

Safeguarding Adults in the Falkland Islands Guidance for Professionals

The Safeguarding Adults in the Falkland Islands Guidance is for the use of all those whose work involves contact with adults in need of care and support. This includes those working in the statutory, voluntary and independent sectors.

It is the responsibility of each department to inform and train their staff on the content of this guidance. Individual departments should also have detailed procedures that complement this document.

All people are entitled to a life without exploitation or abuse

For help and advice, or to report a concern:

Telephone: 27296

Email: Referrals.social@kemh.gov.fk

Safeguarding Adults in the Falkland Islands

Guidance for Professionals

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Contact details for Reporting:

All abuse or neglect concerns relating to adults with care and support needs must be reported to Social Services via **27296**, and in circumstances where a crime is apparent, the police on 28100.

The adult themselves, any member of the public, a professional, or any organisation can refer an adult safeguarding concern.

Where to get safeguarding information / advice

If you are unsure whether to make a safeguarding adult referral you are welcome to discuss your concerns and/or seek information and advice from Social Services by telephone on **27296 (8.00am to 4.30 pm Monday to Friday)**.

If children may be at risk; including unborn children, contact Social Services on 27296.

If out of hours, and the situation is a non-life-threatening emergency, please telephone the on-call service by contacting the Police on 28100 and ask for the on-call social worker. **Please note that the on-call service is for emergency situations only, for example where an adult at risk may need an urgent welfare check or there is a child protection concern.**

If you think that someone is in immediate danger call 999

Part One – Definitions

1. Who is an Adult at Risk under the Assessment and Safeguarding of Adults Ordinance 2020?

The Assessment and Safeguarding of Adults Ordinance 2020 states that adult safeguarding duties apply to an adult (whether or not ordinarily resident in the Falkland Islands) -

- Has needs for care and support (whether or not the Government is meeting any of these needs); and
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

Care and support describes the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include home care, other specialist support services, or the provision of aids and adaptations.

Workers need to be vigilant about adult safeguarding in all walks of life including health and social care, education, policing, banking, fire and rescue services, trading standards, leisure services, faith groups and housing. GPs, in particular, are often well placed to notice changes in an adult that may indicate they are being abused or neglected. If concerned all staff are expected to make a referral into Social Services

Safeguarding means protecting an adult's right to live in safety; free from abuse and neglect. It is about people and departments working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where possible, having regard to their views, wishes, feelings and beliefs in deciding on any action.

1.1 What is meant by abuse?

Abuse is the violation of an individual's human and civil rights by any other person or persons

- It may be something that is done to the person
- It may be something not done when it should have been
- It may be intentional or unintentional
- But if an adult is harmed action must be taken to address the situation.

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, psychological, or acts of omission. It may occur where a person is persuaded to enter into a financial or sexual activity to which they have not consented, or cannot consent.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect.

1.2 Categories of Abuse

Whilst it is acknowledged that abuse or neglect can take different forms, the Falkland Islands Safeguarding Adult Policy identifies the following categories of abuse or neglect: -

- Physical Abuse
- Emotional / Psychological abuse
- Financial or material abuse
- Sexual abuse
- Neglect and acts of omission
- Organisational abuse
- Self-neglect
- Domestic abuse
- Modern Slavery
- Discriminatory abuse

Part Two - How to recognise abuse

2. Abuse can happen in any setting, and comes to light in different ways. Sometimes a person may tell you that they are being abused, but more often concerns are raised by something that you see or behaviour observed by you or others, or be discovered on admission to hospital.

2.1. What to look for

There are some situations that will alert you to the possibility that an adult is being abused. These are not proof in themselves that abuse has taken place as each indicator may have a different explanation other than abuse, but you must report your concerns.

If you notice an injury, you may have an opportunity to enquire of the adult in an open way about how it happened. It is very important not to suggest explanations, or put words into people's mouths, but a simple sympathetic "How did that happen?" may be helpful. Any injury that is not fully explained by the history given should alert you to the possibility of abuse. You should also be alert to frequent changes of previous addresses, changes of names or aliases and complex and inconsistent family histories that are not substantiated.

The following are examples of possible signs and symptoms of abuse, arranged according to type of abuse. It is important to remember that different types of abuse may, and very often are, happening at the same time.

2.2. Indicators of abuse

A definition of each, how to recognise abuse and what signs to look for in each category is outlined below. This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

Physical abuse

Includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators:

- Unexplained or inappropriately explained injuries;
- Adult exhibiting self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising; to the face, torso, arms, back, buttocks, thighs, in various stages of healing.

- Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult with capacity not being allowed to go out when they ask to.

Psychological abuse

Includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying or "trolling", isolation or withdrawal from services or support networks.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation/gender orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information from the person. Psychological abuse has an effect on a person's self-esteem, they may use punitive or derogatory language to describe themselves, may be emotionally withdrawn, have sleep disturbance and may deliberately self-harm.

All these behaviours are cause for concern and the reasons for them need to be established.

Possible indicators:

- Unusual ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Threats to abandon or "put away" the adult at risk;

- Teasing, threats and intimidation;
- Talking about the person as if they were a child or object.
- Unusual changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- A punitive approach to bodily functions or incontinence;
- Adult's movement is restricted by use of furniture or other equipment;
- Locking a person in at home or in a car, and allowing few visitors, phone calls or outings
- Bullying via social networking internet sites and persistent texting.

Financial or Material abuse

This can include theft, fraud, telephone and internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Be alert to any unusual bank account activity where sums withdrawn cannot be accounted for, there are recent changes to deeds or title of property, or there are significant sums of money borrowed and not repaid, or only repaid in part.

A person living in poverty who cannot afford the basic necessities of life, but has adequate income, may be being deprived of money by others.

Sometimes adults at risk are manipulated or "groomed" for financial gain, e.g. a perpetrator may disclose sad family circumstances, borrowing small sums of money, breaching professional boundaries. Family members, friends or professionals may be the perpetrators of such abuse.

Financial abuse can be part of "**Mate Crime**", a situation where people befriend a person and then exploit them for money, goods and accommodation.

Possible indicators:

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards
- Disparity between assets/income and living conditions;
- Receivership obtained when the adults retains capacity to make the decision and does not consent.

- Acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Sending large amounts of money to “charities” or people they have not met, sometimes outside of the Falkland Islands.
- Service user not in control of their direct payment;
- Paying unusually large amounts for repairs.
- Illegal moneylending
- Changing beneficiaries on wills or deeds or other financial documentation

Sexual abuse

Sexual abuse covers many forms. It includes rape, sexual assault, sexual touching, indecent exposure, sexual harassment, sexual photography, subjection to pornography or cyber-flashing, witnessing sexual acts, inappropriate looking, sexual teasing or innuendo, witnessing sexual acts, or sexual acts to which the adult has not consented. Sexual abuse and exploitation can be perpetrated by one individual to another, and/or be perpetrated by an exploitative group who target individuals or a group of at-risk people.

Sexual abuse includes penetration of any sort, and situations where the person causing harm touches the abused person’s body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health or care worker etc.) may also constitute sexual abuse.

It should be noted that denial of a sexual life to consenting adults is also considered abusive practice and a potential breach of Human Rights (Article 8).

Possible indicators:

- Adult has urinary tract infections, vaginal infections or sexually transmitted infections that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult’s underclothing is torn, stained or bloody;
- Pregnancy, particularly in cases where the woman lacks the mental capacity to consent to sexual intercourse.

Sexual exploitation

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person) receives affection or inclusion or some type of

“reward”, for example food, accommodation, drugs, alcohol, cigarettes, gifts, money as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person’s immediate recognition. This can include being encouraged to post sexual images or videos on the internet or a mobile phone, or being sent such an image by the person alleged to be causing harm.

In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. As above, sexual exploitation can be perpetrated by an individual or a group of perpetrators.

Neglect and Acts of Omission

Neglect includes ignoring health, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as adequate nutrition and hydration, heating and medication,

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an institution or specific care or support setting such as a hospital or where care or support is provided within the adult’s own home.

Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators:

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Adult is exposed to unacceptable risk.

Organisational Abuse

Includes neglect and poor care or support practice within an establishment or specific care or support setting, or where care is provided within the adult’s own

home by a provided service. This may range from a one-off serious incident to on-going ill-treatment. Organisational abuse involves neglect or poor professional practice as a result of the structure, policies, processes and practices within a department.

Such abuse violates the person's well-being, dignity, independence, safety, privacy and choice, and represents a lack of respect for their human rights.

Organisational abuse can occur in any setting where health or social care is provided.

Research (University of Hull 2012) has highlighted that organisational abuse is most likely to occur in organisations where:

- There are poor recruitment practices
- There is a failure of leadership or management / frequent changes of management
- Staff do not have the right skills and knowledge to inform their practice.
- Staff are poorly supervised and poorly supported in their work;
- There are insufficient staff to deliver the service
- People's individual needs and circumstances are not recognised, the service is not person centred or fails to recognise the dignity, identity and well-being of each person.

Self-Neglect

Self-neglect can be defined as:

A lack of self-care – neglect of personal hygiene, nutrition, hydration, and health, thereby endangering safety and well-being, and/or lack of care of one's environment – squalor and hoarding, and/or a refusal of services that would mitigate risk of harm.

People who self-neglect can present through a variety of key episodes – fire risks, drugs and alcohol abuse, infections from poor tissue viability, (e.g. pressure sores,) untreated diabetes or other serious medical conditions.

Possible indicators:

- Living in very unclean, sometimes verminous, circumstances;
- Poor self-care leading to a decline in personal hygiene;
- Poor nutrition;
- Poor healing/sores;
- Hoarding;
- Neglecting household maintenance;
- Poor health with a refusal to take prescribed medication or follow medical advice
- Refusing all services which may help address health or self-care concerns.

Do note that poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income. The key consideration is – does this behaviour lead to risk of or actual harm to the individual? If there is no, or low, risk of harm to self or others, the persons choice should be respected. It should be noted that self-neglect may not prompt a section 10 enquiry. An assessment has to be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Domestic Abuse

The Attorney General's Guidance on Protection from Domestic Abuse defines domestic abuse as:

'a general term describing a range of behaviour used by one person to maintain control over another with whom they have, or have had, an intimate or family relationship.'

Domestic abuse is defined by section 102 of the Crimes Ordinance 2014 ("the Ordinance"). Abusive behaviour is defined as being any of the following:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (i.e. behaviour that has a substantial adverse effect on the ability to acquire, use or maintain money or other property, or obtain goods or services); or
- (e) psychological, emotional or other abuse

Domestic abuse may include psychological, physical, sexual, financial, emotional abuse; so-called 'honour-based' violence; Female Genital Mutilation (FGM) and forced marriage.

Domestic abuse is not restricted to abuse between intimate partners, It can extend to other family members as well, for example parents and sons/daughters, brothers and sisters, in laws and step family members, or other relatives. Risk of harm to adults living at home is most commonly related to domestic abuse. It is therefore appropriate to consider domestic abuse approaches and legislation as part of the safeguarding adults process.

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non- therapeutic reasons" (WHO, 1996). The Falkland Islands Female Genital Mutilation Guidance Document sets out the Falkland Islands Government's multi-agency response and assists professionals in the prevention and detection of FGM. The wishes of the woman must be respected at all times.

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. If an adult woman with FGM lacks capacity to decide then a decision whether to refer to social service or police would need to be made in the individual's best interests. All professionals should be aware that any disclosure may be the first time the woman has discussed her experience of FGM.

Modern Slavery

Includes slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

In recent years, there has been an increased growth in modern slavery in the fishing industry. Research indicates that forced labourers don't necessarily originate from the same country as the ship they are working on.

Contemporary slavery takes various forms and affects people of all ages, genders and backgrounds. Modern slavery can involve people trafficked into the Falkland Islands or adults who are Falkland Islands residents.

Modern Slavery should be considered if a person is:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Human trafficking involves the act/s of recruiting, transporting, transferring, harbouring or receiving a person through the use of force, coercion or other means; for the purpose of exploiting them.

If an identified victim of modern slavery and /or human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process.

The police are the lead agency in managing responses to all adults who are the victims of human trafficking. Other departments that are key in recognising and dealing with Modern Slavery and human trafficking include Customs and Immigration and Fisheries.

