

LEPH2019 PROGRAM

MONDAY OCTOBER 21

8:30-9.55 PLENARY SESSION P1 DIMENSIONS OF THE LAW ENFORCEMENT AND PUBLIC HEALTH RELATIONSHIP

Room: Pentland Auditorium

Co-Chairs: **Malcolm Graham**, Deputy Chief Constable, Police Scotland

David Crichton, Chair of NHS Health Scotland & the Scottish Police Authority

Speakers:

- **Iain Livingstone**, Chief Constable, Police Scotland

Welcoming comments

- **Jane Townsley**, Executive Director, International Association of Women Police, England

Gender responsive policing is essential for building confidence across all communities

- **Matt Jukes**, Chief Constable, South Wales Police

Early Action Together: ACE – informed partnership in Wales

- **Larry Krasner**, City of Philadelphia's 26th District Attorney, USA

Prosecution = Prevention

9.55 – 10.05 WELCOME FROM YOUR HOSTS Professor Andrea Nolan, Principal and Vice-Chancellor, Edinburgh Napier University

10.05 – 10.30 MORNING TEA

10:30-11:55 MAJOR SESSIONS

M1. The Scottish Centre for Law Enforcement and Public Health: how we got here and where we are going.

Room: Tinto Room, Lomond Suite

Convener and Chair: **Inga Heyman**, Edinburgh Napier University, Scotland

Presenters:

Nadine Dougall, Edinburgh Napier University, Scotland

Setting the scene, vision and purpose of the Scottish Centre for Law Enforcement and Public Health

Chris White, Mental Health Foundation, Scotland

Citizen participation in LEPH research, policy development and education

Jennifer Murray and **Ini Enang**, Edinburgh Napier University, Scotland

Co-creation and the five key LEPH research areas in Scotland

Andrew Wooff and **Inga Heyman**, Edinburgh Napier University, Scotland

Collaborative LEPH research and education: the joys and challenges of working across sectors.

Liz Aston, Scottish Institute for Policing Research and Edinburgh Napier University

Partnerships and where we go from here

M2. Public Health approaches in policing

Room: Moorfoot Room, Lomond Suite

Convener and Chair: **Stan Gilmour**, Thames Valley Police, England

Presenters:

Helen Christmas, Public Health Leadership Fellow, Public Health England & **Justin Srivastava**, Lancashire Constabulary, England

Public Health approaches in policing

Jason Kew, Detective Inspector, Thames Valley Police, England

Public Health approaches in policing: Drug Diversion

Paul Gresty, Partnership Manager, Brighter Futures for Children, England

Public Health approaches in policing: The Reading Model of Collaborative Leadership

Éamonn O'Moore, National Lead Health & Justice Team and Director UK Collaborating Centre, WHO Health in Prisons Programme (Europe), Public Health England

Public health approaches in policing: no justice without health

M3. Police mental health and well-being

Note: This double session finishes at 1.00

Room: Pentland Auditorium

Convener : **Katy Kamkar**, Centre for Addiction and Mental Health, Canada

Chair: **Richard Southby**, George Washington University, USA

Panelists:

Katy Kamkar, Centre for Addiction and Mental Health, Canada

Police mental health and well-being: psychological health and safety strategies addressing moral injury, compassion fatigue and burnout to promote individual and organizational resiliency.

Grant Edwards, Australian Federal Police

Police mental health and well-being

Ian Hesketh, College of Policing, England

The Thin Blue Line is OK: delivering a national wellbeing service in policing

Dale McFee, Edmonton Police Service, Canada

Police mental health and wellbeing from an intake and off ramp perspective

Paul Pedersen, Greater Sudbury Police Service, Canada

Leadership opportunities: helping our people help others

Katrina Sanders, Australian Federal Police

A holistic approach to health protection in law enforcement agencies

Jeff Thompson, Columbia University Medical Center, USA

The Law Enforcement Psychological Autopsy: understanding suicide in policing

Abby McLeod, Australian Federal Police

Reframing diversity and inclusion in policing: it's a health and wellbeing issue

Ann Bell, Police Scotland

Positive action in recruitment

M4. Checkpoint: an innovative programme to navigate people away from the cycle of reoffending, and improve their wellbeing and life chances, particularly around the use of alcohol and drugs.

