## Law Enforcement and Public Health: Setting the Research Agenda for Scotland

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| Police Scotland’s contact with people with vulnerability and health problems has been increasing year-on-year, with significant costs and unknown outcomes associated. This is unsustainable, and pathways involving increased partnership between the police and other partners is now essential. Finding ways of delivering more efficient, evidence-based partnership working is a key national priority. To that end, a one day event, hosted on January 15th 2018, brought together an Expert Advisory Group (EAG) of 26 members across law enforcement, public health, and academia to inform and support the development of a co-constructed programme of research crossing the intersect of Law Enforcement and Public Health (LEPH). The event benefitted from an international perspective, delivered via keynote address by Professor Nick Crofts, President of the Global Law Enforcement & Public Health Association. The event, hosted by the Scottish Government, was part of a larger project funded by a SIPR Police Community Relations Collaborative Project Grant. |

**Background**

Police Scotland’s1 and the NHS’ 10-year strategies envisage enhanced partnerships to support vulnerable people and communities. Public health and policing have traditionally worked in separate spheres with markedly different roots. Yet, they share common complex challenges, drawing the intersection of these agencies closer together2. Given that the police are the most publicly visible criminal justice agency, with the highest levels of contact with the public, developing cross-sector working is imperative to achieving enhanced partnerships and supporting health and management decisions around vulnerable individuals. While there has been an evolution in international LEPH practices, the operational development of such an initiative in Scotland is comparatively limited.

The police are the gateway to the criminal justice system (CJS). The Equality and Human Rights Commission Inquiry3 argued that the CJS needs to increase responsivity and accessibility to victims of crime and disabled people to provide more effective support. A range of policy responses to well-being and vulnerability have been enacted, with the Police and Fire Reform (Scotland) Act 20124 making the “safety and well-being of persons, localities and communities’ the core policing principle for Police Scotland”. Wellbeing, vulnerability and risk-management therefore lie at the heart of the CJS. Given that police officers are frequently the conduit to mental health assessment5, it can be argued that officer decision making is further challenged when faced with multiple vulnerabilities. Equally, health practitioners, as frontline workers, are confronted by public protection and public health challenges such as violence, sexual exploitation, substance use and curbing the spread of blood borne viruses.

There is therefore little doubt that there has been a global escalation in police and health touch-points, with a growing recognition of the extent to which policing and public health share common ground. This has brought about a call to consciously ‘join forces’ to more effectively and efficiently address the complex needs of vulnerable people and communities. Although such imperatives have drawn agencies closer, such unions are complex. In the rapidly emerging LEPH field, there remains a gap to bridge within the collaborative policing and public health research agenda. This can be addressed through the development of a robust evidence base to support informed, effective, efficient, collaborative policies and partnerships.

**Project Partners**

The project benefits from the blend of expertise of a multidisciplinary research team, including psychology, mental health nursing, applied health, criminology, and risk management. The team have experience of working closely with policing, third sector, health, and emergency health service partners at both academic and practitioner levels.

**Key Findings**

The research priority areas across LEPH were identified through guided discussions in small groups, which were later summarised and brought together as whole group discussions. Overarching findings related not only to the shaping of key priorities for research, but also for the approach required and the need for cross-professional collaboration. To achieve this, both higher level strategic ambitions and buy in from front line and managerial staff must be being met, with local and national priorities aligning.

The key research priorities were identified as: Vulnerability; Mental health crisis; Decision making around assessment and triage; Peer support and organisational well-being; and Information and data sharing.

Table 1 provides operational definitions of each of the priority areas, and examples of central areas for future research investigation and the context in which this priority area was discussed.

**Conclusion and Ambitions**

This work aims to improve partnership working across LEPH and push forward an agenda for research in the area. Research should be collaborative, multi-agency, and person-centred, to improve health assessment and outcomes for LEPH staff and service users across Scotland. Local and national priorities must be considered and met, and partnership working is essential. Integrating research aims into policy and communicating findings across sectors is central to the uptake and use of the evidence generated. Research should focus on preventative and rehabilitative care and assessment, and should make use of a range of methodologies as appropriate to the project(s) and their local context.

