Safeguarding Policy

Bembridge Dental Practice is committed to safeguarding children and adults at risk. Our dental team accepts and recognises our responsibilities to develop an awareness of the issues which may cause children and adults at risk harm.

We endeavour to safeguard children and adults at risk by:

- Giving all staff an awareness of and mandatory adoption of safeguarding guidelines through our practice procedures and policies.
- Developing a code of conduct for the dental team
- Making staff and patients aware that we take child and adults at risk protection seriously and respond to all concerns. Patients are made aware by a notice in the waiting room, and staff members take part in comprehensive training in safeguarding arrangements.
- We will share information about concerns where relevant with agencies who need to know, involving parents and children as appropriate.
- We will carefully follow the practice procedures for staff recruitment and selection, and, for all staff groups, request enhanced criminal records checks and ISA adult first checks where appropriate.
- We will provide suitable and effective management for staff by ensuring access to supervision, support and training.
- All staff are trained to a level two in safeguarding both children and adults at risk, and the Manger to level three along with our safeguarding lead who has completed additional training.

This policy is underpinned by the following principles:

- Patients have access to information and knowledge to ensure that they can make an informed choice.
- Patients are given the opportunity to consider the various treatment options available to them. They are encouraged to participate fully in their care at the practice.
- Patients are supported to make their own decisions and to give or withhold consent to treatment. Unless provided for otherwise by law, no-one can give or withhold consent on behalf of another adult.
- Information about patients held by the practice is managed appropriately and all members of the team understand the need for confidentiality.
- The individual needs of each patient are respected.
- The background and culture of all patients is respected.
- Practice procedures ensure the safety of patients at all times.
- Recruitment and selection procedures at the practice are followed at all times to ensure that the required checks are carried out.

Within our practice, Rebecca Evans is our nominated safeguarding lead responsible for ensuring that our procedures for safeguarding children and adults at risk are kept up to date, and she is our main point of contact for raising concerns. In her absence, such as annual leave, decisions regarding onward referral or concerns regarding safeguarding will be made by the practice manager or the patients treating dentist.

Other practice policies relevant to this safeguarding policy are:

- Confidentiality policy
- Consent policy
- Equal opportunities policy
- Equality and diversity policy
- Patient safety policy
- Recruitment policy
- Whistle blowing policy
- Patient privacy and dignity policy

Staff are advised to read these policies to ensure comprehensive knowledge of all aspects of issues surrounding safeguarding.

We are committed to reviewing our policy and good practice standards at regular intervals. The policy will be updated at least annually, and reviews of the LSCB and LSAB websites will be conducted monthly, in addition to subscribing to service updates.

Patients should be kept safe from harm and danger. All members of the dental team should know what to do to keep patients safe and what action to take if they think someone is being harmed.

Definitions

- A child is someone who has not yet reached their eighteenth birthday.

- A adult at risk is a person aged 18 years or over who is, or may be, in need of community care services or is a resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

Signs of abuse

Members of the dental team may observe signs or abuse or neglect or hear something that causes them concern about a child or an adult at risk. They are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. Each team member should be aware of local procedures for child and VA protection. This information can be found in the local contacts section of the safeguarding folder.

Abuse or neglect may present to the dental team in a number of different ways:

- Through a direct allegation (disclosure) made by the child, adult at risk, a parent or some other person
- Through signs and symptoms which are suggestive of physical abuse or neglect
- Through observations of child behaviour or parent-child interaction; or observation of the adult at risk and the relationship they have with their carer.

If abuse or neglect is suspected

It is uncommon for dentists to see patients with signs of abuse, but where you have concerns about a patient who may have been abused and there is no satisfactory explanation, prompt action is important.

- Firstly, discuss your concerns with a colleague, or your safeguarding lead
- If you remain concerned, seek informal advice from the local social services department as detailed on the contacts page without disclosing the child or adult at risks name to help you decide whether a formal referral is needed. You can elect to do this yourself or ask the safeguarding lead to perform this duty on your behalf.
- Seek permission from the patient to refer, unless doing so would put the patient at a greater risk the parents or carers are being abusive or violent and discussion would put others at risk, or sexual abuse by a family member is suspected.
- Consult dental protection, or ask the safeguarding lead to do this on your behalf, if you have any doubts regarding patient confidentiality and disclosure.

