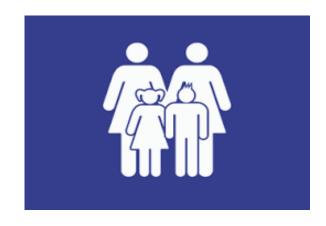
Safeguarding Children and Adults



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The Focus For Today

- > The reason why Dental Professionals need to safeguard children and vulnerable adults
- ➤ National Priorities;
 - Child Sexual Exploitation
 - Modern Slavery
 - Radicalisation
 - Dementia and Vulnerable People
- Vulnerable People
- Tips for Best Safeguarding Practice
- > Care Quality Commission; Preparation and Evidence

General Dental Council

- The General Dental Council has confirmed that 'safeguarding children and young people' and 'safeguarding vulnerable adults' are to be included as recommended continuing professional development (CPD) topics for dental professionals
- The aim is to increase awareness about these important topics so that all dental professionals feel confident and equipped to raise any concerns about abuse or neglect of vulnerable people
- As a registrant you must take appropriate action if you have concerns about the possible abuse of children or vulnerable adults

General Dental Council

- 'You must raise any concerns you may have about the possible abuse or neglect of children or vulnerable adults. You must know who to contact for further advice and how to refer concerns to an appropriate authority such as your local social services department'
- 'You must find out about local procedures for the protection of children and vulnerable adults. You must follow these procedures if you suspect that a child or vulnerable adult might be at risk because of abuse or neglect'
- As a dental professional, you are likely to notice injuries to the head, eyes, ears, neck, face, mouth and teeth, as well as other welfare concerns. Bruising, burns, bite marks and eye injuries could suggest that a concern should be raised

Issues for Dental Practitioners

- At least 50% of signs of physical abuse manifest in the orofacial region
- Dental practitioners are likely to be the first or only healthcare worker to see the child

- Research suggests under reporting of concerns by dental practitioners due to;
- Lack of confidence and uncertainty in identifying problems and knowing what action to take, and
- An assumption that referring concerns will have a negative impact on children and their families

What do we know about injuries to the mouth?

 Up to 50% of children sustain an injury to the mouth by the time they leave school – most are accidental

• In physical abuse, the head and face are the most common sites to be injured

All areas of the mouth can be injured in physical abuse

Systematic Review of Oral Injuries www.core-info.cardiff.ac.uk

Injuries recorded;

- Commonest injury was laceration or bruising to the lips
- Mucosal lacerations
- Dental trauma (including fractures, intrusion and forced extraction)
- Tongue injuries, including an adult bite
- Gingival lesions



Tackling Child Sexual Exploitation Government Action

HOUSES OF PARLIAMENT

Prime Minister in 2015 expressed determination to stamp out CSE, getting to grips with it in every Local Authority area and in central government

CSE affects all communities
All organisations are in this together

The National Response

Rochdale - Derby - Bristol - Rotherham - Manchester - Oxfordshire

Actions:

- A new whistle blowing national portal for reports related to child abuse
- A new national taskforce and centre of expertise
- Giving CSE the status of a national threat in the Strategic Policing Requirement
- Additional funding for organisations
- 'Wilful Neglect' consultation for social services, education and elected members

Dementia







www.recogneyes.co.uk





Dementia

'A set of symptoms that include loss of concentration, memory problems, mood and behaviour changes and problems with communicating and reasoning'

Prevalence – 850,000 people with dementia in UK 2015

40,000 people with early onset (below 65 years old)

Prime Minister Challenge on Dementia 2020 (DH Feb 2015)

"we are facing one of the biggest global health and social care challenges – a challenge as big as those posed by cancer, heart disease and HIV/AIDS"

What People with Dementia Want

A society where they are all able to say:

- ✓ I have personal choice and control over the decisions that affect me
- ✓ I know that services are designed around me, my needs and my carers needs
- ✓I have support that helps me live my life
- ✓I feel valued, respected and understood
- ✓I can expect a good death

The Governments Aspirations

Transform dementia care, support and research by 2020

- Improved diagnosis
- Better awareness, education and training
- Better support for provision of integrated care
- Dementia friendly hospitals
- Better support for carers
- Bolstering the human rights of those living with dementia
- Collaboration with regulators
- International standards

Radicalisation

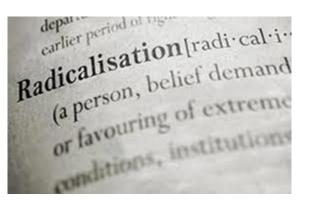


Prevent duty guidance: a consultation









PREVENT

Prevent Duty Guidance: for England and Wales 2015 (HM Government)

