‘We capture their comments before we leave the station’:
Service user involvement in the delivery of Appropriate Adult Schemes

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Abstract: The concept of participation is now widely accepted in healthcare and social services, but is less apparent in the delivery of services for vulnerable people who encounter the Criminal Justice System and its associated agencies (Buck et al., 2020). This article considers the extent to which children and ‘vulnerable’ adults who have been detained in police custody are currently able to actively participate in the design and delivery of Appropriate Adult Schemes. This paper draws together responses from 43 services in England and Wales concerning levels of service user engagement to ascertain the current level of participation, and to make recommendations for the future. The paper applies Forbat, et al.’s (2009) models of service user involvement to conceptualise ideological drivers which underpin the Appropriate Adult Scheme’s commitment to involvement. The data reveal that while there is a genuine desire to improve service user participation, that institutional, financial, and attitudinal barriers mean that participation either does not occur or is at a very cursory level.

Keywords: Service user participation; Appropriate Adult, Vulnerability

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Introduction

The National Appropriate Adult Network (NAAN) is a network of organisations that provides support for people who have been identified as being ‘vulnerable’ and are detained in police custody. The identification as ‘vulnerable’ can be due to being a young person under the age of 18, or where an adult has been identified to have a mental disorder as outlined by the Mental Health Act (1983), or is otherwise deemed incapable to fully understand or partake in the procedures in the police station. NAAN standards (2018) state that it is desirable that ‘service users and other people with relevant lived experience are actively and genuinely working in partnership with the scheme to define, develop, deliver and evaluate AA provision’ (Standard 1.9, p24). In practice, the needs and expectations of service users are different from those of service providers and the police. For example, service users prioritise emotional support, whereas service managers and police officers prioritise cost and time efficiency (Jessiman and Cameron, 2017).

While service user participation is firmly established within disability rights (Oliver, 1996), this does not follow into practice within the Criminal Justice System (Buck et al, 2020) and with young people, or with adults with identified ‘vulnerability’. Over recent years the National Appropriate Adult Network (2017; 2019) has advocated for Appropriate Adult Schemes to engage in meaningful forms of service user involvement. This article will assess how successful Appropriate Adult schemes are in integrating service user involvement within their services. The study includes data on 43 Appropriate Adult schemes. Our application of Forbat et al. (2009) advances Sherry Arnstein’s classic model of service user involvement concerning degrees of power. In order to apply meaningful forms of service user engagement, we must comprehend the ideological drivers which underpin an organisation’s notion of involvement.

Forbat, et al. (2009), present four models of service user involvement, which are the ‘free market economy model’, the ‘social democratic model’, the ‘experiential knowledge model’, and the ‘emancipation and empowerment model’. Although the National Appropriate Adult Network is advocating for an emancipation approach to service user involvement (NAAN, 2017; 2019) most Appropriate Adult schemes are underpinned by a consumer-led ‘free market economy model’. This article suggests that if they are to achieve service user involvement, Appropriate Adult schemes must move beyond the consumer-led approach and conceptualise service users as experts of their own lives, who can successfully develop and improve services to better meet their support needs while in police detention.
The ‘service’ and the ‘service users’

Appropriate Adult schemes developed out of the Fisher inquiry which highlighted a significant miscarriage of justice [R v. Lattimore, Salih and Leighton, 1975] concerning young people under the age of 16 (Leighton and Salih) and an adult male with a learning disability (Lattimore) (McBarnet, 1978). The three suspects were convicted of murder, however on appeal it was recognised that several inaccuracies were presented by detainees in their initial confessions (Price and Caplan, 1977). Forensic evidence showed that the suspects could not have been in the vicinity when the crime took place (McBarnet, 1978). The Fisher inquiry led to a Royal Commission on criminal procedures (The Philips Commission, 1981) and its recommendations led to the development of the Police and Criminal Evidence Act (PACE, 1984). This act transformed how police conduct interviews with suspects. Children and adults that are considered vulnerable are now required by law to have access to an Appropriate Adult (Cummins, 2011).

The Police and Criminal Evidence Act (PACE, 1984) and its associated codes of practice provided for the role of the ‘Appropriate Adult’ to support ‘vulnerable’ people throughout their time in custody. This provision is currently largely contained within PACE code C (as updated in 2019) which lays out the Code of Practice for the detention, treatment, and questioning of suspects by police officers. People who are identified as being ‘vulnerable’ require additional protections when encountering the Criminal Justice System because they face an ‘increased risk of providing information which is inaccurate, unreliable or misleading’ (Gudjonsson, 2010). It should be noted that people with identified vulnerability under PACE could be more likely to be drawn into criminality than the wider population (Peay, 2013); they may encounter difficulty with understanding processes and procedures (Herrington and Roberts, 2012) and when they are interviewed may provide unreliable and inaccurate information (Medford et al. 2003). The provision of ‘socially desirable’ answers in interviews has also been suggested (Herrington and Roberts, 2012). ‘Mentally vulnerable’ people report that they do not understand what was happening to them while in custody, or why (Hyun et al., 2014). Some report feeling lonely and isolated, not knowing where to access support, and not knowing what to do (Hyun et al., 2014) and have been found to be acquiescent, compliant, suggestible, and self-incriminating (Gudjonsson and Joyce, 2011).