Where there is serious physical injury from suspected abuse:

- Refer the individual to the nearest A&E department (St Mary's) with the consent of the person having parental responsibility or care of the child
- Advise the A&E department that the patient is being sent by a phone call direct to the department
- If consent is not obtained for referral, contact the duty social worker at social services or the police, so that action can be taken to safeguard the welfare of the individual

Records
Records of the incident should be maintained and restricted to the nature of the injury, and facts to support the possibility that the injuries are suspicious. Record keeping forms for injuries to the facial area can be found in the safeguarding folder.

This policy is not exhaustive, and further guidance can be found in the safeguarding folder.

Responding to reports of abuse Receiving a report – Safeguarding leads Response
The safeguard lead may become aware of suspected abuse in the following ways:

- By receiving an allegation directly from the adult at risk
- By receiving an allegation from someone who is not the adult at risk
- By receiving a report from outside agencies or other activities the adult at risk may be involved with
- Developing a strong suspicion based on your own observations or experience.

You should record any report or suspicion. If you are receiving the report from a third party, you should make them aware that you have a duty to share this information with the relevant statutory agency.

As soon as you have recorded the details of the case, you should:

Notify the Strategic Support Manager (Safeguarding) at the LSCB/LSAB as appropriate

Further Reading

All staff are required to have due regard for the following documents, which have been used as a reference for constructing this policy.

Serious Crime Act 2005

Home Office FGM act 2003, updated 2018

DoH No Secrets 2000

Care act 2014

Child protection and the dental team

BDA assessing mental capacity 2007

Mental Capacity act 2005

BDA safeguarding patients 2015

Office of the public guardian – making decisions, a guide for people who work in health and social care

Child maltreatment, when to suspect maltreatment in under 18's, NICE 2009 (Oct 17)

HM government working together to safeguard children, 2018

GDC standards for professionals

Child abuse and neglect, NICE 2017

Child protection guidance

Members of the dental team are in a position where they may observe the signs of child abuse or neglect or hear something that causes them concern about a child. The dental team has an ethical responsibility to find out about and follow local procedures for child protection and to follow them if a child is or might be at risk of abuse or neglect (*Standards for dental professionals,* GDC 2005). There is also a responsibility to ensure that children are not at risk from members of the profession.

The dental team is not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. Abuse and neglect are described in four categories:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing, illness in a child. Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse – and a child with one injury may have further injuries that are not visible.

Emotional abuse is the persistent emotional maltreatment causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may feature

- age or developmentally inappropriate expectations being imposed on children
- interactions that are beyond the child's developmental capability
- overprotection and limitation of exploration and learning
- preventing the child participating in normal social interaction
- seeing or hearing the ill-treatment of another
- causing children frequently to feel frightened or in danger
- exploitation or corruption of children.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example rape, buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect is the persistent failure to meet the child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer:

- failing to provide adequate food and clothing, shelter
- failing to protect a child from physical and emotional harm or danger
- failure to ensure adequate supervision
- failure to ensure access to appropriate medical care or treatment
- neglect of, or unresponsiveness to, a child's basic emotional needs.

If you are worried about a child – practical steps

It is uncommon for dentists to see patients with signs of child abuse and, generally, dentists are not in a position to assess all the factors involved. But where you have concerns about a child who may have been abused and there is no satisfactory explanation, prompt action is important.

Ask yourself:

- Could the injury have been caused accidentally? If so, how?
- Does the explanation for the injury fit the age and clinical findings?
- If the explanation of the cause is consistent with the injury, is this itself within the normally acceptable limits of behaviour?
- If there has been any delay in seeking advice, are there good reasons for this?
- Does the story of the accident vary?

Observe:

- The relationship between the parent/carer and child
- The child's reaction to other people
- The child's reaction to dental examinations
- Any comments made by the child or parent/carer that give concern about the child's upbringing or lifestyle

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, informal advice could be sought first from your local social services without disclosing the child's name. This will help you decide whether you should make a formal referral – by telephone so that you can directly discuss your concerns.

Seek permission to refer

It is good practice to explain your concerns to the child and parents, informing them of your intention to refer and seek their consent – being open and honest from the start results in better outcomes for the children. Do not, however, discuss your concerns with the parents where:

- the discussion might put the child at greater risk
- the discussion would impede a police investigation or social work enquiry
- sexual abuse by a family member, or organised or multiple abuse is suspected
- fabricated or induced illness is suspected
- parents or carers are being violent or abusive and discussion would place you or others at risk
- it is not possible to contact parents or carers without causing undue delay in making the referral.

