Harrow Road Dental Surgery

Safeguarding of Children and Adults at Risk Policy

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Introduction

This policy set out the roles and responsibilities of the dental team at Harrow Road Dental Surgery working together with other professionals and agencies to promote the welfare of adults and children and safeguard them from abuse and neglect.

This policy is intended to support staff working within the practice.

Aims

The practice team is committed to:

- Following the guidelines in 'Safeguarding in general dental practice, a toolkit for dental teams' (2019), Public Health England sets out the current guidance and legislation underpinning safeguarding for general dental practice teams. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_da
- ensuring that the welfare of adults is always paramount.
- maximising people's choice, control and inclusion and protecting their human rights.
- working in partnership with others to safeguard adults at risk
- ensuring safe and effective working practices are in place.
- supporting staff within the organisation.

Scope

This policy applies to all staff (permanent or temporary) of our practice and to all people who work on behalf of the Practice.

Practice Details

Safeguarding Lead for adults: Naman Shah

Local safeguarding contacts for adults: Brent Safeguarding = Tel: 0208 937 4098 / 0208 937 4099

Safeguarding Lead for children: Naman Shah

Local safeguarding contacts for children: Brent Family Doctor = Tel: 020 8937 4300 (option 1)

Definitions

Child Sexual Exploitation (CSE) involves exploitative situations, contexts, and relationships where young people receive something (for example, food, drugs, alcohol, gifts or, in some cases, simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many different forms, from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups.

Child Trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the Country or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for:

- sexual exploitation
- labour exploitation

- domestic servitude
- criminal activity
- benefits fraud
- forced marriage
- moving drugs

Discriminatory abuse: including forms of harassment based on protected characteristics.

Domestic violence: including physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse.

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

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 from participating in normal social interaction
- seeing or hearing the ill-treatment of another
- causing a person to frequently feel frightened or in danger
- exploitation or corruption of children
- threats of harm or abandonment
- deprivation of contact
- cyber bullying
- isolation or unreasonable and unjustified withdrawal from services and support networks

Extremism: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Fabricated or induced illness: Where someone exaggerates or deliberately causes symptoms of illness in a child or adult at risk.

Female genital mutilation (FGM) Constitutes all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs for cultural or non-therapeutic reasons.

Financial/Economic or material abuse: including misuse or theft of money, fraud, extortion of material assets or inappropriate requests for money, pressure in connection with wills, property or inheritance of financial transactions, or the misuse or misappropriation of property, possessions, or benefits. Any behaviour that substantially affects the victim's ability to acquire, use or maintain money or other property or obtain goods or services.

Modern slavery: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.

Neglect: is the persistent failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of a person'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, clothing, and 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.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or about care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because of an organisation's structure, policies, processes and practices.

Physical abuse: may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing, illness in a child or vulnerable adult. 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.

Ritualistic Abuse Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse, and people can be prosecuted even if they intended to help the child.

Self-Neglect: This covers a wide range of behaviours, including neglecting to care for one's personal hygiene, health, or surroundings, and includes behaviours such as hoarding.

Sexual abuse: involves forcing or enticing someone to take part in sexual activities, whether or not the person is aware of what is happening. The activities may involve physical contact, including penetrative (for example, rape) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. It can also include indecent exposure, sexual harassment, inappropriate looking or touching, unwanted sexual text messages, sexual teasing or innuendo, and sexual photography.

Under-age/Forced Marriages: In England and Wales, a young person cannot legally marry until they are 18 years old or older (The Marriage and Civil Partnership (Minimum Age) Act 2022). Forced marriage 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. The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence in England, Wales, and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation).

Safeguarding Adults at Risk

Definitions

An adult at risk is defined as:

- any person aged 18 or over.

- who is or may be in need of community care services because of mental or other disability, age or illness.
- and who is or may be unable to take care of him or herself or protect him or herself against significant harm or serious exploitation.

The Care Act 2014

The Care Act 2014 set out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. It included the introduction of safeguarding boards, which aim to work across all healthcare services, sharing information to help identify abuse of adults at risk. It also included neglect and self-neglect as recognised types of abuse. These are particularly important within a dental setting as dentists and DCPs may notice/detect a deliberate decline in a patient's oral health care.

