

# Falkland Islands Government

## Health and Social Services Directorate



## Safeguarding Adults in The Falkland Islands

**Author:** *Samantha Lowe, Advanced Practitioner*

**Issue Date:** 06.10.22

**Version No:** 1.0

**Status:** Active

**Review date:** October 2027

### Amendment History:

Version	Status	Summary of changes	Date of issue
V1.0	Original	Approved by SAB	06.10.22
	ACTIVE	Presented and Approved by SMT. For inclusion on Q-Pulse and FIG Intranet	February 2023

# **Safeguarding Adults in The Falkland Islands**

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

Safeguarding is the responsibility of everyone including statutory departments and independent and voluntary organisations as well as every citizen. We will work together to prevent and protect adults with care and support needs from abuse and promote wellbeing.

### **EQUALITY AND DIVERSITY**

Each department and organisation is committed to supporting the right of adults at risk to be safeguarded from abuse and ensuring that all staff and volunteers work together in accordance with this policy and act promptly in investigating allegations or suspicions of abuse. It is recognised that adults at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination, and carry out positive action where lawful.

### **DOING NOTHING IS NOT AN OPTION**

If we know or suspect that an adult at risk is being abused, we will do something about it and ensure our work is properly recorded. We will share information in a timely way.

## COMPLAINTS

If you, as a member of the public, have reason to believe that concerns about a Safeguarding Adults issue have not been appropriately addressed, you may make a formal complaint by following the Falkland Islands Government Complaints, Compliments and Comments Policy.

## REPORTING A CONCERN

If you have a safeguarding concern in the first instance speak to your line manager or Designated Safeguarding Lead.

If you need to raise a safeguarding concern, please contact Social Services:

Tel: 27296    Email: [Referrals.social@kemh.gov.fk](mailto:Referrals.social@kemh.gov.fk)

**If you think that someone is in immediate danger call 999**

## **Contents**

### **1. Context, principles and values**

- 1.1 Context
- 1.2 Principles
- 1.3 Making Safeguarding Personal (MSP)

### **2. What is safeguarding**

- 2.1 Adult safeguarding duties
- 2.2 What is abuse?
- 2.3 Who might abuse?
- 2.4 Where might abuse occur
- 2.5 Why abuse might occur?
- 2.6 Safeguarding enquiries

### **3. Safeguarding children and young people**

- 3.1 Effective Transition for children who have previously been Looked After
- 3.2 Children and young people who abuse

### **4. Carers and safeguarding**

### **5. Mental Capacity and consent**

- 5.1 Consent

### **6. Representation and Support**

### **7. Information sharing and confidentiality**

- 7.1 Whistleblowing/ Professional Reporting
- 7.2 Record Keeping

### **8. Cooperation**

### **9. Risk assessment and management**

### **10. Responding to organisational failure and abuse**

### **11. Training**

### **12. Specific roles and responsibilities**

## **Appendices:**

- 1. Abuse Types and indicators
- 2. Information Sharing Flowchart
- 3. Safeguarding Adults Structures, Roles and Responsibilities

## 1. Context, principles and values

### 1.1 Context

1.1.1 August 2021 saw the implementation of the Falkland Islands [Assessment and Safeguarding of Adults Ordinance 2020](#) and [Assessment and Safeguarding of Adults Regulations 2020](#). The Assessment and Safeguarding of Adults Ordinance established the Safeguarding Adults Board on the Falkland Islands.

1.1.2 This policy replaces all previous policy documents and was formally ratified by the Safeguarding Adults Board 2022. It sets out the multi-agency framework for adult safeguarding and describes how all departments should pro-actively prevent abuse from occurring and respond if it is identified, suspected or disclosed. There is a requirement that all Falkland Islands Government Departments and external organisations working with adults at risk of harm or neglect within the Falkland Islands should adhere to this policy. Individual departments should retain their own Safeguarding Adults Policy which should support and enhance the intention of this document.

1.1.3 The policy will be reviewed on a formal basis each year, or sooner in light of new guidance, legislation or relevant learning or good practice to emerge within the Falkland Islands or United Kingdom. This policy should be read in conjunction with the relevant organisation's Safeguarding Adults procedures/ guidance and the following documents:

- [Assessment and Safeguarding of Adults Ordinance 2020](#)
- [Assessment and Safeguarding of Adults Regulations 2020](#)
- Safeguarding Adults in the Falkland Islands – Guidance for Professionals

### 1.2 Principles

1.2.1 This policy and associated procedures are based on the six principles of safeguarding that underpin all adult safeguarding work.

<b>Empowerment</b>	A proportionate and least intrusive response is made, balanced with the level of risk.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
<b>Prevention</b>	Strategies are developed to prevent abuse and neglect that promote resilience and a self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
<b>Proportionate</b>	A proportional and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
<b>Protection</b>	Adults are offered ways to protect themselves and there is a co-	I am provided with help and support to report abuse. I am supported to take

	ordinated response to adult safeguarding	part in the safeguarding process to the extent to which I want and to which I am able.
<b>Partnerships</b>	Local solutions through services working together within the community	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that departments will work together to find the most effective responses for my situation.
<b>Accountable</b>	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

### 1.3 Making Safeguarding Personal (MSP)

1.3.1 The aim of Making Safeguarding Personal is to develop a key operational goal to focus on the personalised outcomes desired by people with care and support needs who may have been the victim of abuse. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. Signatories to this policy undertake to:

- Work with adults (and their representative if they lack capacity) at the beginning to identify the outcomes they wish to achieve;
- Review with the adult at the end of the safeguarding activity to what extent their desired outcomes have been achieved, and if not why not;
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse;
- Record and review the outcomes in a way that can be used to inform practice and account to the Safeguarding Adults Board.

1.3.2 Examples of outcomes people might want are to:

- Feel safer;
- Maintain a key relationship;
- Make new friends;
- Have help to recover;
- Have access to justice or an apology, or to know that disciplinary or other action has been taken;
- Know that this won't happen to anyone else;
- Be involved in making decisions;
- Have exercised choice;
- Be able to protect themselves in the future;
- Know where to get help.

## 2. What is Safeguarding Adults?

2.0.1 Safeguarding Adults is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate 'safety' measures that do not take account of individual wellbeing.

2.0.2 The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- Address what caused the abuse.

### 2.1 Adult Safeguarding Duties

The Falkland Islands Safeguarding Adult Board (SAB) aims to prevent the abuse and neglect of adults in cases where the adult;

- Has needs for care and support <sup>1</sup> (whether or not they are receiving professional support to meet any of those needs); **and**
- Is experiencing **or** at risk of, abuse or neglect; **and**
- As a result of their care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect

The way in which the SAB must seek to achieve its objective is to co-ordinate and ensure the effectiveness of what each of its members does. The SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

---

<sup>1</sup> The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors (Social Care Institute for Excellence).



