H&H Care SA Pty Ltd	**Form11.** Elder Abuse Neglect Financial Abuse and Safeguarding **Australian Government Support at Home Program**	
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Policy and procedure 11
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA prevents, recognises and responds to abuse, neglect and exploitation. It prioritises immediate safety, the older person's rights and wishes, appropriate reporting and coordinated safeguarding without waiting for proof.

Document control	Details
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Prepared	24 October 2026
Policy owner	Director and designated Safeguarding Lead
Approved by	Huy Le, Director — signature: _____
Effective date	_____
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, nurses, workers, administration and approved contractors supporting older clients or handling their money and information

1 Purpose and scope

H&H Care will not tolerate abuse, neglect, coercion, exploitation or retaliation. It will take allegations and suspicions seriously, protect people from further harm and act on unsafe systems as well as individual misconduct. A disclosure need not be a formal complaint, witnessed by staff or supported by visible injury before action is taken.

This policy applies to Support at Home services delivered on behalf of The Fig Trees and other approved registered providers, including concerns involving workers, family, carers, visitors, other providers or scams. Not every safeguarding concern meets SIRS criteria; all concerns still require a proportionate response. Use separate reporting requirements for other programs where applicable.

2 Rights and approach

Presume the person can make their own decisions unless a lawful decision-specific basis establishes otherwise. Provide communication and decision support, respect culture and relationships and avoid assumptions based on age, diagnosis or language. Assess actual risk and coercion rather than treating an unwise choice as automatic incapacity.

Safeguarding should support the person to live safely in the way they choose. It does not itself authorise forced care, entry, removal, restrictions, access to money or substitute decisions. Verify legal authority and seek professional advice for complex consent or capacity issues. Immediate emergency assistance must not be delayed by routine paperwork.

Recognition and warning signs

3 Types of abuse and neglect

Type	Possible indicators and examples
Physical abuse	Hitting, rough handling, inappropriate force, unexplained injuries or repeated inconsistent accounts of injury.
Sexual abuse	Unwanted or unlawful sexual contact, inappropriate sexual conduct, exposure or sexual comments; distress or injuries may not be visible.
Psychological or emotional abuse	Threats, humiliation, intimidation, coercive control, fearfulness, belittling or threats to withdraw care.
Social cultural or discriminatory abuse	Imposed isolation, blocked contact, denial of chosen language or beliefs, discriminatory treatment or interference with identity and relationships.
Financial or material abuse	Theft, pressure for gifts or loans, misuse of authority, unexplained transactions, forced property changes or services billed but not delivered.
Neglect	Failure to provide necessary care, food, hydration, medicines, hygiene, safe equipment or medical attention; repeated omission or systemic understaffing may contribute.
Inappropriate restrictions	Locking a person in, preventing movement, using medication or equipment to control behaviour without applicable lawful safeguards.
Organisational abuse	Rules, culture, poor supervision or routines that disregard rights, silence concerns, conceal incidents or permit repeated unsafe care.

Indicators are prompts for assessment, not proof. Injuries, weight loss, distress or an untidy home can have other causes. Record facts, context, source and changes from baseline; arrange clinical review where needed and do not diagnose abuse solely from a checklist.

4 Risk circumstances and self neglect

Dependence on others, isolation, language barriers, cognitive or communication difficulties, financial stress, carer exhaustion and fear of losing accommodation may increase vulnerability. They do not establish that a family, culture or carer is abusive. Ask privately and respectfully about safety and support.

Self-neglect or unmet needs may reflect illness, limited resources, distress or a person's informed choice. Do not automatically attribute these to a perpetrator. Assess health, decision support and access to services, seek clinical and safeguarding advice, and act on immediate danger. Poverty, carer strain or a person's refusal do not excuse a provider's failure to assess and respond to essential care needs.