According to Code C Para 1.13 (d)

‘vulnerable’ applies to any person who, because of a mental health condition or mental disorder (see Notes 1G and 1GB):
(i) may have difficulty understanding or communicating effectively about the full implications for them of any procedures and processes connected with:
• their arrest and detention; or (as the case may be)
• their voluntary attendance at a police station or their presence elsewhere
Vulnerabilities seldom occur in isolation, but rather, often occur simultaneously, meaning that vulnerable people can have multiple and complex support needs (Finn et al., 2000; McKinnon et al., 2016). These support needs often go beyond the requirements of PACE and the provision that is available (Peacock and Cosgrove, 2018; Jessiman and Cameron, 2017). It is recommended by Her Majesty’s Inspectorate of Probation (HMIP) that police forces should:

Ensure that the rights and interests of people with learning disabilities in police custody are safeguarded through the provision of good quality Appropriate Adult schemes that are available both during and outside normal working hours (HMIP, 2014: 48).

In interviews, the presence of an Appropriate Adult has important effects beyond their interaction, which has been found to be limited (Farrugia and Gabbert, 2019). The presence of an Appropriate Adult increases the likelihood and level of input of legal representation and reduces the pressure of interrogation (Medford et al., 2010). It is important to remember that the role of the Appropriate Adult however is to provide welfare support throughout the entire detention until disposal, and although the most well-known part, the actual interview is only a small part of the support provided (NAAN, 2018).

Section 38 of the Crime and Disorder Act 1998 created the requirement for local authorities to ‘ensure the provision of persons to act as Appropriate Adults to safeguard the interests of children and young persons detained or questioned by police officers’ (NAAN, 2015: 8). While the provisions of PACE code C require the provision of an Appropriate Adult, there is no requirement on any organisation or authority to provide this, and so the provision is unregulated and varies widely by area and funding source (Peacock and Cosgrove, 2018). Because there is no requirement to provide the service, Appropriate Adult provision has been impacted by severe pressure due to austerity-led budget cuts (Peacock and Cosgrove, 2018). Appropriate Adult schemes for vulnerable adults are not prioritised in budget
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planning as they are a non-statutory service (appropriateadult.org.uk). The provision of services is described as precarious by NAAN (2015) within ‘There to Help’, and Durcan et al. describe a national picture which is ‘patchy and ad-hoc’ (2014:18). Service provision is disconnected and incoherent and does not sufficiently assure the welfare of ‘vulnerable’ service users (Peacock and Cosgrove, 2018). Hellenbach (2012) identifies the key police motivation for securing an Appropriate Adult as being evidential.

Thresholds and definitions of vulnerability were reviewed in 2018 to include those who did not have a condition or disability, but struggled to understand, and so that those with conditions or disabilities were no longer automatically included (Peacock and Cosgrove, 2019; NAAN, 2020; Dehaghani and Bath, 2020). Family members were/are also given the option to act as an Appropriate Adult for a relative in custody, however ‘...the police, service users and providers alike have raised concerns about the suitability of using family members as AAs – who are unlikely to be trained or have any knowledge relating to the AA role, and are sometimes over-involved with or, conversely, antagonistic towards the suspect. In contrast, it has also been recognised that an AA's familiarity with the suspect and capacity to offer personal, emotional support can be of benefit’ (NAAN 2015: 12). Traditionally the role of Appropriate Adult was undertaken by a social worker in custody who would be assigned to a young person or a vulnerable adult.

From the 2000s there has been a move away from statutory services to the use of third sector organisations, community volunteers, or social enterprises (Peacock and Cosgrove, 2018). In 2007 the Labour government commissioned the Bradley report (2009) which highlighted significant problems concerning custody support and requested immediate enhancement to the services (Cummins, 2011). Because of austerity cuts, local authorities who would often step in to provide services have found themselves so diminished in staffing and resource that they have been unable to provide support beyond their statutory obligations. The result is that it has been left to third sector and private organisations to attempt to enact the enhancements recommended by Bradley.