## 2.2 What is Abuse?

2.2.1 The Safeguarding Adults Board recognise ten categories of abuse as detailed within Appendix 2 but advise us that we should not limit our view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are;

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological / emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

Please refer to **Appendix 1** for detailed information on abuse types and indicators.

2.2.2 Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

2.2.3 Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and 'grooms' individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse;
- Long-term abuse in the context of an ongoing family relationship between spouses or generations, or persistent psychological abuse;
- Opportunistic abuse, such as theft occurring because money has been left lying around;
- Situational abuse, which arises because pressures have built up, or because a carer has difficulties affecting their ability to adequately meet a person's needs. These could be debt, alcohol or mental health related, or the specific demands resulting from caring for a vulnerable person.

## 2.3 Who might abuse?

2.3.1 Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults they perceive as vulnerable to abuse.

## **2.4 Where might abuse occur?**

2.4.1 Abuse can happen anywhere, for example:

- The person's own home (whether living alone, with relatives, or others);
- Care settings;
- Supported housing;
- Work settings;
- Educational establishments;
- Extra Care Facility;
- Clinics or hospitals;
- Via the internet or social media;
- Other places in the community

## **2.5 Why abuse may occur?**

2.5.1 Abuse can occur for many reasons. The risk is known to be greater when:

- The person is socially isolated;
- A pattern of family violence exists, or has existed in the past;
- Drugs or alcohol are being misused;
- Relationships are placed under stress;
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).

2.5.2 Where services are provided, abuse is more likely to occur where staff are:

- Inadequately trained;
- Poorly supervised and managed;
- Lacking support;
- Working in isolation.

2.5.3 Other factors which increase the likelihood of abuse and neglect occurring are:

- Where the person has an illness, which causes unpredictable behaviour;
- Where the person has communication difficulties;
- Where the person exhibits behaviour that challenges or major changes in personality, disorientation, aggression or sexual disinhibition;
- Where the person concerned needs or requests more than the carer can give;
- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce;
- Where a carer has been forced to change their lifestyle unexpectedly as a result of caring;
- Where a carer is isolated and can see no end to, or relief from, caring;

- Where a carer experiences regularly disturbed nights;
- Where the carer has their own health-related difficulties;
- Where the looked after person is dependent on the carer and vice versa
- Where the carer is physically, emotionally or practically unable to care for the individual;
- Where there has been a reversal of role and responsibilities;
- Where there are persistent financial problems; Where there are housing pressures – either costs or environmentally unsuitable
- Where other relationships are unstable or placed under pressure by caring tasks.

## **2.6 Safeguarding Enquiries**

2.6.1 The Falkland Islands Government has a duty to make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria in 2.1.1 and is, or is at risk of, being abused or neglected. An enquiry is any action that is taken (or instigated) by the Falkland Islands Government, under Section 10 of the Assessment and Safeguarding of Adults Ordinance 2020 (known as a 'Section 10 Enquiry'), in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.

2.6.2 Non- statutory enquiries or 'Other enquiries' is a voluntary element within safeguarding adult procedures. An enquiry may be instigated by social services where the adult does not meet one or more of the Section 10 (1) criteria, but is considered to be at risk of abuse or neglect and to whom social services have a duty under the Well-Being principle outlined within Section 5 of the Assessment and Safeguarding of Adults Ordinance. Examples could include:

- Refusing Healthcare
- Substance Misuse
- Self-Neglect
- Domestic Abuse

## **3. Safeguarding children and young people**

3.0.1 [The Falkland Islands Children Ordinance 2014](#) sets out arrangements for safeguarding and promoting the welfare of children. The Children Ordinance provides the legislative framework for departments to take decisions on behalf of children, and to take action to protect them from abuse and neglect.

3.0.2 In all adult safeguarding work, all staff working with the person at risk must take a whole family approach and establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the

adult at risk or the person alleged to have caused harm. The whole family approach recognises and promotes the equal importance of all household members.

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between all government departments.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities. For example, an alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, the [Signs of Safety](#) approach may be used to support families to identify the reasons for problems, to understand the triggers and the impact of associated behaviours so that solutions can be agreed.

3.0.3 Abuse can happen to anyone, but research shows that some children who have experienced abuse share similar characteristics. Children and young people may be at greater risk of harm, or be in need of additional help where;

- Parents have mental health problems;
- parents have substance misuse problems;
- there is domestic abuse within the family
- the child has complex needs or learning difficulties. (NSPCC)

For further information see [Working Together to Safeguard Children 2018](#).

3.0.4 Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. In particular, staff may be assisted by using Domestic Abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

### **3.1 Effective transition for children who have previously been Looked After**

3.1.1 The Children Ordinance 2014 (s36) sets out the Falkland Islands Government's duties in respect of former relevant children. The duties in the Ordinance are on

Social Services, but this does not exclude the need for all departments to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

3.1.2 When someone over 18 is still receiving support from children's services (for example via a Personal Adviser when they have a Pathway Plan in place) and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements with children's safeguarding and other relevant partners involved as appropriate.

3.1.3 Where there are ongoing safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements must be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information / advice the young person has received about adult safeguarding;
- The need for support;
- Whether consideration of mental capacity is needed and who will undertake it;
- If Best Interest decisions need to be made;
- If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

### **3.2 Children and young people who abuse**

3.2.1 If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, appropriate action should be taken under the Guidance for agencies working with adults at risk and a referral and close liaison with children's services should take place.

## **4 Carers and safeguarding**

4.0.1 Adult carers could become involved in a variety of situations requiring a safeguarding response. This includes:

- Witnessing or speaking up about abuse or neglect;
- Experiencing intentional or unintentional harm from the adult they support, or from professionals and organisations that they are in contact with;
- Unintentionally or intentionally causing harm or neglect to the adult they support, either as an individual or with others.

- 4.0.2 At such points, there should be an assessment of both the carer and the adult they care for. The assessment should include consideration of the wellbeing of both individuals.
- 4.0.3 A carer's assessment is an important chance to explore the individual's circumstances and consider whether and how it might be possible to provide information or support that prevents abuse or neglect from occurring. An example might be providing training to the carer about the condition that the adult they care for has, or to support them to care more safely.
- 4.0.4 In circumstances where a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they care for, consideration should be given to:
- a) Whether, as part of the assessment and support planning process for the carer and/or the person they care for, support can be provided that removes or lessens the risk of abuse. In some situations, the carer may need access to independent representation or advocacy; it is important to recognise the benefit that a carer may obtain from having such support.
  - b) Whether (and which) other departments should be involved. In some instances, where it is suspected that a criminal offence has taken place, this will include alerting the police. In other situations, primary healthcare services may need to be involved.
- 4.0.5 Other key things to consider in relation to carers include:
- Involving carers in safeguarding enquiries relating to the person they care for as appropriate;
  - Whether or not a joint assessment is appropriate, and who (including which professionals) should be involved in the assessment;
  - The risk factors that may increase the likelihood of abuse or neglect occurring and whether these are present in the situation;
  - Whether a change in circumstances alters the risk of abuse or neglect occurring again. It is important to note that a change in circumstances should also lead to a review of the care and support plan.