Responsibilities and immediate safeguarding response

5 Roles and escalation

The Director appoints a Safeguarding Lead and unconflicted backup. Until separately appointed, the Director performs the role. The Lead assesses immediate risk, coordinates a safety plan, tracks referrals and links incident and complaint processes. The Coordinator maintains essential care and communicates agreed controls. The Clinical Lead RN assesses clinical concerns within scope and arranges appropriate treatment. Every worker must report concerns promptly and protect the person within competence.

The Fig Trees retains its registered-provider responsibilities, including SIRS notifications for its funded care. Agree live contacts, after-hours cover, reporting and safeguarding responsibilities in writing. H&H Care remains accountable for its workforce, actions and any separate legal duties. If the usual manager or provider contact is implicated, use the independent backup or external reporting route.

6 Worker response procedure

- Protect immediate safety. Call 000 for an emergency, provide first aid within training and seek urgent clinical care where needed. Move to a safe position without exposing yourself or the client to additional danger.
- Listen calmly and respectfully. Take the person seriously, avoid blame and acknowledge their concern. Do not promise secrecy; explain that information may need to be shared to protect them or meet the law.
- Where safe, offer a private conversation using a qualified interpreter or trusted independent support. Do not use the suspected perpetrator as interpreter or automatically involve family.
- Ask open, limited questions necessary for safety and support. Do not interrogate, repeatedly ask for the account or confront the suspected perpetrator.
- Report immediately by phone to the Safeguarding Lead or on-call manager and to the RN where clinical input is required. Use the backup or external authority if the usual person is unavailable or implicated.
- Record the person's words, observed facts, dates, information source, immediate actions and contacts. Preserve records and evidence; do not delete messages or alter notes.
- Follow the agreed safe care arrangements and report further contact, pressure or changes. Do not leave essential needs unresolved or assume a referral alone has made the person safe.

7 Special immediate concerns

For suspected sexual assault or serious violence, prioritise safety, medical help, police referral and specialist support. Preserve potential evidence following police or clinician advice without delaying care; staff must not conduct forensic examinations. For a financial scam, help the client promptly contact their bank's verified fraud channel where authorised, but do not take control of their accounts or contact a suspected scammer independently.

Consent reporting and coordinated safety planning

8 Client wishes consent and confidentiality

Ask what the client wants to happen and what may make them less safe. Consider fear, dependency, threatened homelessness, family pressure and monitored communications. Record preferred support and safe contact methods. Offer independent advocacy and supported decision-making. Verify the relevant authority of a guardian, attorney or substitute decision-maker; an appointment is not unrestricted power and may itself be misused.

If a person declines help, explain options and material risks without pressure, assess immediate danger and consult the Lead and RN. Do not abandon the person or assume refusal removes all duties. SIRS and other mandatory notifications do not depend on consent. For other disclosures, establish the lawful basis, consult appropriate advice and record reasons and only necessary information shared.

9 Reporting pathways

Use Policy 9 immediately for actual, alleged or suspected incidents connected with funded care. The registered provider assesses SIRS category and priority; qualifying stealing or financial coercion by a staff member is a specific category, while family financial abuse may require other safeguarding responses. Do not treat the absence of a SIRS category as permission to ignore abuse.

Priority 1 SIRS notices are due within 24 hours of awareness and Priority 2 within 30 calendar days. H&H Care requires immediate internal escalation and prompt provider contact under Policy 9, not waiting for those deadlines. Reasonable grounds for police involvement require prompt action and the applicable police notification timeframe; call 000 immediately for an emergency.

The South Australian Adult Safeguarding Unit can provide advice and receive reports about adults at risk. Reporting to the Unit is voluntary under that pathway and the adult's consent is not required to make a report; this does not remove separate mandatory duties. The Unit's proposed safeguarding response usually involves consent, with statutory exceptions assessed by the Unit. Consult the Unit where uncertain, document the basis for sharing and avoid assuming authority to intervene yourself.

