

Appropriate Adults Consultation Workshop

Scottish Government & SOLD

1 June 2018

Summary of Event



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Riaghaltas na h-Alba
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Appropriate Adults Consultation Workshop

Description of the Event

The purpose of the event was to obtain the views of people with learning disabilities and autism about the Scottish Government's proposals for statutory Appropriate Adult (AA) provision.

The findings detailed in this report will form part of the public consultation about AA services which is running between 3 April 2018 and 26 June 2018.

Invitations were issued through the Supporting Offenders with Disabilities (SOLD) network, and the event was attended by 26 people.

An additional two individuals submitted written statements about experiences of contact with AAs.

The event was chaired by the Scottish Government and participants were divided into four groups, with facilitation being carried out by representatives from People First and ARC Scotland.

Main Findings

- There was overwhelming agreement that AA services could be improved and that legislation could help with this.
- A major area of concern lies with the police approach to those with communication needs and obtaining AAs.
- There are gaps in AA provision, resulting in long waiting times and non-attendance by AAs.
- The proposed definition of a "vulnerable person" (who would be entitled to AA support) may not be wide enough.
- AAs should be made available throughout the whole criminal justice system, not just when in contact with the police.
- Accessible information should be made available for anyone who requires an AA.
- Placing the statutory duty for AA provision on local authorities could be problematic and may not result in a better service.
- Being an AA should be a job in itself, with mandatory specialist training and accreditation.
- Independent quality assessment and oversight is crucial to ensure standards.
- AA service users should be involved in AA training and in the evaluation of service provision.
- Inter-agency working and liaison with advocacy and support groups is vital to all aspects of AA provision.

Session 1 – Experiences of Appropriate Adults

During Session 1 participants were asked about their experiences of Appropriate Adult (AA) services.

There was a mixture of experiences in the groups, those who:

- Had direct experience of AA services;
- Had indirect experience (e.g. as a supporter/advocate for an AA service user);
- Had no experience of AA services because the need had never arisen;
- Had been in contact with the police but did not get AA assistance despite there being a need for this.

The groups fed back positive and negative experiences in relation to AAs:

Positive Experiences

For three of the four groups there was a general consensus that when help from AAs was provided it was a positive experience.

They reported that AAs had helped people in the groups in relation to their communication needs and that they felt reassured by the AA's presence:

- *“He made it easy to understand the question”*
- *“Helped me understand what the police were saying”*
- *“Was nice and explained things better than the police”*
- *“Plenty of AA service users have commented on the positive effect of AA attendance”*

The fourth group fed back that the only positive aspect of experience for them was that someone was once offered an AA.

Negative Experiences

All groups reported negative experiences of general AA provision, with the main problems being how the police dealt with people who should get assistance from AAs and long waiting times for AA attendance.

The most common issue which was reported was a perception that the police often had poor awareness of AA services:

- *“Some police officers have not heard of AAs or the scheme”*
- *“Lack of understanding by police of who is entitled to an AA”*
- *“Social worker had to intervene to get me an AA”*
- *“(Police) call centre told service user to get AA themselves”*

Whilst most of the groups attributed these issues to the need for better training for police officers and greater promotion of AA services, there were comments which highlighted other

perceived issues, such as a reluctance to use AAs, organisational restructuring and lack of communication with support agencies:

- *“Police are often resistant to the use of AAs”*
- *“Local control rooms closed two years ago and this has harmed the AA service”*
- *“We contacted 101 to request that the individual was given an AA but as a direct care provider we were given no reassurance that his needs were being met”*

There were also a few comments made about how negative experiences affected service user’s longer term feelings about the police, with the issue of a lack of trust being highlighted:

- *“Took me a while to gain trust in the police due to my experience”*
- *“Felt I couldn’t trust them (the police) and I still can’t now”*

For those who had received support from AAs when in contact with the police many reported long waiting times or even non-attendance by the AA despite the police requesting one:

- *“There can be situations where no AAs are available”*
- *“Information about waiting times isn’t always accurate”*
- *“Had to wait ages for an AA and they (the police) did the interview without an AA being there”*

There were a few specific criticisms of AAs themselves:

- *“Felt that they (AA) were not there for me”*
- *“AA told the police everything I said”*
- *“Communication aids not used”*
- *“AAs can sometimes be condescending”*

Session 2 – Who should Appropriate Adults help?

