Combined Safeguarding Adults at Risk
and
Safeguarding Children and Child Protection
Policy and Procedures

Note: This policy and these procedures combine the updated Safeguarding Adults at Risk Policy and Procedures v11.4 and the updated Safeguarding Children and Child Protection Policy and Procedures v8.4 into one combined document v2.2.

Important note:

Much of the guidance and information in our Safeguarding Adults at Risk Policy and Procedures applies equally to our Safeguarding Children and Child Protection Policy and Procedures. We have therefore not duplicated this information in our Safeguarding Children and Child Protection Policy and Procedures. This includes but is not limited to all the information relating to modern day slavery, anti-radicalisation, female genital mutilation, and honour based violence and forced marriage

All team members understand that they should follow the guidance on recognising and responding to potential and confirmed abuse and neglect and on referring and recording in the adults at risk documentation when dealing with a situation relating to a child.

All team members also understand that additional procedures are also required for the protection of children in our care, and these are laid out in our Safeguarding Children and Child Protection Procedures section of this document.

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Safeguarding Adults at Risk
Policy and Procedures

Safeguarding Adults at Risk Policy

At County Road Dental Practice we recognise and embrace our duty to do all we can to prevent the abuse of adults at risk and to respond promptly when abuse is suspected or reported. All incidents of abuse are unacceptable especially so when the victim is deemed to be at risk. We will promote a culture and environment in which abuse of any kind is not tolerated and is dealt with promptly when it does occur.

We understand that the term 'vulnerable adults' has been replaced by the term 'adults at risk'.

We understand that the term 'adult(s) at risk' means a person or group of people aged 18 or over who is/are without adequate protection and may be defenceless and at risk of harm.

All practice team members are required to follow our safeguarding policy and procedures to protect adults at risk for whom we provide care. Any breach of our safeguarding policy, including failure to properly report or investigate an allegation of abuse, will be treated as a disciplinary offence.

All team members are encouraged to download the NHS Safeguarding app onto their phones as this is continually updated and contains the latest guidance.

Practice Culture

Our practice culture promotes an environment in which everyone is always treated equally and with courtesy, dignity, fairness, and respect.

Our practice is also committed to pursuing equal opportunities and anti-discriminatory practices whilst promoting and developing services and resources that are sensitive to age, culture, disability, ethnicity, gender, race, religion, and sexuality.

Safeguarding Responsibilities

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At our practice, all team members understand they are individually responsible for ensuring they take personal responsibility for recognising and responding to actual or suspected abuse and for ensuring that information is shared in a timely and appropriate manner. All team members also understand that they must ensure all referrals are followed up and that accurate, contemporaneous records are made and kept.

We are committed to ensuring that all team members have the knowledge and ability to contribute effectively to the protection of adults at risk.

Our safeguarding lead is and the deputy safeguarding lead is .

The local authority for Safeguarding Adults at Risk is whose role it is to ensure agencies work together effectively to protect adults from abuse and neglect and to support people who have experienced or are at risk of abuse.

Contact Details of local authority for Safeguarding Adults at Risk :

This Policy was reviewed and implemented on .

This policy and relevant procedures will be reviewed annually by the safeguarding lead, the deputy lead, and the registered manager, whose name is Sinead Geoghegan.

This policy is due for review on or prior to this date in accordance with new guidance or legislative changes.

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Safeguarding Adults at Risk Procedures

Adults may be at risk because they have a mental health problem, a disability, a sensory impairment, are old and frail, or have some form of illness.

Understanding abuse

At our practice, we recognise that the key to protecting adults at risk from abuse is an understanding that abuse, neglect, and harm take many different forms. Abuse and harm may not just be physical, sexual, or an obvious act of cruelty; it may also be mental, emotional, psychological, financial, and discriminatory. There is no hierarchy among any of these types of abuse. Depending on the circumstances, pernicious racist abuse can have as profound an effect as, for example, physical abuse on an adult at risk. Bullying or daily humiliations, perhaps presented as jokes by the perpetrators, can be as harmful as single acts of cruelty. Similarly, 'unintended abuse or neglect can have the same impact as deliberate abuse or neglect' (Stephen Ladyman, 2004).

