Policy

Title	Safeguarding Vulnerable Persons
Issued by	Senior Advisor - Safeguarding
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1. Purpose | Pūtake

1.1. Hato Hone St John (**HHStJ**) is committed to safeguarding vulnerable persons (**VPs**).

1.2. This means protecting children & young persons, adults, and elderly persons who are vulnerable from: abuse, neglect, exploitation, and harm (including physical, emotional and financial harm).

1.3. This policy recognises safeguarding as both a legal, ethical and cultural responsibility, grounded in manaakitanga, whanaungatanga and kaitiakitanga. These principles guide how HHStJ upholds the safety, dignity, and well-being of VPs.

1.4. This Policy ensures that HHStJ recognises signs of harm, responds appropriately to safeguarding concerns, creates an environment where the safety, dignity, and rights of every person are prioritised, and ensures that reporting processes are timely, efficient, and effective.

1.5. This policy enables personnel to act in the best interests of vulnerable people and to feel confident in challenging poor practice and raising issues of concern.

1.6. This policy is an organisation-wide policy and provides an overarching framework for Safeguarding with HHStJ. It is supported by Safeguarding Standard Operating Procedures (**SOPs**) and other resources, which are tailored to specific areas of the organisation.

1.7. This policy also sits alongside and supplements other organisational policies (particularly those listed in section 8) and the Clinical Practice Guidelines.

2. Legislation/Codes/Standards and Priory Rules | Ngā Ture

2.2 This policy is guided by the following legislation and professional and ethical standards:

a) Oranga Tamariki Act 1989 (Children's and Young People's Wellbeing Act

b) Children's Act 2014 Family Violence Act 2018 Crimes Act 1961

c) Privacy Act 2020, and Health Information Privacy Code

d) Health and Disability Commissioner Act 1994 and the Code of Health and Disability Services Consumers Rights

e) Code of Ethics for Youth Work in Aotearoa New Zealand (3rd ed)

f) Health and Safety at Work Act 2015

g) Care of Children Act 2004

h) Employment Relations Act 2000

i) Human Rights Act 1993

j) Protected Disclosures (Protection of Whistleblowers) Act 2022

k) Te Tiriti O Waitangi

3. Scope | Hōkaitanga

3.1. This is an organisational wide policy and applies to all personnel interacting with VPs, and their caregivers and whānau.

3.2. A **Vulnerable Person (VP**) means any person whose safety, wellbeing, or ability to protect themselves from harm, abuse, or exploitation is reduced due to factors such as age, illness, disability, mental or physical impairment, social or economic circumstances, or lack of stable care and support. Vulnerability may arise from the person's individual condition, environment, or the actions or inactions of others, and may increase their dependency on others for care or support, making them more susceptible to mistreatment, neglect, or harm.

3.3. This policy applies whenever personnel:

a) Witness or suspect abuse, neglect or vulnerability during their interactions with a VP, or a VP disclose this to them; and

b) Personnel need to make decisions about disclosing that information to prevent or lessen a threat or risk to the VP.

3.4. This policy applies both where the risk is caused by someone within HHStJ or by an external person, although the processes for reporting and dealing with the risk may differ.

3.5. This policy does not cover situations where an agency asks HHStJ to disclose information to them about a VP.

4. Guiding Principles | Whanonga Pono

4.1. Safeguarding at HHStJ is guided by the following principles:

4.1.1. Personnel should Recognise, Respond to and Report safeguarding concerns:

1. **Recognise**: Personnel must be alert to signs, indicators, behaviours, or disclosures that suggest a VP may be experiencing abuse, neglect, or harm.
2. **Respond**: Personnel must take prompt and proportionate action to ensure the VP's safety.
3. **Report**: Personnel must escalate the concern promptly through the appropriate safeguarding reporting pathway.

a) The safety and best interests of the VP are paramount. The rights and autonomy of the VP must be respected.

4.2. Personnel must endeavour to obtain the VP's informed support and consent for any action taken under this Policy, unless their safety or well-being requires otherwise.