All four groups felt that the definition of a “vulnerable person” was fairly good but questioned if it was wide enough, with concerns about whether or not it covered conditions such as:

- Autism Spectrum Disorder;
- ADHD;
- Acquired Brain Injuries.

Learning difficulties were mentioned by a couple of groups with one commenting that to include these in the definition would widen it too much because the vast range of learning difficulties, whilst the other acknowledged that this was an issue but felt that not including it could lead to inconsistent approaches to AA provision by the police.

The lack of a formal diagnosis or a person being unable to communicate their diagnosis was perceived to be a possible issue in relation to the police requesting AAs.

That fact that the police may wrongly perceive a person to be under the influence of alcohol or drugs because of a health condition was raised as a potential issue, though there was general agreement that AAs should not be provided for people who have communication issues simply because they are intoxicated.

It was also highlighted that proposed changes to the Mental Health (Care and Treatment) Scotland Act 2003 would have to be taken into consideration because the definition is based on this piece of legislation.

A common belief across the groups was that for the statutory provision to work it will be vital for the police to possess a good understanding of when an AA is required and it was perceived that a lot of work will have to be done to achieve this, both within the police and across other agencies:

- *“Every police officer should have learning disability training”*
- *“There should be a consistent approach by all police to getting AAs”*
- *“Our goal – all police know what to do”*
- *“There is a difference in police training/understanding and that of AAs”*
- *“Because the legislation is high level a big problem will be deciding who gets an AA”*
- *“There is a need for professionals to be able to make a referral for an AA; the police need to listen to professionals and trust their assessment”*
- *“Could this be a good opportunity to look at sharing information across different agencies?”*
- *“People who need to know about AAs and how the scheme works: people entitled to AAs (accessible information); (police) call centre staff; police officers; solicitors; social worker/support worker; agencies like Women’s Aid and advocacy organisations”*
- *“We acknowledge that correctly identifying when an AA is required is asking a lot of the police”*

Session 3 – What should the help from Appropriate Adults be?

The main issue highlighted by all groups in relation to the definition of an AA’s role was the fact that it only covered contact with the police.

All groups felt that if a person required an AA at that stage they will almost certainly need support from an AA at other points throughout the legal process such as:

- In court at hearings and trials;
- When in contact with solicitors;
- When in contact with the Procurator Fiscal.

It was acknowledged that there is an issue in relation to solicitor consultations when person is in custody due to the AA not having legal privilege but it was felt that involving an AA in this part of the process would aid communication between the solicitor and service user.

It was highlighted by one group that whilst victims and witnesses are often afforded pre-trial court familiarisation visits this is something that accused persons do not get. They felt that this is something which could be reviewed and also something in which AAs should participate if required.

In relation to the definition of what help an AA should provide there was a broad consensus across the groups as to the important aspects of the role, namely:

- Inclusive communication;
- Active participation;
- Reassurance and trust;

In relation to inclusive communication, it was widely felt that it was vital to provide information in accessible formats and for the AA to have a good understanding of the service user's communication needs. It was suggested that a good way to help with the latter would be for AA services to link in with other individuals or organisations who have pre-existing knowledge of the service user, such as GPs and other healthcare professionals, and support and advocacy organisations.

It was suggested by one group that someone known to the individual would make a good AA, perhaps a friend or family member.

One group suggested that a "personal passport", similar to those used in health care settings could be useful as this would help an AA to quickly establish a person's communication needs.

There was also a widespread view that AAs should not be passive, taking an active role in ensuring that the police act in a manner appropriate to the person's communication needs and that the wider environment does not contribute unnecessarily to the service user's stress and anxiety levels:

- *"Should be able to request the police use different words to ask the questions and help them rephrase it"*
- *"Should be able to comment on the appropriateness of the environment, for example there could be sensory issues with someone with autism which could affect communication"*
- *"Should be able to request breaks"*
- *"AA should be able to influence decision on where you are interviewed, if the location is wrong it can be intimidating"*

The other topic on which there was general agreement was that the AA should provide reassurance and trust.

A common thread running through the discussions about how to achieve this was the view that the AA needs time to get to know the person before any interview with the police. Barriers to this which were highlighted were a lack of time and the fact that the AA is not meant to be left alone with the service user.

Tying back to the idea that there should be continual support for the person's journey through the legal process was a suggestion that it should ideally be the same AA who provides support at all stages. It was also suggested that the service user should be able to contact the AA if they have questions after the initial meeting.

Session 4 – What do you think about the new rules?