Requirements for notifying the regulators

The Care Act 2014 contains mandatory requirements around adult safeguarding. The General Dental Council, in common with the regulators in all parts of the UK requires dental practice team members to report abuse or suspected abuse appropriately and promptly.

Forms of abuse

We understand that abuse includes but may not be limited to the following:

- Domestic abuse.
- Physical abuse (including inappropriate restraint or use of medication).
- Sexual abuse.
- Emotional abuse.
- Psychological abuse.
- Neglect and acts of omission.
- Institutional abuse.
- Discriminatory abuse.
- Financial or material abuse.

Our training has taught us that we need to be able to:

- **R**ecognise suspected or actual abuse and harm
- **R**espond appropriately

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- **R**efer when required
- **R**ecord our findings

We are aware this is called the four Rs: **R**ecognising, **R**esponding, **R**eferring and **R**ecording.

Recognising abuse

We understand that recognising abuse is complex. All forms of abuse have physical indicators (things we may see) and behavioural indicators (behaviours we may observe).

In particular, we look out for the possible indicators of the different types of abuse listed below.

Possible indicators of physical abuse:

- Multiple unexplained bruises or other unexplained injuries or
- Bruising or other injuries that are inconsistent with the explanation given.
- Fractures.
- Burns.
- Fear and fearful behaviour.
- Depression.
- Unexplained weight loss.
- Signs of assault (can be intentional or reckless).

Possible indicators of neglect:

- Malnutrition.
- Poor personal hygiene.
- Untreated medical or dental problems.
- Confusion.

Possible indicators of emotional abuse:

- Fear.
- Depression.
- Confusion.
- Loss of sleep.
- Unexpected or unexplained change in behaviour.

Possible indicators of sexual abuse:

- Loss of sleep.

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- Unexpected or unexplained change in behaviour.
- Bruising.
- A preoccupation with anything sexual.
- Sexually transmitted diseases.
- Pregnancy.
- Rape.
- Indecent assault.

Possible indicators of financial abuse:

- Unpaid bills.
- Unexplained shortage of money.
- Reluctance on the part of the person with responsibility for the funds to provide basic food and clothes, dental treatment etc.
- Alleged fraud.
- Alleged theft.

Possible indicators of institutional abuse:

- Inflexible and non-negotiable systems and routines.
- Lack of consideration of dietary requirements.
- Name calling, inappropriate ways of addressing people.
- Lack of adequate physical care – an unkempt appearance.
- Failure to provide adequate support with oral hygiene measures.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. Any or all types of abuse and targeting of vulnerable people may be perpetrated as the result of deliberate intent, negligence, or ignorance.

Abuse may take many forms and may include criminal activity. It may involve any combination of the above.

Domestic abuse

We understand that:

- Domestic abuse can include physical, emotional, or sexual abuse and other forms of abuse such as financial abuse. It can be subtle and controlling or coercive and/or it can involve all forms of physical abuse.
- There is often a pattern of episodes of domestic abuse, and a history of the abuser having been a victim of abuse themselves.

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- We must be alert to the physical and behavioural indicators that domestic abuse may be taking place because we are not only protecting the victim; we may also have a part to play in interrupting the cycle of domestic abuse.

Our safeguarding obligations and responsibilities

At our practice we ensure that:

- All allegations of abuse are taken seriously, reported appropriately, and investigated immediately.
- All our team members understand they are individually responsible for being alert to possible abuse and for ensuring information is shared appropriately and promptly.
- If a team member feels their concerns appear not to be taken seriously, they must raise them with a more senior person. Team members who take this action will be supported regardless of the outcome, provided the allegation has been made in good faith.
- All team members are made aware of our whistle-blowing procedures as detailed in our Whistle Blowing Policy should they have any concerns about a practice team member.
- All new team members receive training in safeguarding as part of their induction training.
- All existing team members undergo ongoing training in all matters relating to safeguarding and the protection of adults at risk.
- Patients who are adults at risk are enabled, empowered, and encouraged to raise their concerns if they are being abused or at risk of abuse.

Responding appropriately if abuse is suspected or confirmed

We understand that how we respond in a situation in which abuse is suspected or confirmed is of paramount importance to the outcome of any situation. We also understand that our role is to find out whether a referral is necessary.