10 Individual safety plan

Develop the plan with the client wherever safe and possible, involving the RN, registered provider and relevant specialist agencies. Specify immediate risks, safe communication, trusted contacts, essential care, medical needs, practical supports, agreed actions, owners and review dates. Consider whether leaving messages, sending a letter or storing the plan in the home could expose the person to retaliation.

Agree who follows up agency referrals and verifies action. If requested support cannot be arranged, escalate the gap and agree interim controls. Any removal of a worker or service change must preserve safe essential care and meet employment, contract and legal requirements. A family agreement or safety plan cannot itself authorise restraint, forced relocation or control of finances.

Financial safeguards and professional boundaries

11 Handling client money and purchases

Workers may assist with shopping or other transactions only where specifically included in the authorised plan and H&H controls. The client retains control wherever possible. Explain the task and obtain consent; record money received, purpose, purchases, receipts and change returned. Keep client and worker money separate, reconcile promptly and report any discrepancy immediately.

- Do not request, record, retain or use a client's banking password, PIN, one-time security code or online banking credentials. If the client cannot transact independently, arrange an authorised bank or legal support pathway rather than improvising.
- Do not borrow from or lend to clients, obtain personal financial benefits, seek commissions or pressure clients into purchases, referrals or gifts.
- Do not become a client's beneficiary, executor, attorney or financial decision-maker through the employment relationship. Refer requests to the Director for independent legal advice and conflict management; workers must not accept the role themselves.
- Do not sign documents for a client, witness wills or financial authority documents, transfer assets or withdraw funds outside an expressly lawful, assessed and approved arrangement.
- Do not take a client's card, cash or property home or retain it outside approved documented arrangements. Use a secure, accountable handover for any authorised temporary custody.
- Declare offered gifts and benefits promptly under the conduct policy. Decline cash and substantial or conditional gifts; record any permitted low-value token transparently.

12 Provider billing and financial concern controls

Reconcile attendance and tasks with invoices and written authorisation. Do not charge for work not delivered as though it occurred, falsify times or conceal duplicated claims. Record any valid cancellation or other charge separately and apply agreed lawful terms. Refer incorrect invoices for correction and investigate repeated discrepancies.

If a client questions charges, listen, record the concern and help them seek an explanation through authorised pathways. Do not access full bank or provider statements without a lawful basis, but do not suppress a suspected billing error or financial abuse concern. Escalate any contractual restriction that appears to conflict with rights or reporting obligations under the governance policy.

13 Money and receipt control record

SAFE F03 | Use only for approved shopping or cash assistance. Expand as needed.

Client and date: _____
Authorised task and consent reference: _____
Amount received and method: _____
Purchases and attached receipt references: _____
Total spent: _____ Change returned: _____ Time: _____
Client confirmation or reason unavailable: _____
Worker authentication: _____ Reconciliation checked by/date: _____
Discrepancy action and manager notified: _____

Safeguarding concern record

SAFE F01 | Complete as soon as safe and link the incident record where relevant. Do not delay immediate reporting while completing the form.

Reference: _____ Client and identifier: _____
Location and safe contact method: _____
Reporter name role and contact: _____
Concern first observed/reported and time: _____
Manager and provider awareness times: _____
Actual / Alleged / Suspected / Immediate danger: _____

Concern and client involvement

Observed facts and source of reported information: _____
_____
_____
Client's words wishes and fears: _____
_____
Suspected person's role and access to client: _____
Known risks to client workers or others: _____
Communication support and private discussion arranged: _____
Consent or decision-making authority issues: _____

Response reporting and follow up

Immediate protection clinical care and emergency action: _____
_____
Safeguarding Lead RN and provider notified with times: _____
_____
Police ASU or other contact reference and advice: _____
_____
Sharing basis and any consent limitations: _____
Evidence preserved and secure location: _____
SIRS assessment owner and incident reference: _____
Safety plan reference and next action owner: _____
Next review due and how safety will be verified: _____
Author and entry date/time: _____

Keep sensitive allegations and the safety plan out of shared household records where that could increase danger. Record established facts separately from suspicions. Do not promise that H&H can guarantee safety or keep information secret when reporting is required.

