both. The officers may take the individual to A and E, where nobody is able to deal with them until the effect of the drugs or alcohol has worn off sufficiently for a diagnosis to be made. The officers are then left with a choice of taking the individual back to their home or putting them in a cell. Very often, in the absence of any other options, officers opt for the latter. However, as the police have made abundantly clear, a cell is not, in their view, an appropriate place in which to hold such an individual.

I know that there is no magic wand that can be waved to deal with all these problems. Nonetheless, can we press health boards, community mental health teams and others on that specific issue to try to ensure that individuals who have not only mental health issues but addiction issues do not find themselves in the cells? Such an approach can only exacerbate the problem with which the individual initially presented.

Dr Bennie: In general, 20 or 30 years ago, many of those individuals would have been admitted to hospital for a short period of time. Thirty years ago, I worked at the Western infirmary, which had a so-called short-stay admission unit that was used almost exclusively for exactly that situation. The reason for that was that it is in effect impossible to assess somebody's mental health properly when they are intoxicated. One can sometimes run into real difficulties in failing to diagnose underlying medical or psychiatric conditions because someone is intoxicated. The classic scenario is someone with a head injury or a subdural haematoma, which develops gradually and can mimic intoxication. It is very useful to have somewhere safe in which to

observe a person who is sobering up after using drugs or alcohol, but we do not have such a resource any more. As you say, the situation is dealt with in different ways in different parts of the country, but it is rarely dealt with all that well.

11:00

A far more recent phenomenon is the use of so-called novel psychoactive substances, which are known as legal highs. To put it simply, the real difficulty that we face in that respect is that we cannot be sure whether someone has taken a psychoactive substance. It is not possible to detect whether someone has taken a legal high by testing their urine. In addition, it takes a person much longer—several weeks or even more—to recover from the initial period of delirium than the few hours that it would normally take them to recover from using alcohol or drugs. Those people end up in hospital—usually general hospitals—where they are extremely difficult to manage; police assistance is often required because they can be extremely violent.

Liam McArthur: In the past, bed space would have been set aside for dealing with such incidents, but that resource has simply been removed from the system, even though demand appears to have increased. Has demand really increased, or have the issues just become more pronounced because the bed space is no longer available?

Dr Bennie: I do not think that we can safely say that demand has increased in numerical terms, but the nature of it is changing, especially given the different and longer-term pattern of presentation that is associated with novel psychoactive substances.

Liam McArthur: As part of the partnership working that Mr Graham described, has there been any discussion, either in certain localities or nationwide, of the idea that the disappearance of that bed space may need to be reviewed?

Dr Bennie: I refer that question to Malcolm Graham, who is sitting two places along from me.

Assistant Chief Constable Graham: I am happy to answer that. I am not aware that there have been specific discussions about the role of the police in influencing the amount of bed space in the NHS and whether that is appropriate.

In a number of cases, local authorities have provided facilities in which people can detoxify—I am not sure that that is the right term—or sober up. Legislation enables local authorities to do that, although such facilities are few and far between.

I agree with the general point that, in such circumstances, police cells are not necessarily the best place or the right place for people to be, but—

as a last resort—they are a safe place. I frequently hear the anecdote—it is backed up by data—that the police, after they have used a variety of ways to find the best care and support for an individual who has not committed a crime, have been forced to bring the person into custody for their own safety. First and foremost, that is not ideal for the individual, and it is also resource intensive for the organisation because such people need to be monitored for the whole time for which they are in police custody.

To go back to the question about where the committee should focus its attention in trying to make progress on the issues, I will make two points. What we must not do—whether this is a challenge or an opportunity in the austere times in which we live is a matter of perspective; I see it as an opportunity—is shrink into the silos of the organisations that our services have generally been designed around. The best examples of services that meet people's needs are those in which people can step out of their silos and leaders can look at the system from the perspective of the needs of the individuals who come into it, identify where those needs are not being met and design new ways of delivering services. For example, people who would normally be employed by a health board could be employed by the police service to work in a control room and make an early assessment. Alternatively, someone who is employed by the health service and someone who is employed by the police service could respond jointly—perhaps in the same car—to an incident and provide people with the service that they need at the time.

We cannot have a situation in which the service that people get depends on who they choose to phone. People might phone an ambulance, a doctor's surgery, the police or another organisation either during or outwith office hours, and the service that they receive should not necessarily depend on that choice.