4.3. The VP's guardians and/or representatives should be consulted where appropriate.

4.4. **Te Tiriti o Waitangi:**

a) HHStJ upholds Te Tiriti o Waitangi across all safeguarding actions.

b) HHStJ recognises that Māori experience disproportionate harm from family violence, state intervention, and structural inequities. These inequities can cause bias and affect equity and how safeguarding concerns are identified, reported, and responded to.

c) This includes:

Partnership: Engaging early and collaboratively with Māori when safeguarding concerns involve tamariki Māori, rangatahi, whānau, or kaumātua[1].

Protection:

- Ensuring cultural safety throughout assessments, reporting, and decision-making.
- Protecting Māori rights, taonga, identity, and whakapapa information as part of safeguarding practice.

Participation:

- Supporting Māori to contribute to decisions affecting them, including offering access to Māori advocates or cultural support.
- Creating processes that enable Māori to meaningfully participate in planning and response.

d) Personnel are encouraged to recognise cultural context, strengthen relationships with whānau, and ensure the mana and identity of tamariki Māori, rangatahi and pakeke are upheld throughout safeguarding processes.

5. Policy | Kaupapa Here

5.1. Reporting Concerns about a Vulnerable Person:

a) HHStJ has robust processes that allow personnel to raise concerns about VPs, ensure that safeguarding concerns are appropriately responded to, while protecting the rights of the VP and any other people involved.

b) Personnel might see or suspect that someone is being abused, neglected, or is vulnerable when interacting with them. A VP might also choose to directly share sensitive information with the person. Personnel may also receive information about a VP from a third party (such as from a family member or another healthcare provider).

c) As the appropriate processes will differ for each business area, HHStJ will ensure that there are appropriate SOPs in place for each business area interacting with VPs.

5.2. Privacy and Confidentiality:

a) In general, personnel may not disclose information about a VP without their (or their representative's) consent.

b) Personnel will only disclose information about a VP outside HHStJ if:

(i) The VP has consented to the disclosure; or

(ii) The VP's representative has consented to the disclosure, and the VP is not competent to consent themselves; or

c) The disclosure is necessary to prevent or lessen a serious threat to the life or health of:

- The VP
- another individual[3].

(iii) Disclosure is required or permitted under another piece of legislation.

1 children, young people, families and respected elders
2 children, young people, and adults
3 Health Information Privacy Code 2020, Rule 11(1)(d)

5.3. **Children and Young People:**

a) Where the VP is a child or young person, their well-being and best interests generally take precedence over any duty of confidence owed by HHStJ or personnel to:

(i) The child or young person; or

(ii) Any family member of the child or young person.

b) YPSOP2 applies to safeguarding concerns relating to HHStJ Youth Members.

5.4. **Adults and Elderly People:**

a) Personnel may encounter VPs, especially the elderly or disabled, or who may be subject to abuse by carers or who cannot adequately care for themselves. This may include situations where the VP is unable to remove themselves from the care or charge of another person.

b) HHStJ recognises that caring for kaumātua is a role of honour within Te Ao Māori. HHStJ's safeguarding responses will recognise the tapu and mana associated with older Māori and ensure its processes for responding to safeguarding concerns align with cultural expectations, whānau involvement, and dignity.

5.5. **Safe Working Practices:**

a) Personnel must ensure that how they interact with VPs protects the VP from harm.

b) HSWP 3 Lone Working policy provides further information and expectations that personnel must follow to ensure their own safety and the safety of patients.

5.6. **Safe Recruitment:** All hiring processes will align with our HR1.10 Criminal Record Checking Policy and the legislative requirements of the Children's Act 2014.

5.7. **Allegations Against HHStJ Personnel:**

a) Any Personnel resigning, or ceasing to provide their services to HHStJ, will not prevent a concern relating to a VP being investigated and appropriate actions being taken if required.

5.7.1. Personnel will always act with the highest level of integrity in dealing with matters involving VP and will not compromise on their obligations under this Policy in order to protect any other member of HHStJ or any third party.

