



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Safeguarding Adults at Risk of Harm Level 2 Refresher 2026**

### **Aims:**

To provide a Level 2 refresher on the statutory, professional and regulatory requirements for safeguarding adults at risk of harm within dental practice. It will revisit the definition of an adult at risk, the recognised categories of abuse, and the principles underpinning safeguarding practice, and will reinforce the actions dental professionals must take when concerns arise, in line with current legislation, national guidance, and regulatory expectations.

### **Learning outcomes:**

On completion of this verifiable CPD article the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Understand the legal, professional and ethical responsibilities of dental care professionals in safeguarding adults at risk of harm.
- Define the term *adult at risk of harm* in accordance with the Care Act 2014.
- Describe the six key principles of safeguarding and their application to dental practice.
- Demonstrate awareness of the Care Quality Commission's Single Assessment Framework and its relevance to safeguarding in dental settings.
- Identify the recognised categories of abuse affecting adults at risk of harm.
- Recognise common signs and indicators associated with different forms of abuse and neglect.
- Understand how to raise safeguarding concerns appropriately, including concerns about the conduct of colleagues and whistleblowing procedures.
- Identify the correct actions to take when a safeguarding concern or disclosure arises, in line with local and national procedures.
- Understand how to record, store and share safeguarding information lawfully and appropriately, including considerations relating to data protection and confidentiality.
- Pass an on-line assessment, scoring over 70%.

### **Introduction**

Any adult receiving a treatment from a health care service may, in certain circumstances, be considered to be at increased risk of abuse or neglect. The terminology of 'vulnerable adults' is no longer routinely used and has been replaced

with 'adults at risk of harm' or 'adults with care and support needs', as defined within the Care Act 2014.

Under Section 42 of the Care Act 2014, an adult at risk is defined as anyone aged 18 and over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
- As a result of those health and care needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect.<sup>1</sup>

All healthcare professionals have a responsibility to provide a duty of care to their patients, meaning there is both a legal and moral responsibility to keep patients safe from harm when they use the service. Dental professionals should therefore remain alert to the possibility of abuse or neglect including where this has not been disclosed.

This CPD course is a safeguarding adults at risk of harm refresher. This refresher is written primarily with reference to adult safeguarding legislation and statutory guidance in England, including the Care Act 2014.

Dental teams working in Wales, Scotland and Northern Ireland should be aware that safeguarding legislation and referral pathways differ slightly and must follow local multi-agency adult safeguarding procedures in their nation.

We recommend that dental professionals complete the full Safeguarding Level 1 or level 2 course at least every 3 years, depending on their role within the practice.

The expected safeguarding knowledge and competency requirements for healthcare staff are set out in *Adult Safeguarding: Roles and Competencies for Health Care Staff* (2<sup>nd</sup> edition, July 2024). This document outlines the minimum training levels and learning outcomes required for different staff roles and can be accessed via the further reading section at the end of this article.

### [Who may be at Risk from Abuse?](#)



Any situation in which a person is reliant on another individual for care, support, or decision-making may increase the risk of abuse or neglect. All care and support should be person-centred, and those providing care must understand their safeguarding responsibilities.

An adult at risk may be a person who:

- Has physical or mental disabilities.
- Has a sensory impairment.
- Has learning difficulties.
- Is homeless.
- Is detained in lawful custody.
- Is in a controlling relationship.
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.<sup>2</sup>

The World Health Organisation (WHO) reports that around 1 in 6 people aged 60 years and over have experienced abuse, often by those known to them, including carers.”<sup>3</sup>

In England, findings from the Safeguarding Adults Collection (2024–2025) reported that 640,240 concerns of abuse were raised, representing a 4% increase on the previous year.<sup>4</sup>

The most common type of risk in Section 42 enquiries was Neglect and Acts of Omission, which accounted for 40.8% of risks, and the most common location of risk was the person’s own home at 51.9%.<sup>4</sup>

Safeguarding adults means “protecting a person’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”<sup>5</sup>

This approach aligns with ‘Making Safeguarding Personal’, which places the adult at the centre of decision-making and outcomes wherever possible.

### [The General Dental Council and Safeguarding](#)



The General Dental Council state that “As a registrant you must take appropriate action if you have concerns about the possible abuse of children or vulnerable adults.”

