Karuna Policy – Client Safeguarding

Title	Client Safeguarding Policy
Policy ID	106
Version Number	1.0
Relevant Legislation	Aged Care Act 1997, Child Protection Act 1999 (Qld) The ACT Discrimination Act 1991
Process Owner	Clinical Services Manager

Introduction and Purpose

All people regardless of age, gender, race, religious beliefs, disability, sexual orientation or family or social background have equal rights to protection from abuse, neglect, or exploitation. Therefore, it is essential that Karuna Hospice Service is aware and responsive in addressing threats or risks that are not compliant with ensuring the physical, psychosocial, and spiritual welfare of those in its care.

Scope

All Karuna staff

Policy Statement

Karuna Hospice Service is committed to promoting and protecting the welfare and human rights of all clients, carers, and families.

Karuna Hospice Service believes in open disclosure and appropriate process in managing incidents and complaints.

Karuna accepts responsibility for identifying risks that threaten the safeguarding of client and carer rights throughout their episode of care.

Appropriate response to concerns of abuse, neglect or exploitation must be in accordance with legislation, professional code of conduct, and Karuna Hospice incident reporting processes.

Definitions

Confidentiality: the state of keeping secret or not disclosing information. It comes from confide, meaning to trust someone or tell secrets to them. Confidential information, therefore, is information that should be kept private or secret. Confidentiality is simply the act of keeping that information private.

Disclosure: the act of making something known or the fact that is made known:

Vulnerable: someone who is vulnerable is weak and without protection, with the result that they are easily hurt physically or emotionally.

Duty of care: a legal obligation to: always act in the best interest of individuals and others. not act or fail to act in a way that results in harm. act within your competence and not take on anything you do not believe you can safely do.

The Aged Care Act 1997: the main law that covers government-funded aged care. It sets out rules for things like funding, regulation, approval of providers, quality of care and the rights of people receiving care. Laws on diversity and discrimination also apply to aged care.

Child protection: an area of public law where authorities may intervene in family settings because of an allegation of harm or significant risk of harm to a child (Child *Protection Act 1999* (Qld)

Safeguarding: protecting from harm or damage with an appropriate measure.

Vulnerable People

While all people must be protected from harm, there are additional legislative and ethical considerations for protecting vulnerable people.

Vulnerable people can include:

- children and seniors
- people with impaired intellectual or physical functioning
- people from a low socio-economic background
- people who are Aboriginal or Torres Strait Islanders
- people who are not native speakers of the local language
- people with low levels of literacy or education

Being able to recognise vulnerability in its various forms is important and the first step to being able to protect vulnerable people.

RISKS AND CONSEQUENCES

Safeguarding is a matter of concern for all. Therefore, Karuna needs to be aware of the risks that come with care delivery and the potential incidents of harm.

Incidents of harm may include:

Sexual harassment, bullying or abuse

Sexual offences, including offense to children

Threats of violence or actual violence

Verbal, emotional, or social abuse

Cultural or identity abuse, such as racial, sexual or gender-based discrimination or hate crimes

Coercion and exploitation

Abuse of power

Financial deception

MANAGING RISKS

It is the responsibility of Karuna to consider the unique and specific circumstances of their service and ensure it can identify and manage the relevant risks.

The action to manage risks can be considered in the following steps in protecting people from harm.

- Identify and assess the risks and any legal and ethical obligations.
- Commit to managing risks of working with vulnerable people.
- Prevent harm and mitigate risks with clear and comprehensive policies, procedures, and systems.
- Ensure all staff are aware of legislation and the obligation of reporting in relation to safeguarding clients.
- Engage appropriate people, including those from third parties, statutory agencies to help manage risks by adhering to policies, procedures, and systems.
- Take action when concerns, suspicion or complaints arise.
- Ensure confidential exchange of information, disclosure, and communication

- Any concerns or risks that have been identified regarding safeguarding of clients should be documented in Client notes and discussed immediately with the Clinical Services Manager.
- If appropriate and timely, a team discussion at the Internal Case Management Meeting and/or external Multidisciplinary meetings provides an opportunity to plan appropriate action.
- Report any suspicion of a criminal offence to the police or the relevant criminal judicial body.
- Work with statutory agencies as appropriate

Duty of Care

However difficult it may seem all staff have a duty to make known their suspicions of abuse or neglect. Failure to do so is a failure in their duty of care. Failure by staff to report can be interpreted by the person at risk as approval of or condoning the abuse.

An individual may not be able to alert anyone themselves, perhaps through failure to understand that the activity is abusive or through staff not understanding their individual method of communication or through fear.

It is also a duty of care to not inadvertently inflict further harm by actions taken to address an issue of safeguard neglect.

Document Status

Version	1.0
Version Date	18 February 2022
Author	Clinical Services Manager
Authorisation	Clinical Governance Committee
Effective date	10 March 2022
Standards reference	NSQHS, NPCS
Review date	10 March 2024
Related documents	
Information Source	
Communication	KHS Site, Clinical Team Meetings, Clinical Governance Meetings