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- The adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- They are accompanied outside their address; they are not permitted to go out alone.
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- The adult has few personal possessions and often wears the same clothes
- What clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them.
- If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- Fear of authorities

Environmental indicators include:

- Outside the property - there may be bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn or windows have reflective film or coatings applied to them.
- The entrance to the property has CCTV cameras installed.
- Inside the property - access to the back rooms of the property is restricted or doors are locked.
- The property is overcrowded and in poor repair.

Modern Slavery - Who should you tell?

If you are concerned that someone may be the victim of modern slavery or sexual exploitation, or you have suspicions about perpetrators of these crimes you should report it in one of the following ways:

If you think that someone is in immediate danger call 999

For non-emergency calls contact RFIP on 28100

If the person is an adult at risk as defined by the Assessment and Safeguarding of Adults ordinance you must also make a safeguarding adult referral. If any child is involved then social services must be informed.

Discriminatory Abuse

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.

Discriminatory abuse can also be a feature of any form of abuse of an adult at risk, where abuse is motivated by the perpetrators prejudice toward an adult at risk's age, gender, gender identity, sexual orientation, disability, religion, class, culture, language, political views or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

Hate crime is a form of discriminatory abuse, although will often involve other types of abuse as well, i.e. physical and psychological abuse.

A hate crime is any criminal offence committed against a person or property that is motivated by hostility towards someone based on the adult's: disability, race, religion or belief, sexual orientation, or gender identity.

All hate crime should be reported to the police. Anyone can be the victim of a hate crime. Hate crime targets people because of their identity. It is a form of discrimination that infringes human rights and keeps people from enjoying the full benefits of society. Hate crime creates fear in victims, groups and communities and encourages communities to turn on each other.

Research has shown that hate crimes cause greater psychological harm than similar crimes without a motivation of prejudice.

Possible indicators:

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment; all the indicators listed may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
- An adult making complaints about service/s not meeting their needs.
- Physical attacks such as physical assault, damage to property, offensive graffiti and arson.
- Threat of attack including offensive communications, groups hanging around to intimidate, and unfounded or malicious complaints.
- Calling a person, a 'paedophile' or attempting to damage their reputation and cause others to react against them.
- Verbal abuse, insults or harassment - taunting, abusive gestures and bullying.
- Offensive leaflets and posters, dumping of rubbish outside homes.

2.3 Non-recent Allegations of Adult Abuse

There is no time limit in relation to reporting allegations of adult abuse. Non-recent allegations should therefore be responded to in the same way as contemporary concerns - in line with the Safeguarding Adults process.

2.4 Non-recent Allegations of Child Abuse

If an adult at risk discloses abuse that happened when they were a child and from which they are now safe, i.e. they have no contact with the alleged perpetrator; this is not a concern that needs to be reported under safeguarding adults. However, several courses of action must still be considered:

- If the person has the capacity to decide they may wish to report their abuse to the police and the person should be well supported throughout the process
- If the person does not have the mental capacity to make those decisions for themselves, a report may be made on their behalf if it is decided it is in their best interests to do so.
- If children/members of the public are thought to be at risk from the alleged perpetrator a referral must be made to Social Services whether the victim consents or not. If you have a belief that children are at risk then you have a duty to report this information to Social Services

2.5 Situations of increased risk

To enable you to identify abusive situations more clearly it is useful to be aware of factors that can, potentially, increase the risk of abuse.

The profile and circumstances of the **alleged perpetrator** are more significant than the profile, or degree of dependence of the adult at risk. This is likely to be the same in domestic and other settings.

The following factors can act as a flag for further assessment: The alleged perpetrator may have:

- A history of substance misuse (including alcohol, prescription medication, illegal substances, steroids & psychoactive substances')
- Mental health issues
- A history of violence or abuse including domestic abuse or sexual offences.
- A dependency on the adult at risk for money, accommodation
- Financial problems, low income, debt problems
- History of family conflict
- Carer stress.

Part Three – Taking action

Contact details for Reporting:

All abuse or neglect concerns relating to adults with care and support needs must be reported to Adult Social Care via Tel. 27296 or by email:

Referrals.social@kemh.gov.fk

All allegations of a crime should also be referred to the police via Tel. 28100.

If you think that someone is in immediate danger call 999

The adult themselves, any member of the public, a professional, or any department can refer an adult safeguarding concern.

Where to get safeguarding information / advice

If you are unsure whether to make a safeguarding adult referral you are welcome to discuss your concerns and/or seek information and advice from Social Services. If children are at risk you have a duty to report this to social services.

If out of hours, and the situation is an emergency and does not warrant immediate police action, contact the out of hours social service on-call worker via the police on 28100. **Please note that the On-Call service is for emergency situations only, for example where an urgent welfare check is required or there is a child protection concern.**

Responding to Adult Safeguarding Concerns – a summary of what to do.

There are some key responsibilities and actions for anyone who is alerted to abuse or neglect. These concerns must be reported as soon as possible, but in any event within 24 hours.

Hearing allegations of abuse and reporting your concerns is not always easy, you may feel you are betraying someone, perhaps a colleague, a neighbour or a relative. Whatever the source of the information it must be treated seriously, checked, recorded and shared with your manager. All departments share equally the responsibility for the identification of abuse, and for ensuring appropriate action is taken.

If you work for a Falkland Islands Government department it is your duty to report your concerns, and it may be considered a disciplinary matter not to do so. [The Falkland Islands Government Confidential Reporting 'Whistle Blowing' Policy](#) is designed to protect and support you in taking action.

Whatever the source of the information it must be treated seriously, recorded accurately and shared in accordance with this guidance.

3.1 Dealing with disclosures

A safeguarding concern can come to light in various ways, for example:

- An active disclosure of abuse by the adult;
- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- A growing awareness that "something is not right";
- An allegation of abuse by a third party;
- A complaint or concern raised by an adult or a third party who doesn't recognise that it is abuse.

