



# Rapid review of the Waitematā Safeguarding Adults from Abuse (SAFA) Pilot

Report for the Waitematā Police

Dr Sarah Appleton-Dyer

Alanna Soupen

3 March 2017

Synergia Ltd  
P.O. Box 147 168  
Ponsonby  
Auckland 1144

[www.synergia.co.nz](http://www.synergia.co.nz)

# CONTENTS

<b>ACKNOWLEDGEMENTS .....</b>	<b>4</b>
<b>1. SUMMARY.....</b>	<b>5</b>
<b>2. INTRODUCTION .....</b>	<b>6</b>
2.1 REPORT STRUCTURE .....	6
<b>3. BACKGROUND AND CONTEXT.....</b>	<b>7</b>
3.1 UNDERSTANDING WHO IS A VULNERABLE ADULT AND THE TYPES OF ABUSE EXPERIENCED BY VULNERABLE ADULTS .....	8
3.2 THE WAITEMATĀ SAFEGUARDING ADULTS FROM ABUSE (SAFA) PILOT STEERING GROUP.....	9
3.3 KEY GAPS OR CHALLENGES IN ACHIEVING AN INTEGRATED SAFETY RESPONSE TO VULNERABLE ADULTS .....	10
3.4 THE SAFA PILOT .....	11
<b>4. REVIEW AIMS AND OBJECTIVES .....</b>	<b>16</b>
4.1 REVIEW APPROACH AND METHODS .....	16
4.2 LIMITATIONS OF THE REVIEW METHOD .....	17
<b>5. ACHIEVING SAFER COMMUNITIES TOGETHER .....</b>	<b>18</b>
5.1 REFERRALS TO THE SAFA PILOT .....	19
5.2 RESPONSES: CONNECTING VULNERABLE ADULTS WITH SUPPORT SERVICES .....	21
5.3 IMPROVED ACCOUNTABILITY FOR KEEPING VULNERABLE ADULTS SAFE .....	23
5.4 IMPROVED INFORMATION SHARING .....	23
<b>6. IMPROVING VICTIM SAFETY .....</b>	<b>25</b>
6.1 THE VALUE OF SAFA FOR PEOPLE WITH MENTAL HEALTH NEEDS .....	26
<b>7. EQUIPPING AND ENABLING POLICE.....</b>	<b>28</b>
7.1 EDUCATION AND TRAINING .....	28
7.2 FORMALISATION OF REFERRAL PATHWAYS AND RESPONSES .....	29
<b>8. ENABLERS AND BARRIERS TO PROGRAMME DELIVERY .....</b>	<b>30</b>
<b>9. CONCLUSIONS.....</b>	<b>32</b>
9.1 RECOMMENDATIONS.....	33



## ACKNOWLEDGEMENTS

---

We would like to acknowledge the contributions of Police working within the Waitemātā Police District, who have provided us with important insights into the value of the SAFA Pilot for Police staff. We would also like to thank those working for Police partner agencies for sharing their experiences of SAFA with us to support this review.

We would also like to acknowledge the value of the strategic guidance provided by the members of the SAFA Steering group in supporting the design of this review; Inspector Claire Humble and Senior Sergeant Wendy Pickering (Waitemātā Police), Sue Hobbs, Safeguarding Adults Consultant and Coordinator (SAFA Pilot Coordinator) and Delia McKenna, Waitemātā DHB Older Adult and Vulnerable Adult (OAVA) Abuse Prevention Co-ordinator.

# SUMMARY

## A rapid review of the Waitemata Safeguarding Adults from Abuse (SAFA) Pilot

### What is SAFA?

SAFA is an interagency safeguarding approach to reporting, investigating and responding to alleged or identified family harm and other forms of abuse, neglect or harm of vulnerable adults.<sup>1</sup>



SAFA was piloted in the Waitakere, North Shore and Rodney Police areas, between July and December in 2016.

### Why do Police need SAFA?

There are a number of gaps in Police policies and procedures relating to the safeguarding<sup>2</sup> of vulnerable adults:



Police find it difficult to understand who vulnerable adults are



There is a need to strengthen referral pathways to support Police in providing a response to vulnerable adults



Vulnerable adults may experience many forms of abuse, including:

- Physical abuse
- Sexual abuse
- Financial abuse
- Discriminatory abuse
- Institutional abuse
- Neglect
- Psychological abuse

These types of abuse can occur within a family harm context as well as outside of a family setting.



The Integrated Safety Response (ISR) Pilot currently only provides a response to vulnerable adults experiencing family harm. In addition, expertise on identifying if someone is a vulnerable adult and working with vulnerable adults is missing from the ISR's Safety Assessment and Intensive Case Management teams.



Vulnerable adults are unsure whether they can rely on the Police to help them

**Existing systems challenge Police capacity to make all New Zealanders safe and feel safe.**

### How does SAFA help?

SAFA strengthens, rather than replaces, standard Police practices, to support the safety of vulnerable adults.



Establishing a referral process and interagency safeguarding response for vulnerable adults

Helping Police recognise who is a vulnerable adult when family harm and other abuse, neglect or harm concerns are raised

Providing Police with expert insight into assessing risk and responding to vulnerable adults

### Outcomes of the SAFA Pilot

SAFA helped Police achieve 'be safe, feel safe' for vulnerable adults by:

#### Helping Police achieve safer communities together



All 40 individuals were connected with specific support to improve their safety

Improved accountability of support services for keeping vulnerable adults safe

#### Equipping and enabling Police

SAFA improved the confidence of Police in responding to vulnerable adults

Police and partner agencies felt they had a better understanding of vulnerable adults

Partner agencies felt they had improved their responses to vulnerable adults



### Enablers and barriers to implementation

#### Enablers

- Police, WDHB and SAFA Coordinator partnership
- Collective approach to assessing and managing risk
- Police ownership of SAFA
- Expertise of the SAFA and WDHB Coordinators
- Existing relationships and networks of Coordinators
- Engagement of partner agencies

#### Barriers

- Funding, time and resource constraints
- Difficulties in accessing capacity assessments
- Difficulties engaging some services (some disability service providers, mental health services)
- Conflicting perspectives of partner agencies

### Recommendations



#### Equipping and enabling Police to recognise and respond to vulnerable adults

- Provide Police with education and training
- Create a code to enable Police to identify vulnerable adults
- Develop an app to help Police recognise and communicate with vulnerable adults



#### System level recommendations: sharing responsibility, information and accountability

- Promote the role of the Police-DHB partnership in leading the safeguarding of vulnerable adults
- Train staff from DHBs and local agencies to know when to refer to SAFA
- The ISR should engage a SAFA Coordinator to support the benefits of the ISR for vulnerable adults
- Consider the value of response tiers to safeguard vulnerable adults



#### Ongoing piloting and further establishing the evidence base

#### Expertise and resources to implement SAFA

- The SAFA Coordinator role must have the appropriate skills, expertise and previous experience of working in this area



<sup>1</sup> The term 'vulnerable adults' refers to those individuals who have complex care and support needs and are experiencing, or are at risk of, experiencing abusive situations. The term "vulnerable adult" is contentious. No person is inherently vulnerable. Any person of any age who is experiencing abuse is vulnerable; they may or may not fit the Crimes Amendment Act (2011) definition of a vulnerable adult. We recognise that we need to be sensitive in the language used to describe people and not "label" a person who because of their needs for care and support could be at risk of abuse and neglect. In other words a person's disability should not lead to the automatic assumption that the individual is a "vulnerable adult" as defined in the Crimes Act. A key factor is whether the individual is able to protect themselves from the abuse (or risk of it).

<sup>2</sup> Safeguarding Adults covers a spectrum of activity from prevention through to an integrated safety response when abuse and harm occurs. The primary aim is prevention but if an adult in need of safeguarding suffers abuse, multi-agency procedures are put in place to safeguard the adult at risk and address the harm caused by the abuse or neglect.

## 2. INTRODUCTION

---

The Waitemātā Safeguarding Adults from Abuse (SAFA) Pilot is a Waitemātā Police and Waitemātā District Health Board (WDHB) initiative to reduce family harm and other forms of abuse, neglect and harm experienced by vulnerable adults. The term 'vulnerable adults' refers to those individuals who have complex care and support needs and are experiencing, or are at risk, of experiencing harm, abuse or neglect. These adults are identified as vulnerable and in need of 'safeguarding,' as their care and support needs mean they are not able to protect themselves or remove themselves from unsafe situations.

