Safeguarding Children Service

Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice

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Purpose and Summary of Document:
The purpose of this guidance is to clarify the roles and responsibilities of general dental practitioners and the whole dental team in promoting the safety and well being of children, young people and vulnerable adults. This guidance also supports dental practitioners in meeting the Welsh Government Standards for Health Services, no 11, and General Dental Council standards. This document should be read alongside the All Wales Child Protection Procedures (2008) and the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2010).

Web links to additional information and guidance:
http://www.publichealthwales.org/safeguarding-in-dental-practice (Internet)
http://www.iechydcyhoedduscymru.org/diogelu-mewn-ymarfer-deintyddol (Welsh site)
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1. INTRODUCTION

All health professionals owe a statutory duty of care to their patients and this extends to ensuring that safeguarding arrangements are in place to promote the health of, and protect, the most vulnerable members of our society. Staff also need to be alert to the potential indicators of abuse and neglect, be familiar with local procedures for promoting and safeguarding the welfare of children, young people and vulnerable adults and understand the principles of patient confidentiality and information sharing.

This guidance aims to support the whole dental team in establishing and maintaining safeguarding arrangements for children, young people and vulnerable adults who the Dental team come into contact with during the course of their work.

Note: For further understanding and case example of children, young people and vulnerable adult issues, including information sharing please go to the Safeguarding Children Service, Public Health Wales online links.

2. DEFINITIONS

2.1 What is a safeguarding issue?

Safeguarding means preventing harm and acting to protect children and vulnerable adults from actual or potential abuse, neglect or exploitation and ensuring they receive proper care that promotes health and welfare.

Safeguarding concerns can arise within almost all areas of practice. It is important that all members of staff have an appropriate level of understanding of the signs and presentations of abuse and neglect and are able to implement the Child Protection or Protection of Vulnerable Adults (PoVA) procedures.

2.2 Definition of a Child and Young Person

For the purpose of this guidance the Children Act 1989 defines a child as being anyone who has not reached their 18th birthday. The term child includes children and young people. The fact that a child has reached 16 years of age, is living independently, is in further education, is a member of the Armed Forces or is in hospital, prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989 (Welsh Assembly Government 2006).
2.3 Definition of a Vulnerable Adult

For the purposes of this guidance a vulnerable adult is a person over 18 years of age who: “is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation” (Law Commission Who decides?: making decisions on behalf of mentally incapacitated adults 1997). People with learning disabilities or mental health problems, older people and disabled people may fall within this definition, particularly when their situation is complicated by additional factors such as physical frailty or chronic illness, sensory impairment, challenging behaviour, social or emotional problems, poverty or homelessness. In addition to information about the client group, dentists may wish to make a separate note where clients are from ethnic or minority communities and/or where they are Welsh speakers or where neither English nor Welsh is their first language (Welsh Assembly Government 2000).

2.4 Neglect and Abuse of Children, Young People and Vulnerable Adults

Abuse is a violation of an individual’s human rights and is a criminal act. It may be a single or repeated incident of neglect or abuse. It may be physical, verbal, psychological, financial or sexual. It can be an act of neglect or omission to act, or be the unintended result of a person’s actions. Self-neglect / self-abuse is a failure to provide for oneself, through inattention or dissipation.

The Primary Care Dental Practice Adviser along with the Health Board Named Doctor and Nurse for Child Protection and Named Nurse for PoVA are available to practice staff to provide guidance for specific concerns about individual cases and for general safeguarding advice. The Designated Doctors and Nurses (Safeguarding Children Service, Public Health Wales) are a further available source of advice and support.

See Appendix 1 for a list of contacts for support and guidance.

2.4.1 Children and Young People

A child or vulnerable adult is abused or neglected when somebody inflicts harm or fails to act to prevent harm. Abuse may take place within the family or in an institutional or community setting by those known to them or more rarely by a stranger. Signs and symptoms will vary but may be indicated through injury, the child’s presentation or the behaviour of parents or carers. Any observations or comments that lead to concerns or uncertainty about abuse or neglect should be acted upon by
implementing the All Wales Child Protection Procedures (2008) or by seeking advice and guidance.

Dental neglect can be defined as the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development. It may occur in isolation or may be an indicator of a wider picture of neglect or abuse (Harris, Balmer & Sidebotham, 2009).