Room: Kilsyth Room, Lomond Suite

Convener and Chair: **Gillian Routledge**, Head of Tasking and Coordination, Durham Constabulary, England

Presenters

Gillian Routledge, Head of Tasking and Coordination - Durham Constabulary, England

Can Durham Police's Checkpoint deferred prosecution program reducing reoffending and improve life chances through early intervention?

John Cooper, Durham Constabulary, England

One size doesn't fit all: similar people? different needs?

Jo McGregor-Taylor, Checkpoint Supervisor – Durham Constabulary, England

Diverting people with mental health issues away from the criminal justice system

Tracy Cloughton, Checkpoint Supervisor – Durham Constabulary, England

Diverting people with alcohol issues away from the criminal justice system

Kevin Weir, Durham Constabulary, England

Diverting people who use drugs away from the criminal justice system

Andy Crowe, Durham Constabulary, England

Diverting domestic abuse perpetrators away from the criminal justice system

10.30 – 3.50.

POSTERS

Room: Cromdale Hall

Ngozichukwuka Agu, University of South Florida, USA

Understanding characteristics and perceptions of individuals attending the Batterer Intervention Programs

Robert Andersson, Linnaeus University, Sweden

Evaluating qualitative police work by quantitative methods, possibilities and risk

Garima Arora, University of Dundee, Scotland

Is oral health an important factor for mental health among people in custody in Scottish prisons?

Gil Artyom, First Moscow State Medical University, Russia

Gaps in the legal regulation of non beverage alcohols consumed for drinking in Russia

Jane Buxton, University of British Columbia, Canada

The silent increase of methamphetamine use and its harms

Katherine Comer, Health Education England

Modern slavery and public health

Mikael Emseng, Umea University, Sweden

Conflict management training among Swedish police officers

He Gao, Imperial College London, England

Use of TETRA personal radios and sickness absence in the Airwave Health Monitoring Study of the British police forces

Mehdi Ghazinour, Umea University, Sweden

Conflict management training among Swedish police officers

Mery Gonzales Delgado, Fundacion Universitaria del Area Andina, Columbia

Comparative analysis of public policies on the voluntary termination of pregnancy in Latin American countries in the period 2008 to 2018

Roberta Guio de Azevedo, Federal University of Rio de Janeiro, Brazil

Silicosis in the extraction of ornamental granite in Esperito Santo, Brazil: to prevent you need to know

Shi Haitao, University of Edinburgh, Scotland

Community-based drug rehabilitation under the 'People's War on Drugs' in China

Claudia Heinzelmann, German Prevention Congress

Applied prevention research: crime and violence prevention in Germany

Alexandra Hernandez, Touro University, USA

Developing a 'Health Equity and Criminal Justice (HECJ)' concentration for a Master of Public Health (MPH) program: assessment of community partner and potential employer interest

Ivana Jeles, Police College Croatia

A new three-part approach to stress reduction in the Croatian Police Force

Cecilia Jonsson, Linnaeus University, Sweden

Police cooperation with civil society: from a closed authority to an open social actor?

Chanika Kaeorat, MMC Tools (Thailand) Co. Ltd.

Legal problems regarding the disclosure of severe confidentiality of psychiatric patients by psychiatrists under Thai law

Mohammad Karamouzian, University of British Columbia, Canada

Intentional fentanyl use among people who use drugs in British Columbia, Canada: findings of the BC Harm Reduction Clients' Survey

Paul Keppel, GGZ inGeest, The Netherlands

Mobile Care Unit (The Netherlands): an integrated approach

Oluchukwu Obiora, University of the Witwatersrand, South Africa

Experiences of girls who underwent female genital mutilation/cutting

Tracey Price, University of Stirling, Scotland

Diversion: criminal justice to drug treatment

Islanda Rivera Arias, Fundacion Universitaria del Area Andina, Columbia

Analysis of public policies of healthy work environments in some Latin American countries in the period from 2000 to 2019

Debbie Sigerson, NHS Health Scotland

Smoke-free prisons: co-producing a service specification supporting people in our care