As part of our safeguarding procedures, if we recognise actual or suspected abuse, we:

- Remain calm and reassuring and indicate through tone of voice and empathy that we take what is being said very seriously.
- Ask for clarification if it's not clear and we use open questions.
- Take care never to ask leading questions
- Ensure we do not make promises we can't keep such as promising to keep any information disclosed a secret.
- Practice what we would say and do at team meetings if we recognise suspected or actual abuse.
- Share our concerns with someone who can help.

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In addition, if we feel our patients need support we will urge them to contact the relevant services and we will provide information on how to do this.

Referring

If abuse is confirmed or suspected we adopt a multi-agency approach to sharing information about concerns with agencies that need to know and involving the adult at risk and carers appropriately.

We understand that the concept of multi-agency working means there may be many different organisations involved in the referral process. We understand that 'one size does not fit all' so we ensure that referrals are always appropriate to the individual case.

If we suspect criminal activity or if we have concerns that someone is in danger we would contact the Police by calling 999. If the person needs medical attention we would seek appropriate medical advice or attention.

All team members understand that referrals remain the responsibility of the person who recognises the actual or suspected abuse or neglect.

All referrals are always discussed with our safeguarding lead and/or our deputy safeguarding lead, and we ensure all referrals are followed up to ensure action has been taken. Details of our local authority for Safeguarding Adults at Risk and how to contact them are detailed at the start of our safeguarding policy. We ensure that when required, referrals are made at the earliest opportunity.

We are aware that our local safeguarding authority can be contacted out of hours if required.

Information on referrals for different types of safeguarding concerns is available at the end of these procedures.

Recording

We understand that it is essential to record in full all details of the time spent in the practice by the adult at risk. This includes details of any disclosure they make and all discussions and observations. In some circumstances, it may be necessary to provide diagrams. The records should be completed immediately and not left until the end of the session or day.

All records should contain the actual words used and no abbreviations or asterisks should be used, even in the event of the words being offensive. Any repetition should also be recorded, as should the responses of the person to whom the disclosure is made.

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Comprehensive records may be extremely important in the event of a case conference or a court hearing.

Records made of all matters relating to a safeguarding concern must be kept for 100 years.

Safeguarding Lead Responsibilities

The role of the safeguarding lead includes the following duties:

- Keeping an up-to-date list of local contacts for safeguarding adults at risk advice and referral.
- Making information readily available for all team members.
- Ensuring the local safeguarding adults at risk board procedures are available and are kept up-to-date.
- Organising training for the practice team.
- Auditing the practice from a safeguarding perspective.
- Keeping details of local sources of confidential emotional support for practice team members.

Safeguarding procedures that protect both patients and team members

The following procedures are in place to safeguard our team members and our patients.

- Prior to commencing employment, we ensure that all necessary pre-employment checks have been satisfactorily completed.
- We confirm the identity of all our team members and their right to live and work in the UK.
- All team members are paid in line with National Living Wage requirements.
- We ensure all team members know they can raise concerns without fear of recrimination, and we ensure they understand our policy on Whistleblowing.
- We have comprehensive policies for dealing with Violence, Bullying, and Harassment, and team members are required to familiarise themselves with the practice policies.

Safe recruitment and management procedures

When recruiting new team members, we:

- Carefully follow the procedures for safe recruitment and selection of all new team members as set out in our Recruitment Policy.
- Ensure that the appropriate Disclosure and Barring Services Checks (DBS) checks are conducted before all new team members commence work at the practice.
- Ensure DBS checks are updated at appropriate intervals.
- Provide effective management for team members, including by ensuring access to supervision, support, and training.

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Other types of abuse, neglect, and harm

In addition to the types of abuse, neglect, and harm described above, we are aware of other types of abuse and what we must do in these situations.

Concerns related to radicalisation, modern-day slavery, female genital mutilation, forced marriage and honour-based violence affect both adults and children.

The guidance below relates to recognising, responding, referring and recording concerns about the following safeguarding risks:

- Modern day slavery
- Radicalisation
- Female genital mutilation
- Honour-based violence and forced marriage

Modern Day Slavery Statement

Our practice recognises our duty to do all we can to prevent the abuse of adults at risk and to respond promptly when abuse is suspected or reported. We recognise that this duty includes a responsibility in relation to the prevention of modern day slavery.

We take modern-day slavery seriously and understand that any breaches of the Modern Day Slavery Act 2015 can result in disciplinary action, changes to or cancellation of the registered person, and punitive action under the Act.