The National Appropriate Adult Network (NAAN) was established in 1995 to share best practice, and to maintain consistency across Appropriate Adult Schemes in the UK; they registered as a charity in 2004 (NAAN, 2020). NAAN supports the setup of Appropriate Adult schemes, provide CPD and training events and materials. They describe a ‘patchwork’ of volunteers, professional services, friends and family, and non-profit making provisions (Peacock and Cosgrove 2018). In 2018 the Home Office published a voluntary partnership agreement framework, (NAAN, 2020: 7; https://www.gov.uk/government/publications/appropriate-adult-pcc-local-authority-partnership-agreement-england), however did not make any change to statute, and so the inconsistent approach to service provision remained; this creates a less than ideal environment for organising a universal way of implementing service user involvement into Appropriate Adult schemes.
Models of participation

Over the past 20 years, service user and patient involvement have been central to social policy in the UK, in particular within social work and health care services (Hanley et al., 2004; Forbat et al., 2008; Askheim et al., 2017). The Health and Social Care Act (2001) established distinct strands of public involvement and accountability. In 2003, the commission for patient and public involvement established national forums where members of the public can feed into health strategies at a local and national level (Taylor-Gooby, 2012). Within health and social care there has been a clear strategy to facilitate service user and patient involvement in the development and commissioning of services, yet the concept of partnership work and service user involvement has been significantly criticised, often as tokenistic (Macdonald and Taylor-Gooby 2014). Unlike within health and social care services, criminal justice agencies have not been as committed to the development of partnership work between service users (i.e., perpetrators or victims) and law enforcement agencies (Buck et al., 2020; McCartan, 2019). When examining the literature on models of involvement by offenders or detainees, the limited research which does exist focuses on incorporating the voices of parents in the rehabilitation of young offenders (Chavira, et al. 2018) or is otherwise focused on young offenders as participants (See for e.g. Little, 2015) or prisoners (McCartan, 2019). There have also been similar projects focusing on partnership work with victims (Edwards, 2004). The most widely acknowledged approach has been Arnstein’s ladder of participation, by social workers working in the Criminal Justice System, in research focusing on rehabilitation (Weaver, 2010). Yet almost no work has been done assessing the level and success of involvement of offenders and victims within the Criminal Justice System (Buck et al., 2020). Crucially ‘privileging the service user’s voice can serve as an early-warning system that treatment is not working. It can help to prevent client-driven complaints and grievances and identify the most efficient means for improving services’ (McCartan et al., 2019: 4)

The theorisation of meaningful participation has its roots in the 1960s in the classic work of Sherry Arnstein, (1969). Arnstein’s research, which focused on town planning, developed a model of degrees of participation referred to as ‘Arnstein’s ladder of participation’. Within her work, she focused on power dynamics concerning services and stakeholders and their relationship with the public, particularly socially excluded populations in the USA. Arnstein developed eight rungs of citizen participation starting at the lowest level of ‘manipulation’ and concluding at the highest degree of participation at ‘citizens control’. Although Arnstein’s (1969) work can now seem somewhat dated when focusing on the ladder rungs, the model sorts the rungs into a three-tier system defining what is meant by the different degrees of involvement which is still relevant to contemporary professional practice. Arnstein (1969) suggests that the dominant forms of partnership work can be identified as ‘non-participation’ where services
do not have the aim of meaningfully involving people in a process where power is shared, ‘degrees of tokenism’ where there is some attempt of partnership work, but the decision-making is in the hands of the powerful; and finally, ‘degrees of citizen power’ where power is distributed between the powerful and powerless (Arnstein, 1969: 26). Although Arnstein’s ladder is still applied in evaluating partnership work and service user involvement in health and social care services (Charles and DeMaio, 1993; Allain et al., 2006; Webber and Robinson, 2012), it is the three-tier system which is had the greatest impact on contemporary ideas of partnership work and service user involvement.

In guidelines for involving the public in health and social care research by Hanley et al., (2004), they apply a similar three-tier system that can be applied to different forms of involvement within the NHS. However unlike in the work of Arnstein (1969) they do not present a hierarchical approach to partnership involvement but suggest that health and social care researchers must be transparent in the type of partnership work that they are conducting with patients and service users. Hanley et al., (2004) remove discussions around institutional power, which had been central to Arnstein’s research, and focus more on levels of involvement. They categorise these levels as ‘consultation’, ‘collaboration’, and ‘user control’ (Hanley et al., 2004: 8). Thus, consultation is when service user voices are collected through meetings, forums, or research and included in the decision-making process (Hanley et al., 2004). Collaboration refers to an ongoing involvement with service users and patients often through steering committees that feed into the development of the service (Hanley et al., 2004). Finally, user control acknowledges the power dynamics when developing a partnership between professionals and service users. The approach attempts to facilitate an authentic form of partnership work by enabling service users and patients to take control of the decision-making process of service development (Hanley et al., 2004). Although Arnstein’s (1969) theorisation of degrees of power and Hanley et al., (2004) model of transparency can be useful in assessing the types of partnership that services are engaging in at a micro level, Forbat et al. (2009) presents a far more comprehensive structural analysis of different types of involvement which manifest themselves in contemporary public services.