Coral Sirdifield, University of Lincoln, England

Healthcare for offenders on probation: availability and the relationship between health and criminal justice agencies

Vaughan Statham & Andrew Clark, NHS National Services Scotland

National Strategic Networks for Police and Prison Care: a renewed approach

Melissa Willoughby, University of Melbourne, Australia

Increased risk of violence related death among people exposed to the criminal justice system

12:05-1:00

CONVENED SESSIONS

CV1. Fighting domestic violence in Europe - best practices and major challenges

Room: Tinto Room, Lomond Suite

Convener : **Joachim Kersten**, Coordinator of the IMPRODOVA project, German Police University

Chair: **Pat Griffin**, Holy Family University, USA

Presenters:

Joachim Kersten, Coordinator of the IMPRODOVA project, German Police University

Leadership as a key resource for frontline responses to domestic abuse

Michele Burman, Head of School, University of Glasgow, Scotland

Frontline responses to domestic abuse in Scotland: assessing, managing and mitigating risk

Stefanie Giljohann, Research assistant, Police Berlin, Germany

Networks against domestic abuse in Berlin: from intervention to prevention

CV2. Drug courts – evidence, lessons learned and recommendations

Room: Moorfoot Room, Lomond Suite

Convener: **John Collins**, Executive Director, London School of Economics Drug Policy Unit, England

Chair: **Denise Tomasini-Joshi**, Open Societies Foundation, USA

Panelists:

John Collins, London School of Economics Drug Policy Unit, England

International experiences of drug courts: a comparative perspective

Ana Pecova, EQUIS Justice for Women, Mexico

Drug courts in Mexico: a feminist perspective

Winifred Agnew-Pauley, Policy Institute for the Eastern Region (PIER), England

Drug courts in the United States: lessons learned

CV3. The approach to violence reduction in Scotland and its wider application

Room: Kilsyth Room, Lomond Suite

The panel will address how the learning from Scotland can be transferred across very different areas of the country? What are the challenges and how can we overcome them? There is no 'one size fits all' approach to violence prevention. However, what is key is the need to understand the underlying problems and how best to apply the evidenced based 'solutions'.

Convener and facilitator: **Niven Rennie**, Violence Reduction Unit (VRU), Glasgow, Scotland

Panelists:

Will Linden, VRU Scotland

Lib Peck, VRU London

Claire Dhami, West Midlands Combined Authority, England

Ashley Bertie, West Midlands Police, England

Daryl Lyons, Community Initiative to Reduce Violence, Northamptonshire, England

CV4. Public health approaches to the prevention of child sexual abuse

Room: Harris Room, Galloway Suite

Convener and Chair: **Stuart Allardyce**, Director of Stop It Now! Scotland, Lucy Faithfull Foundation, England

Presenters:

Stuart Allardyce, Director of Stop It Now! Scotland, Lucy Faithfull Foundation. England

Public health approaches to preventing child sexual abuse

Donald Findlater, Director Stop it Now Helpline, Lucy Faithfull Foundation. England

The work of the Stop it Now! UK & Ireland Helpline

Fiona Jackson, Detective Inspector Online Child Abuse Investigations Team (OCAIT), England

Preventing child sexual exploitation online

1.00 – 2.00

LUNCH

1.15 – 1.45

LUNCHTIME SESSIONS

- L1:** **David Harvie**, Crown Agent, Scotland
Public health: should prosecutors mind their own business?
Room: Tinto Room, Lomond Suite
Chair: **Richard Bent**, Simon Fraser University, Canada
- L2:** **Commandante António Leitão da Silva**, Chief of Polícia Municipal do Porto, Portugal
The police role in drug use scenarios: stigma and expectations of police actions
Room: Moorfoot Room
Chair: **Nick Crofts**, Centre for Law Enforcement and Public Health, Australia
- L3:** **Auke van Dijk**, Police of the Netherlands
The disadvantage of a head start: why low and middle income countries might take the lead in developing LEPH
Room: Kilsyth Room, Lomond Suite
Chair: **Melissa Jardine**, Centre for Law Enforcement and Public Health, Australia

2:00 – 3:30:

CONCURRENT SESSIONS

C1: Collaboration & technology: building enhanced capacity for community safety and well-being