Where abuse of any kind is suspected or identified we ensure that we respond according to our practice procedures and local guidance, and we ensure that suspected or identified victims are referred to the appropriate agency or agencies.

We consider all incidents of abuse and modern-day slavery to be unacceptable, especially so when the victim is deemed to be vulnerable or is a child.

We ensure that through training we promote a culture and environment in which all team members can recognise abuse or enslavement of any kind. Team members know they must record details of any suspected or confirmed incident, and they must report any incident promptly to the practice safeguarding lead.

All referrals are followed up to ensure appropriate action has been taken.

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Anti-Radicalisation Statement

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject and/or undermine contemporary ideas and expressions of freedom of choice.

Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person.
- Exploitation, including sexual exploitation.
- Psychological manipulation.
- Exposure to violent material and other inappropriate information.
- The risk of physical harm or death through extremist acts.

Extremism is defined as vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

We acknowledge that there is a statutory duty for the practice to comply with Prevent legislation as enshrined in the Counter Terrorism and Security Act.

To comply with the regulations, we provide appropriate training to all team members on the signs/markers of radicalisation and how to respond to these signs in an individual. We recognise an individual could be a patient, a team member, or a member of the public.

Recognising the Markers of Radicalisation

We understand the following signs are common external indicators of radicalisation.

- The individual becomes increasingly argumentative.
- Refusing to listen to different points of view on issues.
- Unwillingness to engage with their peers or colleagues who share different views, beliefs, lifestyles, or habits.
- Always expressing feelings of being persecuted or discriminated against.
- A sudden change in physical appearance and friends.
- The individual distances themselves from family, friends, and colleagues.
- A loss of interest in hobbies and activities they previously enjoyed.
- Converting to a new religion.
- Showing sympathy for extremist ideologies and groups.
- Avoiding discussions about their views.
- Using words and phrases that sound scripted.
- Not wanting anyone else to know what they are looking at online.

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All team members are encouraged to report suspicions about individuals at risk of being radicalised to the practice Safeguarding Lead, who will then decide whether the concerns should be reported to the Local Safeguarding Teams or the police anti-terrorism hotline.

We take the possibility of radicalisation very seriously and we understand the extremely serious potential consequences of failing to report suspicions.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is very painful and dangerous and can seriously harm the health of women and girls. In 99% of cases, FGM is carried out without anaesthetic. It is classified as emotional and sexual abuse, as well as physical abuse.

FGM can be carried out on girls of all ages but may be more common between the ages of 5 and 10. It can be known as female circumcision or cutting or by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan.

Our responsibilities

At our practice, we ensure that the whole team understands our responsibilities in relation to reporting FGM.

We understand that dentists and all other GDC registrants in England and Wales are required by law to report cases of female genital mutilation (FGM) in girls under age 18 to the police when it is 'visually confirmed or verbally disclosed'.

Note: In dental practice 'verbal disclosure' is the only form of disclosure that is likely to apply, because 'visual confirmation' would be highly irregular.

We understand that this is a personal duty, meaning that the professional who identifies FGM or receives the disclosure must make the report.

We understand that the duty applies where a dental professional, in the course of their work is informed directly by a girl that an act of FGM has been carried out on her.

Note: The duty applies only to girls who are under 18 at the time that FGM is observed or disclosed, and it does not apply if the health professional only suspects that FGM may have been carried out.

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Actions for the team member to take in the event of FGM being identified or disclosed

Telephone '101' (the non-emergency crime number) as soon as possible and give the 101 operator:

- The girl's name, age, date of birth, and address.
- Your name and contact details - work telephone number, e-mail address
- Details of times when you are available to speak.
- Your role and your place of work.
- The name, work telephone number, email address, and place of work of our designated safeguarding lead.

We would also:

- Discuss with our local safeguarding lead, to identify whether other safeguarding actions are required.
- Make a record of our actions and decisions and record the police reference number.
- Update our practice safeguarding lead.
- Make sure the person to whom the disclosure of FGM is made is available and prepared to discuss further with the police lead investigator.
- In advance of/in parallel with the report being made, discuss with the family/child and tell them the report is being made, **unless** you believe that reporting would lead to a risk of serious harm to the child or anyone else then do not discuss it but instead discuss with our designated safeguarding lead, and agree a course of action.