Domestic Abuse Act 2021

The Domestic Abuse Act 2021 gives a formal definition of domestic abuse, which is based on the existing cross-government definition. The first part deals with the relationship between the abuser and the abused; the second part defines what constitutes abuse.

As part of offering support to patients who may be subject to domestic abuse, we display contact helpline numbers on the back of the patient's toilet doors.

Types of abuse

Abuse can take many forms, and incidents of abuse may be one-off or multiple and affect one person or more. Abuse may also be very subtle. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. This list is not exhaustive, and we therefore encourage Volunteers to be alert and take the initiative to spot these forms of abuse as well as other forms that might occur:

- Physical
- Emotional or psychological
- Financial
- Neglect
- Self-neglect
- Extremism
- Organisational
- Modern slavery
- Female genital mutilation
- Domestic violence

Responsibilities of the Dental Practice

- To take action to identify and prevent abuse from happening
- Respond appropriately when abuse has or is suspected to have occurred
- Ensure that the agreed safeguarding adult's procedures are always followed
- Provide support, advice, and resources to staff members who are responding to safeguarding adult issues
- Inform staff of any local or national issues relating to safeguarding adult
- Ensure staff are aware of their responsibilities to attend training and to support staff in accessing these events

- Ensuring the organisation has a dedicated staff member with expertise in safeguarding adults
- Ensuring staff have access to appropriate consultation and supervision regarding safeguarding adults
- Understand how service users' diversity, beliefs and values may influence the identification, prevention, and response to safeguarding concerns
- Ensure that information is available for people who use services and family members setting out what to do if they have a concern
- Ensure that all employees who encounter adults at risk have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme

Responsibilities of all staff

- Always follow the safeguarding policies and procedures, particularly if concerns arise about the safety or welfare of an adult at risk
- Participate in safeguarding adults' training and maintain current working knowledge
- Discuss any concerns about the welfare of an adult at risk with their practice manager or safeguarding lead
- Contribute to actions required, including information sharing and attending meetings
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services
- Always remain alert to the possibility of abuse
- Recognise the impact that diversity, beliefs and values of people who use services can have

Safeguarding Children

Harrow Road Dental Surgery 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. 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.

Types of Abuse

Abuse can come in many forms; it may be subtle and hard to spot. The list below, although not exhaustive, highlights some of the forms of abuse that staff may come across:

- Physical
- Emotional
- Sexual
- Neglect
- Child sexual exploitation

National contacts

NSPCC:

www.nspcc.org.uk or Tel: 0808 800 5000

Barnardo's:

www.barnardos.org.uk

Childline:

www.childline.org.uk or Tel: 0800 11 11

Child Exploitation and on-line protection centre (CEOP) www.ceop.police.uk NWG network www.nwgnetwork.org

Missing Children helpline:

www.missingpeople.org.uk or Tel: 116 000

Parents against child sexual exploitation:

www.paceuk.info or Tel: 0113 240 5226

If you are worried about a child – practical steps

Dentists and other dental staff are likely to see injuries to the head, eyes, neck, face, mouth, and teeth when there are concerns of abuse. Bruising or bite marks are types of injuries which suggest a concern should be raised. Dental professionals are also well placed to identify neglect, such as poor oral hygiene.

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 concern the child's upbringing or lifestyle

Discuss your concerns with the safeguarding lead. If you remain concerned, informal advice could be sought first from your local social services or your local safeguarding Hub/MASH 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

Recording and reporting Reports should be restricted to:

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

The Social Services Department may require the attendance of the referring dentist at a case conference or if there is a court hearing, so comprehensive written records of the injuries and their history (as reported) must be kept together with clinical photographs. An incident reporting/significant events form will be completed to log and report safeguarding concerns or issues. This is found in the 'Complaints & Significant Events' folder.

