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# The role of the appropriate adult in supporting vulnerable adults in custody: Comparing the perspectives of service users and service providers

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## Accessible Summary

- When a vulnerable adult is in police custody, they should have someone with them to help them understand what is happening. This person is called an appropriate adult (AA).
- Previous research has shown that the role of the AA is not always well understood. This study compares the views of both professionals and vulnerable adults.
- Adults with learning disabilities and mental health problems said looking after them and helping them communicate were the most important things an AA should do.
- Like other studies have shown, not all adults who should be provided with an AA in custody have had one. This may be because no agency has a statutory duty to provide one.
- This study recommends that AA services should try and engage more effectively with vulnerable adults.

## Abstract

**Background:** Police custody sergeants have a duty to secure an AA to safeguard the rights and welfare of vulnerable people detained or questioned by the police. This study focuses on the role of the AA in supporting vulnerable adults and seeks to examine what stakeholders would expect from an effective AA service.

**Methods:** This was a qualitative study of four AA services in England. Interviews were undertaken with 25 professionals, and two focus groups were held with service-user groups (13 participants).

**Results:** There is disparity between the expectations of professionals, and service users, on what comprises an effective service. Professionals tend to prioritise the availability and response time of AAs, while service users prioritise their personal attributes and demeanour.

**Conclusions:** Professionals involved in commissioning and management of AA services should monitor whether the rights of vulnerable adults in custody are protected and better engage vulnerable adults beyond service delivery.

## KEYWORDS

disability, empowerment issues, health & social care policy and practice, intellectual, mental health

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The role of the appropriate adult (AA) was introduced in England and Wales in 1984. The Revised Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers (Home Office 2014) states that an AA should be provided for juveniles (under 18 years) and those with mental disorder or vulnerability. The AA should ensure the detainee understands what is happening to them, support them during questioning, assist with communication, observe whether the police are acting fairly and with respect for the detainee's rights and ensure the detainee understands their rights and the AA's role in protecting them (Home Office, 2003). Vulnerable adults will include those with intellectual disabilities and mental disorder, who are overrepresented in the Criminal Justice System (CJS) (Rack, 2005; Singleton, Meltzer, Gatward, Coid, & Deasy, 1998). The AA safeguard is particularly important for those who may have a limited understanding of their rights, or of the significance of police questions (and of their replies). They may also unwittingly provide unreliable or incriminating information (Medford, Gudjonsson, & Pearse, 2003).

The AA safeguard has received criticism. Reasons include that too few adult detainees are provided with an AA, because custody officers are either ill-trained or ill-disposed to identify vulnerability (Medford et al., 2003; Nemitz & Bean, 2001) or act once it has been identified (Dehaghani, 2016). The use of AAs may also be low because of problems procuring them. Unlike provision for juveniles, no statutory duty exists for any agency to provide an AA for vulnerable adult detainees. AAs must be independent of the police and those who take on this role include family members, carers, social workers, trained volunteers and members of the public. Research by the National Appropriate Adult Network shows that some police forces have limited or no access to a dedicated AA scheme for adults (Bath, Bhardwa, Jacobson, May, & Webster, 2015). In HMIC's review of custody records, vulnerable adults often did not have an AA and custody sergeants did not have access to a 24-hour AA Service (HMIC 2015).

Research has shown that AAs may not fully understand their role, may be compliant with or actively disempowered by police, make little contribution or, conversely, make inappropriate interventions (Hodgson, 1997; Nemitz & Bean, 2001). One study of interviews with vulnerable adults and juveniles found that the contribution of the AA was limited although their presence may have influenced the behaviour of the police, with officers adopting a fairer approach to interviewing (Medford et al., 2003). The Bradley report recommended that there should be a pool of experienced, trained staff to take on this role but as yet the lack of statutory basis for any agency to provide AAs for vulnerable adults has prevented this (Bradley, 2009; Cummins, 2011).

The role may also be ill-defined and ambiguous with regard to whether those acting as an AA see it predominantly as a welfare role, to ensure due process, a crime prevention role (e.g., to discover what would prevent offending behaviour) or a combination of these (Pierpoint, 2006). The role has been characterised as a complex and demanding one, requiring the determination of what constitutes "fair" questioning, what advice should be given and where intervention is necessary (Cummins, 2011; Hodgson, 1997).

