

## Policy on Children and Vulnerable adults.

### Purpose

This policy statement sets out how this practice is committed to protect children from harm. Everyone who works with children has a responsibility for keeping them safe. Therefore all team members are required to develop awareness of the issues which cause children harm, and to be able to recognise the symptoms and triggers of abuse and neglect.

This document may be changed from time to time in line with current best practice and statutory requirements, and to ensure that business needs are met. You will be consulted and advised of any changes as far in advance as possible of the change being made, unless the change is required by statute.

It is not the responsibility of team members to *diagnose* or investigate abuse or neglect. If you suspect abuse, you should *share your concerns* with the practice safeguarding lead, whose role it is to make a referral to the Local Safeguarding Children Board (LSCB) if appropriate:

Our safeguarding lead is – Samit Chitre – Any concerns are to be brought to his attention. In the case this cannot be achieved staff members must contact the numbers below.

- During office hours (8.30am – 5:00pm) - you should contact

**Children's Services: 0300 555 1384**

- At all other times you should contact

**Out-of-hours Service: 0300 555 1373**

### Definitions

A **child** is anyone under the age of 18. A **vulnerable adult** is a person aged 18 years or over, who may be unable to take care of themselves or protect themselves from harm or from being exploited.

This **may** include a person who:

- Is elderly and frail
- Has a mental illness including dementia
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless

### Rights of Children and Vulnerable Adults

Children and vulnerable adults have the right to:

- Be healthy
- Stay safe
- Be happy and to achieve
- Make a positive contribution

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- Have economic wellbeing
- Be protected from abuse

### Background

Our policies establish internal organisational standards which support our team to meet external standards. This particular policy is required to comply with the following legislations and guidelines:

- The Children Acts 1989 and 2004
- [Child Protection and the Dental Team](#)
- [Safeguarding Vulnerable People in reformed NHS – Accountability & Assurance Framework](#)
- Working Together to Safeguard Children 2015 : a guide to interagency working to safeguard and promote the welfare of children (HM Government March 2015)  
*Working together to Safeguard Children is the statutory guidance which sets out key roles for individual organisations and key elements of effective local arrangements for safeguarding.*

### Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring children grow up in circumstances which provide safe and effective care
- taking action to enable all children to have the best outcomes

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.

### Scope

All team members, whether permanent, temporary, employed or contracted to provide services at or on behalf of the practice, are responsible for ensuring that they are aware of and comply with the requirements of this policy as well as the procedures and guidelines supporting it.

### Associated Procedures

This policy is underpinned by the following procedures/guidelines:

- *Employment checks:* Following careful procedures for staff recruitment and selection, including taking references and arranging appropriate Criminal Records Bureau checks
- *Safeguarding Children Procedure:* Sharing information about concerns with our local Safeguarding Children Board (LSCB) and any other agencies who need to know, in accordance with locally agreed protocols, and with due regard for a the child's needs being paramount.
- *Record keeping:* Keeping good records of injuries, discussions and interventions

### Training

All team members are expected to improve their personal effectiveness through continuing personal and professional development which leads to an increase of knowledge and/or skills.

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Denmead Dental Practice will ensure that all staff whose roles include working with children and vulnerable adults are carefully selected, screened, trained and supervised. This will include obtaining *Disclosure and Barring checks in England and Wales, Access NI checks in Northern Ireland and PVG checks in Scotland (delete as appropriate).*

All members of the team are expected to carry out CPD in Safeguarding, Data Protection, Confidentiality and Mental Capacity, in line with guidelines.

Standard 8.5 of the [GDC's Standards for Dental Teams](#) places individual responsibility on team members to take appropriate action if they have concerns about the possible abuse of children or vulnerable adults. Dental team members must undertake training in safeguarding children at least every 3 years as outlined in [child protection and the dental team](#):

- **Level 1:** Includes administrative staff
- **Level 2:** Dentists, dental care professionals and dental receptionists
- **Level 3:** Usually for specialist paediatric dentists and others who have greater involvement with children and for whom child protection is a regular feature of their work, they will be involved in creating care plans for children and young people.
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### Identifying Abuse

The characteristics of abuse can take many forms and cause victims to suffer pain, fear and distress reaching well beyond the time of the actual incident(s). Victims may be too afraid or embarrassed to raise any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach with their worries.

There may be some situations where victims are unaware that they are being abused or have difficulty in communicating this information to others.

### What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. It can take a number of forms:

- **Physical abuse** e.g. hitting, pushing, shaking, inappropriate restraint, force-feeding, forcible administration of medication, neglect or abandonment
- **Fabricated illness or induced illness.** This is where someone, often a parent or carer, exaggerates or deliberately causes symptoms of illness in a child or adult at risk.
- **Domestic abuse**
- **Female Genital Mutilation**
- **Forced Marriage** -Describes a relationship in which 1 or more of the parties are married without consent or against their will which violates the principle of the freedom and the autonomy of individuals. FM differs from an arranged marriage in which both parties consent to someone helping them to find a partner. FM is illegal under the Forced Marriage Act (2007) which enables victims of forced marriage to apply for court orders for their protection or marriage termination.
- **Sexual abuse** e.g. involvement in any sexual activity against his/her will, exposure to pornography, voyeurism and exhibitionism
- **Sexual exploitation**