3.2 If an adult discloses an allegation of harm or abuse to you.

Remember:

- Stay calm
- Try not to show if you are shocked,
- Listen carefully and be sympathetic
- Tell the person they have done the right thing in telling you, and that the abuse is not their fault
- Tell the person that you are treating what they said seriously and that you will be talking to your manager about it.
- Tell the person that you will do your best to support them.
- Clarify the nature of the abuse and establish if it needs an urgent response. If so keep the person as calm as possible until the police arrive.
- Make sure that the person is safe and well at that point.
- Do not attempt to contact or question the alleged perpetrator as you may be placing the adult at further risk of harm.
- Adhere to information sharing protocols, only share the persons' information with the people who need to know, and observe the confidentiality of all concerned at all times.
- Ask the person what they would like to happen next – see section 3.4 below for further guidance

Accurate and complete information is essential. Write down what the adult tells you, and what you said to the adult.

3.2.1 Address any immediate safety and protection needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.

- Summon urgent medical assistance from KEMH on 28052 if there is a concern about the adult's need for medical assistance or advice.
- Consider if there are children or other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed.
- Make a written record of what was agreed, what action/s have been taken and make a record of any evidence that has been preserved and where it is stored etc.
- Consider if there are children who are at risk of harm, and take appropriate steps to safeguard them. Are there unborn children who may be at risk? In all cases you must refer directly to social services on 27296

3.2.2 Preserving evidence

If there is any concern that a crime has been committed and therefore evidence will need to be preserved seek advice from the RFIP Criminal Investigation Department (CID) without delay.

Be aware that in certain situations medical or other evidence will need to be preserved. You may need to contain areas, lock rooms, or ensure that equipment and documents are secured appropriately so that evidence cannot be lost or tampered with.

If there has been, or believed to have been, a physical or sexual assault, apart from rendering essential first aid, as necessary, do not wash the adult at risk. Do not remove or wash items such as clothing or bedding. Do not tidy up or touch anything that maybe classed as evidence. If you have to move anything, make a note as to what was moved and why.

Consider photographing anything of significance that may be lost before police arrival (such as anything which may be blown or washed away in inclement weather).

It is important to remember it is the responsibility of the police to investigate any allegations of criminal activity.

Never put yourself at risk.

If you are in any doubt about what to do, the RFIP are available for help and advice 24/7.

3.3 Report & Inform - Checklist

- Report the matter internally through your safeguarding adults internal reporting procedure.
- The Designated Safeguarding Lead (DSL) will report to the police as appropriate: To report an emergency, if a crime is in progress, or life is at risk call - 999. To report a non-emergency abuse or raise a concern about a crime call - 28100. Make a note of the person you raised the concern with and include this in the referral to social services.
- The DSL in collaboration with either FIG Human Resources Department or the individual agency's Human Resources Department will consider what actions can be taken should a member of staff be the alleged perpetrator. A risk assessment of potential harm will need to be considered.
- The DSL in collaboration with either FIG Human Resources Department or the individual agency's Human Resources Department. will consider whether suspension is necessary to protect the individual and/ or the safeguarding adult investigation.
- The DSL in collaboration with FIG Human Resources Department or the individual agency's Human Resources Department will consider and take required actions if the individual allegedly responsible for the abuse is registered with a professional body, complete and send notification.
- The DSL in collaboration with either FIG Human Resources Department or the individual agency's Human Resources Department will consider and take required actions in accordance with the individual's professional regulatory body and/or country of origin criminal checks system. An example of this may include Social Work England or the Health and Care Professions Council and a referral under the Disclosure and Barring Scheme (DBS).

3.4 Speaking with the adult

From the very first stage of concerns being identified, the views of the adult should be sought. This will enable the adult to give their perspectives about the abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. **These views should directly inform what happens next.**

The adult must be asked for their consent to report the concern. If consent is withheld but there are risks to others, or if the risk to the adult is considered at a significant level to justify intervening without the adult's consent then a

safeguarding concern should be raised. The subject of the referral should always be informed when a safeguarding concern is raised.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your manager. Social Services can also be contacted for support and advice.

When speaking to the adult –

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present;
- Obtain the adult's views on the concern and what they want done about it;
- Provide the adult at risk with information about the adult safeguarding process and how that could help to make them safer; ask for their consent to make a referral.
- Explain confidentiality issues, how they will be kept informed and how they will be supported;
- Identify any communication needs, personal care arrangements and access requests;
- Discuss what could be done to make them feel safer;
- Preserve evidence through recording;
- Take steps to preserve any physical evidence.
- Discuss and agree any immediate protective actions needed.

3.4.1 Making Safeguarding Personal

The [Making Safeguarding Personal](#) (MSP) initiative is a sector led strategy which aims to make safeguarding person-centred and outcome focussed. This strategy supports the principle of Wellbeing detailed within the Assessment and Safeguarding of Adults Ordinance and should be adopted as good practice within all departments.

MSP involves engaging with people about how we might respond in safeguarding situations in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety; we must see people as experts in their own lives and work alongside them. It is also about the outcomes adults at risk identify at the beginning and middle of the safeguarding process, and then ascertaining the extent to which those outcomes have been realised at the end of the safeguarding process.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances and wellbeing, rather than just on 'investigation' and 'conclusion'
- An approach that works actively with people rather than just 'putting people through a process'
- An approach that helps practitioners, families, teams and SABs to know what difference has been made.

3.5 Mental Capacity and Consent

When safeguarding concerns arise, the mental capacity of the individuals involved – victims as well as those alleged to be responsible - is central to the assessment and decision-making processes.

The starting assumption should always be that the person has capacity however it is essential that the mental capacity and consent of those involved is clarified at every stage of the safeguarding process. If a person is assessed as not having the capacity to consent at any stage, a best interest decision must be made on their behalf to make a referral regarding the concerns.

3.6 How to report a Safeguarding Concern

When somebody raises a concern about an adult with care and support needs who is at risk of abuse, the first step of the process is called '**Raising a Safeguarding Concern.**' Anybody can raise a safeguarding concern, for example they might be a carer or another professional working with adults with care and support needs.

Alternatively, an adult at risk or somebody acting on their behalf may raise the concern, or they may have contacted other professional bodies (such as the police, health services or voluntary organisations) these agencies can also raise the concern.

When you come to report your concern, you will be expected to give relevant details of the person you seek to protect, and it will help greatly if you give good organised information when you report the allegation or suspicion of abuse. Your department may have a specific form for reporting allegations and concerns.

When you can, please use the Social Services referral form. Please complete and send to Referrals.social@kemh.gov.fk clearly highlighting in the subject line '**Safeguarding Adult Referral**'.