In early 2016, the Victims group of the Police Family Violence Change Programme identified significant gaps in existing Police policies and procedures in providing effective responses to vulnerable adults experiencing family harm or other forms of abuse, neglect or harm. The SAFA Pilot ('the Pilot'), funded through the support of Waitemātā Police and Foundation North, was developed to improve Police responses through establishing inter-agency safeguarding procedures to report, investigate and respond to alleged or identified abuse of vulnerable adults. These procedures aim to support Police in achieving their goals of improving victim safety, achieving safer communities, feeling equipped and enabled, and upholding their values of empathy and diversity by:

- Ensuring that organisations work together to prevent abuse and respond effectively to abuse, while making the dignity, safety and wellbeing of the individual a priority in their actions
- Supporting Police's understanding of the interface between family violence and safeguarding, and their engagement with partner agencies
- Enabling vulnerable adults to live safer lives

The SAFA Pilot ran from July to December, 2016. In September 2016, Waitemātā Police engaged Synergia to provide an independent rapid review of the SAFA Pilot to identify its key outcomes, opportunities for improvement and considerations for future implementation of SAFA by the Police. The review was funded by the Waitemātā Police and involved an analysis of data collected during the Pilot and interviews with key stakeholders involved in the Pilot. This report summarises the key findings of Synergia's rapid review.

### 2.1 Report structure

Following this introduction, this report provides a summary of the background and context to the SAFA Pilot. An overview of the methods used during the review are then described. The results section draws on qualitative and quantitative data to discuss the achievements and delivery of the Pilot. The report then identifies key considerations for implementing SAFA and improving Police and other agency responses to safeguarding vulnerable adults.

### 3. BACKGROUND AND CONTEXT

---

The New Zealand Police is committed to working with the community to ensure New Zealanders 'Be Safe and Feel Safe'. The specific goals and strategies of the Police are reflected in 'Our Business, Tā Tātou Umanga'. This identifies the 'Be Safe Feel Safe' purpose of ensuring that:

- How we as Police make people feel safe
- What we do keeps people safe

The 'Be Safe, Feel Safe' purpose is underpinned by the Police's vision 'to have the trust and confidence of all'. To achieve this, the Police are working towards the specific goals of:

- Reducing crime and victimisation
- Reducing death and serious injuries on our roads, and
- Reducing social harm in our communities

The Police Prevention First strategy is highlighted as key means of achieving this. This strategy changes the way that Police work with victims so that they receive a better service and are less likely to become victims again. It places prevention and victims at the forefront of Police activity.

The Police also have a commitment of service to the New Zealand public. This includes treating people fairly, having competent staff and taking account of individual circumstances.

New Zealand Police work to achieve these goals and make people safer across a range of government sectors, including the social sector<sup>1</sup>. Key social sector objectives for New Zealand Police in 2016 were maintaining public safety, community support and reassurance, through reducing family violence, and identifying and supporting at risk people.<sup>2</sup>

Current gaps in Police policies and procedures are challenging Police capacity to achieve these goals for all New Zealanders. In early 2016, the Victims group of the New Zealand Family Violence Change Programme identified significant gaps in Police policies and procedures for the prevention, response and investigation of family violence and sexual violence of vulnerable adults. The types of abuse experienced by vulnerable adults and the current gaps in the tools and resources available to support Police in responding to vulnerable adults are identified in the following section.

---

<sup>1</sup> New Zealand Police. (2014). *Statement of Intent 2014/2015-2017/2018*.

<sup>2</sup> New Zealand Police. (2014). *Statement of Intent 2014/2015-2017/2018*.

### 3.1 Understanding who is a vulnerable adult and the types of abuse experienced by vulnerable adults

The term 'vulnerable adults' refers to those individuals who have complex care and support needs and are experiencing, or are at risk of, experiencing harm, abuse or neglect, who because of their needs for care and support are not able to remove themselves from an unsafe situation.

Complex care and support needs include the health and social support needs that may be associated with<sup>3</sup>:

- Being an older adult, or having,
- An intellectual disability
- A neurodisability
- A physical disability
- Dementia
- Chronic and/or severe illness (both physical and mental)

An adult with complex care and support needs often requires the regular support of family, caregivers and health, disability and social services to enable them to live safe and healthy lives. If an adult with complex care and support needs is at risk of or experiencing abuse or neglect they may also require the support of others to keep themselves safe from harm. For this reason, they are in need of 'safeguarding' and are an important group for Police when working towards the goal of 'Be Safe, Feel Safe'.

Like other adults, an adult with complex care and support needs may experience physical abuse, sexual abuse, psychological abuse, intimate partner abuse and financial abuse, most of which may occur within a family setting. However, they also may experience:

- Physical abuse, sexual abuse and psychological abuse outside of a family setting
- Discriminatory abuse
- Institutional abuse or poor practice, including abuse perpetrated by those in charge of their care
- Neglect, including neglect by carers and self-neglect

During the SAFA Pilot the following three criteria were used to identify vulnerable adults who were in need of safeguarding:

1. Has care and support needs
2. Is experiencing or is at risk of abuse, neglect or harm
3. Is unable to protect her/himself due to their care and support needs

---

<sup>3</sup> Please note that this list is not exhaustive.

## 3.2 The Waitematā Safeguarding Adults from Abuse (SAFA) Pilot Steering Group

In 2016, Waitematā Police partnered with Waitematā District Health Board (WDHB) and the SAFA Collective<sup>4</sup> to establish the Waitematā Safeguarding Adults from Abuse (SAFA) Pilot Steering Group. The steering group evolved out of People First's previous work with vulnerable adults and their involvement with the Think Differently campaign (2010-2014), a Ministry of Social Development initiative that was aimed to increase the social inclusion of disabled people in New Zealand.

The SAFA pilot steering group was formed to develop a framework for safeguarding adults who are at risk of family harm or other forms of abuse, neglect or harm, and who need the coordinated support of multiple services to help keep them safe. Police, WDHB and People First all identified the need for such a framework through their ongoing work with vulnerable adults:

- Police are the 'first port of call' for vulnerable adults and other individuals experiencing family harm or other forms of abuse, neglect or harm and were a key stakeholder in the New Zealand Family Violence Change Programme. Ensuring that all New Zealanders are safe and feel safe, including vulnerable people in our communities, is a key goal for New Zealand Police.
- The WDHB Older Adult and Vulnerable Adult (OAVA) Abuse Prevention Co-ordinator identified gaps in DHB policy around responding to vulnerable adults and a lack of information-sharing protocols to support cross-agency collaboration. DHB social workers also found facilitating coordinated responses to vulnerable adults challenging due to the lack of an accountability framework to guide the responses of other organisations.
- People First New Zealand is a self-advocacy organisation led and directed by people with intellectual disability. They partner with Police in New Zealand to deliver Keeping Safe Feeling Safe, a programme aimed at helping disabled people keep safe and feel safe in their communities. The programme highlighted the need for Police to develop safety responses tailored to the needs of disabled people and to increase the trust and confidence of vulnerable adults in Police.

---

<sup>4</sup> In 2008 People First New Zealand started work to raise awareness of the abuse experienced by people with learning disability. People First established the People First in Partnership Group, now known as the SAFA Collective, in 2010. The Collective comprises of disabled people, key partners working in the disability and violence prevention sectors, Police, Waitemata District Health Board and Auckland District Health Board.