General Dental Council (GDC) requirements

The GDC requires registrants to comply with the law relating to reporting any identified or disclosed incident of FGM.

Failure to comply with the law may be considered through existing Fitness to Practise proceedings with the GDC. The GDC will consider the dental care professional's ability to practice safely and take into account the circumstances of the case. As with all safeguarding issues, the safety of the girl or other individuals at risk of harm is paramount.

Honour-based Violence and Forced Marriage

We take all reports of honour-based violence and forced marriage very seriously. We will deal with every case sensitively and confidentially.

Honour-based violence is defined as a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour,

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because they believe that the victim(s) have done something to bring shame to the family or the community.

Honour-based violence may include emotional, psychological, sexual, and physical abuse. It is commonly perpetrated as a result of a reaction to what is perceived as immoral behaviour that brings shame on the family or community. It is a direct violation of the victim's human rights.

Behaviours that may be perceived to be 'immoral' in some communities may include:

- Running away or coming home late.
- Ideological differences between parents and children.
- Westernisation.
- Refusing an arranged marriage.
- Participating in relationships outside marriage or an approved group.
- Wearing 'inappropriate' makeup or clothing.
- Loss of virginity before marriage.
- Pregnancy outside of marriage.
- Homosexuality.
- Reporting/fleeing domestic abuse, coercive and controlling behaviour, forced marriage.
- Girls who 'allow themselves to be raped'.
- Causing gossip about a family or community.

Honour-based violence can take many forms. It may or may not involve violence and may include:

- Murder.
- Personal attacks of any kind, including physical and sexual violence.
- Forced marriage.
- Forced repatriation (sending someone back to a country from which they originate without their consent).
- Written or verbal threats or insults.
- Threatening or abusive phone calls, emails, and instant messages.

If we are informed by a patient that they are victims of honour-based violence, or we suspect someone is at risk of honour-based violence we will report it immediately.

We will call **999** if we suspect the individual is in immediate danger. We may also contact the Forced Marriage Unit.

Forced Marriage

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Forced marriage is when an individual is faced with physical, emotional or psychological pressure to marry. Examples of this may include threats, physical violence, sexual violence or making an individual feel like he/she is bringing shame on their family or community.

Forced marriages are illegal in England and Wales and can carry prison sentences of up to 7 years. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place).
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not).

If we are informed by a patient that they are being forced into marriage, or we suspect someone is at risk of being forced into marriage we will report it immediately.

We will call **999** if we suspect the individual is in immediate danger. We will also contact the Forced Marriage Unit.

Forced Marriage Unit

Telephone: **020 7008 0151** (Monday to Friday, 9am to 5pm)
Out of hours: **020 7008 1500** (ask for the Global Response Centre)
Email: fmu@fco.gov.uk

The following details should be provided to the Police or Forced Marriage Unit

- Name of the individual(s).
- Registered address (if known).
- Age.
- Details of parent/guardian/ next of kin (if known).
- Any information about where the person is being taken (if known).
- When they are or were due back in the UK (if known).

Signed :
Dated:
Position:

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Document Change Register
for
Safeguarding Adults at Risk Policy and Procedures

The table below is a record of all changes to the policy and procedures made by the Dentistry Compliance Team. It is not intended to document changes made by the practice team.

Published Date	Document Version Number	Pages affected	Description of revision	Author
22/08/2018	V6.0	Page 1	[Name of Practice] Dental Practice safeguarding lead is [Name of Person Responsible] and [Deputy Lead].	AM
19/09/2019	V9.0	Pages 7, 8, 9	Added Anti-radicalisation statement Change to the order of some paragraphs for better flow	PL
29/01/2020	V10.0	Pages 11, 12	Added a statement on Honour Based Violence and Forced Marriage	LH
30/06/2022	V11.0	Title and multiple pages	Amended the terms 'vulnerable adults' to 'adults at risk'	PL
30/06/2022	V11.0	Multiple pages	Multiple small amendments to improve flow. References to staff or employee changed to team member.	PL
30/06/2022	V11.1	Pages 2,3	Section on domestic abuse added	PL
16/03/2023	V11.2	Page 2	Section on CQC and HIW notification added	PP
15/08/24	11.3	All	Review for CQC applications	IL
09/09/24	11.4	All	Wording changes and updates. Added reference to Public Health England's publication 'Safeguarding in general dental practice, a toolkit for dental teams 2019.	PL
17/09/24	11.4	17	Amended document changes register to clarify that these are changes made by Apolline and not the practice team.	PL
23/04/25	New version 2.2 created.	All	Update removes duplication and combines adults at risk policy v11.4 and child protection policy v8.4 into a new combined version 2.2.	PL