When dental neglect has been recognised, a tiered response has been recommended with three stages of intervention (Harris, Sidebotham and Welbury, 2006):

1. Preventive dental team management;
2. Preventive with the support of multi-agency management; and

Guidance from NICE: Clinical Guideline 89 (When to suspect Child Maltreatment, July 2009) includes dental disease as a possible sign of child maltreatment. Where dental professionals consider child maltreatment; i.e. there may be a possibility of child maltreatment; they should liaise with other Health professionals involved. However, when they suspect child maltreatment; i.e. it is likely child maltreatment is happening they should refer the child to social services. In the latter case they should follow the process as laid out in the All Wales Child Protection Procedures (2008).

**Note:** For more information please go to the Safeguarding Children Service, Public Health Wales online links.

### 2.4.2 Vulnerable Adults

Suspicions of abuse, neglect or exploitation of vulnerable adults may also be triggered by observations of the patient’s presentation or by concerns or comments about the lack of appropriate care at their home or in a community or residential placement.

“A duty of care exists when duties or responsibilities are placed on paid carers” (Ashton & Ward, 2008). It is also important that caregivers realise that the Department of Health publication *No Secrets* (2000) states that a consensus has emerged identifying ‘neglect and acts of omission’ as a form of abuse. This includes ignoring medical and physical care needs, failure to provide access to appropriate health services and withholding the necessities of life, such as medication, adequate nutrition and heating. Such statements apply to oral hygiene and access to oral health care.
Dental health staff are well placed to identify the risks to oral and general health that are associated with inadequate oral hygiene, both in the short and long term. The assessment process must identify the factors that may cause problems or impact on the quality of life of the individual patient concerned. To reach such a decision, it is essential that the assessment is approached in a multi-professional way, in collaboration with all those involved in the care of the patient. This will enable appropriate management strategies to be identified and written into care plans. Where General Dental Practitioners have concerns about non-attendance by young children or vulnerable adults, or about dental neglect, they can discuss with colleagues in the local Community Dental Service how best to provide appropriate preventive care and treatment.

2.4.3 Reporting Concerns

As a staff member you have a legal duty to share concerns and take action to safeguard the welfare and safety of a child, young person and/or vulnerable adult.

Appendix 2 provides a Flowchart for actions to be taken when there are safeguarding concerns.

2.5 Domestic Abuse

Domestic abuse has an adverse impact on family health and well being; it is a major factor in Child Protection cases (Welsh Assembly Government, 2007). Domestic abuse can include all kinds of physical, sexual and emotional abuse and can occur within all kinds of intimate relationships including same sex relationships. Women and children suffer in particular but men can also be victims. Injuries to an adult indicating domestic abuse could also have implications for children in their care.

Note: For further information on domestic abuse and the risks to adults and children in these situations please go to the Safeguarding Children Service, Public Health Wales online links.

3. ROLES AND RESPONSIBILITIES OF DENTAL PRACTICE

3.1 Safeguarding Practice Lead

All health professionals and employees have a duty to safeguard. It is recommended that each dental practice should have a named Safeguarding Practice Lead (SPL) who must be a general dental practitioner. The SPL is not expected to be an expert in safeguarding or deal with all safeguarding issues but a central person who will have
oversight of safeguarding matters. The SPL will enable the other members of the practice to be aware of and access relevant guidance, recognise training needs and appropriate training events and be able to access appropriate support and advice on safeguarding matters.

3.1.1 Key tasks of the Safeguarding Practice Lead

The functions of the SPL are to maintain an overview of safeguarding practice and will include:

- Ensuring all staff in the practice are aware of their duty to safeguard and are familiar with safeguarding children and protection of vulnerable adult (PoVA) procedures.
- Ensuring all staff are trained to an appropriate level.
- Providing, within their normal capabilities, practical everyday support and guidance to staff who have concerns about the welfare and safety of a child or vulnerable adult.
- Ensuring that they and all members of the practice are aware of who to contact locally in the health service, social services and the police in the event of child protection and PoVA concerns.
- Being aware of how to access sources of dental and safeguarding support and advice.
- Maintaining an overview of complaints against the practice in order to identify any which might have a safeguarding element and consult with the Primary Care Dental Practice Adviser and Named or Designated Professionals about complaints where there are safeguarding issues particularly if there is an inferred allegation of professional abuse.