The broadest issue at the system level is that we must not conceive of systems, such as the health system or justice system, existing in silos. One area in which I would like relationships to be strengthened and work to be prioritised is the interface between public health—given that most of the underlying factors that cause people to come into the justice system are health issues—and the justice system, including policing, which is at the heart of, and normally a gateway into, that system. With stronger relationships and joint working between public health and justice, we would begin to see a shift towards identifying ways to prevent demand from coming to the police door that are consistent with the aspiration of public health to keep people well rather than curing their illness. An analogy can be drawn with the justice system in that respect.

Calum Steele: I want in part to build on the evidence that the BMA has given by comparing what we used to have with what we have now. I draw on my experience of policing in the Highlands and Islands, where a fantastic facility called Beechwood house was located on the elbow between the hospital and police headquarters in Inverness. It was a third sector organisation run by the Church of Scotland to provide facilities for short-stay and long-term assistance for the police to help people with drug and alcohol abuse. It relied heavily on funding from a variety of organisations, including the police.

As luck—bad luck, in this case—would have it, when all those agencies began to withdraw their funding, the facilities closed and the responsibilities went back. Ultimately, the police largely ended up being the service to care for people. That removed from people in crisis the opportunity to access someone who understood their addiction and psychological needs and who understood the risk of harm in that vulnerable position. Those people moved almost exclusively into the criminal justice system where, as a consequence of progressive changes in policy, they would invariably end up not being prosecuted. However, if a procurator fiscal has 30 or 40 reports of a drunk and incapable person, at some point they take action and move the problem into prison.

Any notion that finance has nothing to do with that situation is deeply unhelpful. Of course it is always important that we collaborate in work and we must not retreat into silos, but we cannot pretend that money is not an issue, because it absolutely is—it is the giant elephant standing in the middle of this room now that no-one seems to be prepared to have a real conversation about. That will always be frustrating.

That point is particularly important in reference to the fair question that Mary Fee asked about how the police can always guarantee to have the capacity to deal with people in crisis. We cannot. No service round this table can guarantee to have the capacity. We get it wrong—mercifully infrequently—and, on occasions, people fall through the gaps. We must get to a stage where we do not have political hand-wringing when those mistakes occur. With the benefit of hindsight, people say that we should have done this, that and the next thing, without a genuine recognition of the phenomenal workloads that people in health, education, social work, prisons and criminal justice social work and, indeed, police officers are carrying. Day to day, we carry the risks of many vulnerable people in society and do the very best that we can under difficult circumstances, as has been helpfully pointed out by many people.

The lack of finance invariably leads to pressure on people and impacts on our support services and infrastructure. If the police service had nothing to do other than deal with people, and if we could ignore our buildings, equipment, information technology and communications, we could probably get on with all of that. However, there is the reality of what we have to do in the background to maintain and deliver our service. The need to continue to do the things that hold up our service from a technological and facilities perspective invariably comes at the cost of those who end up delivering the service. When we have fewer people dealing with more crisis incidents, that will lead to a breaking point: it will lead to many vulnerable people being failed by the mythical system that people talk about that has been put in place to serve them.

The Deputy Convener: Stewart Stevenson has a supplementary, after which we will move on to Ben Macpherson and Fulton MacGregor.

Stewart Stevenson: I have a couple of family members who were nurses at Craig Dunain, so I know a little bit about the area that Calum Steele referred to. Mr Steele might not be able to answer this, but my question implies an answer. Was the use of Beechwood house to deal with a particular category of client more cost-effective than their being dealt with by the police, which is a comparatively expensive intervention? The same might be true elsewhere. The Beechwoods of this world might be a way not only of delivering better outcomes but of making better use of the money. Is that a fair comment, or is it far too simple-minded an argument to be sustainable?

Calum Steele: Sometimes simple things are the right thing to do for the very reason that they do not need much analysis, because everyone understands conceptually that they are the right thing to do.

Beechwood house did more than take pressure off the police service. It took pressure off principally the accident and emergency department but also the short-stay admission units in Raigmore hospital, as well as Dr Gray's hospital, because its reach often extended into Morayshire, as I suspect Mr Ross will know.

Although Beechwood house was a facility of its time, I believe that the idea of having similar facilities that are capable of dealing with individuals' health needs while self-evidently having security and the authority that is brought about by a police presence is an important one. However, we need to go beyond that. The Scottish Police Federation—weren't we clever?—suggested that we need bespoke facilities to deal with people who might be disposed to violence as a consequence of mental health or addiction issues, or some other kind of vulnerability that

would mean that they would not necessarily best be dealt with by the criminal justice system.