*This session will be a facilitated discussion

Room: Ochil Room, Galloway Suite

Convener and facilitator: **Chad Nilson**, Collaboration Specialist, Living Skies Centre for Social Inquiry, Canada

Panellists:

Dale McFee, Chief of Edmonton Police Service, Canada

Cal Corley, CEO, Community Safety Knowledge Alliance, Canada

Mathew Swarney, Director of Government Affairs, Motorola Solutions, Canada

Chad Nilson, Collaboration Specialist, Living Skies Centre for Social Inquiry, Canada

Nishan Duraiappah, Deputy Chief, Halton Regional Police Service, Canada

C2: Harm reduction

Room: Harris Room, Galloway Suite

Chair: **Palani Narayanan**, Global Fund for AIDS, Tuberculosis and Malaria

Presenters:

Benjamin Scher, University of Waterloo, Canada

Police practices in relation to supervised injecting site users in Vancouver: an ethnographic study

Saket Priyadarshi, National Health Service, Scotland

A drug consumption room in Scotland?

Liz Aston, Scottish Institute for Policing Research and Edinburgh Napier University

What is the role of law enforcement in a public health approach to the drug problem? A synthesis of international data and implications for Scotland

Jerusha Vithyanandan, University of Dundee, Scotland

Assessing risk of drug death in people known to Substance Misuse Service: a retrospective cohort study

Jessica Davidson, NHS Lothian, Scotland

Faculty of Arrest Referral: anticipatory care and preventing deaths in custody

Leah Pope, Vera Institute of Justice, USA

Emerging police responses to the US overdose crisis

C3: Mental Health pathways and partnerships

Room: Tinto Room, Lomond Suite

Chair: **Nadine Dougall**, Edinburgh Napier University

Presenters:

Arun Sondhi, Therapeutic Solutions (Addictions) Ltd, England & **Emma Williams**, Canterbury Christ Church University, England

Police and health operational staff perspectives on managing detainees held under Section 136 of the Mental Health Act: a qualitative study in London

Alice Park, University of York, England

Policing mental health: a realist evaluation of mental health triage

Ron Hoffman, Nipissing University, Canada

Police use of a mental health screener to promote a collaborative approach to effectively respond to the needs of persons with serious mental health disorders

Francesca Menichelli, University of Surrey, England

Innovations in institutional responses to vulnerability: a case study from an English local authority

Lynda Breen, Garda Siochana Analysis Service, Ireland

To assist the Local Authority in Limerick to reduce suicide and suicide attempts in public places

C4: Risk assessment and risk management of intimate partner violence

Room: Moorfoot Room, Lomond Suite

Convener: **Susanne Strand**, Orebro University, Sweden

Chair: Jennifer Wood, Temple University, USA

Presenters:

Susanne Strand, Orebro University, Sweden

Risk assessment and risk management of intimate partner violence and stalking in urban, rural and remote areas

Joakim Petersson, Orebro University, Sweden

Proposing a typology of intimate partner violent men: implications for risk assessment and management

Joakim Petersson, Orebro University, Sweden

Legal risk management strategies: the use of arrest and restraining orders as protective interventions in cases of intimate partner violence

Susanne Strand, Orebro University, Sweden

Structured risk management within and between police and social service reduces intimate partner violence

Alexander Workman, Western Sydney University, Australia

Victims from the margins: racial and ethnic minorities access to criminal justice

C5: Developing best practices related to data, education and screening: working across sectors to improve outcomes associated with Fetal Alcohol Spectrum Disorder

Room: Kilsyth Room, Lomond Suite

Convener and Chair: **Jocelynn Cook**, Society of Obstetricians and Gynaecologists, Canada

Presenters:

Kathy Unsworth, Canada FASD Research Network, Canada

FASD, law and mental health: the Canadian experience

Hayley Passmore, University of Western Australia

Fetal Alcohol Spectrum Disorder in the Australian youth justice system: prevalence, implications and workforce development

Christopher Steer, Scottish Government

Provision and support for Fetal Alcohol Spectrum Disorder in Scotland: progress report and implications for the criminal justice community

Patricia Jackson, University of Edinburgh, Scotland

New opportunities in Scotland to diagnose those affected by FASD

Jennifer Shields & Sarah Brown, Fetal Alcohol Advisory and Support team

Lessons learned from Scotland's first Fetal Alcohol Assessment and Support Team

2.00 – 3.30

MARKETPLACE OF IDEAS

PRACTITIONER SESSIONS AND FACILITATED WORKSHOPS

Marketplace of Ideas sessions will be longer, in smaller groups and should be highly interactive.