This project has resulted in the development of a LEPH thematic network. This network will draw on the EAG’s continued collaboration with the project team, and it is hoped that this LEPH thematic network will drive forward research projects to inform guidelines, policy, professional behaviours, and clinical outcomes. In the short-term, the findings from the current research project will inform and develop LEPH practice through close collaboration and co-production. It will encourage the progression of specific collaborative research projects, focusing on tackling the themes emergent from the EAG event. In the long-term, co-producing research areas for progression will increase the efficiency and practice-relevance of the research process via the development of the network. Also, the identification of the five key research priorities should enable more efficient levels of activity across sectors.

**References**

1 Police Scotland. (2017). Policing 2026: Our 10 year strategy for policing in Scotland. Dalmarnock, Scotland: Police Scotland.

2 Van Dijk, A. and Crofts, N. (2017). Law enforcement and public health as an emerging field. Policing and Society, 27, 261-275. doi.10.1080/10439463.2016.1219735

3 Coleman, N. and Sykes, W. (2011). Equality and Human Rights Commission Inquiry, Research report 103. Crime and disabled people: Measures of disability-related harassment. Manchester: Equality and Human Rights Commission

4 Scottish Government. (2012). Police and Fire Reform (Scotland) Act 2012 (asp 8). Scotland: The Stationery Office Limited.

5 Dodd, V. (2016). Police say they are becoming emergency mental health services. The Guardian. Available at: https://www.theguardian.com/uk-news/2016/oct/09/police-forces-mental-health-section-136

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| **Priority Area** | **Context and Areas for Future Research Investigation** |
| Vulnerability | The central area of investigation is the need to assess vulnerability, ways to do this meaningfully, and identifying/establishing the evidence base for assessing vulnerability. The intersect between policing and health in assessing and triaging people who are vulnerable is central, and there is an additional focus on the consideration and treatment of substance (mis)users, and whether vulnerability in this group should be considered under a health or a criminal model. |
| Mental health crisis | There is overlap between this theme and vulnerability, though the focus here was on assessing and managing people who are undergoing mental health crisis. The investigation on how decisions are made and best practice (under realistic constraints) is achieved when all decisions are essentially uncertain was discussed, as was the need for training, particularly around suicide assessment. Triage is central, as is the need for identification of the most suitable place of safety and out of hours’ service, and sharing risk and decision making across the sectors. Adverse Childhood Events trauma in offending behaviours is a core area of interest, and tied back to the need to treat the person appropriately at the earliest opportunity; i.e. proactive, rather than reactive. |
| Decision making around assessment and triage across professional groups and professional roles | Better working together and shared decision making and risk practices/processes are needed. Appropriate triage of vulnerable people and people in mental health crisis as agreed across professional groups, ideally based on an evidence-based or evidence-informed model. Technology assisted decision making and assessment was further indicated as an area for exploration to improve assessment times with CPN’s in cases where police are attending a call and do not have access to a CPN on call with them. |
| Peer support and organisational well-being | This theme encompasses supporting others both within professions and across professions. Examples include sharing the decision making burden and risk across professional groups, making information available when possible to other professional groups if working with the same person across services, and sharing education and training. Staff wellbeing and mental health needs was acknowledged as important. |
| Information and data sharing | The need for accessible information sharing, as easily and smoothly as is possible, across professions to inform decisions and person-centred care is needed. Shared information could reduce response times, help to signpost towards the most appropriate service response, and ultimately inform the best outcomes and reduce service burden. The use of innovative technology to help share information, support decision making, and share good practice was a priority area. |

Table 1. Post-event identified priority areas for LEPH research, with operational definitions and exemplar project priorities.