## **5 Mental Capacity and Consent**

- 5.0.1 The mental capacity of adults experiencing abuse or at risk of harm should always be considered. Professionals working with adults should always assume capacity and 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.

- 5.0.2 This Guidance provides a framework to empower and protect people who may lack capacity to make decisions for themselves, and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions for themselves. All decisions taken in the adult safeguarding process should comply with this Guidance. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.
- 5.0.3 There are five principles that underpin the work with adults who may lack mental capacity:
1. A person must be presumed to have capacity unless it is established that they lack capacity;
  2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
  3. A person is not to be treated as unable to make a decision merely because they make an unwise decision;
  4. An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests;
  5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.
- 5.0.4 Learning from Safeguarding Adults Reviews in the UK continues to reveal that staff working with adults who lack mental capacity are not fully complying with mental capacity principles. The majority of adults requiring additional safeguards are likely to be people who lack the mental capacity to make decisions about their care and support needs.
- 5.0.5 Mental capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time, as may their ability to execute it as a result of impairment to their executive functioning. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Staff must satisfy themselves that the adult has the mental capacity to make the decision themselves.
- 5.0.6 It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:
- Planned interventions and decisions about their safety;
  - Their safeguarding plan and how risks are to be managed to prevent future harm.

5.0.7 A person is considered to lack capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

Further a person is unable to make a decision if they are unable to:

- Understand the information relevant to the decision;
- Retain that information long enough for them to make the decision, or
- Use or weigh that information as part of the process of making the decision, or
- Communicate that decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

5.0.8 Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk, and these cannot be resolved locally, legal advice should be sought.

5.0.9 If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control and are deemed to be at high risk of harm legal advice should be sought.

## **5.1 Consent**

5.1.1 The first priority in safeguarding should always be the safety and well-being of the adult. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so. The approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistently within these principles.

5.1.2 It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

5.1.3 Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, and staff should consider the following approaches:

- Explore the reasons for the adult's objections – what are they concerned about;



- Explore the concern and why you think it is important the information is shared;
- Tell the adult with whom you may be sharing the information with and why;
- Explain the benefits, to them or others, of sharing information – could they access better help and support;
- Discuss the consequences of not sharing the information – could someone come to harm;
- Reassure them that the information will not be shared with anyone who does not need to know;
- Reassure them that they are not alone and that support is available to them.

5.1.4 If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- Whether the adult has the mental capacity to make that decision – this must be properly explored and recorded in accordance with principles of mental capacity;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime;
- If there is a duty of care on a particular department to intervene (e.g. the police if a crime has been/may be committed);
- The risk is unreasonably high;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent.

5.1.5 It is important to keep a careful record of the decision-making process and what, if any, information was shared in such situations. Staff should seek advice from managers in line with their department's safeguarding policy before overriding the adult's decision, except in emergencies or if there is an immediate risk of harm to the adult or other people. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent, and whether so is proportionate because there is no less intrusive way of ensuring safety. Social Services, Clinical or Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

5.1.6 If none of the above apply and a decision is taken not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options;
- Ensure that they are aware of the level of risk and possible outcomes;
- Offer to arrange for them to have an advocate;
- Offer support for them to build confidence and self-esteem, if necessary;
- Agree on and record the level of risk the adult is taking;
- Record the reasons for not intervening or sharing information;
- Regularly review the situation;
- Seek to build trust to enable the adult to better protect themselves.

## **6 Representation and Support**

6.0.1 An appropriate individual to represent and support the adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR) will always try to be identified where the individual has difficulty being involved in the process and there is no other suitable person to represent and support them.

6.0.2 A person who is engaged to provide care or treatment for the adult in question in a professional capacity or paid basis cannot provide representation within the safeguarding adult process. This includes G.P., nurse, social worker or key worker involved in the adult safeguarding process.

6.0.3 The role of the representative is to actively support the adult's participation in the safeguarding process. In some cases, it is unlikely they will be able to do this, for example:

- Where there is a conflict of interest;
- Where they live at a distance or only have occasional contact with the individual;
- Where they find it difficult to understand the government's safeguarding processes themselves;
- Where they express their own opinions rather than those of the individual concerned.

6.0.4 Where the adult does not want support from family or friends, their wishes should be respected and an independent representative should try to be identified.

6.0.5 It is critical that the adult is supported in what may feel a daunting process which may lead to some difficult decisions. An individual who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that

independent representation provided to help them be involved in the safeguarding process will be crucial. The adult must consent to being represented and supported by the representative. If the adult lacks capacity it should be determined the appointment of an independent representative is in the adult's best interest.

- 6.0.6 In cases where English is not the adult's first language, an approved on-island interpreter should be identified in cases where additional communication support is required. In cases where on-island language support is not available overseas language support services should be used to assist the adult with communication needs within the safeguarding adult process.

## **7 Information sharing and confidentiality**

- 7.0.1 Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding but has been routinely highlighted as a difficult area of practice.

- 7.0.2 It is the duty of all professionals to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice and should be covered within individual departmental codes of confidentiality. An individual's capacity to understand and make a decision concerning sharing information should be considered by all those coming into contact with adults with care and support needs.

- 7.0.3 Organisations need to share safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm;
- Coordinate effective and efficient responses;
- Enable early interventions to prevent the escalation of risk;
  - Prevent abuse and harm that may increase the need for care and support;
  - Maintain and improve good practice in adult safeguarding;
- Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse or harm;
- Help people access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour;
- Reduce organisational risk and protect reputation.

- 7.0.4 Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding, these rights can be overridden in certain circumstances such as an emergency or life-threatening situation.

- 7.0.5 It is good practice to try and gain the person's consent to share information and as long as it does not increase risk, practitioners should inform the person if they need to share their information.
- 7.06 Please refer to Section 7.0.7, [Falkland Islands Data Protection Policy](#) and Information Sharing Flow Chart (Appendix 3) for local protocols setting out the processes and principles for sharing information between organisations. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instances except in emergency situations.
- 7.0.7 All staff must ensure that when they share information, they do so in a way which is compliant with the Falkland Islands Data Protection Policy and individual departmental policy i.e. Code of Confidentiality for Health and Social Care.

The following points are a guide and should be considered alongside **Appendix 3:**

- The Falkland Islands Data Protection Policy, departmental confidentiality policy, and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always seek advice where appropriate.
- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so.
- Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent.
- Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up-

to-date, is shared in a timely fashion, is shared securely, and that is arrangements in place for it to be returned or destroyed.