Marketplace of Ideas: 1 (2 x 45 minute sessions)

Room: Carrick Room 1, Galloway Suite

1.1. Jeff Thompson, Columbia University Medical Center, U.S.

Law enforcement psychological autopsy: hands-on workshop

The purpose of creating the Law Enforcement Psychological Autopsy (LE-PA) was to adapt and modify current PA templates being used and suggested by researchers and groups including AAS in order to be practical for implementing in law enforcement.

This workshop will raise awareness of what the psychological autopsy is and how it can be trained to law enforcement agencies so their personnel tasked with investigating suicides (including that of their own officers) can have a better understanding of suicide, the risk factors and warning signs, how to conduct interviews in order to build rapport and trust, and how to present the findings.

In this session there will be group discussions, interactive example “test” questions, review of the LE-PA template, active listening exercises, and opportunities to review data.

1.2. Ron Bruno, CIT International, USA & **Amy Watson**, CIT International and University of Illinois at Chicago

Building mental health crisis response systems: emerging best practices from the United States

In many communities in the USA, police are the primary service to respond to individuals experiencing mental health crises. This can have significant negative consequences for all involved, and increase the over representation of individuals with mental illness in the criminal justice system.

While many associate CIT with law enforcement training, the CIT model is much more and provides a useful framework for building mental health crisis response systems that minimize the involvement of law enforcement. The model develops partnerships across LE, mental health services, advocates and service users/family members. The panel format of this session will ensure the session is dynamic and engaging, we will take a team approach to presenting and involving audience members in discussion. Several segments of the session will ask the audience to walk through scenarios related to their own local crisis response resources

and consider best practice strategies for building more comprehensive and responsive crisis response systems that minimize the role of police and the criminal justice system.

Marketplace of Ideas: 2 (2 x 45 minute sessions)

Room: Carrick Room 2, Galloway Suite

2.1. John Harrison, College of Policing, England & **James Nye**, Devon and Cornwall Police, England

A health promoting police force: an evolutionary development for wellbeing at work

The concept of a health-promoting police force arises as a consequence of a strategic approach to health and wellbeing. Investment in wellbeing requires culture change to embed it as business as usual. Successful policing of communities is contingent on promoting and maintaining high levels of health and wellbeing in our police officers and police staff. A health-promoting police force will be concerned with the health of our communities and our ability to influence this. There are clear links between some health issues and levels of crime.

A policing – health collaboration would explore how police wellbeing resources and initiatives might be used to also benefit local communities. This session will comprise two short presentations followed by a facilitated discussion of set questions.

2.2. Abby McLeod & Katrina Sanders, Australian Federal Police

Connecting the dots: promoting a joined up approach to "diversity and inclusion" and "organisational health and wellbeing"

In this session we aim to stimulate discussion about the relationship between organisational health and inclusion, and the ways in which policing organisations can connect these currently separate bodies of work to maximise benefits for all. In doing so, we will share reflections on our own experiences working to promote organisational health and inclusion in the Australian Federal Police (AFP) and offer our views on practical ways of bringing these areas of work closer together, including a consideration of risks and benefits. We will then invite participants to share their own experiences and ideas, through a semi-structured series of questions aimed to generate sharing and critical analysis.

Marketplace of Ideas: 3 (2 x 45 minute sessions)

Room: Carrick Room 3, Galloway Suite

3.1. Helen Christmas and **Linda Hindle**, Public Health England, **Mike Cunningham**, College of Policing, England

Public health approaches to policing: practical tools for police forces and partners

The question of “what exactly is a public health approach to policing?” is one that has often been raised, especially during the development and implementation of the Police and Health consensus for England. The phrase “a public health approach to” is used in different ways. In the UK at the moment there is a particular focus on public health approach to serious violence, but there has been a lack of clarity about meaning. We have developed a discussion paper, published with the College of Policing and Public Health England. It explores what a public health approach looks like for policing under five headings: population, prevention, causes of the causes, data and evidence base, partnership. Phase two of the project is to develop a set of principles and some practical materials to support the implementation of public health approaches in police forces. It is this part of the project that the *Marketplace of Ideas* session will focus on, seeking the input and agreement of the audience to finalise the resource.