### 3.3 Key gaps or challenges in achieving an integrated safety response to vulnerable adults

Through their role in the SAFA Pilot steering group, Police identified the following gaps and challenges to Police and other sector responses to vulnerable adults:

- **'Invisibility' of vulnerable adults** to Police due to poor understanding of who is a vulnerable adult and difficulties in recognising a vulnerable adult. This relates to the lack of training provided to enable Police to recognise and put the needs of a vulnerable adult at the heart of their response. The lack of training also challenges Police ability to effectively analyse the level of risk and support needs of vulnerable adults.
- **The use of 1M coding where Police suspected that someone was suffering from mental distress.** 1M coding is used by the Police to identify someone with a mental health need. Currently, there is no coding to enable the Police to identify a vulnerable adult, such as someone with an intellectual disability. This limits the opportunity for Police to take account of the context and needs of vulnerable adults.
- **A lack of a clear referral pathways** to support and guide Police responses to vulnerable adults:
  - Even when 1M coding was used to identify a vulnerable adult, there is often no formal follow-up, as many Police were not equipped or trained to know what an appropriate response should be
  - This results in inconsistencies in Police responses to vulnerable adults who are victims of and/or at risk of harm
- **A lack of clarity on roles and responsibilities** for safeguarding vulnerable adults across the system:
  - When Police do seek to respond to the needs of vulnerable adults, they are tasked with negotiating with multiple agencies. This process is further challenged by the lack of clear referral pathways, responsibilities, funding and service gaps for vulnerable adults across the system.
  - There is no statutory organisation to safeguard vulnerable adults and as such there is a lack of understanding around the roles and responsibilities and referral criteria of the agencies Police can work with to support vulnerable adults.<sup>5</sup> Some agencies have high or very specific acceptance criteria or thresholds, with no or limited pathways for those who do not meet these. This makes it difficult for Police to support vulnerable adults who sit just outside of these criteria and/or across the boundaries of multiple organisations.
  - Without a clear system of accountability, knowledge of how other agencies work and improved referral pathways, Police are left with few

---

<sup>5</sup> Changes to the Crimes Act (1961) introduced in 2012 mean any person (such as a carer/family member), all staff of any hospital, institution or residence (such as a rest home) caring for a vulnerable adult are required to ensure the safety of the vulnerable adult and to protect them from harm.

options, meaning that many vulnerable adults are returned to/remain in potentially unsafe situations.

- **No cross-agency agreement or process to support ethical information sharing.**  
Police and partner agencies often need to share information about an individual to help support them and their safety. There are no agreements, processes or protocols in place to support the sharing of information for vulnerable adults. This often brought any attempts at inter-agency approaches to a halt due to concerns around breaching the Official Information Act and/or Privacy Act.

In addition, Police engagement with vulnerable adults through their partnership with the SAFA Collective revealed that while Police are the first port of call for vulnerable adults, they do not feel satisfied with the response they received from Police and do not always trust that Police will be able to help them in the future. This finding is important given the Police vision is to have the trust and confidence of all.

While vulnerable adults may be responded to through the Integrated Safety Response (ISR) if they are experiencing family violence, the ISR currently does not offer a response to those experiencing violence outside of a family setting, such as from carers, support workers or other members of the community. In addition, while the ISR includes mental health and physical health experts, risk assessment and support teams do not currently have the necessary expertise to work with individuals who have intellectual disabilities or other disabilities. Having someone with this expertise is important to ensure that the needs of victims are at the heart of responses to vulnerable adults to reduce re-victimisation and ensure that they are safeguarded.

Waitematā Police identified these issues and gaps in the current system, and there was a concern that vulnerable adults would 'slip through the cracks'. Without a specific response for vulnerable adults, it will not be possible to achieve the purpose of 'Be Safe, Feel Safe' or having the trust and confidence of some of the most vulnerable victims. New Zealand Police are committed to achieving the purpose of 'Be Safe Feel Safe' for all New Zealanders, including vulnerable people within the community. For this reason, Waitematā Police invested in the SAFA Pilot.

### 3.4 The SAFA Pilot

SAFA is joint initiative of the Waitematā Police and WDHB. The goal of SAFA is to improve victim safety by preventing and reducing family harm and other forms of abuse, harm and neglect experienced by vulnerable adults. SAFA works by providing a clear referral pathway and inter-agency safety response for Police working with vulnerable adults. SAFA aims to support the safety and dignity of vulnerable adults, equipping and enabling Police to achieve their goals of improving victim safety, achieving safer communities and uphold their values of empathy and diversity by:

1. Ensuring that organisations work together to prevent abuse and respond effectively to abuse, ensuring that they make the dignity, safety and wellbeing of the individual a priority in their actions
2. Supporting Police's understanding of the interface between family violence and safeguarding, and their engagement with partner agencies
3. Enabling vulnerable adults to live safer lives

The SAFA Pilot ran for six months, from July to December in 2016. Due to the high volume of cases received, cases were only accepted up until October 2016. Cases accepted

up until October are still being managed by the WDHB coordinator. SAFA worked with all three Waitemātā Police District areas during the Pilot; Waitakere, Rodney and the North Shore. The SAFA project team engaged Police at each area directly through face-to-face meetings and provided a short presentation on SAFA to support understanding and engagement in the Pilot.

It is important to note that the Pilot was not intended to replace current Police procedure. Rather, the Pilot aimed to trial the SAFA inter-agency process within a limited scope, to identify the demand for the approach, current gaps in the system, how SAFA may address these gaps and to identify opportunities for improvement. For this reason, and, to ensure that SAFA would be able to cope with demand, information and training was only provided to a limited number of individuals within each Police area.

The aims, specific activities and resources, intended outputs and outcomes and key barriers and enablers of the Pilot are summarised in the logic model on the following page (Figure 1).

**Figure 1 Logic model of the SAFA Pilot**

**Programme goal:** To improve victim safety by piloting an integrated approach to preventing and reducing family harm and other forms of abuse, harm and neglect experienced by vulnerable adults in need of safeguarding<sup>1</sup> in the Waitemata Police District, through providing a referral pathway for Waitemata police staff responding to vulnerable adults.

**Theory of change:** Establishing a referral pathway will equip and enable police to respond to vulnerable adults, and will help support adults in need of safeguarding to receive an integrated safety response to their needs that supports their safety and dignity.

Context and need	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>Vulnerable adults are not able to protect themselves when they are experiencing or at risk of experiencing family harm or other forms of abuse, neglect or harm.</li> <li>New Zealand Police do not have clearly established policies and procedures for recognising and responding to vulnerable adults.</li> <li>There are no processes to enable health-related information about vulnerable adults to be shared ethically between Police and DHBs to support their safety.</li> <li>There is a need to improve the police response to family harm and other forms of abuse, neglect and harm of vulnerable adults.</li> <li>The current Integrated Safety Response (ISR) for family harm does not consult with those who have expertise in working with vulnerable adults.</li> <li>There was an opportunity to develop an integrated safety response for Waitemata Police, the DHB and other organisations dealing with vulnerable adults.</li> </ul>	<p><b>SAFA pilot staff</b></p> <ul style="list-style-type: none"> <li>SAFA Pilot Coordinator</li> <li>Waitematā DHB Vulnerable Adults and Older Adults Abuse (OAVA) Prevention Coordinator</li> <li>District Victims Manager</li> <li>Family Violence Manager</li> <li>Adult Sexual Assault Team (ASAT) Manager</li> </ul> <p><b>Financial investment</b></p> <ul style="list-style-type: none"> <li>Training for police staff</li> <li>Review and evaluation costs</li> </ul> <p><b>Evidence base</b></p> <ul style="list-style-type: none"> <li>UK's Safeguarding Adults Policy</li> </ul>	<p><b>Police staff/District Victims Manager/Family Violence Manager/ASAT Manager</b></p> <ul style="list-style-type: none"> <li>Police staff identify potential SAFA cases during triage of family violence and sexual assault POLs</li> <li>Potential cases identified during Family Violence Interagency Response System (FVIARS) meetings</li> </ul> <p><b>SAFA and WDHB Coordinators</b></p> <ul style="list-style-type: none"> <li>Referral received from police, family violence staff or other agency</li> <li>SAFA and WDHB Coordinators gather information to assess if referral meets SAFA criteria ('triage')</li> <li>SAFA and WDHB Coordinators engage with relevant agencies to facilitate an intensive case management (ICM) meeting</li> <li>Safety plans developed for the individual and their family through an interagency approach</li> </ul>	<p><b>Reach</b></p> <ul style="list-style-type: none"> <li>Number of referrals from police staff</li> <li>Differences in police referrals between areas</li> <li>Number of referrals from other organisations</li> </ul> <p><b>Key stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>Police staff perceive the programme as valuable and are willing to participate</li> <li>Agencies engage with SAFA processes</li> </ul> <p><b>Facilitation of the inter-agency approach</b></p> <ul style="list-style-type: none"> <li>Comprehensive safety plans are developed for SAFA individuals</li> <li>Safety plans are clearly communicated to all stakeholders</li> <li>Safety plans are delivered</li> </ul>	<p><b>Improving victim safety</b></p> <ul style="list-style-type: none"> <li>SAFA individuals are not left in or returned to unsafe situations</li> <li>SAFA individuals are connected with support and services that improve their safety</li> <li>SAFA individuals do not become repeat victims (or perpetrators)</li> </ul> <p><b>Supporting and enabling police</b></p> <ul style="list-style-type: none"> <li>Police staff are better able to recognise vulnerable adults</li> <li>Police staff feel more confident in responding to vulnerable adults</li> <li>There are improved processes in place for providing support to vulnerable adults</li> </ul>
<p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>Partnership between the Police, WDHB and the SAFA Coordinator, including the value of the partnership in supporting information sharing and triage of referrals</li> <li>Skills and expertise of the SAFA Coordinator and the WDHB Coordinator</li> <li>Existing relationships with health and social support organisations</li> <li>Engagement of partner agencies such as HELP Auckland, Taikura Trust, Age Concern and the Ministry of Social Development</li> </ul>			<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>Time and resources</li> <li>Availability of funding for health and social support services for vulnerable adults (including differences between DHBs)</li> <li>Difficulties in engaging vulnerable adults and their families</li> <li>Legal issues relating to intervening in cases of abuse involving adults</li> <li>Poor communication between key stakeholders</li> </ul>	