Listening to children

Create an environment where children know their concerns will be listened to and taken seriously. You can 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 you ask patients for feedback about your practice
- listening carefully and taking them seriously if they disclose abuse

Providing information to children to support children and families, you can provide information about:

- local services providing advice or activities
- sources of help in times of crisis, for example, NSPCC Child Protection Helpline, NPCC Kids Zone website, Childline, Samaritans

Providing a safe and child-friendly environment

- taking steps to ensure that areas where children are seen are welcoming and secure with play facilities
- considering whether young people would wish to be seen alone or accompanied by their parents
- ensuring that staff never put themselves in vulnerable situations by seeing young people without a chaperone
- ensuring that your practice has safe recruitment procedures in place

Other relevant policies and procedures Clinical governance policies that you already have in place will contribute to your practice's effective safeguarding of children.

We will endeavour to safeguard children by

- Adopting child protection guidelines through procedures and a code of conduct for the dental team
- Make 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 that need to know and involve parents and children appropriately
- Carefully following the procedures for staff recruitment and selection
- Provide effective management for staff by ensuring access to supervision, support and training

Reporting Abuse

- If a staff member suspects a vulnerable person is being abused or is at risk of abuse, they are expected to report concerns to the safeguarding lead (unless they suspect that the safeguarding lead is implicated –in such circumstances, the whistle-blowing policy should be followed)
- If at any time staff feel the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity
- If, at the time, staff have reason to believe the vulnerable person is at immediate and serious risk of harm or that a crime has been committed, the police must be called
- An incident reporting/significant events form must be completed to log and report any safeguarding concerns or issues. This is found in the 'Complaints & Significant Events' folder

Please refer to Appendix 1- Flowchart for Safeguarding

Allegation of abuse by a staff member

Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable, the organisation's disciplinary policy should be implemented, and the employee would likely be suspended while an investigation is ongoing.

Notifying the CQC

As a CQC registered provider, we are responsible for reporting any allegations of abuse concerning a practice team member to CQC. If such an allegation was to be made, the following steps should be taken to fulfil this regulatory requirement.

The Registered Manager (or Practice Manager if the concern relates to the Registered Manager) should complete the Allegations of Abuse notification form, which can be completed through the new CQC provider portal or downloaded from the CQC website and emailed to hsca_notifications@cqc.org.uk

The form should be fully completed, sticking to the facts of the concern and the steps the practice has taken to investigate and report to the local safeguarding team and other relevant authorities.

Further information can be found on the CQC website - https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form

Confidentiality and information sharing

It is important to identify an abusive situation as early as possible to protect the individual. Withholding information may lead to abuse not being dealt with promptly.

Confidentiality must never be confused with secrecy. Staff have a duty to share information relating to suspected abuse with Social Care. Consent is not required to breach confidentiality (capacity issues must be considered) and make a safeguarding referral where:

- A serious crime has been committed
- Where the alleged perpetrator may go on to abuse other adults
- Other vulnerable adults are at risk in some way
- The adult is deemed to be at serious risk
- The public interest overrides the interest of the individual
- When a staff member of a statutory service, a private or voluntary service or a volunteer is accused of abuse, malpractice or poor professional standards

If a worker has any doubt about the legality of sharing information, they must consult the safeguarding lead in the first instance.

Staff Training

The competency framework set out in intercollegiate guidance recommends that all staff should complete safeguarding training.

https://www.rcn.org.uk/Professional-Development/publications/pub-007366

Below is guidance for which level of safeguarding training is recommended for the job roles within a dental practice:

Level 1: for all non-clinical staff (e.g. receptionists and practice managers)

Level 2: for all dentists and dental care professionals

Level 3: for community or hospital dentists working with vulnerable patients. Level 3 is also recommended for registered managers and safeguarding Leads.

These levels should be considered minimums, and some practices may want to have all staff trained to at least level 2.

Safeguarding training should be refreshed every three years.

Level 1 training should last a minimum of two hours

Level 2 training should be a minimum of 4 hours

Level 3 training should be a minimum of eight hours.

Disability and autism awareness training

With the introduction of the Health and Care Act 2022, all CQC registered health and social care providers must complete training in learning disabilities and autism.

This training should be at a level appropriate to their role.

The Government's preferred training course is the Oliver McGowan training module, which can be accessed through the e-learning for Healthcare Website - https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/

The CQC look to see that staff have received training appropriate to their role; they will not look at what the training has involved, and therefore, until the Code of Practice is published, it is acceptable to do any training courses in learning disabilities and autism.