The BMA submission helpfully identifies that the law with regard to criminal behaviour has not changed but policy decisions in respect of prosecutions have. Although we still have what are in an absolute sense defined as crimes, the police largely—if not always—try to avoid putting people who engage in such behaviour through the criminal justice system, because we know that there is now a strong leaning towards avoiding prosecution and putting people into court. If we could come up with facilities across our great country that involved the police, social workers, those with addiction specialisms and those with health specialisms, we could take a significant step forward in dealing with at least one small part of the demand on our service.

Stewart Stevenson: So a new Beechwood would be more effective and might be cheaper.

David Liddell: Short-term respite facilities such as those that were provided by Beechwood house and which are provided by, for example, the Glasgow drug crisis centre are needed across the country for the vulnerable population that we have talked about.

We echo Calum Steele's point about austerity, particularly as it relates to last year's funding cut for alcohol and drug partnerships, which is likely to be sustained this year. The challenge with such cuts is that we are always on the back foot, when we want to be proactive.

Talking of the vulnerable population, particularly in Glasgow, an example of that is the outbreak of HIV among drug injectors, which we could trace back to the challenge of resources and services not engaging well with that population. Interestingly, that is now a driver for looking at safer injecting facilities and heroin-assisted treatment. That is a response to a crisis, but we do not want to be in that position of being on the back foot responding to crises and creating new services after the event.

11:15

To go back to my original point about that vulnerable population, we need to look specifically at how we provide long-term care, whether that is a care worker or somebody else who takes an interest in an individual over the long term. The continual refrain from users who we speak to is that, right the way through the system, nobody takes an interest in them over the long term. There is short-term interest in their needs and then they drop out of the services and nobody follows them up. We could have a significant impact with that group, which would save resources elsewhere in

the system—not just police resources but long-term costs to the health service and more widely.

The Deputy Convener: There have been a lot of supplementaries on that issue, so we will move on. We can come back at the end to anything that still needs to be asked.

Ben Macpherson: My question relates to what Mr Liddell has just said and to what Mr Steele said about austerity, and it is focused on the vulnerable population that has been described. To give an anecdotal example, late last year, a constituent came to my surgery, having been reassessed for employment and support allowance, and spoke about suicidal tendencies. I immediately reported that to the police, and local officers dealt with the situation superbly and provided lots of support. That is a good example of where police are responsive in the areas that we have discussed today with regard to the vulnerable population. What impact might UK Government welfare reform have had in creating extra pressure on that vulnerable population? I am interested in comments from all the witnesses and not just from Police Scotland. I accept that some of the statements may be anecdotal.

David Liddell: Welfare reform has had an impact on the population that we deal with and particularly on people's ability to move towards more stable drug use and long-term recovery. There have been particular impacts from sanctions and the problem that people have with volunteering. People are being pushed towards employment but, in many cases, employment opportunities do not exist for those with a 20-year history of a drug problem. Sanctions have undoubtedly impacted adversely on the population that we deal with directly.

Dr Bennie: It is clear that austerity has had a double hit, on health services and on the health of the population. In addition to the much tighter finances since 2010, we have the hit on individuals who are placed into poverty by the changes in benefits entitlements. In my work as a psychiatrist, I certainly see some really bizarre decisions about people being supposedly fit for work when patently they are not.

Amy Dalrymple: I will make a more general point rather than talk about welfare reform, which Ben Macpherson asked about—I agree with the other speakers on that, so I will not raise that. When services in social care, social work and health are being stripped back and cannot work together to provide what people need, we end up with this bump in the blanket—or the carpet or whatever your mental image is—of further demands on police. That is where it comes out. The approach is not necessarily saving anyone much money.

Ben Macpherson: There is a perception that welfare reform has impacted on demand. Can Police Scotland add to that? I appreciate that the data might not be available.

Assistant Chief Constable Graham: I cannot say that with any certainty either from anecdotes or the data that we have. We know that the demands on policing are changing, although we do not know to what extent and why. We do not really understand the underlying reasons why some of those demands change. As I said at the start, we do not have a great baseline of data over many years, perhaps because of how we have reorganised various functions. Therefore, I am perhaps not best placed to answer that question.

Our discussion over the past 10 or 15 minutes has focused heavily on symptoms. I do not know exactly what they are symptoms of, but I go back to the point that the key proposition that comes out of our longer-term strategic approach, which we discussed earlier, is that we will make an emphatic shift, in partnership with others, into preventative services. Ultimately, that is the best way of reducing demand and genuinely removing demand for services.