Forbat et al. (2009) suggest that there are four theoretical models that define the hierarchy of different types of service user involvement which inform all forms of public services. They suggest that each form of service user involvement is formulated by different ideological drivers. Forbat et al. (2009) suggest that the first and most common form of involvement in contemporary services are consumer-led approaches to partnership work and public involvement. They define this as the ‘free market economy’ model of involvement (Forbat et al., 2009; Macdonald and Taylor-Gooby 2014). This perspective is defined by a neoliberal approach to services, where service users choose to use a particular service over another one. Thus, this creates a quasi- market where services compete for service user customers. From this perspective services are commissioned by local authorities, the National Health
Service, or Police and Crime Commissioners Offices based upon cost and benefit analyses (Forbat et al., 2009; Peacock and Cosgrove, 2018). This is often judged on service user engagement, service user feedback, and service efficiency. The success of the service is based on the preferences of service users who are conceptualised as customers. Within the Criminal Justice System, the notion of choice is often replaced with customer feedback processes. An example of this model within the Criminal Justice System can be seen with the privatisation of probation services and the development of privatised Community Rehabilitation Companies (Roberts, 2018) based upon payment by results.

The second model of participation is defined by the concept of service users as active citizens. Forbat et al. (2009) refer to this as the ‘social-democratic’ model where service users become collective active citizens which through their capacity to vote in local and national elections and can therefore influence policy development and service development. From this perspective service users as political citizens delegate the decision-making process to professionals and politicians, yet hold them accountable if services fail to meet the standards which are expected. Partnership happens at a collective macro level rather than at a micro-level. Yet, when the needs of citizens are not met by the dominant political parties, patient and service user groups develop political movements and social activist groups to lobby and challenge services at a local and national level. Thus, involvement is a process of political action rather than an organisational issue which developed through partnerships (Forbat et al., 2009). From the criminal justice perspective, the police service is held accountable at a national level to the government, and at local level to the Police and Crime Commissioners that are voted in through local elections.

The third model involves service users becoming active in decision-making concerning the type of services they use. Forbat et al. (2009) define this approach as the ‘experiential knowledge’ model of involvement. From this perspective service users develop knowledge of services to make informed choices concerning the type of service they engage with. This is different from the neoliberal form of involvement, as service users do not conceptualise themselves as ‘customers’ but as an expert over their personal needs (Forbat et al., 2009). From this perspective their own experiences and expert knowledge of how successful a particular service is becomes central to the decision-making process regarding the type of service that they need access to. Personal decision-making therefore becomes central to this form of involvement. From this perspective service users become active knowledge makers based upon their own experiences and make informed decisions around which services work and which do not work according to their own personal circumstances and to meet their needs (Forbat et al., 2009). An example of this concerning the Criminal Justice System is a person’s decision-making over the type of legal representation they access, especially in the case of suspects who have access to financial resources and knowledge of the system.

Forbat et al’s (2009) final model describes involvement through the concept of
an actual partnership, where service users become active in defining, developing, organising, and in some cases managing services. This is referred to as the ‘emancipation and empowerment’ model where service user involvement and experiences are paramount in the development of services. This approach has developed out of the early feminist and disability movements of the late 20th century where service user experiences become central to developing a rights-based approach (Macdonald and Taylor-Gooby, 2014). Service users become the expert of their own lives, and redesign services to meet their needs, often transforming oppressive forms of practice into empowering services. Within Arnstein’s ladder of participation, this would be described through the notion of ‘Citizen power’ (Arnstein 1969: 26). Thus, service users are the experts, and professionals become the facilitators. The key ideological driver to this approach is that service users’ lived experiences are central to the development of inclusive and successful services, thus we see attempts to co-construct services to meet the needs of service users. In third sector social care services, this model has become an ideal form of involvement. It is the least practised within the Criminal Justice System. As service users are often current or ex-offenders their lived experiences have often been invalidated or rejected by criminal justice agencies or professionals (Macdonald et al., 2020); there are some examples in organisations that have supported desistance with ex-offenders. Examples include third sector organisations created by ex-prisoners, and often focus on peer support, access to education provision, and training (Honeywell, 2020).