3.2. Lynne McNiven, NHS Ayrshire and Arran, Scotland; **Kathleen Winter**, Crosshouse Hospital, Scotland; **Joanne Logan**, Police Scotland; **Jemma Davidson** and **Alice Dillon**, Community Justice Ayrshire, Scotland; **Colin Convery**, Police Scotland

Working together to achieve more

The ACE's framework provides a well researched explanatory model for the link between exposures to trauma and adversity in childhood, associated inter-generational transmission of adversity and long term negative health and social outcomes. Our work is multifaceted involving collaboration between colleagues from Police Scotland, Public Health, The Violence Reduction Unit and Community Justice who have worked closely to develop and deliver targeted pieces of joint work across Ayrshire. The initial feedback from 3rd sector, police officers, addiction workers and other individuals have highlighted subtle changes in practice which have enhanced experiences. There has been recognition at grass roots level of the 'Start Where You Are and Do What You Can' ethos. Multidisciplinary and Agency Teams will discuss the journey undertaken to date highlighting challenges, sharing good practice, lessons learned from their perspective, Interactive session will engage with the audience.

3.30 – 4.00

AFTERNOON TEA

4:00 – 5.30

CONCURRENT SESSIONS

C6: Collaborative leadership

Room: Ochil Room, Galloway Suite

Chair: **Auke van Dijk**, Police of The Netherlands

Presenters:

Craig McGrath, Queensland Police Service, Australia

Product contamination: complexities of managing an enmeshed public health alert and a criminal investigation

Rachel Staniforth, Health Education England

Fortifying our relationships

Roz Warden, Barnwood Trust, England & **Amy Dyde**, Gloucestershire Constabulary, England

An initiative to build community capacity and resilience: collaborative evaluation findings

Rebecca Stenberg, Linköping University, Sweden

In search of Dante: initiative and collaboration in emergency situations

Guy Lamb, University of Cape Town, South Africa

The complexities of pursuing a 'whole of society' policing approach in a violent and unequal African city

C7: Police well-being I

Room: Harris Room, Galloway Suite

Chair: **Isabelle Bartkowiak-Theron**, Tasmanian Institute of Law Enforcement Studies, University of Tasmania, Australia

Presenters:

Annika Smit, Police Academy, Netherlands

Sensitivity or resistance: on the resilience paradox in policing

Grainne Perkins, Seattle University, USA

The spectre of trauma in the South African Police Service

Terry Bunn, University of Kentucky, USA

Officer use of force injuries while apprehending individuals under the influence

Evangelia Demou, University of Glasgow, Scotland

The Airwave Health Monitoring Study (AHMS): an occupational cohort study of the British police forces

Evangelia Demou, University of Glasgow, Scotland

Policing and work-life balance: attainable or elusive?

C8: Diversion

Room: Tinto Room, Lomond Suite

Chair: **Liz Aston**, Scottish Institute for Policing Research & Edinburgh Napier University, Scotland

Presenters:

Matthew Bacon, University of Sheffield, England

Police-led diversion programs for drug and drug-related offenders in England and Wales

Jack Rowlands, Metropolitan Police Service, England

DIVERT: a police custody diversion programme for young adults

Arun Sondhi, Therapeutic Solutions (Addictions) Ltd, England

Assessing engagement with the Drug Intervention Programme (DIP) in London

Evan Anderson, University of Pennsylvania, USA

Police perspectives on police assisted diversions in Philadelphia

Evangelica Juarez, Temple University, USA

Issues in the distribution of behavioural health resources: considerations for police diversion efforts

C9: Impact of incarceration

Room: Moorfoot Room, Lomond Suite

Chair: **Greg Denham**, Law Enforcement and HIV Network (LEAHN), Australia

Presenters:

Melissa Willoughby, University of Melbourne, Australia

Violence-related deaths among adults released from prison: a data linkage study

Stuart Kinner, University of Melbourne, Australia

The Mortality After Release from Incarceration Consortium (MARIC) study: a multi-national, individual participant data meta-analysis

Jesse Young, University of Melbourne, Australia

Overdose deaths among justice-involved young people: a whole-population retrospective cohort study

Nemesia Kelly, Touro University California, USA

Replacing the state: the role of post-conviction attorneys in the post-incarceration lives of California's exonerees

Mudia Uzzi, Johns Hopkins Bloomberg School of Public Health, USA

Temporal relationship of criminal justice involvement and transactional sex among black men who have sex with men in Baltimore, Maryland: depressive symptoms as a mediator

Margaret Erickson, Centre for Gender and Sexual Health Equality, Canada

"They look at you like you're contaminated": how HIV-related stigma and power dynamics shape HIV care access for incarcerated women living with HIV in a Canadian setting

C10: Female genital mutilation

Room: Kilsyth Room, Lomond Suite

Chair: **Melissa Jardine**, Centre for Law Enforcement and Public Health, Australia

Presenters:

Sara Johndotter & Lotta Wendel, Malmo University, Sweden

Societal measures to check for suspected female genital mutilation in Sweden: an analysis of proportionality in the authorities' handling of suspected cases

Saffron Karlsen & Christina Pantazis, University of Bristol, England

Towards more collaborative approaches to female genital mutilation safeguarding: accommodating the perspectives of Somali families

Oluchukwu Obiora, University of Witwatersrand, South Africa

Female genital mutilation in Africa: scoping the landscape of evidence

Glenda Bonde, National FGM Centre, England

Harmful practices: leaving no one behind using a whole systems approach

4:00 – 5:30

MARKETPLACE OF IDEAS

PRACTITIONER SESSIONS AND FACILITATED WORKSHOPS

Marketplace of Ideas sessions will be longer, in smaller groups and should be highly interactive.

Marketplace of Ideas: 4 (2 x 45 minute sessions)

Room: Carrick Room 1, Galloway Suite

4.1. Stan Gilmour & Lewis Prescott-Mayling, Thames Valley Police, England,

Éamonn O'Moore, Public Health England

Data analytics for law enforcement and public health in the Reading Model

Individuals are affected by heterogeneous harm events (e.g. crimes, neglect, mental health, adverse childhood experiences) and the police, social care and health are tasked with reducing the likelihood of these events occurring and their harmful impact if they do. Often the identification of individuals or groups most likely to come to harm is done in isolation by each agency. This discussion will unpack the potential when multiagency data is brought together to forecast individuals and groups most likely to come to harm following adverse experiences being recorded by any agency. Currently most decisions on when and where to target public sector resources are 'clinical decisions'. Public sector agencies need to utilise 'data analytics' to identify threat, harm, opportunity and risk which is more accurate than using clinical decisions alone. However, as not everything that needs to be considered is quantifiable, best practice blends clinical experience with quantitative evidence. It is simply likely to be more accurate, particularly when dealing with large numbers of cases as it is not possible for all information to be assessed by clinical based decisions.

4.2. Lesslie Young, Epilepsy Scotland

Are you going to kill me? The potential fatal consequences of misinterpreted behaviour

Epilepsy is the world's most common neurological condition and seizures present in a huge variety of ways involving impaired consciousness and cognition, and sometimes automatism or inappropriate behaviours. The post-seizure period may be associated with communication difficulties, confusion and impaired cognition, amnesia, emotional instability and post-ictal psychosis. It poses particular challenges to law enforcement through individuals displaying seizure-related behaviour which can be misinterpreted – sometimes with fatal consequences. This session discusses epilepsy and how it can manifest in a law enforcement situation, including automatism behaviour. It describes the effects of the condition beyond seizures and how this may impact the work of police and prosecutors. It also details questions those in law enforcement can ask

themselves in identifying whether apparently criminal behaviour is in fact related to seizure activity. This is a practical session, brought to life with thought-provoking case studies and footage.