Standards for the Dental Team State:

**8.5.1** ‘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.’

**8.5.2** ‘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.’

The GDC guidance on child protection and vulnerable adults also states that “If you make a professional judgement and decide not to share your concern with the appropriate authority, you must be able to justify how you came to this decision. You should contact your defence organisation for advice.”<sup>6</sup>

### [The Care Quality Commission \(CQC\) and Safeguarding](#)



Between 2023 and 2024, the Care Quality Commission (CQC) transitioned from using Key Lines of Enquiry (KLOEs) to the Single Assessment Framework (SAF). The SAF applies across all CQC-regulated health and social care services, including dental practices, and provides a consistent approach to assessing whether providers are meeting the fundamental standards of care.

THE SAF replaces the previous KLOEs and prompts with 34 quality statements known as ‘we statements’. These statements define the expected standards of care and are organised under the existing five key questions:

- 1) Safe
- 2) Effective
- 3) Caring
- 4) Responsive
- 5) Well-led

To assess compliance with quality statements, the CQC evaluates evidence across six categories:

- 1) People’s experiences
- 2) Feedback from staff and leaders.

- 3) Feedback from partners.
- 4) Observation
- 5) Processes
- 6) Outcomes

Regulation 13 is “Safeguarding service users from abuse and improper treatment.”

Under the key question of ‘safe’, the CQC expect providers to live up to this ‘we’ statement:

“We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.”<sup>7</sup>

### CQC Safeguarding Expectations in Dental Practice

Safeguarding adults, children and young people must be fully embedded within existing practice systems and processes used to deliver care. It is the responsibility of all staff who come into contact with vulnerable adults, children and young people to protect them from abuse, neglect, or improper treatment.<sup>8</sup>

Health and social care providers have a statutory duty to protect and promote the health, safety and welfare of people who use their services. Risks to adults, children and young people increase where safeguarding systems and processes are ineffective, or where staff are unclear about the actions required when a safeguarding concern arises.<sup>8</sup>

### What the CQC Look for During an Inspection

During inspection, the CQC assesses safeguarding systems and processes to ensure they are effective. Inspectors expect all practice staff to be able to demonstrate appropriate safeguarding competence relevant to their role.

Each practice should identify a designated safeguarding lead who provides advice and support to colleagues. This individual should be aware of safeguarding leads within the Integrated Care System (ICS) and have appropriate links with local authority safeguarding teams.

Dental teams are expected to be familiar with local adult safeguarding procedures and referral pathways, including how to contact their local authority safeguarding adults team. While national guidance provides a framework, safeguarding responses must follow local multi-agency arrangements, and staff should know how to access up-to-date local contact details and escalation routes.

The CQC expects practices to provide evidence that they:

- Give sufficient priority to safeguarding adults, children and young people at risk.
- Actively engage with local safeguarding arrangements and procedures.

Inspectors also expect evidence that staff:

- Take a proactive approach to safeguarding, including prevention and early identification of concerns.
- Respond appropriately to signs, disclosures or allegations of abuse and ensure these are accurately recorded.
- Work effectively with other organisations to support safeguarding processes and implement protection plans.<sup>8</sup>

## Training



### **Adult Safeguarding: Roles and Competencies for Health Care Staff**

Second Edition



Practices must ensure that all staff receive safeguarding training at the appropriate level for their role, including face-to-face training where required.

Intercollegiate safeguarding guidance for adults and for children and young people provides a minimum national framework outlining training and competency expectations for healthcare staff.<sup>9</sup> In practice, safeguarding training requirements are also shaped by local multi-agency safeguarding arrangements, including adult safeguarding boards, NHS commissioning expectations and CQC inspection frameworks. Dental practices must ensure training is proportionate to staff roles and aligned with local safeguarding procedures.

The [adult safeguarding intercollegiate document](#) states that, for level 3 training, “50% of the learning should be delivered/met through participatory opportunities (where discussion can take place with colleagues with sufficient safeguarding experience). Participatory learning includes face to face, online virtual classrooms, hybrid methodology. E-learning should not be the primary or sole delivery method at this level.”<sup>9</sup>

Additional supporting resources include:

- [The Safeguarding accountability and assurance framework from NHS England.](#)<sup>8</sup>

## The Six Key Principles of Safeguarding



The Care Act sets out the following 6 principles that should underpin the safeguarding of adults:

**Empowerment:** People are supported and encouraged to make their own decisions and informed consent.

**Prevention:** It is better to act before harm occurs.

**Proportionality:** The least intrusive response appropriate to the risk presented.

**Protection:** Support and representation for this in greatest need.

**Partnership:** Local solutions through services working with their communities.

**Accountability:** Accountability and transparency in delivering safeguarding.<sup>10</sup>

Please refer to: <https://safeguarding.wales/en/adu-i/adu-i-a1/a1-p2/> for principles in Wales.