Individual safeguarding and safety plan

SAFE F02 | Develop with the client and relevant professionals. Keep access and storage consistent with the person's safety and privacy needs.

Client and identifier: _____
Plan date/version and Lead: _____
People involved and verified authority: _____
Client goals and choices: _____
Safe communication methods and unsafe contacts: _____
_____
Risks and warning signs requiring immediate action: _____
_____

Protective action and interim control	Owner and timing	How completion is confirmed
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Essential care and safe worker arrangements: _____
_____
Medical psychological advocacy or legal referral: _____
Agency handover accepted by and date: _____
If agreed actions fail or risk increases: _____
Emergency and trusted contacts: _____
Client agreement refusal or unresolved concerns: _____
Consent or lawful basis for sharing the plan: _____
Where plan is securely held and who may access: _____
Next review date and earlier triggers: _____
Client outcome verified and by whom: _____
Lead approval/date: _____ RN input where relevant: _____
Provider acknowledgement and follow-up role: _____

Call 000 for an emergency. A safety plan does not authorise forced entry, removal, restraint or control of money. Review the plan whenever risk, client wishes or available support changes.

Oversight contacts and references

14 Allegations involving staff and investigation

Act immediately to prevent further exposure and obtain appropriate care. Management considers temporary reassignment or removal from affected duties without pre-judging guilt, following procedural fairness and employment advice. Use an independent investigator where conflicts or severity require it. Preserve evidence and coordinate with police; do not conduct interviews that compromise criminal inquiries.

Follow Policy 9 investigation and reporting requirements and Policy 10 for complaints and open disclosure. Tell the client what is known, what is being done and when they will hear more. Do not disclose confidential employment details unnecessarily. Support affected workers and witnesses without compromising client protection. No retaliation or pressure to withdraw allegations is permitted.

15 Oversight and implementation

Track unresolved concerns and urgent actions until safety is verified or formally handed over to a named accountable professional. As internal controls, management checks open high-risk concerns each service day, reviews trends monthly and audits a risk-based sample quarterly. Review financial records and controls for anomalies, recurrent missed care, gifts and boundary issues. Close only with documented outcomes, notification follow-up and review of ongoing risk.

Before approval, appoint the Lead and unconflicted backup, agree The Fig Trees' reporting and after-hours contacts, approve forms, confirm financial transaction controls and train staff with abuse, neglect, coercion, family conflict and scam scenarios. Check worker screening and supervision. Review this policy annually and after legal changes, serious concerns or identified failures.

16 External contacts

Emergency: 000. South Australian Adult Safeguarding Unit: 1800 372 310; adultsafeguardingunit@sa.gov.au; Monday to Friday 9 am to 4 pm, excluding public holidays. This is not an emergency service. Aged care complaints: 1800 951 822. Independent OPAN advocacy: 1800 700 600. Use verified channels and check current availability when making a referral.

17 References and related policies

Policies 1 to 10; staff conduct; client money and property; clinical care; restrictive practices where applicable. Aged Care Act 2024 and Aged Care Rules 2025; Ageing and Adult Safeguarding Act 1995 (SA); relevant consent, guardianship, privacy and criminal law; The Fig Trees agreement and current variations.

- SA Department of Human Services — Adult Safeguarding Unit and current Code of Practice. https://dhs.sa.gov.au/how-we-help/ageing-well/support-for-adult-safety-and-wellbeing/about-the-adult-safeguarding-unit
- Commission — About reportable incidents. https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/about-reportable-incidents
- Commission — Stealing or financial coercion by a staff member. https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/stealing-or-financial-coercion-staff-member

Official safeguarding guidance checked 24 October 2026. Apply current reporting tests and legal authority; internal controls do not replace statutory requirements.

Director approval: _____ Effective date: _____
Version 1.0 — Draft prepared 24 October 2026; approval and implementation pending.