5.8. **Family Violence:**

5.8.1. HHStJ acknowledges its role as a family violence agency under the Family Violence Act 2018 (the **Act**).[4]

a) Investigations & Co-operation with other agencies:

a) HHStJ will co-operate with other agencies involved in the prevention and investigation of safeguarding matters.

b) **Training:** HHStJ will ensure appropriate safeguarding training is available to personnel that is relevant to their role; so that personnel understand their responsibilities, recognise indicators of harm, and know how to respond, refer and report concerns in line with this policy and the SOPs relevant to their work.

c) If the concern relates to another HHStJ personnel, see HR 1.8 Family Violence

4 As is encouraged by the information sharing provisions of the Family Violence Act 2018, part 2

6. Responsibilities | Haepapa

6.1. All personnel must comply with this policy and any relevant SOPs.

6.2. All managers must ensure they are familiar with this policy, and the SOPs and guidance relevant to their teams' work, and that their teams implement these.

6.3. The Senior Safeguarding Lead is responsible for:

a) the establishment and oversight of this policy

b) Ensuring that SOPs, guidance, and training are developed that support and are consistent with this policy.

7. Monitoring and Compliance | Tūtohu

7.1. The Senior Safeguarding Lead will report regularly to ELT and Priory Board on the incidence and response to Safeguarding matters and the implementation of the Safeguarding framework. Reports will include a summary of incident data and trends, the appropriateness of personnel's responses, and recommendations on improvements.

7.2. Risk & Assurance Team may audit and report on compliance with this policy, related SOPs and associated risks.

7.3. This Policy will be updating every three years, unless required earlier.

8. Associated Documents | Mauhanga

8.1. The following policies are particularly relevant to safeguarding matters and must be read alongside this policy where relevant.

8.2. HHStJ is continuing to develop SOPs and other guidance to support this Policy. This list will be updated periodically to reflect new SOPs as they are introduced. Personnel should be familiar with any SOPs relevant to their area of work:

- YP 2 Youth
- HR4.4 Conduct and Performance
- HR1.7 Protected Disclosures
- HR1.10 Criminal Record Checking
- OG 7.1 Privacy
- HR 2.2 Recruitment
- HR 1.8 Family Violence
- YSOP2 Hato Hone St John Youth Programme SOP
- Integrity Charter Te mana o te pono

9. Definitions and Acronyms | Whakamāramatanga

Abuse	Abuse is a violation of a person's human and civil rights test, caused by the actions or inaction of another individual or group. It may involve a single incident or a pattern of repeated behaviour, including neglect or failure to act. Abuse can occur in any type of relationship and often leads to significant harm, distress, or exploitation of the person affected. Types of abuse: • Physical Abuse • Sexual Abuse • Emotional Abuse • Neglect • Financial abuse • Cultural abuse
Adult	Anyone aged 18+.
Child / Young Person	Anyone under the age of 18.
Child Protection	Any activity or initiative for the purpose of preventing or responding to a specific or suspected incident of child abuse.
Emotional Abuse	The persistent emotional ill treatment of a person such as to cause severe and persistent adverse effect on the person's self-esteem and emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a person. It may also include age or developmentally inappropriate expectations being imposed on young people and their social competence undermined or eroded over time. A person can also experience emotional abuse by being exposed to a dysfunctional environment which includes seeing or hearing the ill treatment of others, including but not limited to being exposed to family violence.
Family Violence	Violence inflicted against a person that is or has previously been in a family relationship of the person inflicting violence. This can include inter-relationship violence, child abuse, adult abuse and elder abuse. Violence includes physical, sexual and psychological abuse. Violence amounting to abuse may be a single act or a pattern of behaviour. [5]
Family Violence Agency	An agency defined as such by the Family Violence Act 2018 – includes governmental and non-governmental organisations that provide help to victims of family violence, even if family violence is not their primary focus. [6] HHStJ is a Family Violence Agency.