You do not need to fill in every box, but it is useful to know specific information about the adult at risk including:

- Name and date of birth if known
- Address and who they live with

- Services they receive and from whom
- Who is providing the information?
- Who is the alleged perpetrator or person implicated in the alleged abuse
- Your concerns, and the reasons for those concerns. What do you think the risks are?

If it is possible and safe for the adult – have you made the adult aware of the referral, have they consented, what are the views of the adult at risk?

If you do not have all this information and the situation is urgent do not delay, report it first to Social Services.

If you are quoting someone else then be sure that you advise of this. It is important that the initial referral is clear, so try to recall what was said using the person's own words. Remember to sign and date the record.

There should be no delay in reporting serious concerns. The information will be treated sensitively and in accordance with the Falkland Islands Safeguarding Adult Board Information Sharing Guidance. Professional referrals cannot be anonymous and should be made in the knowledge that during the course of safeguarding adult process it will be made clear which department has raised the concerns. A Safeguarding Adults referral will be given high priority. It indicates that there is a risk to an individual's physical, emotional, or mental well-being and must be carefully assessed by Social Services.

3.7 What happens after a referral is made?

3.7.1 Decision about the Safeguarding Concern

A strategy discussion will be held between social services and the Police Public Protection Officer to establish if the adult –

- a) has needs for care and support
- b) is experiencing, or is at risk of abuse or neglect,
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

At this stage a decision will be made by social services and police to determine if the person is in immediate danger. If this is the case, with the adult's agreement, immediate action will be taken to safeguard them. If the adult at risk lacks the mental capacity to understand their situation, any action taken to safeguard them will be in their best interests' and the least restrictive option.

If the person is not in immediate danger then a decision will be by social services and police to determine what the next steps should be. This may include convening a Strategy Meeting, signposting to other services, providing information and advice or no further action. In order to determine next steps, the allocated worker should contact the referrer and where possible the adult at risk

to discuss the situation and what they think should happen next. The person referring must be contacted to advise them of the decision.

3.7.2 Strategy Meeting

The first safeguarding strategy meeting or meeting will take place within **5 working days** following the decision made regarding the concern raised. In urgent cases, a strategy meeting may take place over the telephone, by e-mail or by 'virtual' meeting. A face-to-face Strategy Meeting should generally be convened in more complex cases.

Safeguarding Strategy meetings will consider all of the information raised in the safeguarding concern, evaluate the risks to the adult (and others including children, young people and other adults at risk) and determine if further enquiries need to be undertaken using section 10 (2) of the Assessment and Safeguarding of Adults Ordinance 2020.

At this stage, each department should ensure an alert is raised on their relevant recording systems to highlight the adult is open to a current Safeguarding Adult enquiry. Each department will be responsible for ensuring this information is kept updated as the safeguarding enquiry continues/concludes.

If the adult is still at risk of harm, we will talk about what can be done to prevent the harm. We do this by agreeing a **Safeguarding Plan** with the adult and putting it into place.

3.7.3 Section 10 Enquiry

Social services and police will decide within the strategy discussion whether there is to be a joint or single agency Section 10 Enquiry. A nominated professional will be identified to lead the safeguarding adult enquiry. This will usually be a Social Worker however may also include, the police, health staff or another department.

There may be aspects that should be carried out by other professionals with the necessary skills and knowledge. For example, it may be a health professional that has the closest relationship with the individual and is best placed to explore a particular concern with them in the first instance.

The section 10 enquiry must be proportionate to the level of risk or need. It may take the form of a conversation with the individual concerned (or with their representative). It may need the involvement of another department or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency safeguarding plan to ensure the wellbeing of the adult concerned.

Consideration must be given to whether the adult will have substantial difficulty participating in the safeguarding process. It may be appropriate for a representative to be appointed to listen to the adult at risk, provide information and explain options, assisting the adult to reach their own decisions and support or represent them in expressing their views. Any representative should always support the adult at risk's view regardless of whether they agree with those views or not.

3.7.4 Delegated Enquiry

Social Services may decide that another agency should carry out the enquiry. This is termed a “**Delegated Enquiry**”. Most commonly, Social Services will ask the department that provides the relevant service to undertake an enquiry. Social Services must coordinate this by:

- agreeing the terms of reference for the enquiry,
- negotiating and agreeing the timescales and support arrangements.
- on receipt of the Delegated Enquiry report social services must assure itself of the quality of the enquiry and determine further actions to be taken to protect the adult at risk or others.

If you are delegated to undertake an enquiry you will have the support of a named Social Worker.

The person carrying out the enquiry may need to see a range of records / documentation and may also talk to anyone else who can help with the enquiry to find out what happened. This may be members of the adult at risks family or employed staff.

Whatever form the delegated enquiry takes, the following must be recorded:

- details of the safeguarding concern and who raised it
- the views and wishes of the adult affected, at the beginning and over time,
- where appropriate the views of the adult’s representatives, including family and friends.
- any immediate action agreed with the adult or their representative
- the reasons for all actions and decisions
- details of who else is consulted or the concern is discussed with
- any timescales agreed for actions
- sign-off from a line manager and/or the agency’s safeguarding adults lead.

Once complete the delegated investigator should provide a full report detailing the above points and the outcome of the enquiry to Social Services.

3.7.5 Safeguarding Enquiry Outcome

Once a section 10 enquiry is completed the outcome will be shared with involved professionals. This should set out:

- The outcome of the enquiry / investigation
- Whether the abuse/neglect/harm is: - substantiated, partly substantiated, inconclusive or unsubstantiated
- The Safeguarding Plan, detailing the steps to be taken by all involved parties to assure the adult’s safety in future;
- Provision of any additional support, treatment or therapy including on-going advocacy;
- Amendments to the care and support plan regarding services provided;
- How best to support the adult through any action they take to seek justice or redress;
- On-going risk management strategy as appropriate; and,

- Action/s to be taken in relation to the person or department that has caused the concern.

It will also assess whether the safeguarding concern/s have been addressed and whether the risk of further abuse is removed or reduced.

The outcome of the Safeguarding Enquiry may determine that the adult at risk is safe in which case no more action will be taken and the case will be closed as a safeguarding matter. If a Safeguarding Plan is put in place this will need to be reviewed within an agreed timeframe.

