Vulnerable adults in police custody: The role of local authorities in the provision of Appropriate Adults (AA)

- There is no standard model of funding for AA services for vulnerable adults
- Provision is often inadequate
- Local authority adult social services can fund AA provision as part of their wider safeguarding responsibilities for vulnerable adults, which may also reduce the demands on social care professionals to undertake the role
- Commissioners and funders need to monitor whether the legal and welfare rights of vulnerable adults in custody are protected
- Service user involvement needs improvement

Funded by NHS National Institute for Health Research

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BACKGROUND

Research undertaken by The National Appropriate Adult Network (NAAN) in 2015 indicates that local authority adult social services are the most common funder of Appropriate Adult (AA) schemes for vulnerable adults, but this funding may be being reduced. Poor provision of AAs has been highlighted as a source of concern in a series of Government-commissioned reviews and inspections (e.g. the 2009 Bradley Report, HMIC 2015, CJJI 2014) suggesting that the rights and welfare of vulnerable adults in custody are currently not being safeguarded.

THE 1984 POLICE AND CRIMINAL EVIDENCE ACT (PACE) and its Codes of Practice created a duty on police custody sergeants to secure an AA to safeguard the rights and welfare, and enable effective participation, of vulnerable people detained or questioned by the police. This includes any young person aged 10–17 years and adults who are mentally vulnerable. There is an explicit statutory duty on Youth Offending Teams to provide AAs for children and young people, but no similar duty on any agency to provide AAs for vulnerable adults in police custody.

LOCAL AUTHORITY ADULT SOCIAL SERVICES do have key responsibilities for people with mental health needs and learning disabilities in this role (Health and Social Care Act 2012, Care Act 2014).

The aim of this research was to understand the role for local authority social services in the provision of AAs across England and identify good practice. It also sought to examine what commissioners, practitioners and service users would expect from an effective service.

Methods

An online survey was sent to all local authority Adult Social Care departments in England (29/151 responses), and all AA adult services who are members of NAAN (23/54 responses). The survey aimed to map the current involvement of local authority social services in the provision of AAs for vulnerable adults in police custody across England.

Case studies were undertaken in four areas (Cases A-D) in which survey respondents indicated that the local authority was involved in funding and/or commissioning AA provision for adults. Qualitative interviews were undertaken with 25 respondents: managers or coordinators of AA services (6), managers or commissioners from adult social care and/or health services (6), Appropriate Adults (9) and police (4). In addition, two focus groups were held with user groups, in which a total of 13 participants took part.

FINDINGS

SURVEY RESPONSES

Local Authority adult social services

Of the 29 adult social care departments who responded, 14 funded or part-funded AA services for vulnerable adults. Of these 14, six were sole funders, and eight funded provision in partnership with other agencies, including children's services, Youth Offending teams, CCGs, the police and neighbouring local authorities.

Most of this provision was commissioned from a third-sector partner (ten areas) or a private sector organisation (two areas). In two areas, provision was provided directly by local authority adult social care staff.

Although a small sample, there is some evidence from this study that funding an AA service for vulnerable adults may reduce the demands on local authority social care professionals to undertake the role.

In our survey, only 4/14 adult social care departments that provide funding for a dedicated service also said that social workers or adult mental health professionals would undertake the role. Respondents said that the use of these professionals was usually 'limited' and cases would normally be dealt with by the AA service unless the vulnerable adult was known to the local authority.

Of those authorities who did not fund a dedicated service, a greater proportion (13/15) said that their social care professionals would act as an AA. Respondents with no dedicated service had concerns about the resource implications of using qualified social workers to act as AAs, and the lack of training for this role:

> We have little choice about attending if one of our vulnerable service users are in custody and require an appropriate adult then all other work must be reprioritised to enable attendance to the police station. This has a huge impact for workloads as acting as an appropriate adult can involve many hours of waiting at the police station and interviews themselves can take a long time to complete. Furthermore whilst I have received training in acting as an appropriate adult many of my colleagues are expected to act up in to this role with little or no training. (ADASS survey response)

FINDINGS

Many respondents in areas that did not fund a dedicated service raised concerns about the lack of availability of AAs for vulnerable adults in custody, expressing regret that this was an area of social care they were unable to deliver.

AA service managers

Of the 23 services who responded,12 received some or all of their funding from local authority adult social services.