### 3.4.1 The SAFA referral process

When Police are notified of a violence or abuse concern, evaluating risk and taking all reasonable steps to safeguard those concerned are standard components of Police operating procedure. This may include referral to appropriate agencies, such as the mental health crisis team or Child, Youth and Family. Police then continue to support individual's immediate needs as appropriate. Currently, there are no formal systems or processes available to support Police in identifying or responding to a vulnerable adult.

The SAFA Pilot aimed to strengthen Police adult safeguarding responses through:

- Improving the ability of Police to recognise a vulnerable adult when a violence or abuse concern is raised, through improving Police understanding and awareness of who is a vulnerable adult
- Establishing a referral pathway and interagency safeguarding process for vulnerable adults
- Providing Police with expert insight and experience to support them to effectively analyse risk, identify and respond to the support needs of vulnerable adults

SAFA established a risk threshold that vulnerable adults would have to meet to be referred to and accepted into the Pilot. To meet the threshold, vulnerable adults had to meet all of the following three criteria:

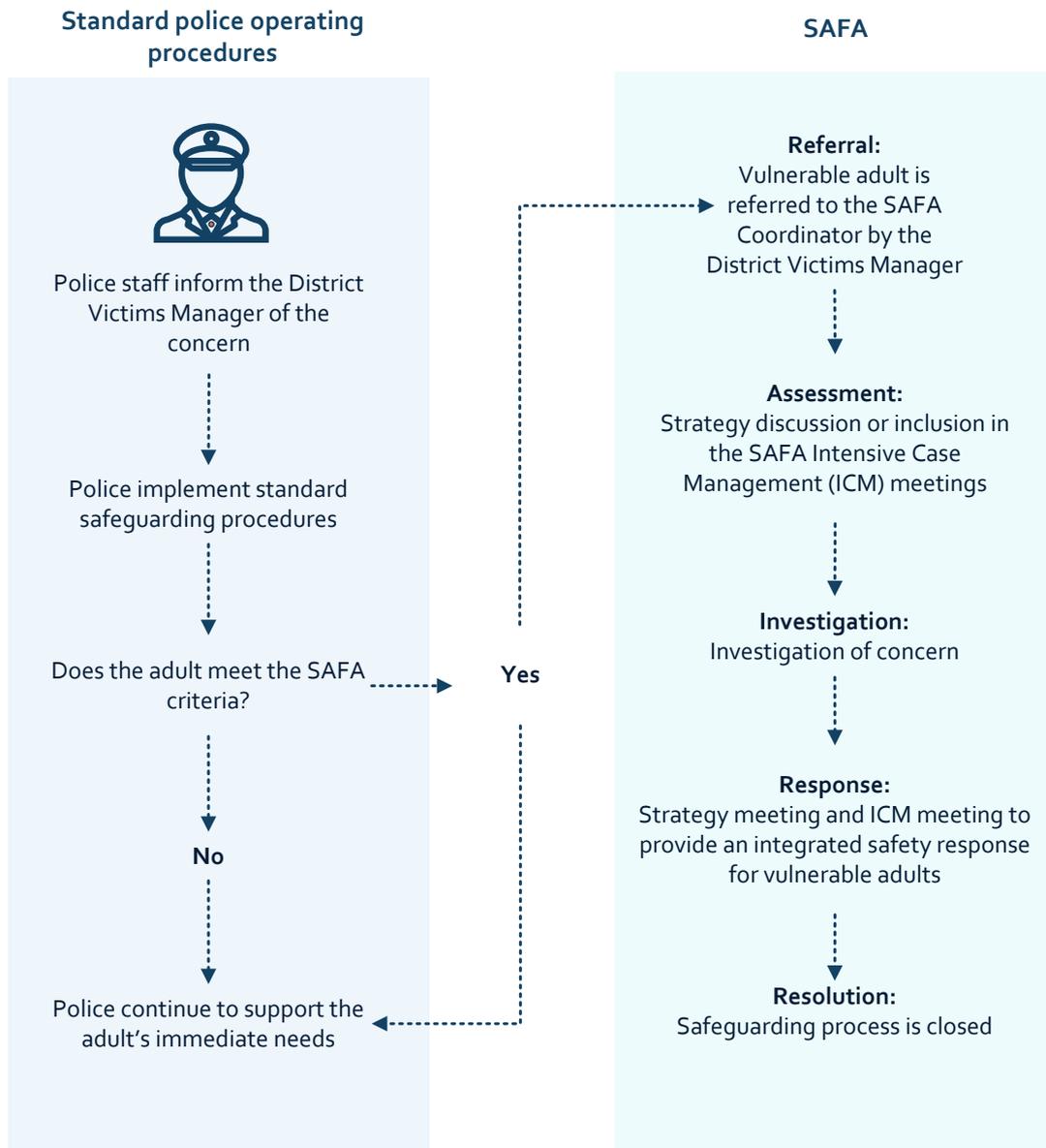
1. Have care and support needs
2. Be experiencing or at risk of experiencing family harm or other forms of abuse, neglect or harm
3. Be unable to protect themselves due to their care and support needs.

To strengthen Police safeguarding processes, the SAFA threshold assessment was integrated into the existing Police response to a violence or abuse concern. Once referred to the SAFA Pilot, any action taken by the SAFA team sat alongside standard Police operating procedures to safeguard vulnerable adults and support their immediate needs. The SAFA interagency process involved:

- An **assessment** of whether adults referred met the SAFA criteria, an assessment of risk and the development of a multi-agency safety plan
- **Investigation** of the concern
- Developing a **response** to the concern through strategy meetings and multi-agency intensive case management (ICM)
- **Resolution** of the concern by removing the adult from the unsafe situation or resolving the unsafe situation, and closing of the safeguarding process

Figure 2 on the following page summarises the different steps in the proposed SAFA process and standard Police procedures.

Figure 2 SAFA's role in supporting Police safeguarding practices



To begin to understand the value of this type of approach, Waitemata Police commissioned a rapid review of the SAFA Pilot.

## 4. REVIEW AIMS AND OBJECTIVES

The rapid review aimed to evaluate the delivery and achievements of the Pilot. The objectives of the review were to:

- Understand the implementation of the Pilot
- Identify the barriers and enablers to using the SAFA process
- Identify the impact of SAFA on improving victim safety
- Identify the impact of SAFA on equipping and enabling Police and partner agencies to better respond to the needs of vulnerable adults
- Identify key considerations for future implementation of the SAFA process and Police responses to vulnerable adults

### 4.1 Review approach and methods

The review used a mixed-methods approach, bringing together insights from key stakeholder interviews with service data collected by the SAFA coordinator on the progress of individuals through the SAFA Pilot.