## Categories of Abuse



Abuse can be defined as “Violation of an individual’s human and civil rights and is perpetrated by a person or persons. It may consist of a single act or repeated acts and can take many or multiple forms.”<sup>11</sup> Adults at risk may be abused by a wide range

of people including relatives and family members, professional staff, paid care workers, other vulnerable adults, volunteers, other service users, neighbours, friends, associates, people who deliberately exploit vulnerable people, strangers and opportunistic people.

The Care and Support Statutory Guidance identifies the following types of abuse but acknowledges that it is not an exhaustive list, but an “illustrative guide as to the sort of behaviour that could lead to a safeguarding concern.”<sup>12</sup>

## **1) Physical**

Including:

- Assault
- Hitting
- Slapping
- Pushing
- Misuse of medication
- Restraint
- Inappropriate physical sanctions<sup>12</sup>

### **Some signs of Physical Abuse**

- Bruising, abrasions, lacerations, burns, bite marks, eye injuries, bone fractures, intra-oral injuries such as fractured or avulsed teeth or bruising of edentulous ridges or facial tissues.
- Overdosing or under dosing of medication.
- Delay in presentation.
- Direct allegation (disclosure).
- Does not fit the explanation given.

## **2) Domestic Violence**

A definition of domestic violence and abuse is : “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.”<sup>11</sup>

The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Emotional abuse<sup>12</sup>

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.<sup>12</sup>

The Domestic Abuse Act 2021 further strengthened the legal framework around domestic abuse by placing a statutory definition of domestic abuse into law. This definition recognises domestic abuse as behaviour that may be a single incident or a pattern of conduct and explicitly includes economic abuse and controlling or coercive behaviour. The Act also emphasises that domestic abuse can have a serious and long-lasting impact on victims' physical and mental health.

Dental professionals should be aware that adults experiencing domestic abuse may not disclose this directly and may present with signs of injury, anxiety, missed appointments, or controlling behaviour by a partner or family member.<sup>13</sup>

### **3) Sexual Abuse**

Including:

- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure
- Sexual assault
- Sexual acts to which the adult has not consented or was pressured into consenting<sup>12</sup>

### **Some signs of Sexual Abuse**

- Direct allegation (disclosure)
- Oral signs of sexually transmitted infection
- Signs of emotional/psychological abuse
- Trauma

### **4) Emotional/Psychological:**

Including:

- Threats of harm or abandonment
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal abuse
- Cyber bullying

- Isolation
- Unreasonable and unjustified withdrawal of services or supportive networks<sup>12</sup>

### **Signs of Emotional/Psychological Abuse**

- Helplessness
- Withdrawal
- Confusion or disorientation
- Depression
- Fearfulness
- Emotionally upset or agitated
- Unusual Behaviour
- Disclosure

### **5) Financial or Material Abuse**

Including:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions.
- The misuse or misappropriation of property, possessions, or benefits.<sup>12</sup>

### **Some signs of Financial Abuse**

- Lack of dental care.
- Confusion of a vulnerable adult regarding their financial situation.
- Substandard care in the home despite adequate financial resources.
- Disappearance of a vulnerable adult's possessions in an institutional setting.
- Vulnerable adult poorly dressed.
- Unpaid bills.
- Care giver questioning the need for dental treatment "at his age".
- The inclusion of additional names on an older person's bank account.
- Disclosure by the vulnerable adult that someone has taken their money or possessions.<sup>12</sup>

### **6) Neglect, wilful neglect or acts of Omission:**

- Ignoring medical, emotional, or physical care needs.
- Failure to provide access to appropriate health, care and support or educational services. If a patient is unable to attend for a dental visit unless accompanied, failure to attend the appointment should be marked as 'Was Not Brought'. Click on the following link to access a video explaining ["Was Not Brought."](#)
- The withholding of the necessities of life, such as medication, adequate nutrition, and heating.<sup>12</sup>

## **Some signs of Neglect or acts of Omission**

- Ulcers, sores, lice, unkempt appearance, body odour.
- Malnourishment or dehydration without a health-related cause.
- Delay in seeking treatment for dental problems, poor oral hygiene, rampant dental disease, oral infections.
- Failure to provide a safe environment.
- Soiled clothing.
- Inappropriate clothing.
- Lack of appropriate physical aids such as glasses, hearing aids, assistance with eating and drinking. <sup>12</sup>