While research has focussed on the provision, role and efficacy of the AA, little has been published on the perspective of the vulnerable adult. This is typical of criminal justice research; a recent systematic review of accounts of people with a learning disability in the CJS found only four published articles since 1985 (Hyun, Hahn, & McConnell, 2013). A qualitative study of 15 adults with learning disabilities who had been arrested found that they had a variable understanding of the AA role. Participants reported that the most important quality of the AA was that it was someone they knew, and could trust, although they were conflicted about a family or friend acting as their AA due to concerns about privacy and confidentiality (Leggett, Goodman, & Dinani, 2007). More recently, a qualitative study of nine adults with learning disabilities' experiences of the CJS highlighted their need for emotional support to help with feelings of fear, sadness and shame. Not all had been provided with an AA and those who were had a family member or carer rather than a trained professional, and while participants thought the AA could help lessen fears, they were not clear how much practical help they could be (Howard, Phipps, Clabour, & Rayner, 2015).

This study sought to compare and contrast the views on the role and function of the AA of both those acting as AAs (or managing AA schemes), with those of vulnerable adults with either learning disability or mental health needs.

## 2 | METHOD

### 2.1 | Interviews with professionals

Professionals were recruited through four AA services in England which were geographically diverse, serving both urban and rural areas. In each service, we aimed to interview a range of stakeholders including the service manager(s); those involved in funding or commissioning AA provision; AAs; and police staff. In two areas, we were unsuccessful in recruiting anyone from the police to take part. A total of 25 qualitative interviews were undertaken: managers or coordinators of AA services (6), managers or commissioners from adult social care and/or health services (6), AAs (9) and police staff (4). Respondents were sent a participant information sheet (PIS) in advance, and all but two interviews were face to face (two were telephone interviews), usually at the respondents' place of work. Signed consent was obtained before each interview, which lasted between 30 and 60 min. A detailed topic guide was used for the interview which included questions about service funding and monitoring; service effectiveness; and the purpose of AA provision for vulnerable adults.

### 2.2 | Focus groups with service users

Two focus groups were held with 13 service users who would have been eligible for AA provision while in custody. The first of these was with "Working for Justice" a reference group of adults with a learning disability who have had experience of the CJS as an offender, suspect and/or defendant. The group is run as a partnership between KeyRing Living Support Networks and the Prison Reform

Trust. Eight participants (one female, seven white British, and one of black or minority ethnic origin [BME]) took part in the discussion. The second focus group was set up with the support of a branch of the charity Mind, which supports adults with mental health needs. Five adults with mental health difficulties (two female, all from BME backgrounds), who had experience of being in police custody, took part in this discussion.

The Mind participants all lived in the same city, while members of Working for Justice were more geographically diverse. Participants were deliberately not recruited via any of the four AA services from which our professional sample was drawn and to the best of our knowledge have no connection with them.

Participants were recruited via their key worker in the partner organisations. An easy-read PIS was developed to assist with recruitment and for the key worker to use in discussion of the implications of taking part with potential participants. The researchers' first contact with participants was immediately prior to the focus groups. The researchers held a one-to-one conversation with each participant, going through the information on the PIS and the consent form, to ensure that participants understood that they were being asked for consent and had the capacity to make a choice about taking part, and understood that participation was voluntary. They were assured anonymity in any reporting, but asked to be mindful of the limits of confidentiality in the focus group setting. The focus groups, facilitated by the lead researcher, were structured, participatory and comprised a set of activities where respondents participated as one whole group, or at times in smaller groups that fed back to the whole. They were asked to discuss three main topics in turn: their understanding of the role of the AA, their experiences in custody and of having (or not having) an AA present and what they considered important in the AA. All participants were given a £20 high street voucher in thanks for their participation, and the two partner organisations were paid for their staff time and resource.

Fieldwork was undertaken between February and June 2016.

## 2.3 | Analysis

All interviews were digitally recorded and transcribed verbatim to ensure accuracy and allow review by the authors. A thematic analysis approach was taken, by developing draft conceptual frameworks that included the key themes and subthemes that emerged from the transcripts, as well as those relating to the study objectives and research questions. Separate thematic frameworks were used for interviews with professionals, and service-user focus groups. The frameworks were tested with a small number of transcripts and amended until they fitted the data. That is to say, the thematic frameworks were driven by and emerged from the data. Once the thematic frameworks were finalised, a systematic approach to data management was applied, coding the transcripts into the frameworks using NVivo software. This afforded a detailed and accessible overview of the data populating each theme from every respondent. This allowed the analysis of the data by both theme, and respondent-type, affording the capacity to better describe and explain the data (Miles & Huberman, 1994).

