

Safeguarding Policy

We are committed to safeguarding children and vulnerable adults. Our team accepts and recognises our responsibilities to develop an awareness of the issues which may cause children and vulnerable adults harm.

We endeavour to safeguard children and vulnerable adults by:

- Being aware of safeguarding guidelines and adopting these in our practice policies and procedures
- Putting in place a code of conduct for the team
- Making staff and patients aware that we take safeguarding matters seriously and respond to all concerns
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately
- Following practice procedures for staff recruitment and selection and, where appropriate, requesting enhanced criminal records checks and ISA Adult First checks
- Effective management of staff, ensuring access to supervision, support and safeguarding training

The following practice principles reinforce this policy:

- Patients have access to information and knowledge to allow them to make an informed choice about their treatment
- Patients are given the opportunity to consider the various treatment options available to them and are encouraged to participate fully in their care at the practice
- Patients are supported in making decisions about their treatment and can give or withhold consent to treatment. No one can give or withhold consent on behalf of another adult unless they are authorised to do so by law
- Information about patients held by the practice is managed in accordance with Data Protection legislation 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
- Safe recruitment and selection procedures at the practice are followed routinely and all required checks are carried out.

Other practice policies relevant to this Safeguarding Policy include:

- Confidentiality policy
- Consent policy
- Equal opportunities policy
- Equality and diversity policy
- Patient safety - reporting and managing serious incidents policy
- Patient safety procedure
- Recruitment policy
- Safeguarding patients record keeping
- Mental capacity act procedure
- Suspected abuse of a service user by a member of staff procedure

Dr Sadaf Khan, the practice safeguarding lead, is responsible for ensuring our procedures for safeguarding children and vulnerable adults are kept up to date and is our point of contact for raising concerns.

We are committed to reviewing our policy and good practice standards at regular intervals.

Name	Dr Sadaf Khan
Date approved	March 2018
Review date	March 2019

Supporting Guidance

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

Definitions

- A child is anyone who has not yet reached their 18th birthday
- A vulnerable adult is a person aged 18 years or over who is, or may be, in need of community care services or is 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 team may observe the signs of abuse or neglect, or hear something that causes them concern about a child or vulnerable adult. Team members are not responsible for diagnosing child abuse or neglect but must share concerns appropriately. All team members should be aware of the local procedures for child protection.

Abuse or neglect may be suspected as a result of:

- A direct allegation ('disclosure') made by the child, vulnerable adult, a parent or some other person
- Signs and symptoms suggestive of physical abuse or neglect
- Observations of child behaviour or parent-child interaction; or observation of the vulnerable adult and the relationship they have with their carer

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 or vulnerable adult. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing illness. 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 or vulnerable adult's emotional development. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person.

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not the child or vulnerable adult 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 or vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children or vulnerable adults to behave in sexually inappropriate ways.

Neglect is the persistent failure to meet the child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of the child or vulnerable adult's health or development. It may occur in pregnancy as a result of maternal substance abuse. It can include:

- Failing to provide adequate food and clothing, shelter
- Failing to protect a child or vulnerable 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 or vulnerable adults basic emotional needs

If abuse or neglect is suspected

It is uncommon for dentists to see patients with signs of abuse. If you have concerns about a patient who may have been abused and there is no satisfactory explanation, you should:

- Discuss your concerns with a colleague or Dr Sadaf Khan
- If you remain concerned you should seek informal advice from:
 - Safeguarding Children: the local social services department **LCSS Central - 0345 241 2705** (details can also be found via icon on office computer desktop) without disclosing the child's name. This will help you decide whether a formal referral is needed
 - Safeguarding Vulnerable Adults: the **Oxfordshire Safeguarding Adults Board – 01865 328232** (details can also be found via icon on office computer desktop) without disclosing the vulnerable adult's name. This will help you decide whether a formal referral is needed
- Seek permission from the patient to refer unless:
 - Doing so would put the patient at greater risk
 - The parents or carers are being abusive or violent and discussion would put others at risk
 - You suspect sexual abuse by a family member
- Details for local referrals can be found via the icons on the desktop of the office computer
 - Safeguarding Children: **Oxfordshire Safeguarding Children Board (MASH) – 0345 050 7666** or online <https://www.oxfordshire.gov.uk/cms/content/childrens-social-care-referral-form>
 - Safeguarding Vulnerable Adults: **Oxfordshire Safeguarding Adults Board – refer online <https://www.oxfordshire.gov.uk/cms/content/assessment-forms-professionals> or call 0345 050 7666. In an out-of-hours emergency call 0800 833408**
 - **In an emergency always dial 999.**

Where there is serious physical injury arising from suspected abuse, you should:

- Refer the individual to the nearest hospital A&E department, with the consent of the person having parental responsibility or care of the child
- Advise the A&E department in advance that the patient is being sent
- If consent is not obtained, contact the duty social worker at the local Social Services Department 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 be restricted to:

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

See 'Safeguarding Patients Record Keeping' for further information.