### **7) Self Neglect**

Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings. The Care and Support Statutory Guidance states that self-neglect may not necessarily prompt a section 42 enquiry but that an assessment should be made on a case-by-case basis.<sup>12</sup>

### **8) Discriminatory abuse**

This is unequal treatment based on age, gender, disability, gender reassignment, marriage and civil partnership, race, religion and belief, sex or sexual orientation. These are known as the protected characteristics under the Equality Act 2010. <sup>12</sup>

### **9) Organisational or Institutional Abuse**

This relates to neglect and poor care practice in an institution or care setting.<sup>12</sup>

### **10) Modern Slavery**

- Slavery human trafficking.
- Forced labour and domestic servitude.
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.<sup>12</sup>

## **Safeguarding Practice Lead**



Every dental team should have a designated Safeguarding Practice Lead (SPL). Although the SPL is not required to be an expert in safeguarding or deal with all safeguarding issues, the SPL will be a central person who will have an oversight of safeguarding issues. This will include:

- Ensuring staff are aware of their duty to safeguard.
- Ensuring staff are trained to an appropriate level.
- Providing, within their normal capabilities, practical everyday support and guidance to staff who may have a concern about the welfare and safety of a child or adult at risk of harm.
- Ensuring that they and all members of their practice are aware of whom to contact locally in the health service, social services, and the police in the event of child protection and protection of adults at risk concerns. Procedures may vary slightly between local authorities and a referral protocol should be obtained from the local social services.
- Being aware of how sources of dental and safeguarding support and advice can be accessed.
- Maintaining an overview of complaints against the practice in order to identify any which might have a safeguarding element and consult with named professionals where there are safeguarding issues.

**Adopting a practice policy will help to ensure the safeguarding of adults at risk of harm by outlining clear procedures and ensuring staff members are clear about their responsibilities.**

If you suspect abuse or if a patient discloses abuse, you should:

- Remain calm and do not show any signs of shock or disbelief.
- In an emergency or immediate danger, contact emergency services.
- Not ask probing or leading questions that may affect the credibility of evidence.
- Make a detailed written record of what the patient has told you, using their words or actions or what you have seen as well as your actions.
- Make a detailed report of any injuries, noting location, nature of injury (i.e. bruise, laceration) and size and shape of injury.
- Take clinical photographs if appropriate and with consent.
- Seek consent to share information if patient has the capacity.
- Report your concern following your safeguarding adult policy and procedures.

### [Staff Recruitment and 'whistle blowing'](#)



All staff who are recruited must be deemed suitable to work with children and adults at risk of harm. Dental practices must ensure appropriate Disclosure and Barring Service (DBS) checks are in place, in line with safeguarding expectations, safer recruitment principles, and local policy.

It is recommended that the dental practice has adequate safeguards in place when appointing a new member of staff. The following should be checked:

- References and CV
- Validation of date of birth and name
- Professional registration and qualifications
- DBS checks

There is now an option to subscribe to the DBS update service that will allow information from an existing certificate to be checked online. If a new DBS check needs to be done, the system will show "Further information available".

Principle eight of the General Dental Council Standards for the Dental Team is to "Raise concerns if patients are at risk." <sup>6</sup>

You must:

8.1 Always put patients' safety first.

8.2 Act promptly if patients or colleagues are at risk and take measures to protect them.

8.3 Make sure if you employ, manage, or lead a team that you encourage and support a culture where staff can raise concerns openly and without fear of reprisal.

8.4 Make sure if you employ, manage, or lead a team that there is an effective procedure in place for raising concerns, that the procedure is readily available to all staff and that it is followed at all times.

8.5 Take appropriate action if you have concerns about the possible abuse of children or vulnerable adults.<sup>6</sup>

The Public Interest Disclosure Act 1998 (PIDA) protects workers who 'blow the whistle' about wrongdoing, providing the allegation was made in good faith and with genuine concern. In line with the GDC's Standards for the Dental Team, the dental team must put patients' interests first and raise concerns if patients are at risk.

Since September 2017, dental practices have been obligated to adopt a revised method for reporting whistleblowing/reporting concerns. This involves implementing policies and procedures aimed at eradicating discrimination, harassment, and victimisation within practices.