The study was funded by the NIHR School for Social Care Research and approved by the NHS Social Care Research Ethics Committee (ref. 15/IEC08/0048). The views expressed in this presentation are those of the authors and not necessarily those of the NIHR SSCR, NHS, the National Institute for Health Research or the Department of Health.

## 3 | RESULTS

### 3.1 | Professional perspectives on the role of the AA

Four main themes emerged from interviews with professionals, for whom the prompt availability of AAs was of primary importance. Once present, the role was characterised as mainly to ensure due process, but also to protect the welfare of vulnerable adults and to support them.

### 3.2 | Response time and availability

The availability of, and time taken to respond to a police request for an AA were of primary importance to AA service managers, commissioners and police staff. This was the key (and often only) performance criteria used to monitor AA services. Being able to obtain an AA without delay was important to police staff because of the restrictions on the length of time suspects could be detained, and the need to move detainees through the custody suites quickly.

*Our business is so time-restrictive. Twenty-four hours sounds like a long time but...if we haven't got the AA, we can't do samples, we can't interview, a lot of the investigative process will then fall down.*

*Police custody manager*

Managers of AA services were acutely aware of this and were often required to produce performance figures for their funders on the number of AA requests responded to and time taken to arrive at the custody suite. They most often attributed this to the sense that their service was primarily there to support the needs of the police, although some managers (and one police officer) also reported that a quick response was in the best interests of the detainee.

*What actually matters is that the police have someone when they need someone and that that vulnerable person doesn't sit around for six, seven, eight hours waiting in custody.*

*AA service manager*

### 3.3 | Ensuring due process

Once present, all professionals responded that the primary function of the AA was to ensure due process was followed, in particular, that the interview was conducted properly and fairly; that the detainee understood what was happening and what was said to them; and that the procedures set out in the Police and Criminal Evidence Act

guidelines were followed. Those who acted as AAs were particularly concerned that the vulnerable adult was capable of dealing with the interview, understood the questions being asked, and in turn, that the police understood their responses. Most of the AA respondents also mentioned that they would encourage the detainee to have a solicitor present. The threats to due process were perceived to come from both the police and detainees. Many respondents described the need to protect vulnerable adults against inappropriate questioning and intimidation. Respondents attributed this both to the inherent power imbalance, but also that the police were often poor at communicating effectively with vulnerable adults. The capacity of the detainee was also a recognised threat, in particular their ability to understand the process.

*The police are terrible, absolutely diabolical, for not explaining things. ...So, as we go along, I explain everything.*

AA

*The codes are clear about what the groups that we work with might be more at risk of - false confessions, self-incrimination, not understanding the questions, implications of their answers, and unknowingly or unwittingly providing unreliable or misleading testimony.*

AA manager

Similarly, the need to ensure due process was perceived as a benefit to both the police and the detainee. Several respondents felt that a key part of the role was to ensure the police could carry out their investigation and, as one AA put it, “*get the results they need.*”

### 3.4 | Protecting welfare

Appropriate adults also reported their concern for detainees’ welfare. Many cited examples of ensuring the detainee had enough to eat and drink and would ensure they had taken prescribed medication if appropriate. Most often this meant encouraging the detainee to act (none reported problems with the police in this regard). Several AAs reported working with custody sergeants to access medical advice from health professionals in the custody suite if available. AAs were less concerned with the detainee’s welfare outside custody if they were to be released, but some did report ensuring the custody sergeant was aware of any safeguarding concerns that had arisen during their contact with the detainee. The protection of welfare was not mentioned by any of the police staff interviewed.

### 3.5 | Emotional support

Many respondents recognised the role the AA could play in providing emotional support to vulnerable detainees. AAs and managers were clear that developing trust, making detainees feel calm and comfortable, and listening and responding to them was a valuable part of the role. This included assuaging anxieties and fears, alleviating feelings of isolation, and dealing with displays of distress or

anger. AAs frequently talked about making sure the detainee knew they were “here for them.”

*I'll say "I'm concerned for you...I want to know that you're alright." I just want them to feel that they have one person that's only there for them. I'm not interested in the crime or representing them, just here for them.*

AA

Most respondents acknowledged that this emotional support was also of benefit to the police. Calming down angry or upset detainees was frequently cited as a means of ensuring that the investigative procedure could proceed.