I go back to the point that I made earlier about children and young people. I know that they are not specifically represented round this table by a group that works exclusively with them, but I want to make the important point that a disproportionate amount of demand that relates to children and young people who are in crisis comes to the police. That is often because of their parents. We have heard many symptoms of that talked about, but the children can sometimes be lost in that. I related one anecdote about that earlier.

It is incumbent on us as leaders in the systems to ensure that that is highlighted and prioritised, not because children and young people are the future of the country or because they will build where we will go tomorrow, but because they are here and now. They are vulnerable by dint of their age alone, and they demand that attention. If we are to develop services in any area, that should be a priority and a focus for the future.

Calum Steele: I want to respond to Ben Macpherson's question. From the point of view of traditional crime demand on the police, there is a pronounced danger in assuming that people who are poor are more likely to commit crime. I do not think that there is any evidence that supports that; in fact, I think that quite the contrary is the case and that people who are poor have a strong sense of self-worth. However, a particular vulnerability is associated with people who are in poverty and extreme poverty. There is the opportunity for them to be exploited and to try to seek solace in activities that are not necessarily legal. They are vulnerable to payday loans and people who

peddle drugs and alcohol. The self-evident cycle of despair that that can create could result in demand coming to the police service in that way rather than as a consequence of the welfare reforms having a direct impact on the criminal behaviour of individuals.

Ben Macpherson: Just for clarity, I was more alluding to the range of services that are represented round the room and the added pressures on them. I did not make a directed statement about an increased capacity for crime among any section of society. I would be interested to hear what Cameron Black has to say about that.

The Deputy Convener: Bob Leslie can speak first.

Bob Leslie: I echo what has been said. We are seeing the effects of the welfare cuts and the austerity programme that has brought them about. In social work services across Scotland, we see increased demand and an increased presentation of destitute people. We have seen the growth of food banks in our towns and cities and throughout the country. In our office, not a day goes by without destitute people presenting and looking for food bank referrals and vouchers.

Even in our office, we have an emergency stock of very basic essentials. That does not mimic what food banks give, but we give people at least a starter. We give vouchers to people who have no gas or electricity utility credits because they have been sanctioned by the Department for Work and Pensions or their claim has not been processed. Their claim might be in the system, but we cannot clear the logjam.

There is also an increase in the number of referrals of people who are in work by our benefits advice team, who help people through the maze of the welfare system and the appeals process—a process that can take a long time, as I am sure many of the elected members round the table will know. We are seeing knock-on effects, not just through social work but through housing and homeless services.

Cameron Black: As I said earlier, we are a catch-all service. People come to us for all sorts of reasons and when they are down on their luck and have come to the end. People give anecdotal evidence about sanctions on their benefits and about welfare reforms as being a direct reason why they have ended up on the street. However, there has been an increase, locally and nationally, in every single type of reason for that. Budgets have been tightened in all places, as Amy Dalrymple said.

At a meeting that I was at, someone said, "People are no longer falling through gaps; they are being hammered through the gaps." There is

an increase as a result, but it is for lots of other reasons as well. The police are catching the effects, too.

The Deputy Convener: I am conscious of the time, but I propose to take a couple of supplementaries after Fulton MacGregor asks his question.

Fulton MacGregor: Following up on Ben Macpherson's point, I recently had the pleasure—in fact, it was not a pleasure—of viewing the film “I, Daniel Blake”. I think that Ben was at the screening, too, and I would encourage anybody who has not seen it to do so. What was really striking about the film was the three or four instances in which two characters who were law-abiding citizens at the start of the film were propelled into direct contact with the justice system, seemingly because of the impact of the benefit and welfare sanctions that they were facing.

That was just a supplementary point. For the first of my main questions, I want to ask Bob Leslie and David Liddell about something that we have discussed a wee bit already: the first point of contact. We have heard what Malcolm Graham thinks could be done, particularly with regard to weekend contact. I worked in social work for 12 years and, in my experience, the police are often not the first point of contact on weekdays. If a person is known, they might have a social worker and a drug and alcohol worker, and various people are involved.

However, things can change radically at the weekend. It is not uncommon for social work staff to come in on a Monday morning to find that things have transpired over the weekend. What do Bob Leslie and David Liddell think could be done to tighten things up over the weekend so that the police have the support that they need when they assess an individual who might be particularly vulnerable? They could be involved in a serious incident. If the police are dealing with such incidents, they must do as they see fit at the time, but the same incident might not be dealt with in the same way on, say, a Monday or a Tuesday. The police have already given a sort of answer to that broad-brush question, and I wanted to give you guys an opportunity to comment.