To conceptualise how involvement is incorporated into the practices of schemes providing Appropriate Adult services, this study will apply Forbat et al.’s (2009) models to analyse their current practice concerning service user involvement. The National Appropriate Adult Network has recently advocated for the importance of service user involvement in their services at every level (NAAN, 2017, 2019). The National Appropriate Adult Network is encouraging its members to move away from the traditional criminal justice notion of involvement represented by the ‘social-democratic’ model of citizen democracy, to that of an ‘emancipation and empowerment’ approach in line with Arnstein’s (1969) concept of citizen power. Service users, i.e., ‘vulnerable’ ex-offenders, are ideally active in the training of volunteers, the management, organisation, and development of services, and the empowerment of detainees in custody (NAAN, 2020). The National Appropriate Adult Network has a diverse membership including schemes which come from the third sector, private enterprises, and some statutory services. Some schemes are not members of NAAN, or are members but not active participants. This project aims to identify the dominant ideology that underpins involvement across the membership and beyond in services that support vulnerable detainees in custody throughout the UK.
Methodology

This project aimed to explore the extent of service user participation within the National Appropriate Adult Network (NAAN) membership (n=93) and other Appropriate Adult Schemes across the UK. NAAN is in national charity which has been established to safeguard the rights of children and vulnerable adults that had been detained in custody because they are suspected of committing a crime. This organisation aims to prevent any miscarriages of justice occurring within the criminal justice system by ensuring children and vulnerable adults have access to an Appropriate Adult practitioner/volunteer. This is to support the welfare of these individuals during their time in custody. The organisation does not provide Appropriate Adult practitioners/volunteers but establishes a network of support and training to any voluntary, statutory or private organisation which offers this service to police forces within the UK. A key role of NAAN is to ensure that every police force has access to an Appropriate Adult service within their region. This research developed from a project which was initially funded by the Police and Crime Commissioner for the North-East of England, which included evaluation of the effectiveness of local Appropriate Adult Scheme services. From this regional project, the study expanded the initial reach of the research from a local to a national project with the support of NAAN. The data were collected utilising an online survey that was emailed to the director of each Appropriate Adult Scheme. Schemes that are not members of NAAN were also contacted directly via their publicly available contact information to enable them to participate.

The study employed a mixed-methods approach as the online survey collected both quantitative and qualitative information. The survey was designed by members of the criminology team at the University of Sunderland independently of any police service, commissioner of services, or NAAN. It should be noted that the research was entirely voluntary, and schemes were not obliged or coerced by NAAN to participate in the survey. The study took place in 2018 and initially produced a sample size of 43 schemes. The questionnaire design predominantly collected quantitative information; however, services were given space to qualitatively explain their answers. The survey aimed to examine the level of service user participation.

As discussed previously, under PACE (1984), a suspect should have access to an Appropriate Adult if they are under the age of 18, or if they are an adult who has a condition that renders them ‘vulnerable’ within custody, i.e., an individual with a learning disability, mental health condition, a specific learning difficulty, or are otherwise deemed to lack capacity. As illustrated in Table 1, 48.8% (n = 21) of schemes only offered services for young people and not adults, whereas 51.2% (n = 22) offered a service for young people and/or adults with a perceived vulnerability.
The data in the findings were analysed using descriptive statistics in the form of frequency tables using SPSS. This was to examine the frequency distribution of cases exploring whether Appropriate Adult Schemes included service user involvement within their services. It should be observed that, because the article utilises data from a relatively small sample (n = 43) from a quantitative perspective, the findings in this paper employ an univariate analysis throughout. To give depth to the univariate analysis a thematic analysis was undertaken, and qualitative data was linked to the relevant quantitative analysis (Cresswell et al., 2019). Thus, both quantitative and qualitative data will be presented in the findings section. Applying Forbat et al.’s (2009) models as a lens through which to conceptualise the ideological drivers of service provision, three themes emerged from the univariate data analysis: feedback as a form of participation, input into training and development, and involvement in management of services.

### Finding

**Involvement of service users**

Although the National Appropriate Adult Network is advocating for the use of Arnstein’s ladder to measure involvement across member agencies, there is very little acknowledgement concerning the ideological drivers which underpin the diverse agencies which provide Appropriate Adult schemes across the UK. Within the data analysis, we discovered that service user involvement with schemes was often minimal. The majority of Appropriate Adult schemes seem to have adopted a neoliberal consumer-led approach, i.e., free market economy model when implementing service user involvement within their services. As we can see from table two, the most common form of involvement reported by services was service user feedback (see table 2). When discussing involvement, 71% of services reported providing an opportunity for service user feedback through a questionnaire. Interestingly, although most agencies offered this basic form of involvement, 29%...
did not collect feedback or engage in any form of service user involvement in their services (see table 2).

