

Safeguarding of Children and Adults at Risk

- Safeguarding children and adults at risk of abuse or neglect is a legal and ethical obligation of all healthcare personnel. Safeguarding is a range of activity aimed at upholding a person's fundamental right to be safe. It means protecting patients and their families from all forms of harm, abuse and neglect, including poor practice
- Members of the team are not responsible for diagnosing abuse, but for sharing concerns appropriately
- Abuse is defined as a violation of an individual's human and civil rights by any other person or persons. It may involve a single or repeated act or omission
- A child is defined as a person under the age of 18. An 'Adult at Risk' is any adult who has needs for care and support by reason of mental or other disability, age or illness; whether or not the L.A. is meeting any of those needs); is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. The Care Act 2014 introduced the term 'Adult at Risk' replacing the phrase 'vulnerable adult', however the two are used interchangeably
- Healthcare personnel are expected to recognise the signs of abuse in children and vulnerable adults and take prompt appropriate actions
- Firstly, discuss concerns with the Safeguarding Lead at the practice and other professionals in the local Multi-Agency Safeguarding Hub (MASH). The case can be discussed, anonymously as necessary, until the decision to refer has been made
- It is an offence for a person over 18 to have a sexual relationship with a young person under 18 where that person is in a position of trust in respect of that young person (e.g. clinician or nurse), even if the relationship is consensual. This also applies where the young person is in full-time education and the responsible adult is regularly involved in caring for, training, supervising or being in sole charge of such persons
- The Local Authority has a statutory responsibility to establish the following:
 - LSCB – the Local Safeguarding Children Board, who are responsible for child safeguarding
 - LADO – the Local Authority Designated Officer, is consulted if there are safeguarding concerns about a member of the team or somebody who works with children
 - LSAB – the Local Safeguarding Adults Board, who are responsible for adult safeguarding
 - MASH – the Multi-Agency Safeguarding Hub, who are the single point of contact for all safeguarding concerns regarding children and young people and will include Front Door for Families access for Early Help. The MASH may also deal with safeguarding concerns regarding vulnerable adults (you should check your local arrangements)
- Seek advice and guidance from the above contacts and if you need to report a matter (refer), contact your local MASH or adult/children's social services department. Contact details will be in (M 290E)
- Safeguarding compliance includes:
 - Appointing at least one Practice Safeguarding Lead (also called the Designated Person, Child and Vulnerable Adult Protection Lead or Safeguarding Champion)
 - Adopting a policy and procedures on safeguarding and safety of children and vulnerable adults; note that you should obtain the policies and procedures from your LSCB/LSAB and adapt the CODE ones as necessary
 - Maintaining records

- Regular team training
 - Making appropriate referrals
 - Carrying out appropriate safer recruitment processes including team checks with DBS/PVG/Access NI
- The Care Act 2014 introduced legislation mainly for vulnerable adults, introducing regulations for local authorities with the requirement to set up a Local Safeguarding Adults Board (LSAB)

Responsibility

Every team member is responsible for the protection of children and vulnerable adults. Healthcare personnel are in a position to recognise possible signs of abuse and neglect or to hear something that causes concerns. Health professionals have a duty to recognise and take responsibility for safeguarding children, young people and adults using appropriate systems for identifying, sharing information, recoding and raising concerns, obtaining advice and taking action.

Identifying abuse

Abuse occurs in all socio-economic groups and can be identified as a single event or more often, a number of events, both acute and long standing which interrupt, change or damage the physical and psychological development. There are 4 commonly recognisable categories of child abuse: physical, emotional, sexual and neglect. Someone may abuse or neglect a child not just by inflicting harm but by failing to prevent it.

Examples of child neglect include a poor standard of hygiene that affects a child's health, missed appointments for necessary treatment, particularly in children with disabilities, as well as children who are poorly dressed for the climate or time of year, or their clothes are below acceptable cleanliness. See the NICE guidelines [When to suspect child maltreatment](#)

Abuse against vulnerable adults may also include discrimination, financial or material abuse, domestic abuse, organisational/institutional abuse, self-neglect and modern slavery.

Some of the more common signs of abuse that can be noted by healthcare professionals:

- Multiple bruising or finger marks injuries that cannot be explained easily
- Sudden deterioration of health
- Sudden and unusual weight loss
- Inappropriate or inadequate clothing
- Withdrawal or mood changes
- A person's refusal or unhappiness about being left alone with a particular carer

Local Safeguarding Children Board (LSCB)

Every local authority has a Local Safeguarding Children Board. LSCBs are responsible for the arrangements for protecting children and young people. Practices need to be aware of their local LSCB guidelines which can be downloaded from their website.

Local Authority Designated Officer (LADO)

The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children or is a member of the team has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against children, or related to a child
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

If you need to contact your Local Authority Designated Officer (LADO), contact your local Children's Social Services Dept.

Local Safeguarding Adults Board

Every local authority has a Local Safeguarding Adults Board (SAB), which is responsible for local arrangements for safeguarding vulnerable adults living in the area. If you think that a vulnerable adult has suffered from or may be at risk of suffering from harm you should contact the SAB. If the patient has mental capacity, obtain consent before discussing their situation with any third party.

Multi-Agency Safeguarding Hub

The majority of local authorities have established a Multi-Agency Safeguarding Hub commonly referred to as the MASH. It is the single point of contact for all safeguarding concerns regarding children and young people and will include Front Door access for Early Help. It brings together expert professionals, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge and resources to keep children safe from harm and promote these and their families' wellbeing. The MASH may also deal with safeguarding concerns regarding vulnerable adults (you should check your local arrangements).