David Liddell: It is a really important question. The challenge for services—certainly drug and alcohol services—is that they are mostly open from 9 to 5 during the week. That suggests a need for a wider range of opening times and support workers. We have dealt with some aspects of that under arrest referral programmes and other schemes that have worked outside those times, but there is definitely a need to explore that issue. The challenge is how, when contracting services,

we expand and deliver them, but doing so in that way would make a huge difference.

In work that we did recently with the older population of people with drug problems, we surveyed 129 individuals with an average age of 41, 79 per cent of whom lived alone and were isolated with significant mental health problems among a range of other problems. As far as drug-related deaths are concerned, there are added problems at those times when services are not around for individuals, particularly at Christmas and the new year. That aspect should definitely be explored alongside the wider issue of making long-term regular contact with the most vulnerable populations.

The Deputy Convener: Would anyone else like to come in on Fulton MacGregor's point?

11:30

Amy Dalrymple: We have a similar experience with our dementia helpline, which is open 24/7, 366 days, as it was last year. We see an increase in calls particularly at night but also over the weekend, because people do not know who else to phone. They will phone, say, the council social work department. It will often be a family carer such as a spouse or sometimes a son or daughter, who, if something happens in the night-time, will think, “Well, who else am I going to phone about an incident such as this?”

Fulton MacGregor: I wonder whether Bob Leslie can say something about how services can be provided over the weekend. I should clarify that, as a former social worker, I am not criticising social work in any way. Instead, I am exploring an issue that has always been around, certainly in all my years in social work.

Bob Leslie: It is a difficult issue, as you have rightly said. Out-of-hours social work services normally kick in at the end of the working day, at the back of 5 o'clock. Most local authorities have an out-of-hours service, but the arrangement varies across all 32 local authorities. Most of the local authorities in the west of Scotland, and certainly in the greater Glasgow area, buy in to the Glasgow and partners out-of-hours social work service, which is based in Glasgow. A number of authorities around the central belt, such as the Lanarkshires, the Ayrshires, Dumfries and Galloway and the Borders, have their own arrangements.

Such services are difficult to provide, and as the BMA briefing paper helpfully indicates, out-of-hours responses are more limited. The number of staff on duty is much lower and they do not know the individuals in a local area, unless they are alerted to them. Partly it comes down to having good, robust communication and interface with our

IT systems. I am sure that Fulton MacGregor has experienced the same in his career, but I get frustrated when I come in on a Monday morning to a range of alerts from the out-of-hours service that say at the end, "Unable to access the local authority's record system." Standby staff will therefore have been working blind and will not have been able to see the notes that we might have put on to alert our out-of-hours colleagues.

NHS 24 has a similar issue. As I understand the system, general practitioners can put special pop-up notes on the health system that the call-handler or the nurse dealing with the call can refer to. However, the information is only as good as the system that it is put on. We might fire information in, but if the system—or the connection to the standby service—breaks down, a note that says, "Here's what to do if so-and-so phones you", which we put in because we were alert to the fact that there might be a crisis over the weekend, might not have the full impact.

The ability of standby services to respond and their access to other services out of hours are limited. Indeed, the majority of services go into shutdown mode out of hours and over holiday periods. That is a difficulty and a challenge for all services, whether they be social services, health services or even the voluntary sector. Everybody goes on to lower manning because the costs of running a 24/7 service are unsustainable.

Fulton MacGregor: My next question is for Malcolm Graham. I completely agree with the three categories of individual focused on by the missing person protocol, but what about those who do not fall into any of them? I know that there is a 72-hour wait—that might not be the right phrase—but how are the people who do not fall into those categories treated when they become missing persons?

Assistant Chief Constable Graham: We recognised that a huge proportion of the calls that we get for people who have gone missing fit into those three categories, and the purpose of the categorisation was to develop specific work to address some of the reasons why they go missing. One of the categories is looked-after children. Going back to the point that was made about after-hours social work, I know that there is a whole variety of reasons why looked-after children, whether they be in residential care or looked after some other way, repeatedly go missing. Although the police are not necessarily at the heart of tackling those reasons, we are normally on the receiving end of the call, and ensuring that the young person is safe requires often hugely time consuming and intensive work.

The approach was not intended as a way of triaging the response in each individual case; it was more about making sure that we were putting

in place the best response, recognising that there are broadly different needs. It is not that people who do not fit into those categories do not get a lesser response—such cases are not triaged at a level below those categories—but that there is no bespoke approach that recognises their specific needs, in contrast to the approach taken for, say, a child or young person or an older person suffering from dementia. Does that answer your question?