Table 2 |
Service User Feedback

<table>
<thead>
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<th>%</th>
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<tbody>
<tr>
<td>Opportunities for service users to provide feedback</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>70.7</td>
</tr>
<tr>
<td>No</td>
<td>29.3</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
<tr>
<td>Feedback from service users acted upon</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>26.2</td>
</tr>
<tr>
<td>Usually</td>
<td>28.6</td>
</tr>
<tr>
<td>Sometimes</td>
<td>16.7</td>
</tr>
<tr>
<td>Rarely</td>
<td>2.4</td>
</tr>
<tr>
<td>Not applicable</td>
<td>26.2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Plans to further develop the level of service user participation

<table>
<thead>
<tr>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>61.5</td>
</tr>
<tr>
<td>No</td>
<td>38.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Note: missing service response data n = 2
**Note: missing service response data n = 1
***Note: missing service response data n = 4

When exploring the impact that this feedback had on the development of their services many agencies acknowledged that although they collected feedback, they often did not act upon this. As we can see only 26% of services reported that they always acted upon service user feedback (see table 2). An additional 29% suggested that they usually feed this information into service development (see table 2). Surprisingly, 19% of services admitted to only sometimes or rarely acting on the information collected from service user feedback. Yet, it should be noted that Appropriate Adult Schemes were aware of the lack of service user feedback and 62% suggested that they planned to develop and improve the feedback system (see table 2). Service providers were very positive about wanting to improve levels of participation, but identified a range of barriers to doing so, including issues around resources, the working environment, the nature of the interactions with service users, and attitudes towards service users. Resource issues identified included financial, staffing, and time constraints.

Within the qualitative data, many of the services discuss problems in the way they collect data. Service providers suggested they administered a questionnaire
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after a detainee is being discharged from custody. As Scheme Manager 11 states:

‘We meet service users in a custody suite when they are in custody, so we are unable to engage with them other than as AA at the station’ (Scheme Manager 11)

Appropriate Adult service providers acknowledge in the qualitative data how ineffective this process is, as detainees are usually in a high level of stress and anxiety and are often trying to leave custody as soon as possible. As Appropriate Adult Schemes suggest service users are ‘only seen in the police station’ (Scheme Manager 3). Service users are experiencing ‘a difficult and stressful time’ (Scheme Manager 27). Thus, this feedback process becomes just another administrative duty for the detainee to complete before they can leave custody. From a detainee’s perspective, Appropriate Adult practitioners are one of several professionals they meet whilst in custody. Thus, the power relationship between the Appropriate Adult practitioner and the detainee is completely determined by the institutional setting that the feedback is collected within, and so is ethically problematic in terms of data collection, as could be coerced. Scheme managers state that the interaction ‘begins and ends in custody’ (Scheme Manager 7) and the service users are ‘often in crisis when we meet’ (Scheme Manager 30), indicating that they do not see this as an appropriate time to gather service user input.

Service user feedback is collected and fed into service development, but the collection of feedback is problematic, leading to a level of service user involvement which is minimal and driven by a consumer-led approach. The purpose of feedback appears therefore to be to justify the Appropriate Adult Service rather than to meaningfully develop a relationship with the service user.

**Service user involvement in the training of appropriate adult practitioners**

Within health and social care, service user involvement has been central in developing services that are relevant and that meet the needs of children and adult service users’ lives (McLaughlin, 2006; Macdonald and Taylor-Gooby, 2014). As outlined, involvement is not just collecting feedback from service users, but should ideally include them in service development and the training of practitioners (Askheim et al., 2016; Hughes, 2017). Meaningful service user involvement includes shifting the power from professional/practitioners to that of conceptualising service users as expert witnesses concerning their own lives. As suggested by Askheim et al. (2016), to develop any form of service user involvement based on experiential knowledge, service users not only must be part of service development, but also acting participants in the education of practitioners. The importance of service user involvement in education is illustrated by Hughes (2017: 211), who suggests successful partnerships result in ‘lightbulb moments’ for her social work students. In order to develop professional practice, i.e., the education of Appropriate Adult practitioners, meaningful involvement must take place in training, design and delivery.
Examining the data concerning service user involvement in the training of Appropriate Adults revealed that 73% of services did not include service users in the design of their training (see table 3). We can see similar trends when exploring whether service users were involved in the delivery of training to practitioners and volunteers. Again, 71% of services had no service user involvement; training was usually conducted by NAAN’s Effective Practice Manager and/or a local scheme manager. For some services, they included discussions with police officers, health practitioners, and existing Appropriate Adult volunteers/practitioners, yet very few included ex-detainee experiences that were delivered by the service users. Service user involvement decreased even further when exploring Continuing Professional Development. As we can see from table 3, 79% of services reported that service users were not involved in the development or delivery of CPD for active Appropriate Adult practitioners.