Was Not Brought

The term Was Not Brought should be used instead of DNA or FTA when children miss dental appointments. In 2024, a new pathway was introduced to include adults at risk who are brought to their appointments by family members or carers.

Missed appointments and dental neglect are the main reasons for dentists to make child protection referrals.

They cause concern because they may indicate that a person is being neglected.

Describing children and young people as 'was not brought' (WNB) instead of 'did not attend' (DNA) encourages us to:

- Consider the situation from the child's perspective.
- Plan what support would help the child to receive the dental care they need.
- Consider whether we need to share safeguarding information with other health or social care professionals.

The 'Was Not Brought' pathway

Practices should follow the Was Not Brought Implementation Guide, which includes:

1. An explanatory flowchart
2. Templates for clinical notes
3. Template letters

Copies of these documents can be found on the compliance portal (Compliance Suite > Complaints and Significant events > Safeguarding

PREVENT

Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is one of the four elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people from becoming terrorists or supporting terrorism.

The Prevent strategy:

- Responds to the ideological challenge we face from terrorism and aspects of extremism and the threat we face from those who promote these views;
- Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support; and
- Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where we need to deal with radicalisation risks

Prevent covers all forms of terrorism, extremism, and some aspects of non-violent extremism.

Prevent uses a range of measures to challenge extremism, including:

- Supporting people who are at risk of being drawn into terrorist or extremist activity through the Channel process (https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance)
- Working with and supporting community groups and social enterprise projects that provide services and support to vulnerable people
- Working with faith groups and institutions to assist them in providing support and guidance to people who may be vulnerable and
- Supporting local schools, industry and partner agencies through engagement, advice, and training

Extremism – "The vocal or active opposition to British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas" (Report of Government Task Force on Extremism)

Radicalisation – "This refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. A radicaliser is an individual who encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism" (Prevent Strategy)

Prevent is measured locally and nationally, forming part of level 1 and 2 safeguarding training.

Spot the Signs

Individuals can be drawn towards the process of radicalisation in several ways, many of which may overlap. When we talk about 'vulnerability' or 'susceptibility' within this context, we mean individuals who, because of their circumstances, experiences, or state of mind, can be led towards a terrorist ideology. The following list of potential vulnerabilities is not exhaustive and all or none may be present in individual cases of concern. It is important to stress that there may be no direct evidence of criminal behaviour. Remember that safeguarding vulnerable people from radicalisation is no different to safeguarding them from other forms of potential harm. A SPOC referral needs to be made if you have any concerns.

- Susceptibility to indoctrination
- Social Network involvement in extremism

- Being at a transitional time of life
- A need for identity, meaning and belonging
- Being influenced or controlled by a group
- Opportunistic involvement
- Feelings of grievance and injustice
- Feeling under threat
- Relevant mental health issues
- Desire for status
- A desire for excitement and adventure
- A need to dominate and control others
- A desire for political or moral change

Concerned About Someone Being Radicalised? What Can You Do?

Safeguarding individuals from radicalisation is no different from safeguarding from other forms of harm. Referrals should be made to the local safeguarding teams. If you feel the individual is in immediate danger or may be a threat, you should call the police.

Modern Slavery

Harrow Road Dental Surgery has a zero-tolerance approach to slavery and human trafficking. It is committed to acting ethically and with integrity in all its business dealings and relationships. We have long-established procedures to conduct checks to ensure staff can legally work in the UK. We also have procedures that provide appropriate protection for staff reporting concerns about non-compliance with laws, regulations, and codes of practice relevant to our business.

Slavery, forced labour, servitude, and human trafficking are types of 'Modern Slavery' – criminal activity that deprives victims of their liberty and usually involves financial and other exploitation.

Characteristics of modern slavery can be or look like but are not limited to:

- Physical appearance – unkept, unhygienic, always wearing the same clothes etc
- Reluctant to seek help from anyone
- Pickpocketing – they may be asked to do so by others
- Abuse
- Domestic servitude
- Isolated from family and friends

Modern Slavery Act

We are committed to improving our practices to combat modern slavery and human trafficking within our business operations. We are relentless in our pursuit of delivering quality and excellent dental care to our patients, using our professional expertise with integrity and aligning our actions to the highest standards of business conduct and ethical practices.