A total of 12 key stakeholder interviews were conducted to identify stakeholder perspectives on the delivery and outcomes of the Pilot. Key stakeholders were identified through discussions with the SAFA Coordinator, Waitemātā Police and Waitemātā DHB. Interviewees included both Police staff and stakeholders from partner agencies to ensure representation from the various agencies and organisations involved in the Pilot. Interviews were also conducted with the Pilot team. Table 1 summarises the number and characteristics of stakeholders interviewed. Specific roles have not been included to protect the anonymity of the interviewees. It is useful to note however, that a mix of senior and junior level Police staff were interviewed to capture a broader range of experiences.

**Table 1 Key stakeholders interviewed**

Stakeholder type	Staff/organisations interviewed	Number of stakeholders	Total number of interviews
<b>Police staff</b>	North Shore Police	3	7
	Orewa Police (Rodney area)	3	
	Henderson Police (Waitakere area)	1	
<b>Stakeholders from partner agencies</b>	HELP Auckland	1	3
	Taikura Trust	1	
	Ministry of Social Development	1	
<b>SAFA Pilot team</b>	SAFA Coordinator	1	2
	Waitemātā DHB	1	
	North Shore Police	2	
<b>Total number of interviews</b>		<b>14</b>	<b>12</b>

De-identified service-level data summarising responses to vulnerable adults through SAFA was obtained from the SAFA Coordinator. This data was analysed to identify the characteristics of individuals that SAFA responded to, including the key activities and outcomes of the SAFA Pilot for these individuals.

## 4.2 Limitations of the review method

When interpreting the findings from the review, it is important to be mindful of the scope of the Pilot and the review. Both of these were very limited in terms of scope and scale. The Pilot was implemented over three months, limiting the ability for the review to track the activities and mid-to-longer term outcomes of the SAFA Pilot.

Another key limitation was the ability for the review to capture the views and experiences of vulnerable adults supported by the Pilot. While this was discussed at the onset of the review, the time and resource available did not support us to engage with vulnerable adults. Future reviews or evaluations would benefit from including the views and experiences of vulnerable adults and/or their family or carers as appropriate.

Despite these limitations, the review does provide a useful insight into the implementation and achievements of the Pilot, as well as the considerations that might be needed for the Police and others to better respond to the needs of vulnerable adults who are experiencing harm, violence or other forms of victimisation.

## 5. ACHIEVING SAFER COMMUNITIES TOGETHER

---

During the SAFA Pilot, Waitematā Police, the SAFA coordinator, the WDHG coordinator and partner agencies worked with vulnerable adults and their families to provide an inter-agency risk assessment for each individual. Through this assessment, agencies were able to identify the supports needed by vulnerable adults to support their safety, both from the Police, other agencies and services.

The following sections describe SAFA's role in connecting vulnerable adults with support services, and key stakeholder perspectives on how this has improved victim safety and accountability for the safety of vulnerable adults.

This section draws on quantitative data to provide a high level overview of the different needs of vulnerable adults and support services they were connected with through SAFA. However, individuals accepted into the Pilot had complex care and support needs and specific and varying experiences of violence, abuse or neglect. Analysing their risk of abuse and supporting their safety therefore needed to be tailored to their specific situation. The graphs and statistics below provided here are therefore accompanied by case examples that illustrate the complexity of vulnerable adults' unique situations, and how responses were tailored to support their safety.

### **Case example 1: The experiences of a seriously ill woman who was the alleged victim of intimate partner violence**

In one case, a woman with a serious degenerative illness and significant support needs was allegedly being abused by her husband, who was also her primary caregiver.

To remove the victim from the unsafe situation, to treat immediate health needs and to assess the allegations, the woman was admitted to hospital. Safety concerns about her relationship were addressed, including through the provision of support to her husband in his caring role for his wife.

When the process was closed, the woman was safe to return to her home, where she and her husband continued to receive ongoing, integrated support from health and social services.

## 5.1 Referrals to the SAFA Pilot

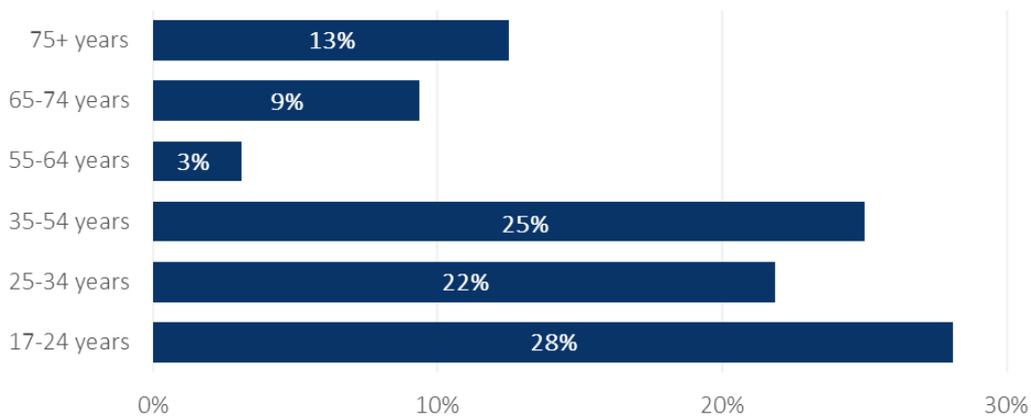
SAFA received a total of 54 referrals from Police<sup>6</sup> during the Pilot, 40 of which met the SAFA criteria threshold. The infographic below summarises the proportion of referrals from each Police area.



Information on age, type of care and support need and services connected with was missing for some of the individuals accepted toward the end of the Pilot. The following sections therefore may have sample sizes of less than 40.

There were slightly more females (59%) than males (41%) in the Pilot (n=34). The majority of people accepted were aged 17-54 years old (75%, n=32; Figure 3).

**Figure 3 Age of individuals accepted into SAFA (n=32)**

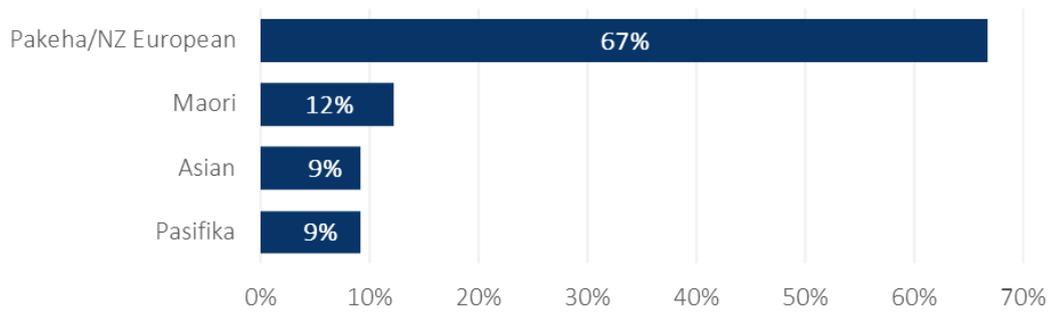


Over two thirds of individuals accepted into the SAFA Pilot were NZ Pakeha/European (Figure 4). The proportion of individuals from each ethnic group was similar to the ethnic composition of the Waitematā DHB region.

---

<sup>6</sup> This figure excludes the 35 referrals that were made directly to Waitematā DHB during the Pilot regarding allegations of vulnerable adult family harm or other forms of abuse, harm or neglect.

**Figure 4 Ethnicity of individuals accepted into SAFA (n=33)**

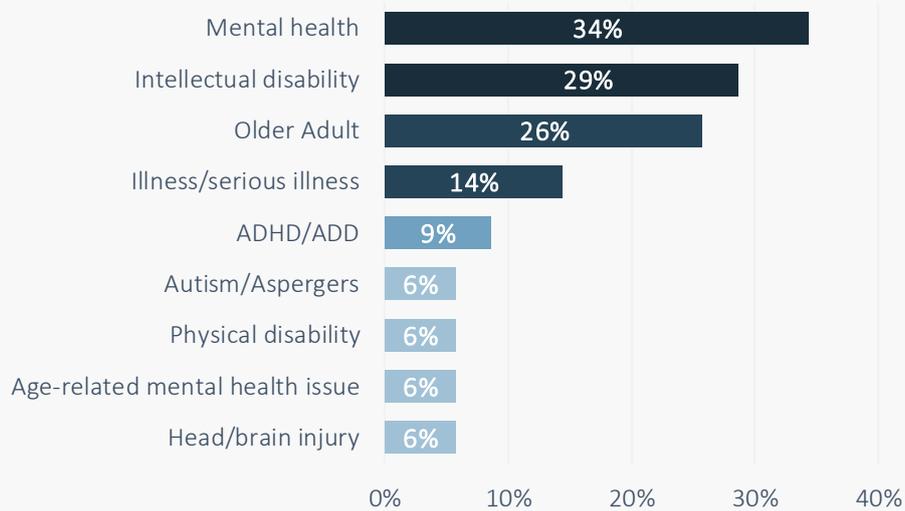


These key demographics highlight the diversity in the characteristics of vulnerable adults who can be supported by SAFA.