Table 3
Service user involvement in training

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>73.2</td>
<td>30</td>
</tr>
<tr>
<td>They are consulted</td>
<td>19.5</td>
<td>8</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>4.9</td>
<td>2</td>
</tr>
<tr>
<td>They take a leading role</td>
<td>2.4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>41*</td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>71.4</td>
<td>30</td>
</tr>
<tr>
<td>They are consulted</td>
<td>11.9</td>
<td>5</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>14.3</td>
<td>6</td>
</tr>
<tr>
<td>They take a leading role</td>
<td>2.4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>42**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of CPDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>79.1</td>
<td>34</td>
</tr>
<tr>
<td>They are consulted</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>43</td>
</tr>
</tbody>
</table>

*Note: missing service response data n = 2
**Note: missing service response data n = 1

When exploring the level of participation that Appropriate Adult Schemes engaged in, 20% of services suggest that they had consulted service users in training design
12% of services suggested that service users were consulted in training delivery, and just 7% concerning continuing professional development (see table 3). Only, 2.4% of services actively encourage service users to take a lead role in training development, 2.4% of services encourage service users to take a lead role in training, and 14% in continuing professional development training (see table 3). However, it should be noted that in the qualitative data Appropriate Adult scheme managers often confused service user involvement with Appropriate Adult volunteer involvement. As one service manager states:

One of our AA volunteers helps to deliver the AA training package. We have group supervision where we can share experiences and hints, tips, and of course any gripes or issues (Scheme Manager 41).

This comment is repeated by several Appropriate Adult managers when feeding back on service user involvement concerning education and training. This indicates that many conceptualise their volunteers as their service users, rather than the vulnerable suspects that they support.

These comments are revealing in understanding the ideological drivers which underpin many of the Appropriate Adult schemes that support young people and ‘vulnerable’ adults who are detained in custody. We can suggest that ideas of involvement and partnership take place at a very tokenistic level as in some cases managers seem to misinterpret service user involvement for practitioner/volunteer involvement in training. Therefore, we can theorise that most of the services do not conceptualise service users as the expert of their own lives which can co-construct better services through the emancipation and empowerment model or even acknowledging service users as partners through the experiential knowledge model. This data seems to reveal that Appropriate Adult Schemes made little attempt in acknowledging or negotiating the power dynamic which exists between professional/practitioners and service users.

Service user involvement in the management of Appropriate Adult Schemes

As the National Appropriate Adult Network advocates for services to use Arnstein’s ladder of participation (1969: 26) to achieve a ‘degree of citizen power’, we can assume that there is an aspiration for an Emancipation and Empowerment approach to involvement. From this perspective, service users are ideally involved at every stage of the service, as it is service users who are the experts of their own lives and their own experiences of services. Hence, it is this expertise that is used to allow practitioners to facilitate the development of effective and appropriate services. To achieve Emancipation and Empowerment ideology as a form of practice, service users
must be involved in every level of the organisation. There was very little evidence to suggest that Appropriate Adult Schemes conceptualised service users as the expert or even as equal partners in service development or service provision. Only 5% of Appropriate Adult Schemes attempted to actively involve service users in their steering groups, and 9% in management committees (see table 4).

Table 4
Service user involvement in services

<table>
<thead>
<tr>
<th>Involvement in steering groups</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>72.1</td>
<td>31</td>
</tr>
<tr>
<td>They are consulted</td>
<td>23.3</td>
<td>10</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>4.7</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involvement in service management committees</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>72.1</td>
<td>31</td>
</tr>
<tr>
<td>They are consulted</td>
<td>18.6</td>
<td>8</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>9.3</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation and Quality</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>52.4</td>
<td>22</td>
</tr>
<tr>
<td>They are consulted</td>
<td>28.6</td>
<td>12</td>
</tr>
<tr>
<td>They are actively involved</td>
<td>19.0</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>42</td>
</tr>
</tbody>
</table>

Note: missing service response data n = 1

Appropriate Adult Schemes did suggest that 23% of service users were consulted to inform steering groups and 19% were consulted to inform management committees (Table 4). Thus, this reveals that some services did try to incorporate service user experiences within their steering and management groups, yet consultation is not the same as involvement as it reinforces existing power dynamics between practitioners and service users. Within the qualitative data Appropriate Adult schemes did discuss significant barriers to service user involvement, but these were often individualised and focused on why service users did not become active members rather acknowledging organisational problems which prevented service users from becoming partners. Several Appropriate Adult managers suggested that the key problem was the 'vulnerability of the service user' (Scheme Manager 15).
From this perspective, adult service users were pathologised and issues of disability were used to dismiss the appropriateness of service user input within their service development. Thus, disability was very much conceptualised from a biomedical perspective rather than resulting from environmental factors (Macdonald et al., 2020). Another Appropriate Adult manager suggested that:

> Availability and reliability of the service user group is the biggest problem within the client group. Not having the appropriate staff/time/funding to develop such an input structure, and monitor it as well, is really the biggest issue altogether for me (Scheme Manager 24).