3.2 Provision of a safe and appropriate environment

Within the dental practice there is a need to ensure that facilities are appropriate and that staff are appropriately trained and qualified for the examination and treatment of children, young people and vulnerable adults.

Dental practices should provide a safe environment. This is particularly important where children are concerned. The waiting area should provide appropriate play facilities for young children and allow for safe supervision by parents or carers.

Parents or carers should be encouraged to remain with their child or the patient that they are accompanying at all times. Where this is not
possible, or a young person or vulnerable adult wishes to attend alone, then a second member of the team should be present to act as a chaperone for the patient and to support the staff member. Such safe practice should apply to any care environment including dental practices, residential homes and the patient’s own home.

Practices may helpfully display information on local authority and confidential help lines such as ChildLine, NSPCC and Domestic Abuse.

### 3.3 Safe Recruitment Practice

As employers, the practice must ensure all staff working with children and vulnerable adults are suitable to do so. A robust recruitment policy and method for its implementation must be in place. Prior to employment, all staff with access to children and vulnerable adults, including staff with access to patient records, should have a Criminal Records Bureau (CRB) check carried out as set out in the policy of the Health Board and in line with current legislation. Shared services will be able to advise.

If temporary staff are recruited from an agency then the practice should be assured that appropriate checks have been made.

Advice may be sought from your dental protection organisation or equivalent body and from the safeguarding advisors if unsure about how to proceed following notice of a criminal conviction for a member of the practice staff.

#### 3.3.1 Appointment Process

In order to ensure the practice has adequate safeguards in place the following measures are recommended when making an appointment:

- Checking of references and CV.
- Validation of date of birth and name (birth certificate / passport).
- Check professional registration and qualifications.
- Criminal Records Bureau check (Appendix 1).

- The appointment should be subject to all the above being in place. If the checks are not fully completed the appointing officer will need to make a decision on the appointment date and whether it is suitable for the appointee to begin work but with no unsupervised contact with children or vulnerable adults. No employee should be given unsupervised access to children or vulnerable adults without all satisfactory recruitment checks having been made.
• The candidate should be clear that failure to disclose previous and any new convictions is a disciplinary issue.

• It is now a criminal offence to appoint a person who is unsuitable to work with children by virtue of a previous relevant conviction. (This offence carries a prison sentence). Not knowing is not considered a defence if you did not undertake suitable pre-employment checks and suitable checks thereafter.

• If any practice requires clarification whether their recruitment policy is robust, this can be sought from the Named Professionals within the Health Board or the Designated Professionals, Safeguarding Children Service, Public Health Wales.

3.4 Safe working practice

Practice staff do not expect allegations of abuse to be made against them, but it is important they acknowledge that such a possibility exists. It is important that all staff in contact with any patient always act in a professional manner and in ways in which their behaviour cannot be misinterpreted or lead any reasonable person to question their suitability to work with children, young people or vulnerable adults.

Staff should also be aware that behaviour in their personal lives and actions of their partner (or other family members) drawn to the attention of other agencies, may raise questions about their suitability to work with children, young people and vulnerable adults.

3.4.1 Allegations of Professional Abuse / Whistle blowing

Safeguarding concerns may arise in all areas of work. All allegations of abuse of children or vulnerable adults by a staff member should be taken seriously and managed in accordance with the All Wales Child Protection Procedures (2008) and relevant procedures for Safeguarding Vulnerable Adults. Allegations or concerns about the behaviour of a member of staff should not be investigated internally and advice should be sought if uncertain about what action to take. A referral made under Child Protection or Protection of Vulnerable Adults (PoVA) procedures may result in a multi-agency strategy meeting being convened to consider and evaluate all risks and plan the next steps to be taken. If the individual concerned is an employee of the dental practice then it will be necessary for the practice to be represented. This may be the SPL or the Primary Care Dental Practice Adviser.

The Named Professionals for Child Protection / PoVA and the Primary Care Dental Practice Adviser should be contacted for advice and support when concerned about professional abuse. The Designated Doctor or Nurse for
Safeguarding, Public Health Wales, are further sources of advice and support (Appendix 1).