3.7.6 Review of Safeguarding Plan

To ensure that the Safeguarding Plan is working it will be reviewed on a regular basis with the adult at risk and any other people involved in the safeguarding plan. This will ensure that the safeguarding plan addresses current and ongoing risks to the adult, identifies any new risks, prevents abuse, reduces the vulnerability of the adult and reduces the possibility of further abuse or harm.

The adult at risk should be invited to any safeguarding review meetings about them and they can bring someone with them for support. If they do not want to attend or cannot attend, someone can attend on their behalf to represent their views. The adult at risk will always be informed of what was discussed and will be consulted regarding what will happen next. All parties will consider whether the case can be closed to Safeguarding at this point and any ongoing safeguarding actions can be combined with the care and support plan for ongoing monitoring and review.

3.7 What might happen to the person who is causing harm?

If the person found to be causing harm to the adult at risk is a relative or friend of the adult, we will support the adult to identify the outcomes they want. We can offer support (if necessary, to enable the adult to identify the best possible safeguarding outcomes).

If the adult at risk does not want to see the person who is causing them harm anymore, we can support the adult to make that possible.

If the person is an employed staff member, there is a duty of care to protect others who may be at risk of harm from the member of staff. They will not be allowed to contact the adult whilst enquiries take place. The person who has allegedly abused the adult may be prevented from working, they may be questioned by people investigating the concern, the issues may be addressed as part of employer disciplinary proceeding and they may be questioned or arrested by the police who might prosecute them.

3.8 What happens afterwards?

The referring individual or department must be informed of the outcome of the referral if they are not closely involved with the safeguarding process.

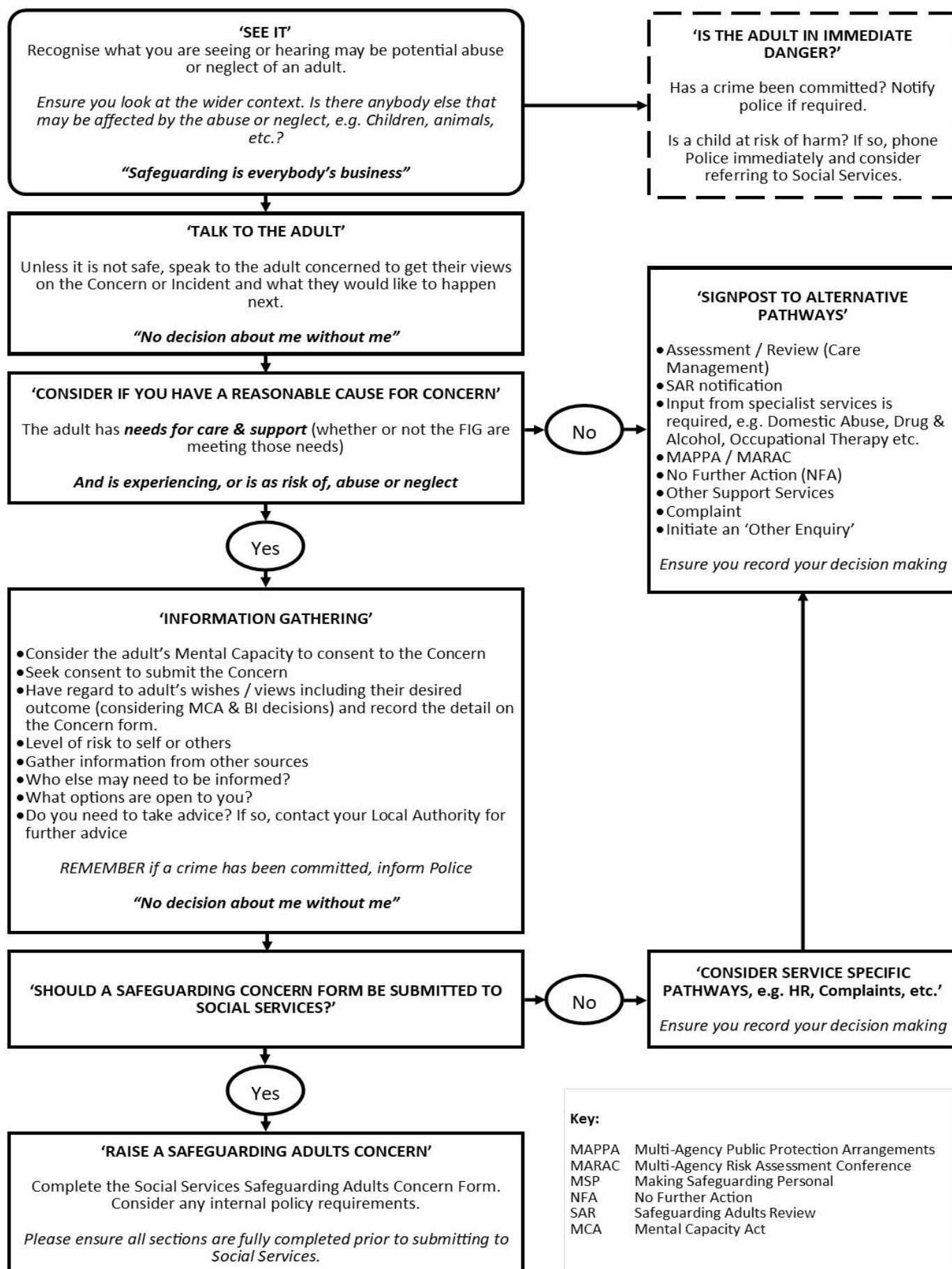
Part Four – Ministry of Defence

The Assessment and Safeguarding of Adults Ordinance 2020 and other Falkland Islands legislation applies as law throughout the Falkland Islands, including at all Ministry of Defence (MOD) establishments. This guidance applies to all MOD employees including contractors. Any member of staff who has concerns about an adult at risk should share them in accordance with this guidance.

The Falkland Islands Government and the MOD have a mutually-supporting relationship in matters relating to the safeguarding of adults on the Falkland Islands. The MOD's Point of Contact for the safeguarding of adults is the British Forces Social Work Services (BFSWS) social worker at the Mount Pleasant Complex Tel. 73331.