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Safeguarding Children and Child Protection Policy and Procedures

Safeguarding Children and Child Protection Policy

At County Road Dental Practice we recognise and embrace our duty to do all we can to prevent the abuse of children and to respond promptly when abuse is suspected or reported. All incidents of abuse are unacceptable especially so when the victim is deemed to be at risk. We will promote a culture and environment in which abuse of any kind is not tolerated and is dealt with promptly when it does occur.

We understand that in UK law a child is defined as a person under 18 years of age.

All practice team members are required to follow our safeguarding policy and procedures to protect children for whom we provide care. Any breach of our safeguarding policy, including failure to properly report or investigate an allegation of abuse, will be treated as a disciplinary offence.

All team members are encouraged to download the NHS Safeguarding app onto their phones as this is continually updated and contains the latest guidance.

Practice Culture

Our practice culture promotes an environment in which everyone is always treated equally and with courtesy, dignity, fairness, and respect.

Our practice is also committed to pursuing equal opportunities and anti-discriminatory practices whilst promoting and developing services and resources that are sensitive to age, culture, disability, ethnicity, gender, race, religion, and sexuality.

Safeguarding Responsibilities

At our practice, all team members understand they are individually responsible for ensuring they take personal responsibility for recognising and responding to actual or suspected abuse and for ensuring that information is shared in a timely and appropriate manner. All team members also understand that they must ensure all referrals are followed up and that accurate, contemporaneous records are made and kept.

We are committed to ensuring that all team members have the knowledge and ability to contribute effectively to child protection.

Our safeguarding lead is and the deputy safeguarding lead is .

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The local authority for Safeguarding Children is , whose role is to ensure agencies work together effectively to keep children safe and to promote their welfare.

Contact Details of local authority for Safeguarding Children :

This Policy was reviewed and implemented on .

This policy and relevant procedures will be reviewed annually by the safeguarding lead, the deputy lead, and the registered manager, whose name is Sinead Geoghegan.

This policy is due for review on or prior to this date in accordance with new guidance or legislative changes.

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Safeguarding Children and Child Protection Procedures

Our team understands that in addition to the guidance described in our Safeguarding Adults at Risk Policy and Procedures, additional procedures are required for the protection of children in our care, and these are laid out here.

At County Road Dental Practice we recognise that in addition to our responsibility to safeguard children and young people in our care, we also have a responsibility to do all we can to promote their welfare.

We have adopted this Safeguarding and Child Protection Policy that affirms our practice's commitment to protecting children from harm.

Requirements for notifying the regulators

The Care Act 2014 contains mandatory requirements around adult safeguarding. The General Dental Council, in common with the regulators in all parts of the UK requires dental practice team members to report abuse or suspected abuse appropriately and promptly.

Safeguarding children involves:

- Listening to children.
- Providing information for children.
- Providing a safe and child-friendly environment.
- Having other relevant policies and procedures in place.

Listening to children

We wish to create an environment in which children know their concerns will be listened to and taken seriously.

We will communicate this by:

- Asking for their views when discussing treatment options, seeking their consent to dental treatment in addition to parental consent.
- Involving them when we ask for feedback about our practice.
- Listening carefully and taking them seriously if they ever make any disclosure of abuse or neglect.

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Providing information for children

We will support children and their families and provide information about:

- Local services providing advice and activities.
- Help in times of crisis (i.e. provide information on NSPCC, Child Protection Helpline, Childline etc).

Providing a safe and child-friendly environment

We will:

- Take steps to ensure that areas where children are seen are welcoming and secure.
- Consider whether young people wish to be seen alone or accompanied by their parents or guardians.
- Ensure that team members never put themselves in vulnerable situations by seeing young people without a chaperone.
- Ensure that our recruitment procedures as described in our Safeguarding Adults at Risk Policy and Procedures are safe and always implemented.
- Ensure all team members are trained in maintaining appropriate boundaries in relationships with children and young people.