- Staff must always keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose.

## **7.1 Whistleblowing / Professional reporting**

7.1.1 Whistleblowing is the act of reporting concerns about malpractice, wrongdoing or fraud. [The Falkland Islands Government Confidential Reporting 'Whistleblowing' Procedure](#) details the responsibility of all staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, to raise concerns about poor practice and a right to know that their employer will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected.

7.1.2 All departments should promote a culture of professional reporting and have in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous

7.1.3 All departments should ensure that staff who professionally report in good faith are:

- Supported and reassured when information is shared;
- Provided with ongoing support during any investigation that may follow;
- Supplied with information about external sources of support;
- Supported by their organisation;
- Not treated in ways that might be regarded as punitive.

7.1.4 People providing information outside their own departments should be appropriately supported in their disclosures.

## **7.2 Record Keeping**

7.2.1 Good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining timely and accurate records is vital to an individual's care and safety. If records are inaccurate, future decisions may be flawed and harm may be caused to the individual. Where an allegation of abuse is made, all departments have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

7.2.2 It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise

7.2.3 Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know in order to provide a high-quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Staff are required to follow the Guidance for Departments Working with Adults at Risk including completing the forms set out within the guidance.

## **8 Cooperation**

8.0.1 It is important within adult safeguarding for all departments to cooperate and work in a joined-up way, to eliminate the disjointed care that is a source of frustration to adults with care and support needs, other individuals, and staff, and which often results in poor care, with a negative impact on health and wellbeing. All departments should work together and co-operate where needed, in order to ensure the wellbeing and safety of adults with care and support needs (including carers' support). Co-operation between Safeguarding Adult Board partners should be a general principle for all those concerned, and all should understand the reasons why such co-operation is important.

8.0.2 The [Assessment and Safeguarding of Adults Ordinance 2020](#) sets out the four aims of co-operation between departments which are relevant to care and support, although it should be noted that the purposes of cooperation are not limited to these matters:

1. Promoting the wellbeing of adults needing care and support and of carers;
2. Improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
3. Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
4. Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

## **9 Risk assessment and management**

9.0.1 Achieving balance between the right of the individual to control their care package and ensuring adequate protections are in place to safeguard wellbeing is a very challenging task.

- 9.0.2 The assessment of the risk of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes, including other assessments such as for Income Support / Attendance Allowance.
- 9.0.3 Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.
- 9.0.4 Risk is often thought of in terms of danger, loss, threat, damage or injury, although in addition to potentially negative characteristics, risk taking can have positive benefits for individuals and their communities. As well as considering the dangers associated with risk, the potential benefits of risk-taking should also be identified; a process which should involve the individual using services, their families and health or social care practitioners.
- 9.0.5 Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.
- 9.0.6 This involves:
- Assuming that people can make their own decisions in line with the principles of mental capacity and supporting people to do so. Please see **Appendix two**;
  - Working in partnership with adults with care and support needs, family carers and advocates and recognising their different perspectives and views;
  - Developing an understanding of the responsibilities of each party;
  - Empowering people to access opportunities and take worthwhile chances;
  - Understanding the person's perspective of what they will gain from taking risks; and understanding what they will lose if they are prevented from taking the risk;
  - Promoting trusting working relationships;
  - Understanding the consequences of different actions;
  - Making decisions based on all the choices available and accurate information;
  - Being positive about risk taking;
  - Understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out;
  - Knowing what has worked or not in the past;
  - Where problems have arisen, understanding why;
  - Supporting people who use services to learn from their experiences;
  - Ensuring support is available;
  - Sometimes supporting short-term risks for long-term gains;
  - Ensuring that services provided promote independence not dependence.

## **10 Responding to organisational failure and abuse**

10.0.1 Adult Safeguarding duties under the [Assessment and Safeguarding of Adults Ordinance 2020](#) are not a substitute for:

- All departments responsibilities to provide safe and high-quality care and support;
- The core duties of the police to prevent and detect crime and protect life and property.

10.0.2 Individual departments will have their own arrangements and systems in place designed to respond to quality and safety concerns in provider services, including where there are allegations against people working with adults with care and support needs. In most areas there will be frameworks in place that can call such meetings as and when required.

10.0.3 It is recognised that in a critical few cases where the service quality and safety issues are so great and pose such a high risk to users of that service that consideration to make further enquiries of groups of individuals may apply.

## **11 Training**

11.0.1 It is the responsibility of all departments to ensure they have a skilled and competent workforce, who are able to take on the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse or neglect does occur.

11.0.2 Training should take place at all levels within a department and be updated routinely to reflect best practice.

11.0.3 This policy aims to help equip the Falkland Islands Government workforce in all departments with the essential skills, knowledge and value base to prevent and identify adult abuse, and to be able to respond effectively in identified instances of abuse.

11.0.4 Regular face-to-face supervision from managers and opportunities for reflective practice are also essential in enabling staff to work confidently and competently with difficult and sensitive situations.

## **12 Specific roles and responsibilities**

12.0.1 Please refer to Appendix 4 for an overview of specific adult safeguarding roles and responsibilities at all levels.



Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Physical Abuse	<ul style="list-style-type: none"> <li>• Hitting, slapping, punching, kicking, hair-pulling, biting, punching</li> <li>• Rough / inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort</li> <li>• Biting, deliberate burns, scalding</li> <li>• Physical punishments / beating</li> <li>• Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. Opening a window and removing blankets)</li> <li>• Stabbing, strangulation, poisoning and wounding (breaking the skin) and other forms of assault that cause serious injuries or death</li> <li>• Involuntary isolation or confinement • Withholding, inappropriately altering or administering medication or other treatments</li> <li>• Forcible feeding or withholding food</li> <li>• Restricting movement (e.g. tying someone to a chair)</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained or inappropriately explained injuries</li> <li>• Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia</li> <li>• Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing</li> <li>• Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body</li> <li>• 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</li> <li>• Unexplained or inappropriately explained fractures at various stages of healing to any part of the body</li> <li>• Medical problems that go unattended</li> <li>• Sudden and unexplained urinary and/or faecal incontinence.</li> <li>• Evidence of over/under-medication</li> <li>• Adult flinches at physical contact/ Adult appears frightened or subdued in the presence of particular people/</li> <li>• Adult asks not to be hurt</li> <li>• Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you')</li> <li>• Reluctance to undress or uncover parts of the body</li> <li>• Person wears clothes that cover all parts of their body or specific parts of their body</li> <li>• An adult without capacity not being allowed to go out of a care home when they ask to</li> <li>• An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Domestic abuse	<p>The Attorney General's Guidance on Protection from Domestic Abuse defines domestic abuse as:</p> <p><i>'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.'</i></p> <p>Domestic abuse is defined by section 102 of the Crimes Ordinance 2014 ("the Ordinance"). Abusive behaviour is defined as being any of the following:</p> <ol style="list-style-type: none"> <li>physical or sexual abuse;</li> <li>violent or threatening behaviour;</li> <li>controlling or coercive behaviour;</li> <li>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</li> <li>psychological, emotional or other abuse</li> </ol> <p>It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.</p> <p>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p> <p>Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling the abuse is their fault when it is not</li> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeking friends or family</li> <li>• Prevented from seeing friends or family or attending college/work/appointments</li> <li>• Prevented from leaving the home</li> <li>• Being followed or continually asked where they are</li> <li>• Limited access to money</li> <li>• Disclosure/s and retraction/s</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Sexual Abuse	<ul style="list-style-type: none"> <li>• Rape, indecent exposure, sexual harassment</li> <li>• Inappropriate looking or touching</li> <li>• Sexual teasing or innuendo</li> <li>• Sexual photography</li> <li>• Subjection to pornography or witnessing sexual acts</li> <li>• Indecent exposure and sexual assault</li> <li>• Sexual acts to which the adult has not consented or was pressured into consenting</li> <li>• Offensive or suggestive sexual language or action. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes their genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.</li> </ul> <p>Denial of a sexual life to consenting adults is also considered abusive practice. 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 worker) may also constitute sexual abuse.</p>	<ul style="list-style-type: none"> <li>• Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained</li> <li>• Adult appears unusually subdued, withdrawn or has poor concentration</li> <li>• Adult exhibits significant changes in sexual behaviour or outlook</li> <li>• Adult experiences pain, itching or bleeding in the genital/anal area</li> <li>• Adult's underclothing is torn, stained or bloody</li> <li>• A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant</li> <li>• 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 or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, 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 persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, 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.</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Psychological/ Emotional Abuse	<p>Psychological abuse is 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. 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 (e.g. information not being available in different formats/languages etc.).</p> <ul style="list-style-type: none"> <li>• Use of threats or fear to override a person's wishes</li> <li>• Lack of privacy or choice</li> <li>• Denial of dignity</li> <li>• Deprivation of social contact or deliberate isolation</li> <li>• Being made to feel worthless</li> <li>• Threat(s) to withdraw care or support, or contact with friends</li> <li>• Humiliation, blaming</li> <li>• Use of coercion, control, harassment, verbal abuse</li> <li>• Treating an adult as if they were a child</li> <li>• Cyber bullying</li> <li>• Refusal to allow person to see others alone or to receive telephone calls / visits on their own</li> <li>• Removing mobility or communication aids, or intentionally leaving someone unattended when they ask for assistance</li> <li>• Preventing someone from meeting their religious or cultural needs</li> <li>• Preventing stimulation or meaningful occupation or activities</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme submissiveness or dependency</li> <li>• Sharp changes in behaviour in the presence of certain people</li> <li>• Self-abusive behaviours</li> <li>• Loss of confidence</li> <li>• Loss of appetite</li> <li>• Untypical ambivalence, deference, passivity, resignation</li> <li>• Adult appears anxious or withdrawn, especially in the presence of the alleged abuser</li> <li>• Adult exhibits low self-esteem</li> <li>• Untypical changes in behaviour (e.g. continence problems, sleep disturbance)</li> <li>• Adult is not allowed visitors/phone calls</li> <li>• Adult is locked in a room/in their home</li> <li>• Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches)</li> <li>• Adult's access to personal hygiene and toilet is restricted</li> <li>• Adult's movement is restricted by use of furniture or other equipment</li> <li>• Bullying via social networking internet sites and persistent texting</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Financial Abuse	<ul style="list-style-type: none"> <li>• Theft, fraud, internet scamming</li> <li>• Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills / property / inheritance / financial transactions</li> <li>• Misuse or misappropriation of property, possessions and/or benefits</li> <li>• Deceiving or manipulating a person out of money or property</li> <li>• Withholding or misusing money, property or possessions</li> <li>• Misuse of benefits by others</li> <li>• Someone moving into a person's home and living rent free without agreed financial arrangements</li> <li>• False representation, using another person's bank account, cards or documents</li> <li>• Exploitation of person's money or assets (e.g. unauthorised use of a car)</li> <li>• Misuse of Receivership or other legal authority such as Enduring Power of Attorney.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained or sudden inability to pay bills</li> <li>• Unexplained withdrawal of money from accounts</li> <li>• Lack of money especially after pay/benefit day</li> <li>• Personal possessions going missing</li> <li>• Contrast between known income and actual living conditions</li> <li>• Unusual interest by friend / relative / neighbour in financial matters</li> <li>• Pressure from next of kin for formal arrangements being set up</li> <li>• Illegal money-lending</li> <li>• Mis-selling / selling by door-to-door traders / cold calling</li> <li>• Recent changes of deeds / title of house or will</li> <li>• Disparity between assets/income and living conditions</li> <li>• Recent acquaintances expressing sudden or disproportionate interest in the adult and their money</li> <li>• The recent addition of unauthorised signatories on an adult's accounts or cards</li> <li>• Unexplained loss / misplacement of financial documents</li> <li>• A significant increase in the volume of post/calls being received / talking about winning competitions or lotteries</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Modern Slavery	<ul style="list-style-type: none"> <li>Encompasses slavery, human trafficking, forced labour and domestic servitude</li> <li>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</li> <li>A large number of active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators</li> <li>Someone is in slavery if they are: - 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 on their freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races</li> </ul> <p>Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.</p> <p><b>Research indicates that forced labourers don't necessarily originate from the same country as where they are working on, Instead, victims are often ensnared by recruitment agencies in a handful of countries.</b></p>	<ul style="list-style-type: none"> <li>Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn</li> <li>Isolation – victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work</li> <li>Poor living conditions – victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address</li> <li>Few or no personal effects – victims may have no identification documents, have few personal possessions and always wear the same clothes day in, day out. What clothes they do wear may not be suitable for their work</li> <li>Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents (e.g. passports) retained</li> <li>Unusual travel times – they may be dropped off/collected for work on a regular basis either very early in the morning or very late at night</li> <li>Reluctance to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Discriminatory Abuse	<ul style="list-style-type: none"> <li>Article 16 of the Constitution provides for Protection from Discrimination; “discriminatory” means affording different treatment to different persons on any grounds such as sex, sexual orientation, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.</li> <li>Verbal abuse, derogatory remarks or inappropriate use of language.</li> <li>Denying access to communication aids, not allowing access to an interpreter, signer, or lipreader</li> <li>Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>Sub-standard service provision relating to a protected characteristic</li> </ul>	<ul style="list-style-type: none"> <li>Acts or comments motivated to harm and damage, including inciting others to commit abusive acts</li> <li>Lack of effective communication provision, e.g. interpretation</li> <li>The adult being subjected to racist, sexist, ageist, gender-based abuse</li> <li>Abuse specifically about their disability</li> <li>The person appears withdrawn and isolated</li> <li>Expressions of anger, frustration, fear or anxiety</li> <li>An adult making complaints about the service not meeting their needs</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Organisational Abuse	<ul style="list-style-type: none"> <li>• Run-down, over-crowded establishment</li> <li>• Authoritarian management or rigid regimes</li> <li>• Lack of leadership and supervision</li> <li>• Inadequate staff training and/or guidance</li> <li>• Insufficient staff or high turnover resulting in poor quality care</li> <li>• Abusive and disrespectful attitudes towards people using the service</li> <li>• Inappropriate use of restraints</li> <li>• Lack of respect for dignity and privacy</li> <li>• Failure to manage residents with abusive behaviour</li> <li>• Not providing adequate food and drink, or assistance with eating</li> <li>• Not offering choice or promoting independence</li> <li>• Misuse of medication</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of care plans</li> <li>• Contact with outside world not encouraged</li> <li>• No flexibility or lack of choice, e.g. time when to get up in a morning or go to bed, or what to eat</li> <li>• Routines are engineered for the benefit of staff</li> <li>• Lack of personal effects</li> <li>• Strong smell of urine</li> <li>• Staff not visiting for allocated time due to pressure resulting in some tasks not being fully carried out</li> <li>• Poor moving and handling practices</li> <li>• Failure to provide care with dentures, glasses, hearing aids</li> <li>• Discouraging / refusing visits or the involvement of relatives, friends</li> <li>• Lack of flexibility or choice for adults using the service</li> <li>• Inadequate staffing levels</li> <li>• People being hungry or dehydrated</li> <li>• Poor standards of care</li> <li>• Lack of personal clothing and possessions, and communal use of personal items</li> <li>• Lack of adequate procedures</li> <li>• Poor record-keeping; missing documents</li> <li>• Few social, recreational and educational activities</li> <li>• Public discussion of personal matters or unnecessary exposure during bathing or using the toilet</li> </ul>



Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Neglect and acts of omission	<ul style="list-style-type: none"> <li>• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care</li> <li>• Failure to provide care in the way the person wants</li> <li>• Failure to allow choice and preventing people from making their own decisions</li> <li>• Failure to ensure appropriate privacy and dignity 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 adult's own home or within a care setting. Repeated instances of poor care may be an indication of more serious problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Poor hygiene/cleanliness of the person who has been assessed as needing assistance</li> <li>• Repeated infections</li> <li>• Dehydration / unexplained weight loss / malnutrition</li> <li>• Repeated or unexplained falls or trips</li> <li>• Withholding of assistance aids, e.g. hearing aids or walking devices</li> <li>• Pressure sores or ulcers</li> <li>• Untreated injuries and medical problems</li> <li>• Inconsistent or reluctant contact with medical and social care departments.</li> <li>• Accumulation of untaken medication</li> <li>• Uncharacteristic failure to engage in social interaction</li> <li>• Inappropriate or inadequate clothing</li> <li>• Soiled or wet clothing</li> <li>• Exposure to unacceptable risk</li> </ul>

Appendix 1. Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Self-neglect	<p>Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings</p> <ul style="list-style-type: none"> <li>Includes behaviour such as hoarding</li> <li>Inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.</li> </ul> <p>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.</p>	<ul style="list-style-type: none"> <li>Dehydration</li> <li>Malnutrition</li> <li>Untreated or improperly attended medical conditions and poor personal hygiene</li> <li>Hazardous or unsafe living conditions or arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water)</li> <li>Unsanitary or unclean living quarters (e.g. animal / insect infestation, no functioning toilet, faecal / urine smell)</li> <li>Inappropriate and/or inadequate clothing</li> <li>Lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids)</li> <li>Grossly inadequate housing or homelessness</li> <li>Hoarding large numbers of pets</li> <li>Portraying eccentric behaviour / lifestyles NB. Poor environments and personal hygiene may be a matter of personal or lifestyle choice, or other issues such as insufficient income. When a person has capacity, it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still taking into account of the person's wishes as far as these can be ascertained.</li> </ul>

## Appendix 1.

Abuse types and indicators recognised by the Falkland Islands Government Safeguarding Adult Board

In addition, it is helpful to be aware of the following:

### Hate Crime

A hate crime is any criminal offence motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity. Hate crime can take many forms including:

- Physical attacks such as physical assault, damage to property, offensive graffiti and arson;
- Threat of attack including offensive letters, emails, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints;
- Verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace;
- The use of electronic media to abuse, insult, taunt or harass Any safeguarding concern that is also a hate crime should also be reported to the local police.

For further information please refer to the U.K. Home Office guidance on hate crime.

### Mate Crime (including Cuckooing)

Mate crime occurs when a person is harmed or taken advantage of by someone, they thought was their friend. Mate Crime can become a very serious form of abuse. In some cases, victims of Mate Crime have been badly harmed or even killed. Surveys indicate that people with disabilities can often become the targets of this form of exploitation. Mate Crime may involve financial abuse (such as a perpetrator demanding or asking to be lent money and then not paying it back), physical abuse (the person may be kicked, punched etc. for the amusement of the perpetrator and others), emotional abuse (the perpetrator might manipulate or mislead the person), or sexual abuse (the person might be sexually exploited by someone they think is their partner or friend). Adults at risk often do not recognise they have been the subject of Mate Crime. The focus of enabling safety needs to be on encouraging an understanding for the individual of their right to make choices, but also their right to remain free from abuse.

### Forced marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse. In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, action will be co-ordinated with the police and other relevant departments. The police must always be contacted in such cases as urgent action may need to be taken.

## **Female Genital Mutilation (FGM)**

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). FGM is typically performed on girls aged between 4 and 13, but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is illegal in the Falkland Islands and the Safeguarding Boards are committing to ensuring an appropriate response to FGM. 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.

## **PREVENT – Preventing radicalisation to extremism**

The Prevent strategy, published by the UK Government in 2011, is now part of the UK's overall counter-terrorism strategy and forms part of the UK's Counter Terrorism and Security Act 2015. Section 26 of that Act placed a duty on specified agencies in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism". The Falkland Islands Government recognise these protocols as good practice and aims to replicate these principles in the Falkland Islands context.

The aim of the Prevent strategy is to reduce the threat from terrorism by stopping people becoming terrorists or supporting terrorism.