The graph on the following page summarises the different care and support needs of individuals accepted into the Pilot. It shows that the adults accepted into the Pilot had a range of care and support needs, including neurodisabilities and mental health, but also older adults and those with serious illnesses and those with intellectual disabilities. It is interesting to note that while the Pilot did not focus on any one specific need, over a third of all individuals experienced mental health issues.

#### **Types of care and support needs**

Mental health, intellectual disabilities and older adult were the three types of care and support needs that were most common amongst individuals accepted into SAFA (n=35)



### **Case example 2: Intellectual disability and alleged sexual assault**

A woman with intellectual disability was referred to SAFA by the ASAT team as she was an alleged victim of sexual abuse. The woman also engaged in sex with individuals she did not know and did not understand the risks of her behaviour.

In addition to Police investigation of the concern, SAFA connected the victim with a disability provider to help her understand the consequences of her behaviour. Counselling was provided and the victim was enrolled in the 2017 Keeping Safe Feeling Safe Abuse Prevention programme.

## 5.2 Responses: connecting vulnerable adults with support services

A major gap identified in Police policies and procedures was the lack of referral pathways to guide Police in connecting vulnerable adults with the support they need to improve their safety. Through the SAFA inter-agency process, vulnerable adults were connected with a range of support services that met their specific needs. These services were engaged to promote the safety of, reduce victimisation and or re-victimisation of the people referred to the Pilot.

It is important to understand that the needs and experiences of vulnerable adults are complex and vary based on their unique situations. The support required to improve each individual's safety is specific to that individual and often involves multiple agencies. The graph and statistics described in this section therefore only provide an overview of the types of support drawn on during the Pilot. The case examples provide a more detailed view of the specific approaches used to support vulnerable adults.

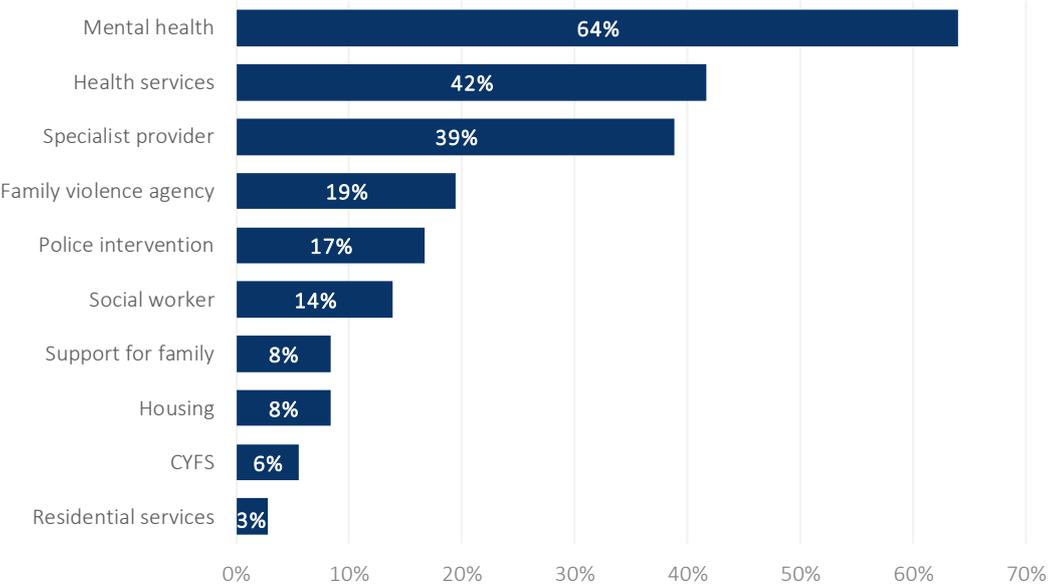
### **Case example 3: Intellectual disability and alleged abuse by carer**

A woman with intellectual disability was referred to SAFA by HELP Auckland, a support service for survivors of sexual abuse. The woman was allegedly being sexually abused by her caregiver (a non-family member) and reported it to Police.

SAFA worked with social support and disability providers to assess the level of risk. This was supported by the information-sharing partnership established with WDHB. A social worker and health services were engaged to work together in supporting the safety and wellbeing of the woman. The information collected through the risk assessment process was also used to support the Police investigation of the assault.

Vulnerable adults involved in the Pilot were most likely to be referred to mental health services (61%), followed by specialist providers<sup>7</sup> (such as Age Concern and People First) and health services (42% of cases each). The following graph summarises the range of services that individuals were connected with (Figure 5). The graph highlights the broad range of services that are needed to provide an integrated response to vulnerable adults.

**Figure 5 Support services that individuals were connected with (n=36)**



---

<sup>7</sup> 14 individuals were referred to specialist providers. Nine were referred to the Keeping Safe, Feeling Safe programme run by People First. Three were referred to Age Concern and two were referred to disability support providers (including Explore).

### 5.3 Improved accountability for keeping vulnerable adults safe

Stakeholders felt that before SAFA, there was a lack of ownership and accountability for improving the safety of vulnerable adults. Stakeholders felt that without a clear process, there was no true ownership of cases, making it difficult to engage relevant agencies.

*"No one owned it before. It was always someone else's problem." (Police staff North Shore 3)*

Stakeholders felt that the SAFA inter-agency process increased accountability for improving the safety of vulnerable adults, facilitating the engagement of partner agencies and a more collective response.

*"SAFA is engaging agencies and forcing them to step up." (Police staff North Shore 3)*

*"SAFA has helped escalate (housing support) cases so people can get the support they need." (Partner agency 3)*

Before the SAFA Pilot, partner agencies felt limited in their ability to respond effectively to vulnerable adults. They felt that they lacked the expertise to provide an appropriate response, and in many cases would not be able to provide any further assistance.

*"Before SAFA our only option was to do our best and then leave. We never knew what to do and it was likely that they would go back into the system. It's not safe." (Partner agency 1)*

*"What could be done was limited...the case would have been dropped or monitored by her family, if she had any." (Partner agency 2)*

Partner agencies felt that the SAFA Pilot had supported them to respond better to these 'grey' cases, particularly around what to consider when managing relationships with vulnerable adults, assessing risk and identifying appropriate support services and strategies.

*"[The coordinator] knows the considerations that need to be taken into account...it has helped us understand complexity, get buy-in from the right services and provide an assessment...providing a better service." (Partner agency 1)*

### 5.4 Improved information sharing

Stakeholders thought that the SAFA intensive case management (ICM) meetings that were part of the inter-agency approach improved the sharing of information. This was considered to support efficient victim focused responses that placed the vulnerable adult and/or their family at the heart of any responses.

*"The roundtable discussions avoid doubling, quadrupling everything. We all sit in room and go this is the scenario, what are we going to do. Everyone takes some ownership. It is a much more efficient way of dealing with things" (Partner agency 2)*

*"Bringing everyone in the room together has increased communication and information sharing." (Police staff North Shore 3)*

The introduction of SAFA has led to the development of a draft Letter of Agreement between the Waitemātā Police, WDHB and Age Concern. This document established processes to guide the ethical sharing of information about vulnerable adults between agencies. The will help facilitate future inter-agency approaches to responding to vulnerable adults.

## 6. IMPROVING VICTIM SAFETY

---

All stakeholders, including Police interviewees, felt that SAFA had enabled them to better support the safety of vulnerable adults. The factors that supported this included the expertise of the coordinator coupled with the expertise of the Police and other agencies in providing an integrated response to the needs of the vulnerable adult and/or their family.