Treating Young Patients

When treating patients under 16 years old, we will always:

- Gain consent to treatment from a parent or guardian.
- Ensure another member of the practice team, or the child's guardian, is present at all times. We will never be left alone with a child on the practice premises.
- Respect the wishes of a child as we would an adult.
- Take all reasonable steps to ensure their health, safety, and welfare are prioritised.

Signs of child abuse

As a broad principle, we understand the physical and behavioural signs of abuse and neglect are similar whether the victim is a child, a young person, or an adult. We are aware though that other signs apply particularly to children and all team members are trained to be aware of and alert to the signs of child abuse.

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We are aware that some of the earliest signs of physical ill-treatment of children are facial bruising and damage to and around the mouth.

When treating a child who has a physical injury, however minor, our teams are trained to ask themselves the following questions:

- Could the injury have been caused accidentally? If so, how?
- If an explanation for an injury is given, does it fit the facts as you find them?
- If there has been a delay on the part of the parents or guardian in seeking dental care, are there good reasons for this?
- If the explanation of the cause is consistent with the injury, is the cause within normal acceptable limits of child behaviour?

We understand that children may also be subjected to other forms of abuse that include sexual abuse, emotional abuse, and neglect. We are aware that there may be no physical signs of abuse, and we understand the importance of observing behavioural signs that may be a warning that a child is being abused or neglected.

We know it is important to observe the following behavioural signs:

- The relationship between the parent/guardian and the child.
- The child's reaction to other people.
- The child's reaction to any medical or dental examination.
- The general demeanour of the child.
- Any comments made by the child and/or the parent or guardian that give concern.

Advice and information

We understand that sometimes team members may not be sure whether their concerns are justified, or they may want more information about issues like confidentiality or a better understanding of what happens next after they have reported their concerns.

All team members know that in addition to discussing their concerns with our Safeguarding Lead they can also seek further advice by doing one or more of the following:

- Calling the NSPCC National Helpline **0808 800 5000**
- Calling Children's Services Referral & Assessment, tel. no .
- Calling Children's Services out of hours, tel. no .
- Calling the police: Emergency (dial 999); non-emergency: .

Confidentiality and consent to sharing information

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If we have concerns about a child's welfare or safety, we will discuss our concerns with the child in a manner appropriate to their age and understanding.

As a guiding principle, we are aware that we should also discuss any welfare or safeguarding concerns we have with the child's parent(s) or guardian and seek their agreement to making a referral.

If such a discussion could place the child at risk of significant harm, the child's welfare takes precedence over the duty of confidentiality. In that situation, we are aware that we do not need to gain their consent to share information or to make a referral.

Dental practitioners and other dental team members providing care for a child will have information about the child that no other professional will have. All dental professionals have a responsibility to share that information appropriately. Sharing of information amongst practitioners working with children and their families is essential. In many cases, it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Where concerns are identified these must be described accurately and comprehensively by the referrer. If a referral is initially made by telephone it must be backed up by written information. In some situations, it may be necessary to provide information for an initial assessment or as a contribution to a case conference.

Defence organisation publications and telephone advice lines are useful sources of information.

Protocol for referring suspected or confirmed child abuse

All team members understand that if they suspect or believe a child is suffering or is likely to suffer significant harm, including any form of mistreatment or abuse, it is imperative that we share our concerns in a timely manner.

If child abuse is suspected or confirmed, our team members are trained to follow our referral protocol.

- As a first step we will discuss all concerns with our Safeguarding Lead.
- If a decision to refer is made, we will contact the most appropriate agency or agencies.
- If discussions are inconclusive and/or we remain concerned, we will seek informal advice from the NSPCC confidential helpline number **(0808 800 5000)** or our local social services without disclosing any information. The aim of this is to help us decide whether we should make a formal referral by telephone.

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At our practice our computer internet browsers have the local Safeguarding Children Board website on a tab link for ease of access for all the team. Our Safeguarding Lead is responsible for doing this in advance of any concerns being raised so that it is to hand in the event it is needed.

All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

Emergency

If a child is in immediate danger or left alone, we will contact the police by calling **999**.