Just over half (12) of the AA provision was managed by third-sector organisations, nine were part of a local authority, and two were commercial organisations.

Almost all services who responded used trained volunteers as AAs, sometimes in combination with paid staff. In two areas only paid sessional staff delivered the service.

Services varied in their hours of operation with most providing AAs seven days a week typically between 8am and 10pm (largely because of the reliance on volunteers). Nine services said that the local authority emergency duty team may provide an AA outside these hours although only in emergencies. The remaining services said they did not think there was any provision of AAs outside their hours of operation.

Most services had some relationship with local authority social services regardless of funding. This included joint membership of local partnership groups, information sharing and safeguarding arrangements, and in three areas, reciprocal training arrangements. However, despite their role in supporting vulnerable adults, four services reported no contact with adult social services.

Most AA services in our study did not have any form of service-user involvement beyond the use of feedback forms, for which the response rate is often very low.

CASE STUDIES

Four models of local authority involvement in funding and management of an AA service

CASE A

A private sector organisation delivers the service in custody suites across three local authority areas. The lead commissioner is the police and the contract was awarded following a competitive tendering process. Funding is provided by six agencies: adult social services in each of the three local authorities, and three Clinical Commissioning Groups.

The cost in 2015/16 was approximately £96,000, and the service responded to 963 requests for an AA for a vulnerable adult. AAs are paid sessional staff and the service is provided 24 hours a day, seven days a week.

CASE B

The local authority commissions a third-sector organisation to provide a range of services for children and families, of which the AA service is one. Funding comes from both adult and children's services. The provider also receives funding from a neighbouring local authority and delivers AA provision across all custody suites in both areas. There is no joint commissioning arrangement and separate monitoring arrangements are in place for both local authorities.

The cost in 2015/16 was approximately £72,000, and the service responded to 1,410 requests (675 for adults, 735 for children). The service is coordinated by one full-time manager and trained volunteers act as AAs for both children and adults from 8am to 11pm, seven days a week. The emergency duty team may respond to police requests for an AA for a vulnerable adult outside these hours.

CASE C

Local Authority Youth Justice Service manages provision for both children and adults. Two part-time staff coordinate a pool of volunteers, most of whom fulfil two roles: AAs and members of Referral Panels for young offenders. Adult social services contribute a small amount of top-up funding to ensure AA provision includes vulnerable adults.

The cost in 2015/16 was approximately £35,000, and the service responded to 260 requests (127 for adults, 133 for children). The volunteers are available from 9am to 5pm, Monday to Friday. The emergency duty team may respond to police requests for an AA for a vulnerable adult outside these hours.

CASE D

The local authority out-of-hours duty social work team employs a full-time AA service manager. The service is funded by both adult and children's services. AAs are trained volunteers and the service manager also acts as an AA. A small number of paid sessional staff provide cover over Bank Holidays.

The cost in 2015/16 was approximately £47,000, and the service was used over 700 times by adults, and approximately 150 by children/young people. The AA service attends adults from 9am to 11pm, seven days a week. The Youth Offending team performs the role for children/young people during office hours, with the AA service providing evening and weekend cover only. The duty team will attend outside these hours where necessary.

FINDINGS

WHY DO THESE LOCAL AUTHORITIES FUND AA PROVISION FOR VULNERABLE ADULTS?

These four local authorities have funded or part-funded provision despite not having a statutory duty to do so. The following explanatory factors were identified by respondents interviewed during the case studies:

- The provision of AAs is seen as part of their wider adult safeguarding responsibilities;
- Concern about demands on social work and mental health professionals' time supporting adults in custody;
- Increasing number of requests from police for AAs for vulnerable adults;
- Existing AA service for children and young people unable to meet demand for vulnerable adult support;
- To build and maintain good working relationships with other agencies, including police and CCGs; and/or
- To develop volunteering opportunities.

It's about us taking responsibility as a local authority. We see this as a very important response that we should be making…giving the best we can to people who are very very vulnerable and find themselves in police custody, and making sure their needs are properly met. (Social work manager)

INFORMATION SHARING AND SAFEGUARDING

Appropriate Adults may become aware of safeguarding concerns during their time in custody with vulnerable adults. There is some variation in how these concerns are dealt with.

In some cases, concerns are reported to the custody sergeant and no further action taken.

Two services use feedback forms for each referral that include safeguarding issues which are passed back to the local authority. It is unclear to the AA managers of these services if this information is acted on.