The 2011 Prevent strategy has three specific strategic objectives:

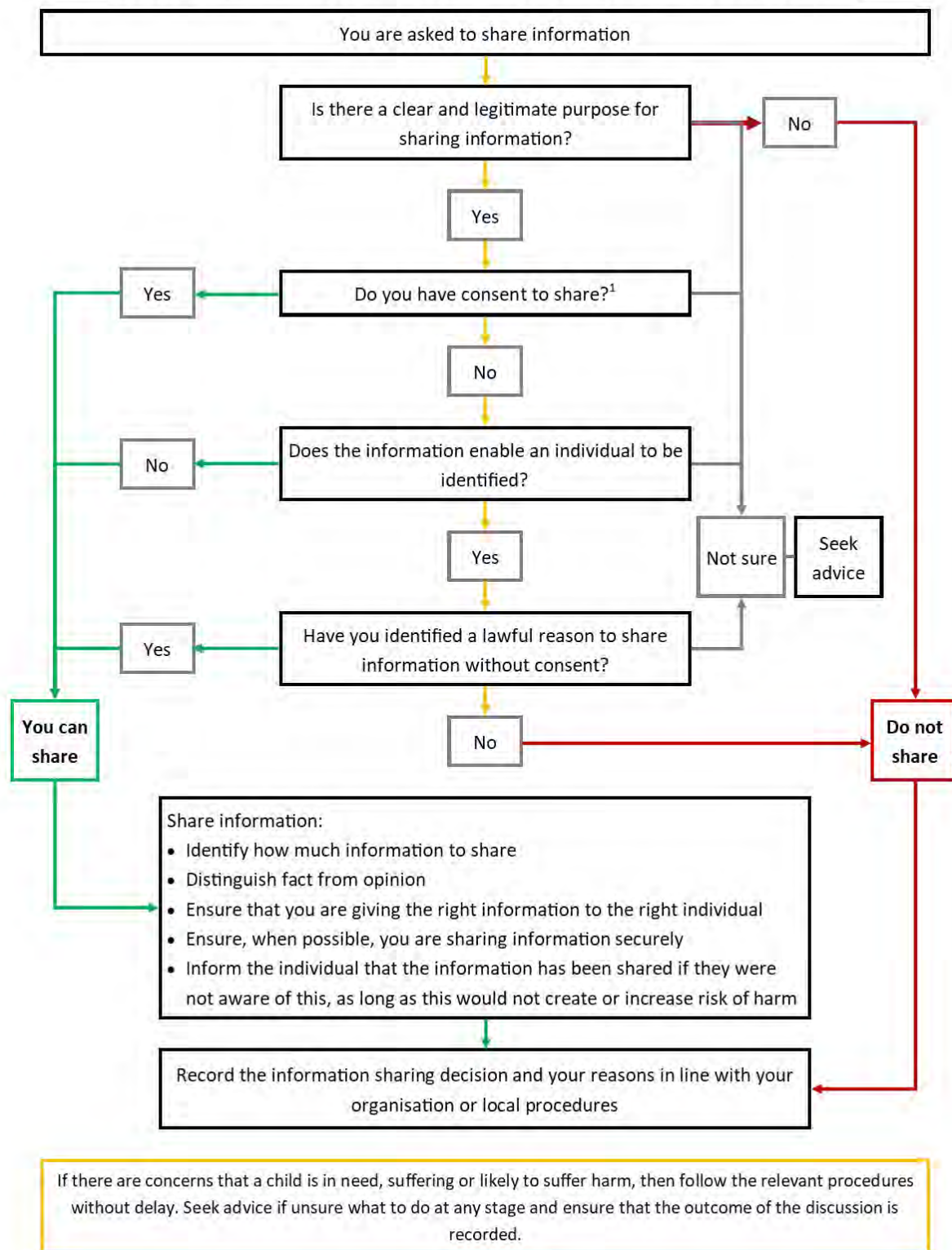
- respond to the ideological challenge of terrorism and the threat we face from those who promote it
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- work with departments and organisations where there are risks of radicalisation that we need to address.

Radicalisation is defined by the UK Government within this context as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups".

Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The UK Government has defined extremism in the Prevent strategy as: "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces". The Prevent strategy seeks to address all forms of terrorism.

The aim is to work with partner agencies, primarily the police, to divert people away from behaviour linked to terrorist activity. Safeguarding vulnerable people from radicalisation is no different from safeguarding from other forms of harm and here in the Falkland Islands concerns will be raised by the established safeguarding referral protocols.

## FLOW-CHART OF WHEN AND HOW TO SHARE INFORMATION



1. Consent must be unambiguous, freely given and may be withdrawn at any time

### Appendix 3. Safeguarding Adults Structures, Roles and Responsibilities

<b>Falkland Islands Safeguarding Children Board (FISCB)</b>	The Falkland Islands Government is under a duty to ensure there continues to be a Falkland Islands Safeguarding Children Board. Section 82 of the <a href="#">Children Ordinance</a> (2014) specifies the organisations and individuals that should be represented on the FISCB. The Police and Health are core members of both the FISCB and the SAB.
<b>Safeguarding Adults Board (SAB)</b>	<p>The <a href="#">Assessment and Safeguarding of Adults Ordinance</a> states the requirement for a Safeguarding Adults Board (SAB). The Ordinance (Schedule - Part 1) gives the local SAB three specific duties it must do:</p> <ol style="list-style-type: none"><li>1. Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan, it must consult the local community.</li><li>2. Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any Safeguarding Adult Reviews (SAR) including any ongoing reviews</li><li>3. Decide when a SAR is necessary, arrange for its conduct and if it so decides, to implement the findings.</li></ol>

<p>Senior Strategic roles, strategic leadership and practice leadership</p>	<p>The Assessment and Safeguarding of Adults Ordinance 2020 prescribes that the Falkland Islands Safeguarding Adult Board should include;</p> <ul style="list-style-type: none"> <li>• the elected member or members of the Legislative Assembly with portfolio responsibility for health and social services, education and community (or equivalent), or their deputy or deputies;</li> <li>• the Director of Health and Social Services;</li> <li>• the Director of Education;</li> <li>• the Chief Medical Officer;</li> <li>• the Chief Police Officer;</li> <li>• the Attorney General;</li> <li>• the Head of Social Services;</li> <li>• Social Services Team Leader;</li> <li>• the Chief Nursing Officer;</li> <li>• the Probation Officer (or the senior representative of the Probation Service);</li> <li>• a representative of the United Kingdom Ministry of Defence appointed by the Chief of Staff of the Ministry of Defence in the Falkland Islands;</li> <li>• such other persons, or persons of such description, as may be specified in regulations.</li> </ul> <p>The membership of the SAB may also include a representative of at least one organisation with a role relating to the welfare of families of those serving in the Falkland Islands in the United Kingdom armed forces.</p> <p>Healthcare providers should have in place named professionals to provide additional advice and support in complex and contentious cases within their organisations. There should be a designated professional lead within Health Services, to act as the lead in the management of complex cases and to provide advice and support to the governing body.</p> <p>Arrangements should be made to enable officers investigating safeguarding concerns to access advice</p>
---	--

	from specially trained investigators and/or units within the Police.
<b>The Police</b>	<p>The police role in adult safeguarding is related to their policing function. The core duties of the police are to prevent and detect crime, keep the peace, and protect life and property. The police are the lead on all criminal matters and must be consulted about any additional proposed action.</p> <p>Although the police are a mandatory member of the SAB, they are not responsible for the provision of care.</p> <p>If you are concerned that an adult is in immediate danger or if there is a crime in progress involving an adult then contact the police on 999. If you believe that a criminal offence has occurred, but it is not in progress, and no one is in immediate danger, then contact police 28100. Please follow your internal policies relating to when to notify police about a death (typically when unexpected and/or suspicious circumstances).</p>
<b>The Coroner</b>	<p>A coroner is an independent judicial office holder. The coroner for the Falkland Islands is also the Senior magistrate.</p> <p>Coroners investigate deaths that have been reported to them if they have reason to think that;</p> <ul style="list-style-type: none"> <li>• The death was sudden, violent or unnatural</li> <li>• The cause of death is unknown</li> <li>• The deceased died while in prison or police custody</li> </ul>