Record keeping

It is essential to record all details of the child's time in the practice in full. This includes details of any disclosure a child makes and all discussions and observations. In some circumstances, it may be necessary to provide diagrams. The records should be completed immediately and not left until the end of the session or day.

All records should contain the actual words used and no abbreviations or asterisks should be used, even in the event of the words being offensive. Any repetition should also be recorded, as should the responses of the person to whom the disclosure is made.

Comprehensive records may be extremely important in the event of a case conference or a court hearing.

Records made of all matters relating to a safeguarding concern must be kept for 100 years.

Follow up

All team members understand they are individually responsible for recognising, responding, referring and recording details of their concerns. We also understand that the person making the referral is responsible for following it up to ensure appropriate action has been taken.

Where a referral is to a general medical practitioner or paediatrician, they should be contacted again within 24 hours to check that the child has been seen. Where a telephone referral to Social Services has been made, this should be followed up in writing within 48 hours.

Where a referral is to a health visitor or school nurse, they should be contacted again within a month to check that action has been taken. The referrer may be asked to produce a report for, or to attend, any subsequent case conference or court proceedings. Full records made at the time of the visit to the practice are therefore vitally important (see above).

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If, after this, you are concerned that insufficient action has been taken, then you should seek further advice. You may have an ethical responsibility to take further action yourself. Even when you are confident that you have acted appropriately to protect a child, it is common to experience some worries about the consequences of your actions.

You may find it helpful to find out more about the action that is taken to protect children, for example, by reading the British Dental Journal articles by Welbury and Murphy and the Child Protection and the dental team publication or by seeking advice from trusted colleagues with more experience in this field.

Was not brought (WNB)

Missed appointments and dental neglect are common reasons for dental professionals to make a safeguarding referral. They cause concern because:

- It can be a warning sign that a child or young person is being neglected.
- When a 'serious case review' is conducted, maltreatment or neglect is often found when a child has died or been seriously harmed by maltreatment.

Describing children and young people who do not attend for an appointment as 'was not brought' (WNB) instead of 'did not attend' (DNA) or 'patient failed appointment' (PFA) encourages team members to think about the situation from the child's perspective and identify any impact on the child's wellbeing. It also allows team members to plan what support would help the child receive the dental care they need. In addition, WNB may help you consider whether safeguarding information should be shared with other health or social care professionals

The British Dental Association, in conjunction with NHS Health Education and Sheffield Teaching Hospitals, provides helpful resources for practices to refer to for guidance on what to do and how to communicate concerns to the relevant authorities. These can be accessed using the link below:

https://bda.org/safeguarding

Support

The practice safeguarding lead will obtain contact details of local sources of confidential emotional support for team members if required.

Other types of abuse, neglect, and harm

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Guidance on recognising, responding, referring and recording concerns about the safeguarding risks listed below is on pages 11-17 of the safeguarding adults at risk section of this policy. These apply equally whether the victim is a child, a young person or an adult at risk.

- Modern day slavery
- Radicalisation
- Female genital mutilation
- Honour-based violence and forced marriage

Signed :

Dated:

Position:

Useful links England

Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing

CQC : Notification : https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form

Useful links Wales

'Guidance for Dental Teams on Safeguarding Children & Adults at Risk (2016)'.

HIW notifications : https://www.hiw.org.uk/notify-us-event

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Document Change Register
for
Safeguarding Children and Child Protection Policy and Procedures

The table below is a record of all changes to the policy and procedures made by the Dentistry Compliance Team. It is not intended to document changes made by the practice team.

Published Date	Document Version Number	Pages affected	Description of revision	Author
29.1.2020	V8.0	Pages 9&10	Added statements on honour-based violence and forced marriage.	LH
28/09/2021	V8.1	Page 8	Added statements on Was Not Brought	PP
16/03/2023	V8.2	Page 7	Added section on CQC and HIW notification	PP
15/08/24		All	Reviewed in line with CQC applications	IL
09/09/24	V8.3	All	Wording changes and updates.	PL
10.09.24	8.4	26 & 27	Added anti-radicalisation statement and information.	PL
17/09/24	8.4	34	Amended document changes register to clarify that these are changes made by Apolline and not the practice team.	PL
23/04/25	New version 2.2 created	All	Update removes duplication and combines adults at risk policy v11.4 and child protection policy v8.4 into a new combined version 2.2.	PL

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