Where there is serious physical injury arising from suspected abuse

- Refer the child to the nearest hospital Accident and Emergency Department with the consent of the person having parental responsibility or care of the child
- Advise the A&E Department in advance (by telephone) that the patient is coming
- If consent is not obtained, the Duty Social Worker at the local Social Services Department or the police should be told of the suspected abuse by telephone so that the necessary action can be taken to safeguard the welfare of the child
- A telephone referral to Social Services must be confirmed in writing within 48 hours, repeating all relevant facts of the case and an explicit statement of why you are concerned. The telephone discussion should be clearly documented – who said what, what decisions were made and the agreed unambiguous action plan.

Where less serious injury is recorded or there is concern for the physical or emotional well-being of the child, discuss the appropriate reporting procedures and your concerns with a senior local colleague, such as a hospital consultant, dental adviser or consultant in Dental Public Health or contact the health professional for child protection at the local Primary Care Organisation (PCO).

Recording and reporting

Reports should be restricted to:

- The nature of the injury
- Facts to support the possibility that the injuries are suspicious

Attendance of the referring dentist may be required by the Social Services Department at a case conference or if there is a court hearing, so comprehensive written records of the injuries and its history (as reported) must be kept together with clinical photographs. The practice has a form for the recording of injuries in the safeguarding folder.

Listening to children

We endeavour to create an environment in which children know their concerns will be listened to and taken seriously. We will communicate this to children by:

- asking for their views when discussing dental treatment options, seeking their consent to dental treatment in addition to parental consent
- involving them when we ask patients for feedback about our practice
- listening carefully and taking them seriously if they make a disclosure of abuse

We will endeavour to safeguard children by:

- adopting child protection guidelines through procedures and a code of conduct for the dental team
- making staff and patients aware that we take child protection seriously and respond to concerns about the welfare of children
- sharing information about concerns with agencies who need to know and involving parents and children appropriately
- following carefully the procedures for staff recruitment and selection
- providing effective management for staff by ensuring access to supervision, support and training

Safeguarding Adults at Risk

The dental team are committed to providing a safe and supported environment to adults at risk. This practice fully adopts the protecting adults at risk multi-agency policy and procedures to safeguard adults from abuse. We believe at Bembridge Dental Practice that safeguarding Adults at Risk is everyone's responsibility.

If a person is injured or in immediate physical danger, or if a crime has been committed, contact the police and other appropriate emergency services – dial 999.

The aim of this policy is to outline how as a member of staff, you should alert both internal and external agencies and report what you have heard, seen, suspect or been told. This Policy is an essential resource that all staff need to be aware of and fully understand during day to day involvement with patients.

Protecting adults at risk

Protecting adults at risk represents the commitment of organisations to work together to safeguard adults at risk. The procedures aim to make sure that:

• the needs and interests of adults at risk are always respected and upheld

• the human rights of adults at risk are respected and upheld

• a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse

• all decisions and actions are taken in line with the Mental Capacity Act 2005.

SUMMARY OF ADULT ABUSE

Abuse is a violation on an individual's human and civil rights by a person or persons.

The following types of abuse that are listed are recognised within the Protecting adults at risk: multi-agency policy and procedures –

Physical Abuse: includes hitting, slapping, pushing, kicking, misuse of medication or inappropriate sanctions or restraint.

Sexual Abuse: includes rape and sexual assault or sexual acts to which the adult at risk has not consented.

Psychological Abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse: includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

Discriminatory abuse: includes racism, sexism, or those based on a person's disability, and other forms of harassment, slurs or similar treatment

Institutional abuse: includes systemic abuse that goes beyond an individuals abusive practice and transcends a whole organisation.

The above are only examples. If you feel you have come across something which may be abuse but are not sure, you are required to discuss this with your line manager.

Adults at risk – Safeguarding Procedure

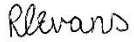
You are not expected to be an expert in identifying abuse or investigating allegations, instead it is your duty to report any concerns to your safeguarding lead and support them in taking action where required. The safeguarding lead is the person tasked with making referrals to the local authority – Rebecca Evans or in her absence Vanessa Pirga.

If you receive a disclosure of alleged abuse or develop a strong suspicion that abuse is taking place, you should:

- Record the allegation clearly and accurately,
- Notify the Safeguard lead.

.

Accountability – Through the records we keep and the role of the alerting the safeguard lead within the organisation we hold ourselves accountable to our service users and outside agencies.

Signed	Dated	Position	Date for next review
	17/04/2020	Dental Nurse/ Safeguard Lead	16/04/2021
	17/04/2020	Manager	16/04/2021

Bembridge Dental