Modern slavery is a crime and a violation of fundamental human rights. This statement underlines our commitment and actions to ensure modern slavery is not taking place anywhere in and around our organisation.

This statement is made on behalf of the organisation under section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement.

Our Supply Chain

Our supply chain is UK-based and includes:

- Professional services – accountants, legal advisors, recruitment agents;
- Self-employed clinicians;
- Dental laboratory, material and product suppliers;
- Marketing and advertising services;
- Repairs and maintenance services;
- IT and communication systems;
- General office and practice suppliers;

General Due Diligence Processes to Combat Slavery & Human Trafficking

We have also implemented systems, procedures and best practices to help combat anti-ethical practices and modern slavery within our general business operations. For example, we:

- Protect whistleblowers to ensure that they are not discouraged from raising any concerns relating to unethical or illegal practices;
- Adopt robust recruitment processes in line with UK employment laws, including: 'right to work' document checks; contracts of employment and checks to ensure everyone employed is 16 and above;
- Engage with reputable businesses and individuals with a proven track record of legal compliance and good ethical standards;
- Have robust policies in place to ensure a new joiner has the Right to Work in the UK and has confirmed their identity before the commencement of their placement;
- Pay and reward our employed colleagues in accordance with market rates, which are reviewed annually and bench-marked;
- Provide our employed colleagues with enhanced benefits and welfare options to support our people's (and their families) lifestyle choices and
- Promote and encourage transparency

We have a dedicated Practice Manager who is responsible for ensuring that all staff are trained in this matter, read and understand the policy and ensure all staff comply with the principles and commitments set out in this statement.

If you have any concerns about anyone you come into contact with in a professional or personal capacity, please speak to your line manager. If you are unable to do so, please report it to the modern slavery helpline on 08000 121700 or call the police on 101. If you feel it is an emergency situation, please call 999.

Failure to comply with this policy may result in disciplinary action, including

dismissal or termination of the contract between you and us.

Additional resources that may be able to help you:

www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slaveryandhumantrafficking

www.antislavery.org/reports-and-resources/

www.modernslaveryhelpline.org/

Female Genital Mutilation

Female genital mutilation (FGM) constitutes all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs for cultural or non-therapeutic reasons. It can be extremely painful and cause problems both at the time of the procedure and later in life. FGM is internationally recognised as a violation of the human rights of girls and women and is illegal in most countries, including the UK. It is covered under the Serious Crime Act 2015.

Since 31 October 2015, it has been a legal requirement to report known cases of FGM (visually identified or verbally disclosed) to the police under the FGM Mandatory Reporting Duty. Any such disclosures will be referred to the police. If a dentist/DCP suspects that FGM may have taken place or is potentially going to happen, they should follow the procedural information provided on the Gov website:

https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Domestic Abuse Policy – Staff

Everyone needs to understand the impact of domestic abuse and how it can affect workers and their colleagues. This policy supports and informs employees and encourages openness in which they feel safe to raise concerns.

Abuse can be Physical, psychological, financial and emotional and includes controlling or coercive behaviour. Abusive behaviour can be characterised as the following but not limited to:

- Violent, threatening or intimidating behaviour
- Attempts to isolate a person from friends, family and/or support networks
- Physical or sexual abuse
- Monitoring daily activities
- Humiliating/degrading a person
- Emotional abuse

The effects of domestic abuse, like those of harassment in the workplace, can be far-reaching. Home and work issues cannot always be separated. A person can continue to experience violence and abuse during their working days, for example, threatening calls/emails and the commute to and from work. This, in turn, can affect job performance and security.

We ask that you all know signs indicating an employee may be a victim. These may include;

- Staff members may confide in their colleagues/managers
- Staff may inform their manager that a colleague is suffering from domestic abuse
- There may be obvious effects of physical abuse (it is important not to make assumptions)

- It may come to light due to enquiries about a drop in performance or a significant behaviour change
- It may reveal itself as the background to poor attendance

It is important to remember that victims/survivors of domestic violence may be at increased risk of harm in their workplace if they leave an abusive partner, as it may be the only place where they can be located. As such, employers who are aware of domestic violence and fail to protect their employees from violence at work may be held liable under Health and Safety legislation.