In the event of an individual employee being dismissed or moved to another position as a result of safeguarding enquiries and / or a criminal investigation, the investigation outcome meeting or final strategy meeting should advise the employer of the duty to submit their details to the Independent Safeguarding Authority (ISA) as a requirement of the *Safeguarding Vulnerable Groups Act* (2006). The ISA will consider whether any further action needs to be taken in respect of barring the individual from further employment with vulnerable groups.

### 3.4.2 Staff Training

A range of training and development opportunities are available to dental teams. NHS Wales Health Boards and the Safeguarding Children Service, Public Health Wales, have produced guidance to assist health staff and their managers when considering the level of training various staff members may require to safeguard children. The development of an appropriate level of skills and knowledge may be obtained through reading and accessing professional websites in addition to e-learning and training sessions.

The following levels of training may be used as a broad guide:

- **Induction and awareness training**
  
  All health staff to receive basic safeguarding training as part of their induction programme.

- **Recognition and referral training**
  
  Practice staff should receive awareness level training at regular intervals of three years, either organised within the practice, or through training opportunities provided by the Postgraduate Dental Department, Health Board, Local Authority and Local Safeguarding Children Board (LSCB).
  
  - In addition to this level of training, the Safeguarding Practice Lead (SPL) should ensure that they keep up to date with safeguarding developments through relevant bulletins and access to appropriate websites.
  
  - The dental practice should have in place a system to record whether staff have received safeguarding training relating to children, young people and vulnerable adults.
4. CONFIDENTIALITY AND INFORMATION SHARING

Ethical and statutory codes concerned with confidentiality are to protect individual patients, but they are not intended to prevent exchange of information between different professionals and staff who have a responsibility for ensuring the protection of children and vulnerable adults. In cases where there are safeguarding concerns there is a duty to share all relevant information with professionals and agencies who need to know. This may include disclosing information with or without the permission of the child or vulnerable adult or the parents or carers with other professionals who need access to that information for the purposes of safeguarding.

Vulnerable adults and children aged 16-17 years are entitled to the same duty of confidence as everyone else, provided that, in the case of those under 16 years of age, they have the ability to understand the choices and their consequences relating to any intervention. In the case of vulnerable adults there is a presumption of mental capacity unless assessed as otherwise.

In exceptional circumstances, confidentiality may be breached following discussion with the individual concerned where this is possible.

In some circumstances it may be believed that informing the parents / carers may place the individual at further or additional risk and in these circumstances consent should not be sought and the parent or carer should not be informed of the referral. Therefore while consent is desirable it is not necessary for safeguarding referrals. If no consent is given by the parent or carer to share information a risk assessment of the child or vulnerable adult concerns should be undertaken and further advice sought.

In the process of any subsequent investigations by the police and social services it should be expected that the referral and its source will be made known to parents or carers. Therefore any concerns about the impact of this on practice staff should be shared with the police or social services departments at the time of referral.

“There is nothing within the Caldicott Report, the Data Protection Act 1998, or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children or prevention of serious crime” (Carlile Review 2002).

Safeguarding is dependent on professionals raising concerns and on sharing information appropriately. However, professionals are frequently uncertain as to whether their concerns reach a threshold for action. In
these circumstances advice should be sought from a professional with expertise in safeguarding. Contact details of local Child Protection and PoVA health and social care professionals should be readily available within the practice.

5. RECORD KEEPING

Accurate record keeping is an essential part of the accountability for Child Protection and PoVA. It is an extremely important element to ensure effective inter-agency working. Documentation within dental practices should accurately reflect not only the care provided but also any concerns in respect of a child, young person or vulnerable adult. This may include any injury observed. In this case accurate document is essential, using diagrams when appropriate.

Documentation may include:

- Description of location of injury.
- Nature of injury e.g bruise, laceration.
- Size (measured in centimetres) and shape of injury.
- Other relevant comments and observations that have been made by the parent or carer.
- A note of the behaviour, presentation or comments concerning an accompanying adult or others accompanying the child.

Concerns may also be raised in respect of how a parent or carer has related to, or behaves towards, a child or vulnerable adult. These should be recorded along with any actions taken including seeking advice and noting the advice given.