Issues raised may include:

- Poor clinical practice or other malpractice which may harm patients
- Failure to safeguard patients
- Untrained or poorly trained staff
- Lack of policies creating a risk of harm<sup>11</sup>

In addition, practices should also name a 'Freedom to Speak Up guardian' who is independent of the line management chain and not the direct employer, who can ensure that policies are in place and that staff know how to contact them.

The GDC's confidential helpline on 0800 668 1329 can also be contacted by dental registrants if they are unsure whether they have a concern.<sup>14</sup>

For more information or support on raising a concern there is a free, independent, and confidential advice line that is provided by Protect. More information on raising a concern can be accessed through the further reading section at the end of this article.

### [Confidentiality and Information Sharing](#)



## Data Protection Act 2018

Dental professionals have an ethical and legal responsibility to keep patient information confidential. When an adult gives consent for information to be shared, it is important to ensure that they understand:

- What information will be shared;
- The reasons for sharing the information; and
- The potential consequences of that information being shared.<sup>6</sup>

Where there are safeguarding concerns, it is good practice to speak with the adult in a sensitive and supportive manner, allowing them to explain any injuries, concerns or experiences in their own words. The adult should be given time to talk and volunteer information freely. Leading or probing questions should be avoided, and all records should be factual, accurate and contemporaneous.

UK GDPR and the Data Protection Act 2018 are not barriers to information sharing. Instead, they provide a lawful framework to ensure that personal information is shared appropriately, proportionately and securely where this is necessary to protect individuals from harm.

The General Dental Guidance for dental professionals' states that you may share confidential information without consent if it is in the public interest. This may be the case if a patient discloses, or if you suspect, that the patient's health or safety is at risk or if you have confidential information which would help prevent or detect a serious crime. It is recommended that you consult with a senior colleague and your defence

union for further advice. If you decide to release confidential information, it is important to document your reasons why so that you are able to explain and justify your actions.<sup>6</sup>

### [Sharing information when Someone Lacks Mental Capacity](#)



Dental professionals have a responsibility to explore approaches to assist the patient to understand the right to consent to disclose information. If you believe the patient does not have the capacity to consent to the disclosure of personal information such disclosure should be considered against the conditions set out in the Data Protection Act 2018 and the Mental Capacity Act 2005. A full Mental Capacity CPD article is available on the website.

### [Flowchart for Action](#)

National guidance provides the following flowchart as a summary for dental healthcare professionals to use if they are worried about the safety and welfare of an adult at risk.<sup>11</sup>

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

Yes

Do they need medical treatment or admission urgently and are they in immediate danger?

No

Yes

Record concerns and share with SPL.

**Follow FGM flowchart for cases of concern: call Police on 101. For Modern Slavery (including human trafficking) concerns: Call the Modern Slavery Helpline on 08000 121 700**

Take steps to remove them from harm or reduce the risk. Inform SPL as soon as possible.

Would child, young person or vulnerable adult benefit from social services help or intervention? Is there a concern for their safety? (Informal discussions with local safeguarding contacts). If yes, seek consent.

**CALL 999 and inform social services.**

Record Actions.

Consent gained for referral.

Consent denied for referral.

Undertake risk assessment and seek further advice from local safeguarding contacts.

Close if no further actions.

Make referral to Social Services. Record Actions.

CONTINUED CONCERNS REGARDING SAFETY

Our Local Safeguarding Contacts:  
Go to NHS safeguarding app: [http://www.myguideapps.com/nhs\\_safeguarding/default/index.html](http://www.myguideapps.com/nhs_safeguarding/default/index.html) to find local contact details

## Conclusion

All adults who access dental treatment are potentially vulnerable. However, the Department of Health identify that certain patients may be more at risk than others. Close attention to safeguarding adults is core to delivering quality care as well as being necessary to comply with regulations, delivery of cost-effective care and legislation. The dental team are in a position to play an essential role in the safeguarding of the most vulnerable members of our society.

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### **Personal Development Plan and Reflective Learning**

This CPD is linked to the following GDC Enhanced CPD Development Outcomes:

**A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.**

**D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.**

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will be given the option to answer some reflective learning questions, before your certificate is generated. Examples will be provided. Please remember that you can update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

### **Further reading**

[Care and Support Statutory Guidance](#)

[Advice for Dental professionals raising a concern](#)

[Adult Safeguarding: Roles and Competencies for Health Care Staff](#)

[GDC Standards Safeguarding](#)

[CQC Safeguarding guidance Dental Mythbuster 29](#)

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