### 3.6 | Service-user perspectives on the role of the AA

Four themes emerged from the focus groups with adults, including the presence of the AA, who should act as their AA, support required, and the attributes they wanted in an AA. Quotes are attributed to participants from the learning disability (LD) or mental health (MH) group.

### 3.7 | Presence of an AA

Although all 13 participants had experience of being interviewed in custody at least once, only six had had an AA present. Several explanations for the lack of AA emerged. In several cases, participants were not offered an AA and at the time did not know they could have one. Some reported that at the time of arrest, a combination of the situation and their mental state meant that they could not recall if they had been offered an AA or not. Those who had been arrested more than once reported that on some occasions they had been offered an AA, others not and that this would depend on whether the custody sergeant had a sympathetic attitude towards vulnerability. Others felt that their vulnerability was not initially obvious and it was the responsibility of the detainee to disclose, rather than expect it to be identified and the AA safeguard enacted.

*It's quite common in many cases, that they don't declare that they've got a learning difficulty....[...]...But if you don't declare it, then you're going to slip through the net.*

LD participant

One participant had refused to have one because he felt it unnecessary and patronising. This was challenged by others in group, who felt that the presence of an AA was a necessary safeguard against the police “*putting words in your mouth.*”

### 3.8 | Family or Professional?

The preference for either a professional AA or a family member or friend known to the detainee or varied across respondents. Neither group came to a consensus.

Four respondents said that their AA had been a parent although they did not think they had specifically requested their attendance. Two were pleased that it had been a family member who knew them well, appreciating their support during a stressful event. Others expressed concern that parents would get angry or disappointed when they listened to the interview and the impact this would have on the relationship. One respondent felt ashamed that his mother had been placed in a difficult position without the skills to cope:

*But because my mum, it was the first time she had ever been in a situation like that, she felt uncomfortable about it...[]... She wasn't able to help me, because she didn't have the tools and the experience to do it. I felt bad that I'd put mum through that.*

MH participant

Some respondents suggested that family and friends should have the opportunity to access AA training. There was also concern about "professional" AAs (including trained volunteers, paid AAs and health and social care professionals). While most respondents wanted an AA who was familiar with police procedures, they worried about having a stranger present. Building up rapport and trust was important to respondents, and their experience had been that there was no time to do this in custody. There was concern about confidentiality, and trusting that an unknown AA would not disclose personal details to others, including agencies such as housing associations and social services. Furthermore, respondents felt that professional AAs who they had not met before would be unable to fully support them because they would not have enough knowledge of their individual needs. Some were also under the misapprehension that the AA was some kind of character witness. Those who had experience of a "professional" AA felt that their profession and training was no guarantee of quality; some recalled social workers and support workers who had acted as their AA but had not felt well supported. This included feeling that the presence of a professional could actually disempower the detainee rather than ensure their voice was heard:

*The police have a general devaluing of people like me. So I could be saying exactly what the AA would be saying and they don't notice. They'll listen to someone with a title, even though they may be misrepresenting you.*

MH participant

### 3.9 | Support required

Respondents were asked to consider what support vulnerable adults required from an AA while in custody. Most reported that their experience of custody was one of confusion and incomprehension, which was attributed both to their own mental state and to the lack of explanation from the police. Their primary need was support to understand aspects of the situation, including why they were in custody, how long they would be there, the questions that were being asked of them, and what their rights were. Most respondents were of the view that once they understood this, they would be better able to

manage the situation for themselves. However, some felt that they would still need support to communicate effectively with the police and in particular prevent misinterpretation of their verbal responses and nonverbal behaviour.

The second most commonly cited support need was for emotional support. Respondents' experience of custody was overwhelmingly negative, and they recalled feeling intimidated, frightened, dehumanised, bullied and isolated. They wanted someone "on my side" and to protect against humiliation:

*Feeling protected, generally and also from mockery. You have so many things going on, you don't need people laughing at you.*

LD participant

A few respondents wanted help to manage their physical well-being, including access to regular rest breaks and medication. Many complained about the effect that the environment had on them, including noise, smells and poor food.

It was notable that several respondents attributed their need for AA support not to any mental vulnerability but rather to their gender or ethnicity. For some, being female in a predominantly male environment, or being a black male in police custody, were perceived as greater risk factors than mental illness or learning disability.

*We have had bad, good and different experiences because of our colour. It doesn't help.*

MH participant

Three respondents also said that they wanted support *after* custody including to manage ongoing legal proceedings such as court appearances. They also felt that circumstances including ill health, low income, poor housing increased their risk of rearrest and wanted support to address these. Two respondents in the learning disability group wanted contact after custody to feedback on the support they had received.