5 Family Violence Act 2018, s9.

6 Ministry of Health Overview of the Family Violence Act 2018 Information Sharing Provisions, 2019

Neglect	The persistent failure to meet a person's basic physical or psychological needs. Either through direct & deliberate action or by omission or deliberate inaction to care for and/or protect the person. It may also include neglect of a person's basic or emotional needs.
Personnel	Any person working or volunteering for, or on behalf of, HHStJ.
Physical Abuse	A non-accidental act that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm. Physical abuse also involves the fabrication or inducing of illness. [7]
Psychological Abuse	Any act or omission that results in adverse or impaired psychological, social, intellectual and/or emotional functioning or development.[8]
Sexual Abuse	An act or acts that result in sexual exploitation – whether consensual or not. Can be committed by a relative, friend, associate, or someone unknown to the person. It includes situations where the perpetrator seeks to have the victim touch them for a sexual purpose, and where they involve the victim in pornographic activities or prostitution.
Te Tiriti Principles	**Partnership**: Building genuine relationships with Māori that are grounded in respect, shared understanding, and collaboration. **Protection**: Upholding Māori rights and safeguarding taonga, including language, culture, and wellbeing. **Participation**: Supporting Māori involvement in shaping initiatives and decisions that impact their lives and communities.
Youth Member	Any member of the HHStJ Youth Programme under the age of 19 who holds a youth member role.

[7] Oranga Tamariki Working Together Guide, 2018
[8] Family Violence Act 2018, s11.

Indicators of Abuse [10, 11] - Children

	Physical Indicators– Child	Behavioural Indicators – Child	Behavioural Indicators – Adult
Neglect	• Extremely dirty or unbathed • Inappropriately dressed for the weather (e.g. shorts and t-shirt in winter) • Malnourished – undersized, low weight, sickly complexion • Persistent skin disorders and rashes resulting from lack of hygiene	• Lack of attachment to parents • Poor social skills • Steals food • No understanding of basic hygiene • Poor school attendance • Indiscriminately demanding of affection or attention • Left home alone frequently	• Fails to provide for child's basic needs – food, clothing, medical care, etc • Fails to provide adequate supervision for child • Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to special education needs. • Is frequently unaware of child's whereabouts • Demonstrates little involvement in child's life, does not attend activities, school events, etc
Physical	• Unexplained bruises, especially on face, lips, mouth, eyes, torso, back, buttocks, back of legs • Unexplained welts, cuts or abrasions • Unexplained burns, especially cigarette burns or identifiable outlines of objects • Unexplained fractures	• Wary of adults • Violent towards other children or animals • Flinches or cringes if touched • Cannot recall how injuries occurred or gives inconsistent explanations • Imitates negative behaviour while • playing – e.g. smacks or yells at a doll	• Vague about how an injury was caused, or changes the story • Blames the accident on a sibling, friend, or the child themselves • Is aggressive to the child in front of others • Publicly threatens or attempts to injure the child
Emotional/ Psychological	• Bedwetting • Complains frequently of headaches, nausea, abdominal pain, without cause • Malnourished • Dressed differently from other children in the family • Pale emaciated, sunken cheeks • Nightmares • Prolonged vomiting or diarrhoea	• Aggressive or withdrawn • Displays self- destructive behaviours e.g. self- harm, suicidal talk • Almost 'too eager' to please • Appears sad • Imitates negative language or behaviour while playing – e.g. smacks or yells at a doll	• Publicly humiliates child or calls them names • Treats child differently from siblings or peers • Threatens child • Withholds affection • Ignores the child • Refuses to allow child to have unsupervised interaction with friends or peers

[10] *Indicators of child abuse | Emotional, physical, behavioural.* (n.d.).
[11] Ministry of Health. (2014). *Family Violence Assessment and Intervention Guide: Child abuse and intimate Partner violence*.