The proposals for the new legislation were broken down into three strands for consideration: delivery, training and quality assessment/oversight. As part of quality assessment, the groups were asked to think about how service users can feedback their experiences with AAs.

Delivery

All groups raised concerns about the proposal for the statutory duty for the delivery of AA services to be placed on local authorities.

The concerns focused on funding, quality of services and inconsistency in different areas:

- *“Councils are already stretched and they will be focused on saving money instead of quality”*
- *“Local authority priorities mean that resources are used elsewhere, this will lead to a bad service or it will be passed on to inappropriate organisations”*
- *“If it was down to local councils there would still be inconsistent provision, for example there is a statutory provision for advocacy which isn't consistent in different areas”*
- *“It should be the same service across Scotland and needs to be properly funded and ring-fenced”*

A lot of people reported negative experiences with local authorities in other areas, so this affected their confidence in the councils' abilities to deliver quality AA services.

The suggestion for an alternative to local authorities being responsible for delivering AA services was for an independent national commission or body to be established.

The other key discussion point during this part of the session was about who should be AAs, with all groups stating that they felt it should be a role in itself and not be an add-on to other jobs, such as social workers.

Training

It was agreed that there should be a statutory duty for AA training to be provided. There were concerns about local authorities being responsible for this, but less so than the concerns about them being responsible for the delivery of AA services.

There was a consensus that the training should be consistent across Scotland and people felt that it needs to be specialised and receive input from a variety of sources:

- *“Training needs to have multi-agency input and those with experience (service users), Speech and Language Therapists, and those with experience in learning disabilities, autism, and also advocacy”*
- *“Should be co-delivered by those who use the AA service”*
- *“Needs to cover communication aids and different techniques”*
- *“AAs should have experience of working with people with learning disabilities, autism and mental health issues”*

It was also highlighted that the training should be regularly updated, checked for quality and that there should be some kind of accreditation or testing of AAs to ensure high standards.

A couple of the groups felt that there was a need for there to be a solid framework of supervision and support for AAs because of the nature of the work, which would be ongoing but also built into training.

Quality Assessment/Oversight

All groups agreed that it is important to ensure that standards are being met so there is a requirement for quality assessment and oversight roles.

One group felt that the Care Inspectorate and Mental Welfare Commission may be a bit “toothless” and would not be able to take action if there were problems. Another group said that they would prefer the MWC to carry out the quality assessment role than the Care Inspectorate as the MWC has “a better understanding of the justice system”.

It was agreed that the quality assessment and oversight roles should be independent, and the main themes which came out the discussions was that inspections would be helpful and that service users should be involved in the evaluation process, whether this be during inspections or on boards/user groups.

One group highlighted that it was important for people to fully understand the point of evaluating the services and there should be a clear and simple way for people to raise issues.

Feedback from Service Users

All groups suggested a variety of ways to engage with service users to obtain feedback of AA provision. There was broad agreement that it would be good to use a variety of methods in relation to this in order to obtain as much feedback as possible.

The most suggested way of getting feedback was through a survey or questionnaire, and that this should be provided in different formats, for example as a hard copy form and also online. One group suggested that it could also be incorporated into an app.

The importance of any surveys/questionnaires being in accessible formats was also highlighted.

Focus groups or regular events such as the one today were other popular suggestions for getting feedback.

It was highlighted that the timing of getting the feedback would be important. People felt that there could be issues if feedback was sought straight after contact with the police, due to the fact that this may have been a traumatic experience; but it was also suggested that too long a gap may result in people not being able to remember everything they want to feed back. It was generally agreed that feedback should be obtained fairly soon after contact with the AA but not immediately.

One group felt that service users should be able to access records and notes to remind themselves of what happened during their contact with the AA.

The importance of advocacy groups and other organisations that support AA service users in relation to feedback was underlined, with all groups stating that these organisations can help people fill in surveys or attend focus groups/meetings.

The Next Steps

This workshop forms part of the Scottish Government's public consultation about statutory Appropriate Adult provision.

The responses from the online consultation will be reviewed along with feedback from the workshop and feedback from a similar event which is being held with Support in Mind on 15 June 2018.

The consultation closes on 26 June 2018.

The Scottish Government will then undertake further discussion with key stakeholders to help inform the development of regulations and guidance for the statutory AA service.

We anticipate that this work will continue into the first half of 2019.

Further Information

If you require any further information about the work being carried out in relation to Appropriate Adults please contact:

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