*AA's done all the work and finished, the AA could phone up that person and ask, "how has it gone? Did you think my help was helpful to you?" So you could see where you are going right and going wrong. And that would help improve the service.*

LD participant

Only one of the four services involved in the current study offered any opportunity for service-user feedback (via an online form).

### 3.10 | Attributes of the AA

The final activity in each focus group was a group task in which participants were asked to list the attributes of their "ideal" AA (detailed in Table 1). Both groups had a focus on aspects of the AA's demeanour, such as being calm and caring. Many individuals also



**TABLE 1** The attributes of the ideal AA

Group 1 (mental health)	Group 2 (learning disability)
Calm	A good listener
Calming	Good communicator
Caring	Trained in all aspects of learning disability
Psychiatric knowledge	Trustworthy
Gender preference	Honest
Respectful of race, culture and sexual identity	Caring
Protective	Gender preference
Kind	Confidential
Confident	
Knows the correct procedures	
A people person	

had a gender preference, usually (but not always) for a female AA. Both groups also wanted AAs that were knowledgeable about mental vulnerability. Listening and communicating were important to the group with learning disabilities, while the capacity to manage anger and aggression, both their own and that displayed by the police, was particularly important to the group with mental health needs:

*Dealing with anger with anger, the whole thing can explode, and then the issue is no longer the issue anymore, it's become something else, so everyone gets confused. Someone who is exceptionally calm. So if you can give calm, it calms everything.*

MH participant

## 4 | DISCUSSION

The AA safeguard is important for vulnerable adults in custody, yet there is still confusion amongst both professionals and service users about the primary function of the role. Police and service managers in this study were primarily concerned with the need to obtain an AA for a vulnerable adult when required, and quickly. This may be because of the evidence from both research and inspection reports that too few adult detainees are provided with an AA. Response times were the key, and often only, performance indicator used to monitor AA services. Once present, the AA role in ensuring due process and maintaining the welfare of vulnerable detainees were both recognised as important functions, but not monitored. Those acting as AAs were also cognisant of the value of the emotional support they could provide.

This study was designed to also include the perspectives of service users. Our service-user sample is small, and the focus group approach may have limited the extent to which participants, mindful of their privacy and confidentiality, were able to freely express their views. Future researchers may wish to consider the use of

one-to-one interviews with service users. Nevertheless, some useful findings emerged. Many vulnerable adults in the current study had been detained and questioned without an AA present. This echoes previous studies and is further evidence that the lack of consistent availability of AA services for adults is problematic (Bath et al., 2015). Experiences of having an AA were mixed, with those who had a family member in the role unclear that this had been helpful. Echoing earlier research (Leggett et al., 2007), there was no consensus over whether a family member (or other known individual) or trained professional was best suited to the role, as both presented potential threats to detainees' privacy and confidentiality. Some respondents felt further disempowered by the presence of an unsupportive professional. What matters most to vulnerable adults is someone who can explain what is happening to them and enable communication with the police. Focus group respondents also wanted emotional support during what for many was a confusing and humiliating experience. In many cases, this was attributed to their race or gender rather than mental vulnerability.

The voice of service users is rarely heard in research on the CJS (Hyun et al., 2013), although it has begun to appear in inspections (HMIC 2015). This study also reveals how little the service-user voice is heard in practice. None of the four AA services in this study had any service-user involvement in the design or delivery of services and only one offered any opportunity for feedback (an online form that was rarely completed). This dearth of opportunity for service users to engage may explain the mismatch between their priorities. None of the service users mentioned response time in their discussion of the AA role, despite the professionals' preoccupation with it. Acquiring an AA quickly is important both in minimising the time spent in custody and ensuring that the investigation can proceed; however, service users were more concerned with the personal qualities of the AA than their arrival time.

## 5 | CONCLUSIONS

Too often, vulnerable adults in custody are not afforded the safeguard of an AA to protect their rights and welfare. This study suggests that where one is provided, there may be some confusion amongst professionals about the key purpose of the role. Vulnerable adults want help to understand what is happening, communicate effectively and emotional support from a sympathetic and trusted AA. The views of service users are not heard, and service providers should make greater efforts to engage with vulnerable adults beyond service delivery. There should also be greater engagement of commissioners and other professionals in AA services in determining whether the legal and welfare rights of vulnerable adults in custody are being protected.

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