Fulton MacGregor: Yes.

Recently in my constituency, there was a high-profile missing persons case that unfortunately had a tragic end when the young man was found. The family of that young person have been in contact with me; their feeling is that the first 72 hours are quite crucial, and they do not feel that enough was done at that point, because the police were waiting to see whether or not the person was missing. I have to say that the family have been extremely complimentary about the police in Coatbridge, particularly Louise Brownlie, and that has been well publicised in the press. Would you be open to meeting me and my constituent to discuss concerns around that issue?

Assistant Chief Constable Graham: I am not aware of the specific circumstances of the case, but I am sorry to hear that it had a tragic outcome for the family. Although I was not involved in that case personally, I am happy to take away some details and ensure that a senior person with knowledge of it can meet the family and discuss the matter personally.

Douglas Ross: I want to go back to Liam McArthur's question and look at the issue from a different angle. We are talking about demand-led policing, the amount of resources available to the police to go out and do their bread-and-butter work and what happens if they get tied up with other functions.

My question is about NHS involvement in custody centres. I understand that in some parts if not all of Scotland, the police pay the NHS to come into custody centres to deal with issues that arise in the custody suites. I have been told that in some parts of Moray, the money is paid to the NHS, but the NHS does not come into the custody centre; instead, two officers have to take someone who has been detained up to A and E and spend a large part of their shift waiting with a patient who could have been seen in the custody centre. Has Calum Steele or Mr Graham had experience of that? It goes back to what has been said about working in silos. This is a very positive link, but if it is not working very well on the ground, it is a waste of money and means that resources are being taken off the street to sit in A and E when they could be better used out in our communities.

Assistant Chief Constable Graham: You make a really good point. A high proportion of people who come into custody accused or suspected of committing a crime fall into the vulnerability criteria that we have been discussing. They have mental health issues or a diagnosed mental illness or suffer from substance abuse; indeed, for many people, all of those things overlap, which might be what has led them to be in custody in the first place.

The police do not pay the NHS to provide medical care to people in custody. Under legacy force arrangements, they used to pay for care either by private healthcare providers or by NHS boards, sometimes singly and sometimes in groups. At the start of Police Scotland, however, we worked with the Government and NHS Scotland on this issue, and a sum of money was transferred from the block policing grant to the NHS for healthcare services for those in custody—something similar had happened in Scottish prisons previously—and for forensic medical examinations of victims and accused people.

We developed standards of service that could be expected, but it is safe to say that it has taken longer than the police would have liked for those standards to be met in some areas. Things are relatively straightforward in large custody centres. For example, in Edinburgh, where I was previously the commander, the large custody centre at St Leonards has nurses who are employed full time out of hours and who have access to medical information for people who are, in essence, patients. Whether we are talking about substance abuse, mental illness or some other healthcare need that has to be addressed while the person in custody, the nurses can link up such needs—in other words, what the person had before or what they might need when they go back into the community.

Although it is a good model, it is self-evident from the journey that we have been on that it is much harder to provide that level of service in smaller custody centres, which are generally in more remote areas. We are working with the NHS and the Government on improving standards of healthcare for people in custody as well as for forensic examination, which has also been an issue.

Stewart Stevenson: I want to pick up on something that Calum Steele said—or which I thought I heard him say—which was that statistics of criminality and poverty are not correlated. Did that statement relate to the national position? There is substantial evidence that in areas of multiple deprivation, there is a much higher proportion of victims, although—and I am not so certain about this—there is probably also a higher proportion of offenders. Were you referring to the

national figures, in which it is less clear that there is a correlation, given that crime rates have been declining while poverty has, in certain respects, been going the other way? Is it fair to say that there appears to be a difference between those two aspects?

Calum Steele: That is fair. Indeed, work undertaken by the violence reduction unit in Scotland identifies that those exposed to poverty are much more likely to be victims rather than perpetrators of crime.

It is probably important to expand on that point with regard to young vulnerable people, because those who find themselves in poverty still tend to have the same wants and desires as their peers who have designer clothes and the fancier gadgets. There is a greater likelihood that they will be the targets of people who seek to exploit and take advantage of those desires, particularly through sexual exploitation. The victims of such crimes may not see themselves as victims because to their way of thinking they are being rewarded with, say, a new phone or new clothes. The fact that those vulnerable people do not see themselves as victims of crime makes it difficult for the police to get involved. Your observation, therefore, is fair.