	<p>The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:</p> <ul style="list-style-type: none"> <li>• Where there is an obvious and serious failing by one or more departments or organisations;</li> <li>• Where there are no obvious failings, but the actions taken by departments or organisations require further exploration or explanation;</li> <li>• Where a death has occurred and there are concerns for others in the same household or setting</li> </ul>
<b>The Falkland Islands Government</b>	<p>The Falkland Islands Government Social Services Department has statutory responsibility for safeguarding. In partnership with health service providers they have a duty to promote well-being within local communities, and to cooperate with each of its relevant partners in order to protect adults and children experiencing or at risk of abuse or neglect.</p>
<b>Educational Settings</b>	<p>Although social services and the police hold the lead responsibility for responding to allegations of abuse in relation to adults and coordinating the local inter-agency framework for safeguarding adults, educational settings, such as the Shield Programme should assure the safe and secure provision for children, young people and learners. Safeguarding the welfare of children, young people and vulnerable adult learners is part of their core business, and all staff should be aware of their responsibilities in this regard. Other departments should alert educational settings of any concerns and ensure they are included in the safeguarding response.</p>
<b>Doctors</b>	<p>Doctors have a significant role in safeguarding adults. This includes making referrals should they suspect or know of abuse or neglect, playing an active role in planning meetings and safeguarding plans, and supporting safeguarding actions where there is organisational abuse and/or neglect.</p>

<b>Health Service Staff</b>	<p>All health service staff are responsible for the safety and quality of services. The Health service are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels.</p> <p>Health service staff are required to have effective arrangements in place to safeguard adults at risk of abuse and neglect, and to assure themselves, regulators and their commissioners that these are effective and meet the required standards.</p>
<b>Housing Providers</b>	<p>The Social Services department must consider cooperating with the Housing department in order to exercise its care and support duties. This is particularly important when protecting adults at risk of harm and neglect and when identifying and sharing lessons from cases of serious abuse or neglect.</p> <p>The Social Services department must take into account that the suitability of accommodation is a core component of wellbeing and good housing provision can variously promote that wellbeing. This includes minimising the circumstances, such as isolation, which can make some adults more vulnerable to abuse or neglect in the first place.</p> <p>The nature and diversity of the Housing department's work, therefore, can mean that their staff are often well placed to:</p> <ul style="list-style-type: none"> <li>• Have a good knowledge of the individual and the community with whom they work</li> <li>• Be working with persons who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to Social Services</li> <li>• Identify individuals experiencing or at risk of abuse or neglect and raise concerns</li> <li>• Be the first department to whom individuals might first disclose abuse or neglect concerns</li> <li>• Be the only department working with the adult at risk</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide essential information and advice regarding the adult at risk</li> <li>• Contribute actively to person-led safeguarding risk assessments and arrangements to support and protect an individual, where appropriate</li> <li>• Carry out a safeguarding enquiry, or elements of one</li> <li>• Work with departments and external organisations to support someone who is demonstrating hoarding behaviour</li> <li>• Work together with departments to resolve issues with someone who refuses support or self-neglects, or when someone may not be eligible for a safeguarding service or social care support</li> <li>• Work with the Social Services department to promote safeguarding awareness, information and prevention campaigns</li> <li>• Be instrumental in helping the Social Services department to successfully exercise its safeguarding and well-being duties. The Housing Department should ensure that they develop a safeguarding culture through: <ul style="list-style-type: none"> <li>• Leadership commitment &amp; ownership of safeguarding responsibilities</li> <li>• Policies that reflect the adult safeguarding framework set out by a Safeguarding Adults Board</li> <li>• Staff being vigilant about adult safeguarding concerns</li> <li>• Learning and development for staff on adult safeguarding and the principles of mental capacity enabling them to fulfil their roles and responsibilities</li> <li>• Sharing information appropriately to safeguard adults at risk.</li> </ul> </li> </ul>
<b>Falkland Islands Fire and Rescue Service</b>	<p>The Falkland Islands Fire and Rescue Service can become aware of safeguarding concerns in a number of ways, not only when responding to emergency calls but also during community safety preventative work such as home fire safety visits.</p>
<b>Probation</b>	<p>The Falkland Islands Probation Service is a statutory service that works with those sentenced by the courts.</p> <p>The key duties of the Probation Service are to provide advice to the courts to assist with sentencing, assess and manage the risk of those convicted by the courts, manage those that are subject to statutory supervision in the community, and provide interventions for those in custody. There is the option to work</p>

	<p>with people on a non-statutory basis, for example those at risk of offending or conviction that wish to engage with support to prevent this occurring.</p> <p>The Probation Service is responsible for ensuring that victims are supported, and kept informed of key dates during the sentence, this is usually achieved in partnership with another agency.</p>
<b>Falkland Islands Government Commissioned Providers</b>	Any organisation commissioned by the Falkland Islands Government to provide services are to sign up to all Falkland Islands Government Safeguarding Adult Policy and Procedures.
<b>The Voluntary or Community Sector</b>	<p>Non-profit or not for profit sector organisations should include safeguarding adults within their induction programmes. Safeguarding should be integral to policies and procedures, for example:</p> <ul style="list-style-type: none"> <li>• Staff and volunteers are aware of what abuse is and how to spot it;</li> <li>• Having a clear system of reporting concerns as soon as abuse is identified or suspected;</li> <li>• Respond to safeguarding concerns appropriately respecting confidentiality;</li> <li>• Prevent harm and abuse through rigorous recruitment and interview process.</li> </ul> <p>The voluntary sector can promote safeguarding and support statutory organisations through consultations on policy and developments, work on prevention strategies and promoting wider public awareness.</p>
<b>British Forces Social Work Service (BFSWS)</b>	The British Forces Social Work Service provide a social work service for the whole service community including serving military personnel, their families, and civilian staff that work with them.