Counter Terrorism and Security Act 2015 places a duty on us all 'to have regard to the need to prevent people from being drawn into terrorism'

Applies to those judged to have a role in protecting vulnerable people and/or national security (NHS safeguarding)

Need to have in place leadership, working in partnership and staff with appropriate capabilities

Risk assessment

Staff Training (Workshops to Raise Awareness of Prevent-WRAP)

NHS England Roles and Competencies 2015

Radicalisation

Radicalisation- The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups

Prevent – Reducing or eliminating the risk of individuals becoming involved in terrorism

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. We also include in our definition of extremism calls for the death of members of our armed forces

Signs That May Manifest

 Promoting violent extremist messages and images Leaflets on line

Change in behaviour

 Language - using hate terms

 Isolation - Circle of friends

Accessing extremist material

Unusual injuries such as burns

Modern Slavery

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.

The Modern Slavery Act (2015) will give law enforcement the tools to fight modern slavery, ensure perpetrators can receive suitably severe punishments for these appalling crimes and enhance support and protection for victims

Vulnerable People



What factors may make an Adult, Child or Young Person more vulnerable?

Who Could Be More Vulnerable?

- Adults or Children with a Learning Disability
- Adults who have dementia
- Adults or Children with physical disabilities
- Adults or Children with mental health problems
- Substance misuse
- Adults who have had a stroke
- Adults and Children living with domestic abuse
- Children living away from home
- Isolation- deprivation, minority groups, homelessness, social exclusion

Always Think Family



Consider;

Possible impact on children and young people where a parent/carer has additional problems

Consider;

Their ability to meet the development and safety needs of their children and/or unborn children

Tips For Best Safeguarding Practice







Training Requirements - Safeguarding Children and Vulnerable Adults

Orthodontists, Dentists, Dental Care Professionals

- Level 2: All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers
- Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to the child protection process e.g. Paediatric Orthodontists and Dentists with a lead role in child protection
- Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan

National competencies are being developed for adults

Tips For Best Safeguarding Practice

- ✓ Identify a member of staff to take a lead for safeguarding
- ✓ Adopt a safeguarding children and vulnerable adults policy
- ✓ Work on a step by step guide of what to do if you have concerns
- ✓ Follow best practice in record keeping
- ✓ Undertake regular team training
- ✓ Practice Safe Recruitment

Tips For Best Safeguarding Practice

- √ Think Family
- ✓ Identify the risk factors in the patient/family that may increase vulnerability
- ✓ Consent
- √ Confidentiality
- ✓ Disclosure of information
- ✓ Record

Always Follow the Four R's

Recognise

Respond

Report

Record

Sources of Advice and Support

Always seek advice and support





Care Quality Commission

A fresh start for the regulation and inspection of primary care dental services.

Our statement set out our priorities for developing a new approach for primary care dental services.

Our main priority is to carry out an assessment of the quality of primary care dental services leading to a judgement about whether they provide people with care that is safe, effective, caring, responsive and well-led, based on whether the regulations are being met.

Care Quality Commission Key Lines Of Enquiry (KLOE)

Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and enables us to focus on those areas that matter most.

This is vital for reaching a credible, comparable assessment of primary care dental services.

To enable inspection teams to reach a judgment, they gather and record evidence in order to answer each KLOE

Care Quality Commission

Standard	What We Mean
Safe	people are protected from abuse and avoidable harm.
Effective	people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
Caring	staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	services are organised so that they meet people's needs.
Well Led	leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Evidence You Could Use

Standard	Evidence
Safe	Policies, procedures, staff knowing how to access policies, recognise, responding, safe recruitment
Effective	Care plans, assessment, patient satisfaction, evidence of any safeguarding referrals and reflection, practice discussions of concerns, training records, practice meetings, application of training
Caring	Welcome – how staff respond to people, how staff handle people who are vulnerable, extended appointments, flexibility of appointment times, language
Responsive	Assessing individual needs, care plans, patient feedback, offering flexibility
Well Led	Named safeguarding lead, clear accountability, additional competencies (level 3)

"There is no duty more important than ensuring that the rights of children are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace." (Kofi Annan)

Living a life that is free from harm and abuse should be a fundamental right for every person (adult safeguarding)

Children are our most valuable natural resource (Herbert Hoover)





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