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- **Grooming**
- **Emotional/psychological abuse** e.g. intimidation or humiliation
- **Financial abuse** e.g. theft or exerting improper pressure to sign over money from pensions or savings, etc.
- **Neglect or acts of omission** e.g. being left in wet or soiled clothing, or malnutrition
- **Discriminatory abuse** e.g. racial, sexual or religious harassment
- **Personal exploitation** – involves denying an individual his/her rights or forcing him/her to perform tasks that are against his/her will
- **Trafficking** – facilitation of travel with a view to exploitation and
- **Modern Slavery** – holding a person in a position of slavery, servitude, or forced compulsory labour.
- **Violation of rights** e.g. preventing an individual speaking his/her thoughts and opinions
- **Institutional abuse** e.g. failure to provide a choice of meals or failure to ensure privacy or dignity
- **Bullying and cyberbullying**
- **Online abuse**
- **Non-recent abuse**

### **Abuse or neglect may be suspected as a result of:**

- A direct allegation made by the individual, parent or other person
- Signs and symptoms suggestive of abuse or neglect
- Observations of behaviour and interactions with parents/carers
- Failure to be brought to appointments

### **Record Keeping**

Good record keeping is essential in order to identify possible abuse. All accidents and injuries should be recorded in the patient's record in a way that helps to identify unusual patterns.

At Denmead Dental Practice we have implemented "Was Not Brought" and use the flow chart available from the BDA (see below) to follow up all missed appointments.

- <https://bda.org/dentists/advice/Documents/Flowchart.doc?Web=1>

When making a referral, there is no need to seek the agreement of a child's parent or carer. However, there is a legal expectation that children are protected from physical or psychological damage, so concerns should not be discussed with the parents/carers where:

- The discussion might put the patient at greater risk
- The discussion would impede a police investigation or social work enquiry
- Sexual abuse by a family members, or organised or multiple abuse is suspected
- Fabricated or induced illness is suspected
- Patients or carers are being violent or abusive and discussion would place you/others at risk
- Contacting parents/carers would cause undue delay in making the referral

### **Patient Focus**

Our relationship with patients is key to our success, and it is a team wide responsibility to exceed patient expectations by providing a safe, caring, responsive, effective and well led service.

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Effective safeguarding arrangements in every local area are underpinned by two key principles:

- **safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part; and
- **a child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children, including effective assessment for the need for early help.

We make every effort to support the holistic needs of young people by following the guidelines outlined in "[You're Welcome: quality criteria for young people friendly health services](#) (DH 2011).

### Monitoring

In order to ensure our services are safe, efficient and effective, team members are also involved in our quality monitoring and improvement processes including:

- Annual reviews of safeguarding procedures
- related feedback/incident/significant event analysis (SEA)
- enhanced DBS undertaken every 5 years

### Responsibilities and accountabilities

All members of society have a responsibility to protect children and vulnerable adults. All members of staff have a responsibility to be aware of this policy and to report any suspicions that they might have concerning adult abuse. They are not responsible for diagnosing abuse but have an obligation to share any concerns.

The registered provider for the practice is Dr. Samit Chitre, whose key responsibilities are to ensure that all aspects of this policy are complied with. The day to day responsibilities for providing leadership and guidance for staff and overseeing implementation of this policy will be undertaken by our Safeguarding Lead Dr.Samit Chitre, who has responsibility for maintaining an up-to-date:

- Step-by-step guide of what to do if concerned about a child
- Recording sheets from Child Protection and the Dental Team <http://www.cpd.org.uk/>
- Copy of procedures from Local Safeguarding Children Board, including their statutory threshold for accepting the child for assessment, their protocols for immediate protection and their protocols for making a timely assessment within 45 working days of the referral.
- List of local services and sources of help to support children and families
- list of local sources of confidential emotional support for staff

Dental Practice will ensure that all staff whose roles include working with children and vulnerable adults are carefully selected, screened, trained and supervised. This will include obtaining Disclosure and Barring checks.

All members of the team are expected to carry out CPD in Safeguarding, Data Protection, Confidentiality and Mental Capacity, in line with guidelines.

### Reporting Procedures

All those making a complaint, allegation, or expression of concern, whether staff, service users, carers or members of the public should be reassured that:

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- They will be taken seriously
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk.
- If they are service users, they will be given immediate protection from the risk of reprisals or intimidation
- If staff, they will be given support and afforded protection

If an allegation is made to a member of staff or there is a suspicion of abuse then the member of staff should discuss this with Dr Samit Chitre.

If you both remain concerned, you can seek informal advice from the local social services or MASH.

It should be noted that if an adult discloses that they have had FGM, their daughters are at risk and you should seek advice from local social services.

If the decision is made to refer then Samit Chitre will make a written record of the allegation or suspicion of abuse and contact the **Local Safeguarding Team**.

**Other Policies** relevant to safeguarding include but are not limited to) ...

- Confidentiality Policy
- Consent Policy
- Equality Policy
- Adverse Incidents
- Recruitment Policy
- Whistleblowing policy
- Dealing with allegations against people who work with children and vulnerable adults

### Approval:

This policy has been approved by the undersigned and will be reviewed on an annual basis.

Name: Dr. Samit Chitre	Date approved: 18/11/2025
Position: Principal	Review date: 18/11/2026