The company recognises that confidentiality is essential for an employee experiencing abuse, and information provided will not ordinarily be shared without permission. All conversations about domestic abuse will be recorded.

However, confidentiality cannot be guaranteed in all circumstances, such as when there is a safeguarding concern surrounding children or vulnerable adults or when the employer needs to act to protect the safety of employees.

If you are concerned for your or someone else's immediate safety, call the police on 999. If you feel you need additional help, need to speak to someone or gain advice concerning domestic abuse, please get in touch with the following helplines:

UK - National Domestic Abuse Helpline - 0808 2000 247 or www.victimsupport.org.uk

Northern Ireland – Domestic and Sexual Abuse Helpline - 0808 802 1414 or www.dsahelpline.org.uk

Scotland – Scotland's Domestic Abuse & Forced Marriage Helpline - 0800 027 1234 or www.sdafmh.org.uk

Wales – Live Fear Free - 0808 801 0800 or www.gov.wales/live-fear-free

National LGBT - Galop – 0800 999 5428 or www.galop.org.uk

Men's advice line – 0800 8010327 or www.mensadviceline.org.uk

Appendix 1- Safeguarding Adults/Children Flowchart

YOU HAVE CONCERNS ABOUT A CHILD, VULNERABLE ADULT OR ADULT AT RISK WELFARE

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ASSESS THE PATIENT

HISTORY

Has there been a delay in seeking dental advice for which there is no satisfactory explanation?

Does the history change over time or not explain the injury or illness? Make a note on the patient record.

EXAMINATION

When you examine the Patient are there any injuries that cannot be explained? Are you concerned about the Patients behaviour and interaction with their parent/carer?

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YOU DISCUSS WITH EXPERIENCED COLLEAGUES

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WHO AND WHERE TO GO TO FOR HELP?

The **SAFEGUARDING LEAD** within your practice is: **Naman Shah**

The **local safeguarding contact number/email address** for **'Child Safeguarding concerns'** is: **Brent Family Doctor = Tel: 020 8937 4300 (option 1)**

The **local safeguarding contact number/email address** for **'Vulnerable Adult or Adult at Risk'** is: **Brent Safeguarding = Tel: 0208 937 4098 / 0208 937 4099**

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FOLLOW UPS

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YOU NO LONGER HAVE CONCERNS

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You refer to social services, following up in writing within 48 hours

If you refer to a GP or a paediatrician, following up in writing within 24 hours

A referral to a school nurse or health visitor you should contact them within a month to see if your referral was followed up

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OTHER ACTION NEEDED:

Provide necessary dental care

Document Control

Title:	Safeguarding of adults and children at Risk Policy
Author/s:	DCME Team

Owner:	DCME Team
Approver:	DCME Compliance Team
Date Created:	31/03/22
Next Review Date:	21/06/25

Change History				
Version	**Status**	**Date**	**Author / Editor**	**Details of Change** (Brief detailed summary of all updates/changes)
0.1	Draft	31/03/22	PG	New Document Created to combine the two previous separate policies for Adults and Children
0.2	Draft	17/06/22	PG	Additional guidance for Scotland and Wales added where required.
0.3	Final	14/02/23	PG	Routine review – Amendments needed to be done in 4 weeks
0.4	Final	16/03/23	HD	Amendment in legal age for marriage (The Marriage and Civil Partnership (Minimum Age) Act 2022) Addition of information regarding training requirements for Learning Disabilities and Autism Awareness. Added the Modern Slavery Policy Included new information regarding FGM and the reporting responsibilities
0.5	Final	01/11/23	PG	Added information on PREVENT, allegations against staff and contact numbers for CSE
0.6	Final	24/05/24	HD	Reformatted policy to reduce duplicate information. Amended training expectations information Added policy on domestic abuse from a staff perspective Increased information on modern slavery, including contact details.
		21/06/24	DCME	Approved policy to go live

The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If in any doubt, please contact the document Author.

Approved By: Naman Shah
Date Published: 21/06/2024