Steps to take If you suspect that there may be abuse from a parent or carer

- Speak to the vulnerable adult or child and record any signs or symptoms, listen to what they have to say
- Carefully discuss the situation with the person and, if appropriate, with the parent or carer Don't ask leading questions or make suggestions about how the situation arose. Just try to clarify how the situation arose and record the answers carefully. Don't probe or push the child for explanations
- Decide whether you think there may be abuse, discussing with your Practice Safeguarding Lead and if necessary with the MASH or social services, but without naming the person (anonymously at this time)
- In case of a serious injury you may need to refer to A&E
- If you think a crime has been committed, you should refer to the police. In England, if you refer to the police you must also notify the CQC
- If you need to refer, seek the consent of the person and their carer or parent if appropriate
- If you refer to social services by telephone, you must confirm full details in writing within 48 hours
- Keep accurate records of your discussions, observations, decision and actions taken

When not to discuss your suspicions with the parent or carer

- If the discussion may increase the risk to the child or vulnerable adult
- If the discussion could hinder a police or social services investigation
- If the parent or carer is violent or difficult and the discussion may put yourself or others at risk
- If you suspect sexual abuse
- If you suspect Munchausen's syndrome, now known as fabricated or induced illness. When a parent or carer, exaggerates or deliberately causes symptoms of illness in a child
- If the discussion would delay an important referral

Information Sharing

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.

Allegations against a team member who works with children or vulnerable adults

If there are allegations about a team member, the practice manager [or provider] will carry out an investigation and decide whether to use the internal grievance and disciplinary procedure and/or report the allegations externally. It is advisable to discuss all concerns with the Local Authority Designated Officer (LADO) if concerning a child, or the Lead Person for Safeguarding Adults (LPSA) for general advice and in particular to find out if further actions are required and whether the police need to be involved.

In case of serious injury

- Refer the person to A&E, with the consent of the parent or carer, telephone A&E to explain that the patient is being referred by you
- If you cannot obtain consent, contact social services and if necessary the police. In England, if you contact the police you must inform the CQC

Barred lists - the requirement to refer people who work with children and vulnerable adults

If an employee or contractor at the practice has been found to be unsuitable to work with children or vulnerable adults, there is a statutory duty to make a referral to the appropriate organisation. These are:

- In England and Wales the DBS referral helpline: 01325 953795
- In Scotland by completing a PVG referral form and forwarding it to Disclosure Scotland
- In Northern Ireland by referring the local police

Next steps

This module includes the following templates:

- Action Plan for Safeguarding Children and Adults at Risk (M 290A) – follow this action plan to set up your safeguarding procedures
- Adopt the Flowchart for Safeguarding Action (M 290B) - what to do if you think there may be safety issues
- Body Map of Injuries (M 290C) – to use if you see any facial injuries
- Letter to a Health Visitor (M 290D) – if a child repeatedly misses appointments
- Contacts for Safeguarding Children and Adults at Risk (M 290E) – for a list of your essential safeguarding contacts

For situations when children repeatedly fail to attend appointments you can use the Letter to a Health Visitor in (M 290D).

In summary:

- Be observant
- Record any concerns, with time, date and signature on an Event Record (G 110A), do not ask probing or leading questions
- Do not waste time, act quickly
- Monitor concerns using the Event Register (G 110B)
- Discuss your concerns with your local MASH or social care services as necessary, anonymously until you have decided to make a referral
- Dial 999 for the police in an emergency, refer to A&E for any emergency treatment
- Observe confidentiality and do not discuss matters with your family and friends
- Keep full and accurate contemporaneous records including the factors leading to the suspicions, the details of any injury or any other sign and the actions taken by the team

Training In England

- Level 3 for specialist paediatric dentists
- Level 2 for clinical staff

In Wales

- Level 3 for specialist paediatric dentists
- Level 2 for clinical and non-clinical staff

In Northern Ireland see the Adult Safeguarding, Prevention and Protection in Partnership, which is a policy to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. Cooperating to Safeguard Children has the training requirements and procedures for child protection.

In Scotland the National Framework for Child Protection learning and development lists the competencies and skills required by dental teams in safeguarding children.

Safeguarding Training from CODE



Safeguarding level 2 for primary healthcare including dentists and GP practices is available on DVD for the team or as an online training for each person individually. This updated course provides of 2 hours of verifiable CPD.



Safeguarding level 3 for primary healthcare including dentists and GP practices is available on DVD for the team or as an online training for each person individually. This updated course provides of 2 hours of verifiable CPD. This course can be used as a refresher, so long as you have had personal training in Level 3 at some time in the past.

You can purchase safeguarding training [here](http://codeuk.com/shop) or visit codeuk.com/shop or call the CODE office on 01409 254 354

Further information

The Mental Capacity Act (M 289)

DBS, Access NI and PVG Disclosures (M 228)

A comprehensive resource is found at [Child Protection and the Dental Team, DoH, 2006](#)

[Working Together to Safeguard Children 2013](#)

[The Children Act 2004](#)

[The Sexual Offences Act 2003](#)

[No Secrets, DoH, 2000](#)

[NICE guidelines \[When to suspect child maltreatment\]\(#\)](#)

National Framework for Child Protection learning and development – For Scotland
Cooperating to Safeguard Children – for Northern Ireland