Stewart Stevenson: Thank you. That was a helpful expansion of your previous remark.

11:45

The Deputy Convener: We are just about out of time, but before I close the session, I would like each of the witnesses to give a brief—possibly one-sentence—key message that they would like to leave with the committee. I hope that I am not putting you on the spot, but what message would you like to get across to us?

Calum Steele: We are not going to make any substantial difference to the lives of the majority if we do not stop looking at them as a financial consideration and start treating them as a human consideration.

Dr Bennie: Joint working on this is essential. I would echo the point that we are dealing with individuals and that, every time, we must think about what is best for the individual person. That said, we should also remember that our backs are against the wall financially, because of the austerity agenda.

David Liddell: Malcolm Graham talked about silo working, and we need to look at crossovers in our work with the vulnerable population. For example, people who have a dual diagnosis are often pushed from mental health services to addiction services and back again. Those services and a range of others, including homelessness

and offending services, need to work more effectively together to help that population.

Assistant Chief Constable Graham: Let us focus on the cause of the issues rather than exclusively on the symptoms. We need to turn the emphasis in and the focus of our resources around and direct them where they are likely to have the greatest effect. As committee members will know, we are most likely to improve and have a substantial impact on people's life chances before they reach the age of five.

Cameron Black: I echo that. In lots of different areas, the solutions are often upstream.

Amy Dalrymple: If you put in place the appropriate supports to enable people to live their lives and maintain their independence, you will reduce the demand on policing. We take a human-rights based approach to working with people who have dementia. I am delighted to see people around the room nodding at that, because thinking of the situation in those terms really helps direct us to the solutions that are going to work and which will respect people.

Bob Leslie: I echo much of what has been said. We need effective joint working and to examine how we as agencies can better co-ordinate all our services.

In a wider context, I warm to the idea that your colleagues on the Health and Sport Committee might need to be partners in some of this work, as it is cross-legislative and cross-issue work. There might also be a wider debate across society in general about what people want our services—the police, the NHS and social services—to look like. I think that that is beginning to get lost and a lot of the focus is on how to fix problems. At times like these, when our backs are against the wall financially, we need to get back to basics and ask what we want, how we want it to be delivered and how much money we have got to do it with.

The Deputy Convener: I thank all our witnesses very much for what has been an incredibly useful evidence session. We have got so much out of it, and we will discuss ways in which we can take forward everything that you have said today. This discussion has been invaluable.

I suspend the meeting briefly to let the witnesses leave and allow members a comfort break.

11:48

Meeting suspended.

11:54

On resuming—

Petitions

Self-inflicted and Accidental Deaths (Public Inquiries) (PE1501)

Fatalities (Investigations) (PE1567)

The Deputy Convener: Agenda item 3 is consideration of four public petitions. I refer members to paper 3, which sets out the options that are available to the committee in considering petitions. I just remind members that if you wish to keep a petition open, you should indicate how you would like the committee to pursue it. If you wish to close a petition, you should set out your reasons for wishing to do so.

I propose to consider the petitions in the order in which they are set out in paper 3, starting with PE1501 and PE1567, which are on investigating unascertained deaths, suicides and fatal accidents. I seek members' views on the petitions.

Stewart Stevenson: The committee has received correspondence on the Tornado collision. The story that has been brought to us—and which appears to be reasonably laid out—suggests that the opportunity to consider what happened may have dropped through the system, because of cross-jurisdictional responsibilities and the military aspect with regard to the home base of the person who died in Scotland being in England.

I would be interested to hear from the Scottish Government how it deals, in particular, with issues around military-related deaths. Of course, military matters are ultra vires for the Scottish Parliament, although I understand that it is intra vires for us to make inquiries. I would be interested to know the protocols for that, as it might lead us to an understanding, on behalf of the petitioner, of whether what has happened represents the best available outcome. Clearly, it does not put the loss of the individual who died in the accident in a different position, but I would want to know about that before considering whether to close the petition.

The Deputy Convener: I should point out that it was a third party who brought the military issue to our attention.

Stewart Stevenson: That is correct.

The Deputy Convener: It was not the petitioner—it was a third party.

Stewart Stevenson: I stand corrected, but my point stands nonetheless.

The Deputy Convener: I take the point, and I agree with the proposal.

Douglas Ross: I fully support what Stewart Stevenson has said. Mr Jones is a constituent, and he has been in contact with me about the matter. I have written to Annabelle Ewing about it, as some of his wider concerns come under her remit, but it would be useful for the committee, while keeping open the petition, to go down that route.