In other services, clearer links exist with adult social care safeguarding teams that facilitate early follow-up of safeguarding concerns. These include examples where the AA manager is embedded within the social work out of hours team and has direct access to the appropriate professionals; or has a named contact within the safeguarding team and clear protocols are in place for information-sharing.

EFFECTIVENESS

Case study respondents and service users in the focus groups were asked what they considered to be the most important criteria to determine the effectiveness of an AA service for vulnerable adults.

AA service managers, service commissioners and the police reported that they prioritise availability and response time as the defining performance measure of an effective service. All four case examples collated monitoring data on this and were performing well on these measures (within the operating hours of the service).

Monitoring quality is less well managed. Service managers and commissioners are largely reliant on feedback from the police. Issues frequently raised by the police included increasing the operating hours of the service, and in one area there was also a request to increase the diversity of AAs (age and ethnicity).

Reliance solely on the police for monitoring quality is unsatisfactory given part of the role of the AA is to ensure due process is followed during a vulnerable adult's time in custody. There was no direct monitoring of whether the legal and welfare rights of vulnerable adults are indeed protected.

Adults who had experience of being in custody understood the purpose of the role. During the focus groups they prioritised the demeanour of the AA as the most important indicator of effectiveness. Service users wanted AAs who were trustworthy, kind, respectful of gender, ethnicity, religion and culture, and honest. They also wanted AAs who could manage difficult situations calmly, understanding the needs of vulnerable adults.

There is little opportunity for service users to feedback on quality. We found no evidence of service user involvement in the design, delivery and monitoring of AA provision. This may help explain the apparent gap between the perspectives of professionals and service users on the factors that contribute to effective AA provision.

CONCLUSIONS & RECOMMENDATIONS

Although they do not have a statutory duty to do so, there are several policy drivers for local authority involvement in the provision of AAs for vulnerable adults. The Care Act 2014 includes a duty for social care services to cooperate with criminal justice agencies and encourages a greater focus for adult social care on early intervention. Health and Wellbeing Boards, created by the Health and Social Care Act 2012, also offer an opportunity to improve joint commissioning and cooperation with criminal justice agencies, as Joint Strategic Needs Assessments consider the needs of vulnerable groups, including offenders.

Only a small proportion of local authorities responded to our survey and of those, less than half-funded (or part-funded) AA services for vulnerable adults. While our sample is small, the responses support the findings of other studies indicating that AA provision for vulnerable adults is often inadequate (Bath *et al*. 2015, 2009 Bradley Report, HMIC 2015, CJJI 2014).

This study examines four models of local authority involvement in the provision of AAs for vulnerable adults. They vary in whether the service is delivered 'in-house' or commissioned from an external agency, and also in the degree to which local authorities bear the burden of funding. In all cases, services were closely monitored and performing well on the key indicators of availability and response times of trained AAs, indicating how adult social services can be successful in ensuring vulnerable adults in custody have access to AAs.

THE RESEARCH HIGHLIGHTS TWO KEY AREAS FOR IMPROVEMENT

1. Commissioners and funders should have more regard for monitoring wider outcomes which may be more appropriate measures of service effectiveness. These should include whether the AA provision does protect the rights and welfare, and promote the effective participation in the justice process, of vulnerable adults in custody.

   They may also wish to monitor whether better links with AA provision facilitates early intervention and effective referral pathways for vulnerable adults into health and social care services, a key duty under the Care Act 2014.

2. There is a need to improve service user involvement in the commissioning, delivery and monitoring cycle.

COMMENT

When detained or questioned by police, people with mental health conditions, learning disabilities, autism and other conditions are extremely vulnerable, both short-term and long-term, to legal, physical and psychological risks. AAs are central to the integrated approach envisaged by the Bradley Report and support outcomes under the Care Act and Transforming Care.

With an understanding of need, and a clear independence from police, local authorities are well placed to lead on AAs as they have done for over 30 years.

This research is an important and extremely timely reminder that AA provision requires the same person-centred, outcomes-focused approach as other health and social care functions. It will make a positive and lasting impact on the future of support for vulnerable adults.

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School for Social Care Research

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ACKNOWLEDGEMENTS

We are grateful to members of the Working for Justice Group, supported by KeyRing Living Support Networks and the Prison Reform Trust, and participants from City and Hackney Mind, for their contribution to this study.

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.