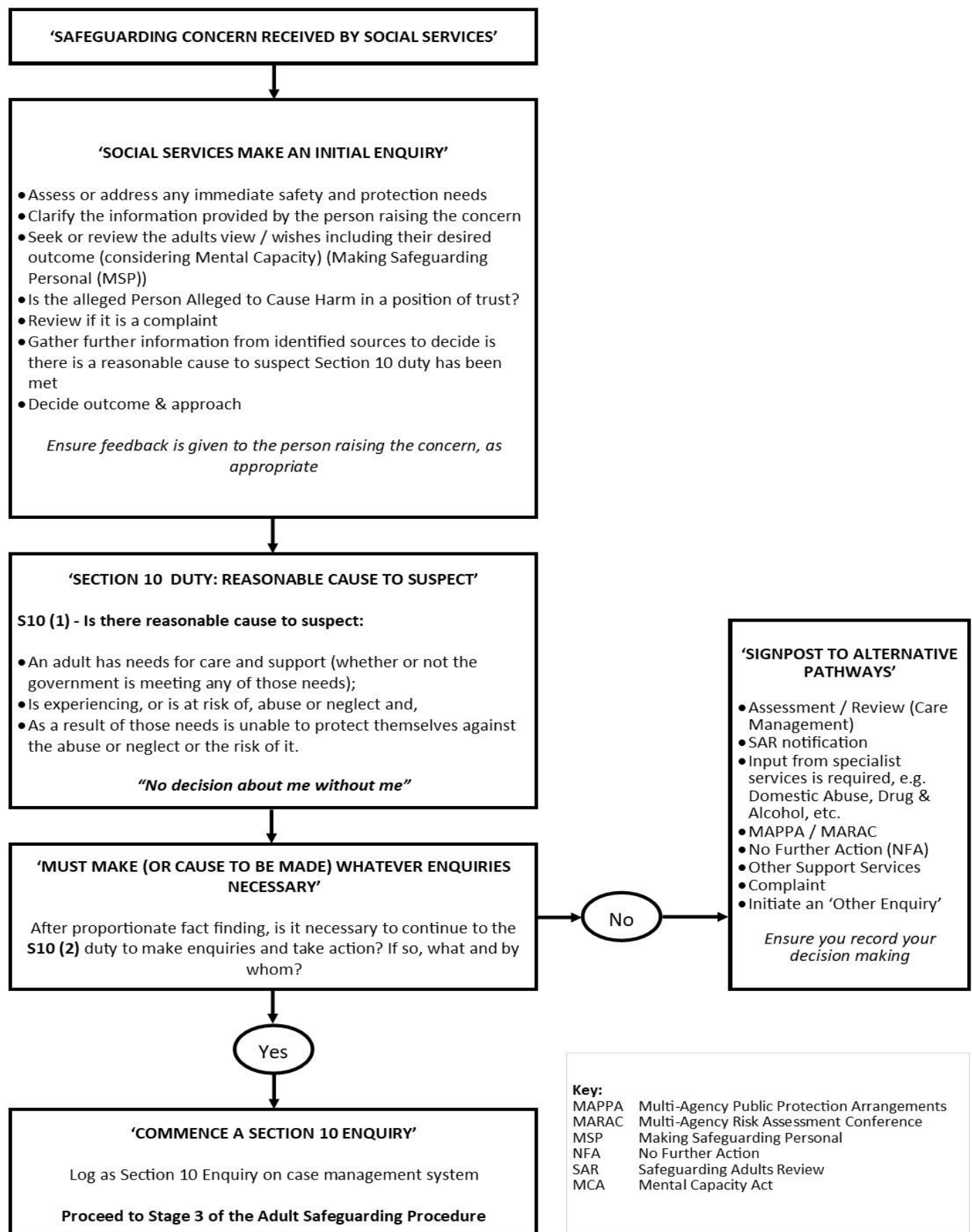
Appendix One

RAISING A CONCERN (STAGE 1—REFERRER)