Another constituent of mine has raised issues with the Parliament about mortuary services in Moray. Her husband died tragically and suddenly in a boating accident, and she has raised concerns about guidance given by the Crown Office to the police about destroying personal items. Because the petition addresses wider sudden death issues, I wonder whether we can write to the Crown Office for clarification on those issues.

The Deputy Convener: I am happy to do so. I do not know what others think, but that proposal sounds reasonable. After all, it is a connected issue. The suggestion is a good one.

I wondered whether we should also write to the Lord Advocate to get his view on the military question that Stewart Stevenson has raised. As the incident that has been referred to was with a previous Lord Advocate, it would be good to know the current Lord Advocate's views, if members think that that is a sensible idea.

Liam McArthur: I agree with that and with the points that Douglas Ross and Stewart Stevenson have made. As our papers indicate, Mr Jones has also expressed specific concerns about communications from the Crown Office and Procurator Fiscal Service, and that matter can be wrapped up in whatever we are going to say to the Lord Advocate in our letter.

The Deputy Convener: Do Ben Macpherson or Fulton MacGregor have any views?

Fulton MacGregor: I am happy with what has been suggested.

Ben Macpherson: I am in agreement with the proposals that have already been made.

The Deputy Convener: Are we happy to proceed on that basis?

Members indicated agreement.

Emergency and Non-emergency Services Call Centres (PE1510)

Inverness Fire Service Control Room (PE1511)

The Deputy Convener: The next two petitions, PE1510 and PE1511, concern police and fire service control rooms, and they are discussed on pages 3 and 4 of the clerk's paper. A letter from Tavish Scott MSP is also included in the submissions. I seek members' views on the petitions.

Stewart Stevenson: Again, we are not yet in a position to close the petitions. Concerns have been raised about the reorganisation of service centres in general, and we are now in a position to see whether those concerns are justified. I am sure that those who are running the services concerned are alert to those concerns, and I would not want to close the petitions until we can see that the reorganisation of service centres has delivered the improvements in service that are possible from it and the other benefits that have been claimed for it. Until we can see that, it is up to the police and the fire service to report on their experience and then be challenged on what they have said. At that point, it will be for us to consider whether it is the time to close the petitions.

Liam McArthur: I whole-heartedly agree with Stewart Stevenson. It would be useful to get Alasdair Hay's view on certain incidents that have occurred around Inverness and which were highlighted by a former member of the fire service. I understand that since writing to the committee Tavish Scott has met Mr Hay, but, for the purposes of the committee and in the context of the petitions that are before us, it would be helpful to get in writing Mr Hay's perspective on those incidents.

The Deputy Convener: I am happy with what has been proposed by Stewart Stevenson and Liam McArthur and think that that is the best way to proceed. Do we agree to go forward in that way?

Members indicated agreement.

Justice Sub-Committee on Policing (Report Back)

12:02

The Deputy Convener: Agenda item 4 is a report back from the convener of the Justice Sub-Committee on Policing.

Mary Fee: The Justice Sub-Committee on Policing met on 12 January 2017 to discuss its forward work programme. I refer members to annex A of paper 6, which gives the details of the issues that the sub-committee is to consider over the next few months. You will see that the sub-committee is to take evidence on the draft stop and search code of practice on 26 January—this coming Thursday—and members of the Justice Committee are more than welcome to attend that meeting or any future meetings of the sub-committee.

The Public Audit and Post-legislative Scrutiny Committee will take evidence from the Auditor General on the morning of Thursday 26 January on Audit Scotland's 2015-16 audit of the Scottish Police Authority. Members are also more than welcome to attend that meeting. Please let the committee clerks know if you intend to attend that meeting.

The sub-committee now has quite a busy schedule of work until well into the spring. If members have any suggestions of areas of work that the sub-committee could include in its future work programme, please let me know.

I am happy to answer any questions that members may have on the work programme.

The Deputy Convener: Are there any questions for the convener of the sub-committee in general or on the work programme?

Liam McArthur: I reinforce the sub-committee convener's point about Thursday's evidence session. It is not often that we get the opportunity to hear oral evidence on something that is going to come before the committee as the stop and search provisions will. If colleagues have time, it might be worth their coming along to that meeting.

The Deputy Convener: Yes. It will be an important meeting.

We now move into private session. Our next meeting will be on 31 January, when our main item of business will be private consideration of a draft report on the Criminal Finances Bill LCM.

12:04

Meeting continued in private until 12:30.

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