*"The new system enables Police to better support victims. Police don't have the expertise to support vulnerable people; SAFA provides this." (Police staff North Shore 3)*

*"It has provided support to Police in supporting victim safety. It is an opportunity to help us achieve the 'buzzword' goals like improving victim safety as people are not being returned to unsafe situations without help." (Police staff Orewa 2)*

*"SAFA has supported safety for people. There is the awareness and accountability to keep people safe. Everyone is on the same page." (Partner agency 1)*

Police staff and partner agencies highlighted the value of the integrated response in providing reassurance and guidance for their families.

*"SAFA has engaged families and provided a safety plan. There is family ownership. They don't feel alone...they are starting to see the light at the end of the tunnel." (Police staff North Shore 1)*

Stakeholders felt that without the Pilot, they would not have been able to provide an effective response to vulnerable adults and their families, and would have seen the vulnerable adult cycle through the system.

*"I have no doubt that if we hadn't employed the programme, [name of vulnerable adult] would have been coming in again and again and the family would have become socialised to their behaviour." (Police staff North Shore 1)*

## 6.1 The value of SAFA for people with mental health needs

### **Case example 4: SAFA's response to young man displaying abusive and aggressive behaviour**

Police had repeatedly received calls about a young (17 year old) man's abusive and aggressive behaviour. There was a concern that he had both a brain injury and an undiagnosed mental health condition. Police were concerned that his behaviour posed serious risk to himself, his family and the community. The lack of a diagnosis created critical situations of risk as no services were engaged and no support was provided to the young man.

A SAFA strategy meeting (ICM) was convened to coordinate key stakeholders, assess risk and to develop a multi-agency multi-disciplinary safeguarding plan. A key priority was to support the young man's family to obtain a diagnosis, so that appropriate support services could be engaged to create immediate and long-term safety for him and for his family.

Through the ICM process the young man was also connected with a youth worker and youth services. Mental health services are engaged and the young man is seeing a psychiatrist to support safety and wellbeing. Regular ICMs are taking place to continue to re-assess risk and update the safety plan and continue until the situation is resolved.

SAFA aimed to support vulnerable adults experiencing a range of complex care and support needs, and did not focus specifically on any one type of need. However, SAFA has been particularly valuable for vulnerable adults who have mental health issues. Over a third of individuals accepted into the Pilot had mental health issues. In addition, 61% of all referrals were to mental health services.

Insights from key stakeholder interviews indicate that SAFA has helped to close a significant gap in Police responses to vulnerable adults with mental health issues. Due to the Crisis Team's high acceptance threshold (using criteria specified by the Mental Health [Crisis Assessment Team] Act 1992), Police felt that they were not able to provide a response to most individuals with mental health issues. They noted that for most individuals who did not meet the threshold, nothing further could be done.

*"People are left to their own devices. There is nothing for them...nothing more we can do." (Police staff Orewa 1)*

For individuals who had committed an offence and could be arrested, there was potential for support to be obtained through the court system. In some cases, taking individuals into Police custody was the only way they could access further support.

However, Police were concerned about the impact this may have on vulnerable adults' safety over time.

*"The only two options we have are to lock them up or refer them to mental health. Locking people up is much less than ideal but sometimes is the only way to get people the services they need...through court orders." (Police staff Orewa 2)*

*"The last thing people need is to get them in the system...there's a chance they will end up on streets, where they would be vulnerable to manipulation...if they fall through the cracks...you're not dealing with them for a year or two but actually losing them for their whole life." (Police staff North Shore 1)*

Police felt that the current service pathway did not enable them to support the safety of adults with mental health issues. Police referred these kinds of cases to the SAFA Coordinator as they felt that this provided them with an opportunity to improve safety for this group of people.

Police thought that SAFA was a highly needed process that would help to improve the safety of vulnerable adults with mental health issues, prevent them from becoming offenders, and help Police to achieve their goals.

*"SAFA is highly needed for people who would usually fall through the cracks, particularly people with mental health issues- we see so many of them." (Police staff Orewa 1)*

SAFA, however, should not be seen as a response for people solely experiencing mental health needs. Some of the cases referred to SAFA did not meet their criteria, and while efforts were made by the Coordinator to connect Police with the relevant services, the Pilot has highlighted gaps in the ability for the Police and other agencies to respond to the needs of adults with less severe to moderate mental health needs, as they may not meet the criteria of the Crisis team.

## 7. EQUIPPING AND ENABLING POLICE

---

The interviews suggested that the SAFA Pilot had increased engagement and accountability of the Police and partner agencies in supporting the safety of vulnerable adults. Better enabling them to respond to the needs of vulnerable adults.

The Pilot has also improved both Police and partner agencies' understanding of who is a vulnerable adult. Interviewees from the Police and other agencies felt that the knowledge they gained through the Pilot helped them to improve their responses to vulnerable adults. Specifically, their understanding had been developed by:

- **The partnership between Police and the DHB:** Police found the support of the DHB and their provision of specialist advice on health issues particularly useful, while the DHB valued the cultural knowledge of family violence specialists working with the Police.
- **ICM meetings:** Stakeholders noted that these discussions facilitated the sharing of specialist information, such as specialist medical and psychiatric knowledge. This helped to improve their understanding of the needs of vulnerable adults.
- **Knowledge and expertise of the SAFA Coordinator:** Police and partner agencies found the knowledge and expertise of the Coordinator 'invaluable' in helping them understand vulnerable adults.

When discussing how the Police could be better equipped and enabled to respond to the needs of vulnerable adults, the interviews identified the importance of:

- Education and training
- Formalising referral pathways

### 7.1 Education and training

Police staff felt that the 'average cop on the street' would not be able to recognise a vulnerable adult. They suggested that education relating to vulnerable adults should be provided to all Police. Police felt that this would help equip the Police to recognise who is a vulnerable adult and to provide effective responses to those individuals.

While training in using SAFA was not provided prior to the Pilot, this is likely to be an important part of future implementation. Police highlighted the value of having practical tools to support them to respond to vulnerable adults, similar to ones that they had available for other areas of work. Specifically, they would like:

- A printed or digital flowchart that clearly outlines the different referral pathways and criteria
- An app version of the flowchart that enabled Police to quickly verify if somebody is a vulnerable adult and identify referral options. Police noted that apps were already being developed in other areas to support Police mobility and felt that this would align well with existing initiatives.

The Police may also want to review WDHB's e-learning module that was developed following the SAFA Pilot to support DHB employees in understanding who vulnerable adults are. We understand that this module is also being shared with Auckland District Health Board to increase the capability of their staff.

## 7.2 Formalisation of referral pathways and responses

The Police interviewees suggested that without SAFA, responses to vulnerable adults would rely on individual Police staff's willingness and ability to negotiate with support agencies.

The Police noted that while SAFA had improved their ability to negotiate these pathways, they were strongly linked to the networks and existing relationships of the SAFA Coordinator. To provide a sustainable response to safeguard vulnerable adults, the referral pathways, responses and accountabilities within the system need to be formalised. While this can be achieved at a local level, it would require time and commitment to support proactive discussions.

The Pilot has highlighted the roles of a broad range of agencies in safeguarding vulnerable adults. It is therefore important that formalisation of referral pathways ensures that Police and other agencies have the flexibility and autonomy to provide for the broad range of needs and contexts that might be important for a vulnerable adult and their family, caregivers and support people.

## 8. ENABLERS AND BARRIERS TO PROGRAMME DELIVERY

The tables below summarises insights from key stakeholder interviews on the enablers (Table 2) and barriers (Table 3) they experienced during the Pilot.