It may also be relevant to record concerns about observations, presentation or comments of anyone accompanying the patient.

Appendix 3 includes examples of Facial, Oral and Body Maps that can be used by dental practitioners to record any injury a child or adult may present with.
6. FURTHER READING


Link: [www.awcpp.org.uk](http://www.awcpp.org.uk)


British Dental Association (2008). *BDA advice sheet B12: Performance Concerns*. Available free of charge to members. Non members can contact BDA to request a copy:


Cardiff Local Safeguarding Children Board (LSCB) (2008). *Procedure in respect of allegations of abuse against professionals, members of staff or volunteers in contact with children*.

Link: [http://www.cardiff.gov.uk/content.asp?nav=2867,2904,4626,6098&parentdirectoryid=2865&id=9622](http://www.cardiff.gov.uk/content.asp?nav=2867,2904,4626,6098&parentdirectoryid=2865&id=9622)

Cardiff University School of Medicine (2011). Welsh Child Protection Systematic Review Group. *Systematic Reviews – A series of systematic reviews defining the evidence base behind the diagnosis of physical child abuse*. Cardiff University School of Medicine/NSPCC.

Link: [www.core-info.cardiff.ac.uk](http://www.core-info.cardiff.ac.uk)


Link: [www.gdc-uk.org](http://www.gdc-uk.org)


Link: [www.cpdt.org.uk/index.htm](http://www.cpdt.org.uk/index.htm)

HMSO (1989) The Children Act


Link: [www.nice.org.uk/CG89](http://www.nice.org.uk/CG89)


Link: [www.statswales.wales.gov.uk](http://www.statswales.wales.gov.uk)
APPENDIX 1

Contact Details for Safeguarding Support and Guidance

- Web links to additional information and guidance:
  
  
  http://www.publichealthwales.org/safeguarding-in-dental-practice (Internet)
  
  http://www.iechydcyhoedduscymru.org/diogelu-mewn-ymarfer-deintyddol (Welsh site)

- Primary Care Dental Practice Adviser, Public Health Wales, Mold Office, North Wales: 01352 803219 (Switchboard)

**Note:** If the Primary Care Dental Practice Adviser is unavailable then contact the Named Professionals for Safeguarding in the Health Board or the Designated Professionals for Safeguarding, Public Health Wales

- Contact details for the following services are available via the above Safeguarding Children Service, Public Health Wales online links:
  
  ➢ PoVA Leads and Named and Designated Professionals for Safeguarding Children, specific to each NHS Wales Health Board and region of Wales
  
  ➢ Children’s Social Services and Emergency Duty Team
  
  ➢ Adult Social Services contact details for Local Authorities across Wales

- Criminal Record Bureau Checks (CRB) contact:

  Contracts Liaison Supervisor
  NHS Shared Services Partnership
  The Oldway Centre 36 Orchard Street
  Swansea SA1 5AQ Telephone: 01792 607421
APPENDIX 2 – Safeguarding Vulnerable Groups Flowchart

Are you concerned about the welfare of a child, young person or vulnerable adult?

Share concerns with Safeguarding Practice Lead (SPL) as soon as possible and record concerns

No

Are there concerns for their safety? Is abuse or neglect alleged, disclosed or suspected?

Yes

Take steps to possibly remove the person from harm and/or to remove or reduce the risk.

Safeguarding Practice Lead (SPL)/Dental Lead to make a telephone referral to Social Services Duty Social Worker as soon as possible. Follow up in writing within 48 hours

No referral necessary. Agree any health plan with appropriate professional

Child/Vulnerable Adult in need referral made with consent

Still concerned or consent denied

Re-evaluate risks to child/vulnerable adult. Are you still concerned about the welfare and safety of the child/vulnerable adult?

No

Yes
APPENDIX 3a – Record of facial injury

Note: Copy of record of facial injury chart available via Safeguarding Children Service, Public Health Wales online links
APPENDIX 3b – Oral Assessment Chart

Note: Copy of oral assessment chart available via Safeguarding Children Service, Public Health Wales online links
APPENDIX 3c – Record of bodily injury

Note: Copy of record of bodily injury chart available via Safeguarding Children Service, Public Health Wales online links
APPENDIX 4

WORKING GROUP MEMBERS

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