Within this narrative, it is the service user which is a significant problem concerning their reliability to engage with Appropriate Adult Schemes. However, the manager also acknowledges key structural barriers concerning a lack of funding and time to develop meaningful forms of service user involvement and partnership working. From this perspective, services were underfunded and undervalued within the criminal justice system. Within the qualitative data, although it was clear that Appropriate Adult managers were under a lot of pressure to run effective services with little support, attitudes of scheme managers often lay blame at the door of service users. Managers did not seem to acknowledge that service user involvement and partnership work is underpinned by a power relationship, where service user voices can become a fundamental part of the service, rather than a tokenistic exercise of customer feedback to justify future funding applications.

## Conclusion

The importance of service user involvement has been a significant motivator in the development of effective services that meet the needs of the vulnerable suspects (Hanley et al., 2004; Macdonald and Taylor-Gooby, 2014; Askheim et al., 2016). This is illustrated in the National Appropriate Adult Network standards (2018) that state it is their aim that ‘Service users and other people with relevant lived experience are actively and genuinely working in partnership with the scheme to define, develop, deliver and evaluate AA provision’ (Standard 1.9 :24). As discussed, measuring service user involvement has been traditionally conceptualised using Arnstein’s ladder of participation (Arnstein 1969; Charles and DeMaio 1993; Allain et al., 2006). Although Arnstein’s (1969) ladder gives us a framework to understand the degrees of power concerning the relationship between professionals/practitioners and service users, the model does not discuss ideological drivers which underpin ideas of involvement. Within the work of Forbat, et al. (2009) they advance the traditional analysis of power with the addition of ideological drivers which underpin
different forms of involvement. Not only does developing service user involvement entail analysis of power, but also requires an understanding of the ideological drivers (Forbat, et al. 2009).

Within the Criminal Justice System, this level of analysis regarding service user involvement has been absent from debates around service development (Weaver 2011; Honeywell 2020). Unlike within health and social care practice, there has been no theoretical attempt to assess effective and appropriate models of service user involvement. This study has drawn on dominant ideas of service user involvement which have emerged from social work and health care debate concerning what service user involvement means and how it can be appropriately applied to service development (Forbat et al., 2009; Weaver, 2011; Macdonald and Taylor-Gooby, 2014; Hughes, 2017). Within our study, when applying Forbat, et al. (2009) models of involvement it became clear that for the majority of Appropriate Adult Schemes, service user involvement was underpinned by the ‘free market economy model’ (Forbat et al., 2009). For most managers, service user involvement was conceptualised through the administrative procedure of collecting service user feedback from a ‘consumer’-based questionnaire to assess how effective their services are in custody (Macdonald and Taylor-Gooby, 2014). The majority of Appropriate Adult schemes collected service user feedback, but few stated they always attempted to act on the feedback. Feedback became a mechanism of the neoliberal quasi-market approach to service user involvement. Detainees become customers, and they feedback on how successful Appropriate Adults schemes are in supporting them during their stay in custody (Macdonald and Taylor-Gooby, 2014). Less than half of Appropriate Adult Schemes attempted to develop their services based on feedback, so we can theorise that the key motivator was to secure future funding for their services, as this form of customer feedback is central to the commissioning process of their future funding bids (Taylor-Gooby, 2012).

Although the National Appropriate Adult Network (2017; 2019) calls for service providers to develop meaningful forms of service user involvement based on Arnstein’s participation (1969) ladder, the data within this study suggest that there is little evidence that many of the services have achieved any form of meaningful involvement of service users. In fact, in some of the qualitative data, Appropriate Adult managers confused service user involvement with practitioner/volunteer involvement concerning the development of their services. For services that understood the concept of service user involvement, their justification for not engaging in this activity often focused on service user lack of commitment, their unreliability, and their inability to offer any useful information. There was no evidence that Appropriate Adult schemes had attempted to understand and engage in removing the power dynamics that prevent successful service user involvement.

On a positive note, it is clear that there is a need and the desire to improve opportunities for service users to be involved in the design and delivery of Appropriate Adult schemes for vulnerable adults and young people. Service managers
indicate a clear desire to improve service user participation, however, they feel that they are operating under several constraints which make this difficult to achieve. Under austerity, and due to the ‘offender’ status of the service users (Peacock and Cosgrove, 2018), funding has been particularly problematic. Although the National Appropriate Adult Network (2018) advocate for a form of involvement which is either ideologically driven by the ‘experiential knowledge’ or ‘emancipation and empowerment’ models of service user involvement, the data in this study suggests that services must rethink their current relationships with service users to achieve this goal (Taylor-Gooby, 2012). To conclude, this study suggests that Appropriate Adult Schemes must move away from the ‘free market’ economy model to develop a service user-led approach to involvement. By doing this Appropriate Adult Schemes will not only achieve the National Appropriate Adult Network’s goal of service user involvement, but will subsequently significantly improve their services and meet the rights and needs of vulnerable detainees in custody.

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