Sexual (Emotional and psychological abuse can also be aspects)	• Torn, stained or bloody underwear • Bruises, lacerations, redness, swelling or bleeding in genital areas • Excessive or unusual itching in genital areas • Pain experienced in urination • Pregnancy, especially younger girls	• Age-inappropriate, sexually explicit drawings or play with toys, self or others. • Fear of certain places e.g. bathroom, bedroom • Refuses to go home or to the home of a friend or relative • Comments like "I have a secret" • Describes or hints about sexually abusive activities • Compulsive behaviours e.g. handwashing • Afraid of being alone with people of a particular sex • Sexualised behaviour	• Unusually protective or controlling of the child • Jealous of child's relationship with others • Accuses child of being sexually provocative • Invades child's privacy e.g. while dressing, in the bathroom • Favours their victim over other children • Demonstrates physical contact or affection with sexual overtones towards child • Indications of grooming • Asks the child to do things in private involving physical contact, e.g. massages • 'Accidentally" touches or brushes against child's body • Looks at or touches child's body to see how they are developing • Asks child to keep any of these things a secret
Disability	• Assistive devices not provided (wheelchair, hearing aids, communication tools) • Medications or supports withheld • Preventing access to specialist care	• Increased dependence where independence used to be supported • Restriction of communication (e.g., removing Augmentative Alternative Communication tools) • Appears isolated due to disability barriers • Apologies for their needs/ "being a burden"	• Speaks for the child, prevents them answering • Oversteps supported decision-making and makes decisions for them • Uses disability as justification for control • Discourages or blocks access to supports / advocates

[12] Ministry of Health. (2016). *The Prevention and Management of Abuse: Guide for services funded by Disability Support Services*. https://www.health.govt.nz/publications/the-prevention-and-management-of-abuse-guide-for-services-funded-by-disability-support-services

Indicators of Abuse [13,14] - Adults

Type of Abuse	Physical Indicators Adult	Behavioural Indicators Adult	Behavioural Indicators Person Causing Harm
Neglect	• Poor hygiene, malnutrition, dehydration • Pressure sores, ulcers, or unexplained weight loss • Inadequate clothing for conditions • Unsafe or unsanitary living conditions	• Appears withdrawn, anxious, or resigned • Expresses feelings of being a burden • Avoids medical or social services • Frequently missed medical appointment	• Fails to provide food, hygiene, or medication • Restricts access to medical care or visitors • Minimises or denies the adult's care need • Appears indifferent or dismissive of wellbeing
Physical Abuse	• Unexplained bruises, burns, cuts, fractures • Injuries at various stages of healing • Injuries inconsistent with explanation • Signs of restraint (e.g. bruises on wrists)	• Flinches or appears fearful around certain people • Gives inconsistent explanations for injuries • Withdrawn, anxious, or fearful behaviour	• Gives vague or changing explanations for injuries • Dismisses or minimises harm • Controls or isolates the adult
Emotional / Psychological Abuse	• Signs of depression or anxiety • Sleep disturbance or fatigue • Sudden loss of confidence or self-esteem	• Withdrawn, tearful, or fearful of certain individuals • Sudden changes in communication or behaviour • Self-blame or apologising excessively	• Threatens, humiliates, or insults the adult • Controls decisions, communication, or activities • Withholds affection or support
Financial / Material Abuse	• Sudden inability to pay bills • Unexplained withdrawals or changes to bank accounts • Missing belongings or valuables	• Expresses confusion about finances • Appears anxious about money or bills • Signs new documents without understanding them	• Controls the person's finances or access to money • Uses the person's resources for personal gain • Coerces signing of documents or wills
Sexual Abuse	• Bruising, pain, or injury in genital or anal area • Torn or bloody clothing • Difficulty sitting or walking	• Withdraws from physical contact or care • Displays fear or distress around certain individuals • Unexplained changes in behaviour or sleep	• Inappropriate touching or comments • Denies privacy (e.g., during dressing or bathing) • Attempts to control intimate care situations
Disability Abuse	• Assistive devices not provided (wheelchair, hearing aids, communication tools) • Medications or supports withheld • Preventing access to specialist care	• Increased dependence where independence used to be supported • Restriction of communication (e.g., removing Augmentative Alternative Communication tools) • Appears isolated due to disability barriers • Apologies for their needs / "being a burden"	• Speaks for the person, prevents them answering • Oversteps supported decision-making and makes decisions for them • Uses disability as justification for control • Discourages or blocks access to support / advocates

[13] *Elder abuse*. (n.d.). https://www.ageconcern.org.nz/Public/Public/Info/Health_Topics/Elder_Abuse.aspx
[14] Ministry of Health. (2016). *The Prevention and Management of Abuse: Guide for services funded by Disability Support Services*. https://www.health.govt.nz/publications/the-prevention-and-management-of-abuse-guide-for-services-funded-by-disability-support-services