**Table 2 Enablers to delivery of the SAFA Pilot**

<b>Enablers</b>	
<b>Knowledge, skill and expertise of the SAFA Coordinator</b>	The Coordinator's expertise and experience in working with vulnerable adults, as well as strong interpersonal skills, were highly valued. These characteristics were perceived as key to developing appropriate responses and supporting the engagement and accountability of partner agencies.
<b>Police-DHB partnership and the role of the WDHB Vulnerable Adults and Older Adults Abuse (OAVA) Prevention Coordinator</b>	The Police-DHB partnership facilitated the sharing of information between health agencies and SAFA to support the safety of vulnerable adults. The OAVA Coordinator played a critical role in triaging referrals and providing expert insight into health and navigating health services.
<b>Intensive case management (ICM) meetings</b>	<p>ICM meetings improved communication and ensured that "everyone is on the same page." Videoconferencing technology was valuable for supporting these discussions.</p> <p>ICM meetings also distributed accountability and responsibility across organisations, making people feel that they were not solely responsible or trying to do it all alone.</p>
<b>Inter-agency risk assessment approach</b>	The project team highlighted the value of the triage process that occurred between the Coordinator, DHB and Police to prioritise cases and bring forward referrals.
<b>The support of partner agencies</b>	Police valued the strong engagement and support from most partner agencies.
<b>Existing relationships and networks of the SAFA Coordinator</b>	The SAFA Coordinator's existing networks within the sector were valuable in getting buy-in from partner agencies.
<b>Police ownership of the SAFA Pilot</b>	While stakeholders did not view the Pilot as being the sole responsibility of Police, they thought that Police ownership of SAFA had added to the legitimacy of the Pilot and supported the engagement of other agencies.

**Table 3 Barriers to delivery of the SAFA Pilot**

<b>Barriers</b>	
<b>Funding and service gaps</b>	The Pilot identified service gaps for vulnerable adults. Although SAFA has better supported Police to negotiate these gaps, stakeholders highlighted the need for these to be addressed at local and national policy levels.
<b>Difficulties engaging mental health services</b>	The project team noted that they had experienced some difficulties in liaising with mental health and engaging them in the inter-agency approach. While some of this was due to funding gaps, the project team also noted a need to further develop their relationships with mental health services, increase awareness of the needs of vulnerable adults and improve their understanding of their mental health responsibilities under the Crimes Amendment Act.
<b>Perspectives of partner agencies</b>	Stakeholders experienced some difficulties in engaging some partner agencies due to differing perspectives on the best way in which to respond to vulnerable adults.
<b>Time and resources available</b>	<p>The inter-agency process was perceived as highly valuable and “worth the time if it makes people safer.” However, stakeholders noted that it was a time and resource intensive process, and emphasised the need for SAFA to be properly resourced if it was to be rolled out further.</p> <p>Some stakeholders were concerned of the impact of future rollout of SAFA on Police workloads, particularly in busier areas and during busy periods of the year (e.g. the holiday season).</p>
<b>Intervening in suspected intimate partner abuse where there were concerns that the individual lacked capacity</b>	<p>Interviewees noted that it was very difficult to intervene in the life of an adult, even if there was suspected abuse (e.g. forced marriage or intimate partner violence), if there was a concern that they may lack capacity but a formal assessment had not been completed.</p> <p>As capacity assessments are expensive, with long wait times in the public system, vulnerable adults may have to remain in potentially unsafe situations for a long period of time. Interviewees were concerned about the impact of this delay on the safety of vulnerable adults and emphasised the need for additional funding for capacity assessments.</p>
<b>Engaging disability services</b>	The project team noted that there was a gap in the policies of some disability services in recognising and responding to vulnerable adults, and that some disability services did not support staff in engaging in multi-agency responses. They also noted the difficulties of engaging with some disability services to develop policies relating to vulnerable adults.

## 9. CONCLUSIONS

---

The review has highlighted a number of gaps in the current Police response to vulnerable adults, including:

- A lack of expertise to safeguard vulnerable adults through existing procedures and systems. The ISR Pilot currently only provides a response to vulnerable adults experiencing family harm. It does not provide a response to abuse, harm or neglect experienced outside a family setting. Furthermore, expertise on working with vulnerable adults is missing from the ISR's Safety Assessment and Intensive Case Management teams.
- Poor understanding of vulnerable adults amongst Police staff
- Inconsistent responses to vulnerable adults due to a lack of clear referral pathways and processes to guide Police responses
- Gaps in the ability for Police to respond to people with mental health needs that do not meet the crisis team threshold

Importantly the review has highlighted SAFA's contribution to closing some of these gaps, through its influence on creating an integrated response that safeguards vulnerable adults and supports them to 'Be Safe, Feel Safe'. Specifically, the rapid review suggests that:

1. SAFA can support the Police and other agencies to achieve safer communities through:
  - Improving victim safety
  - Improving accountability for keeping vulnerable adults' safe
  - Improving information sharing
  - Equipping and enabling Police and other agencies to recognise vulnerable adults and provide a collective response to keep vulnerable adults safe and avoid their re-victimisation and/or cycles through the system
  - Providing an integrated safety response to vulnerable adults experiencing or who are at risk of experiencing family harm or other forms of abuse, harm or neglect (including sexual abuse), that do not occur within a family setting and which therefore are not addressed by the ISR.
2. The partnership between the Police and WDHB was crucial to success. This partnership supported the Police through:
  - Sharing responsibility for risk assessment and triage of referrals
  - Providing expert advice on health-related issues

- Supporting the sharing of health-related information needed to provide integrated responses
- Supporting prevention first through allowing health services and community organisations to make SAFA referrals via the DHB. This enables the early identification and management of risks before they become unsafe situations.

Overall, the review suggests that SAFA offers an approach to support the Police in achieving their key priorities of reducing victimisation, ensuring that all New Zealanders are safe and feel safe, and fostering the trust and confidence of all.

## 9.1 Recommendations

Based on the findings from the review, we would suggest that the Police, the DHB and other key agencies consider the following recommendations:

### **Equipping and enabling Police to recognise and respond to vulnerable adults**

1. Provide education and training to support Police staff to better identify and respond to the needs of vulnerable adults.
  - Delivering education and training to Police should be a staged process. This could begin with public counter staff and call centre staff, who are often the first port of call for members of the public experiencing family harm or other forms of abuse, neglect or harm.
  - Training could be extended to include Police Officers and their managers, the Police Family Violence Manager, the ASAT Manager and the District Victims Manager, as Police in these roles will carry out initial screening to identify if individuals meet the SAFA criteria.
  - This could be supported by guidelines from the UK Association of Chief Police Officers<sup>8</sup>, and the training packages developed in the UK and by People First in New Zealand.
2. Create a code to enable Police to systematically identify vulnerable adults.
3. Develop an app to help Police recognise and communicate with an adult who might be vulnerable. This supports the mobility of NZ Police.

---

<sup>8</sup> National Policing Improvement Agency (NPIA), on behalf of the Association of Chief Police Officers (ACPO). (2013). *Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults*. London: NPIA

### **System level recommendations: sharing responsibility, information and accountability**

4. Promote the role of the Police and DHBs in locally leading the safeguarding of vulnerable adults. This can support local action and context based responses. This could draw on:
  - o The Letter of Agreement that has been developed through the pilot to support clear referral pathways, shared responsibility, information sharing and accountability.
5. Train staff from DHBs and local agencies who could refer into SAFA and/or support an integrated safety response for vulnerable adults. This could be provided by the SAFA and/or DHB Coordinator(s).
6. A SAFA Coordinator should be engaged in the ISR to support the benefits of the ISR for vulnerable adults. Without this expertise present there is a risk that vulnerable adults and their needs will not be fully identified or responded to.
7. Consider the value of response tiers to safeguard vulnerable adults.
  - o Response tiers can identify the roles and responsibilities of different organisations and agencies, including the Police, for vulnerable adults based on their level of harm or risk of harm. This could support SAFA to prevent and respond to the needs of vulnerable adults.
  - o We feel that this is important for ensuring that the need to safeguard vulnerable adults is embedded within the system, rather than simply a referral to SAFA.

### **Ongoing piloting and further establishing the evidence base**

8. SAFA should be piloted more extensively across the current Police district areas. The ongoing pilot should be supported by some staff training and the creation of a Police code to identify vulnerable adults. This should further demonstrate the value of SAFA, as well as key considerations for scalability and/or roll out.
9. The ongoing pilot should be evaluated. This should include a more extensive review of the programme, including:
  - o An economic analysis
  - o An enhanced understanding of the role of SAFA in supporting prevention and reducing re-victimisation
  - o The views and experiences of vulnerable adults and their families.

### **Expertise and resources to implement SAFA**

When implementing SAFA, we would recommend that:

10. The SAFA Coordinator role must have the appropriate skills, expertise and previous experience of working in this area. An experienced social worker with strong existing networks within the health and disability sector would be suited to this role.