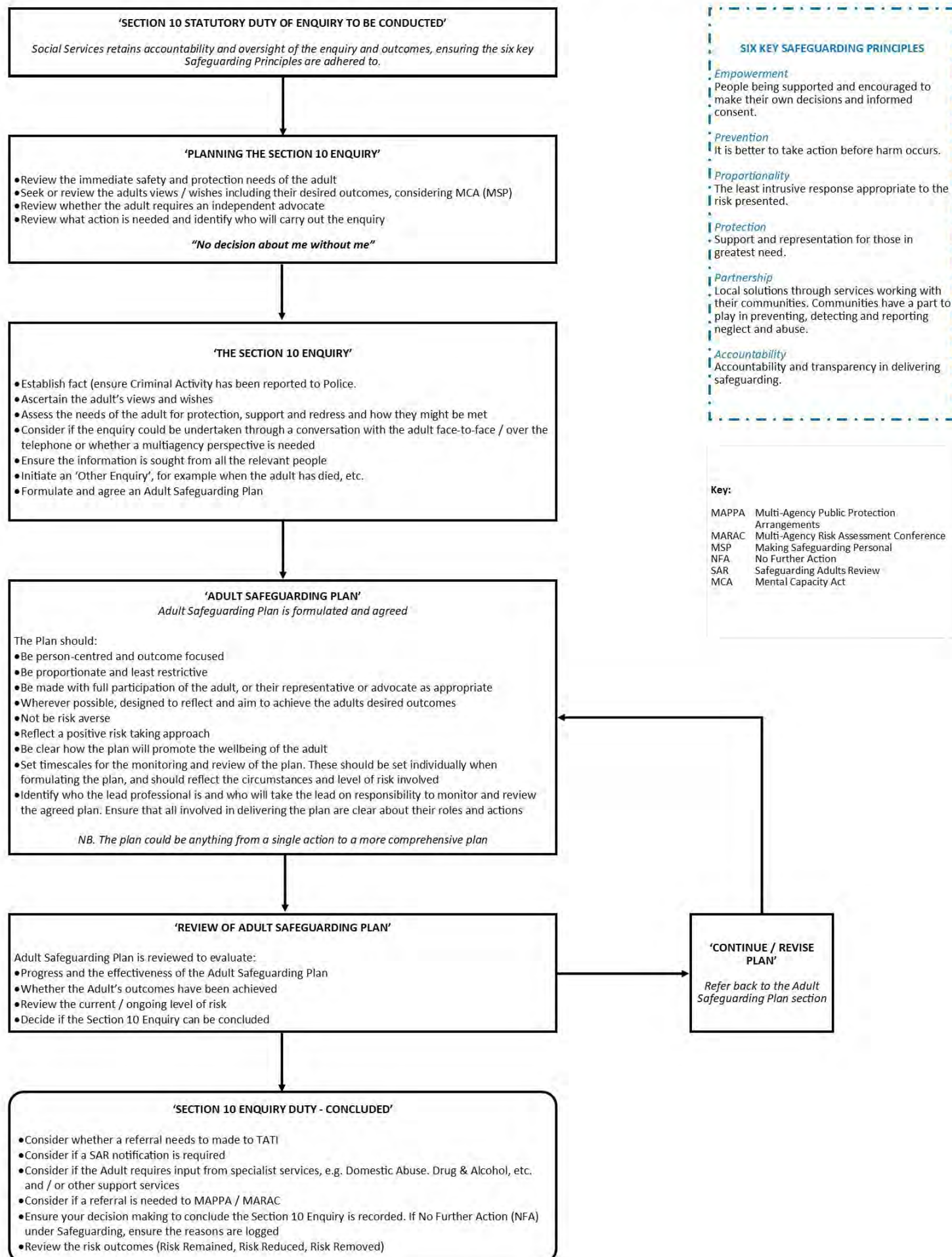


Appendix Two

RAISING A CONCERN (STAGE 2 - SOCIAL SERVICES)



Appendix Three SECTION 10 ENQUIRY (STAGE 3 - SOCIAL SERVICES)



Appendix 4

Guidance on assessing Mental Capacity

Summary

The mental capacity of adults experiencing abuse or at risk of harm should always be considered when working with adults with care and support needs. Professionals working with adults should always seek to support the person to make decisions for themselves. All interventions should take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they are wanting to take. This includes their ability to understand the implications of their situation and to take action to prevent abuse or minimise the risk of harm.

Mental capacity

Mental capacity is the ability to make a decision. If a person lacks capacity, they have an impairment or disturbance that leaves them unable to make a decision.

The loss of capacity could be partial or temporary. It is possible for a person to lack capacity to make one specific decision but not about another.

The reasons for questioning if a person has capacity to make a decision at a particular time may be that:

- The person's behaviour or circumstances raise doubt as to whether they have the capacity to make a decision.
- Concerns about a person's capacity have been raised by someone else; for example, a family member or a healthcare worker.
- The person has previously been diagnosed with a condition causing an impairment to the performance of their mind or brain, and it has already been shown that they lack capacity to make other decisions.

Assessing capacity

If you think that an individual lacks capacity, you need to be able to demonstrate it. You should be able to show that it is more likely than not – i.e., a balance of probability – that the person lacks the capacity to make a specific decision when they need to.

An assessment that a person lacks capacity to make decisions should never be based simply on the person's age, appearance, assumptions about their condition (includes physical disabilities, learning difficulties and temporary conditions (e.g., drunkenness or unconsciousness), or any aspect of their behaviour.

It is important to document any decisions you make in assessing capacity, and any reasons for the clinical judgment that you come to.

Decision-making

Assessing a person's capacity accurately is important; otherwise, a person might be denied the right to make a decision just because it is potentially unwise and not in their best interests.

THE STARTING ASSUMPTION SHOULD ALWAYS BE THAT THE PERSON HAS CAPACITY.

The Act details a two-stage test of capacity:

1. Does the person have an impairment, or a disturbance in the functioning, of their mind or brain? This can include, for example, conditions associated with mental illness, concussion, or symptoms of drug or alcohol abuse.
2. Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? You should offer all appropriate and practical support to achieve this before applying this stage of the test.

Functional tests of capacity

To be able to make a decision a person should be able to:

- Understand the decision to be made and the information provided about the decision. The consequences of making a decision must be included in the information given.
- Retain the information – a person should be able to retain the information given for long enough to make the decision. If information can only be retained for short periods of time, it should not automatically be assumed that the person lacks capacity. Notebooks, for example, could be used to record information which may help a person to retain it.
- Use that information in making the decision – a person should be able to weigh up the pros and cons of making the decision.
- Communicate their decision – if a person cannot communicate their decision – for example, if they are in a coma – the Act specifies that they should be treated as if they lack capacity. You should make all efforts to help the person communicate their decision before deciding they cannot.

You will need to assess a person's capacity regularly, particularly when a care plan is being developed or reviewed.

Other points

Capacity is dynamic and a specific function in relation to the decision to be taken. This will need to be regularly assessed in relation to each decision taken, and carefully documented.

Appendix 5

WHAT IS ADULT SAFEGUARDING?

The Falkland Islands Government has responsibility, under the Assessment and Safeguarding of Adults Ordinance 2020, to protect adults who may require care or support from abuse and neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and departments working together to prevent and stop both the risks and experience of abuse or neglect, while at the same times making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their wishes and preferences when deciding on any actions.

TELLING US ABOUT THE SAFEGUARDING CONCERN

If you, or someone you know is being abused or neglected, the social work department, and in some circumstances the police, should be informed immediately.

We call this a Safeguarding Concern. Social services will then;

- Contact you to find out details about the concern and ask you what you would like to happen
- Find out if you would like somebody to support you
- Offer immediate help and advice to keep you safe.
- They will keep you informed and wherever possible respect your wishes.

If you do not want any action to be taken this will be respected unless other people are at risk of harm or if person alleged to have caused harm works with children or other adults requiring care and support.

WHAT WILL HAPPEN AFTER I'VE REPORTED MY CONCERNS?

We may contact other people who know you well. Exactly who we contact will depend on your individual circumstances, for example a doctor, family member or police. Any information shared about you will be in strict line with the law and will only be that necessary to prevent harm.

Information and advice will be offered so that choices can be made and help can be provided.

Based on the information you and others provide a decision will be made about what to do next in line with locally agreed procedures which can include a safeguarding enquiry being completed as per Section 10, Assessment and Safeguarding of Adults Ordinance 2020.

a decision will be made about what to do next in line with locally agreed procedures which can include a safeguarding enquiry (as per Section 42, Care Act 2014).