Marketplace of Ideas: 5 (2 x 45 minute sessions)

Room: Carrick Room 2, Galloway Suite

5.1. Dave Caesar, Carol Goodman, Susan Fraser – all Project Lift, Scotland, **Steph Phillips**, NHS 24, Scotland & **Christine Goodall**, University of Glasgow, Scotland

Project Lift: collaboration - learning from practice

This session will illustrate the issues or needs that this collaborative partnership is addressing. *Project Lift* is a new approach to recruit, retain, develop and manage talent within Health and Social Care in Scotland to ensure the best, most able leaders reach boardrooms. By identifying, supporting, enhancing and growing its talent at every level, we will enable delivery of best outcomes for patients and high quality safe, effective care in our communities. *Project Lift* focuses on embedding a leadership approach underpinned by principles of collective, collaborative and compassionate leadership. The intended impact is for senior leaders in the Scottish Prison Service to use the learning and experiences of others, as well as their own, to inform their ongoing work to enable cultural and transformational change. The collaboration also offers rich experience and learning for the Criminal Justice Team.

We will offer insights and learning from our stories of collaboration from a number of sources: from our live collaborative experiments within leadership, more broadly from *Project Lift* leadership communities and from our own experiences of collaboration as a *Project Lift* team.

5.2. Jac Charlier, TASC's Center for Health and Justice, USA & **Mike Trace**, The Forward Trust, England

Deciding when to "deflect": a visual model of police decision-making factors

There is a groundswell of government and police-led innovations designed to link people affected by mental health and substance use issues to treatment and community services. As developments unfold, it is important to share ideas and practices across jurisdictions and collaborate in producing shared conceptual frameworks and models of systems-wide change. Researchers and practitioners across the law enforcement and public health sectors must develop a shared understanding of first responder decision-making and the specific factors that influence officers' decisions to divert or "deflect" people away from criminal justice interventions. This session will offer a provisional visual model for considering officer decision-making, incorporating what is known about deflection decision-making and the contextual factors that influence decisions to deflect in different sites. The initiative seeks to develop a robust model of systems-wide change that can guide research and collaborative work to shift strategies aimed at addressing mental health and substance use conditions away from law enforcement/criminal justice responses to community-based treatment. Presenters will workshop the model with attendees and map out how the decision-making processes play out in different contexts.

Marketplace of Ideas: 6 (2 x 45 minute sessions)

Room: Carrick Room 3, Galloway Suite

6.1. Norrie Petrie, Police Scotland & **Jardine Simpson**, Scottish Recovery Consortium (SRC)

Substance misuse and the impact of stigma

Stigma is recognised as a key factor impacting on People Who Use Drugs (PWUD). It can cause reluctance in individuals to engage with services that could support them in tackling substance use and also any correlated

issue(s) that may have been a factor that has resulted in substance use/addiction. The research will be delivered by way of a workshop. Attendees from a cross sector will be invited to provide feedback/stimulate discussion on the following key areas:

How stigmatisation impacts are seen from different organisational perspectives who come into contact with PWUD.

How the contact between organisations and PWUD can positively/negatively impact on the stigmatisation of an individual.

How we can use the learnings to inform organisations about how they can positively influence individual/multi-organisational and community culture in relation to the stigmatisation of PWUD

What success looks like and how do we measure it.

6.2. Carolyn Thom, The Forensic Practice Vancouver, Canada & **Scott Jones**, Edmonton Police Service, Canada

Canine assisted child forensic interviewing in child abuse cases

This session will include an oral presentation with photographic and video demonstrations that will describe the impact of a Canine Assistance Intervention (CAI) program in a Canadian Child Advocacy Centre, in the context of criminal investigations of child maltreatment. The Centre is a collaborative community approach utilizing a multidisciplinary team including police, child protection workers, medical personnel, therapists, prosecutors and victim advocates. In 2015 service dogs were allowed to join child witnesses in court whilst testifying re child abuse matters.

5.30

NETWORKING SESSION OVER DRINKS AND NIBBLES



Hosted by **Police Scotland** and **The Scottish Institute for Policing Research**

DCC Malcolm Graham

Partnership, Prevention and Community Wellbeing
Police Scotland

*Welcome remarks and overview of LEPH
in Police Scotland*

Liz Aston

Scottish Institute for Policing Research
Knowledge exchange in LEPH