Safeguarding Children and Adults at Risk of Harm Level 1, part 1 of 2

Aims:

To define the terms ‘safeguarding’ and ‘looked after child’, and to discuss the standards, regulations and laws surrounding the safeguarding of children and adults at risk of harm. Safeguarding level 1, part 2 needs to be completed to meet the full learning outcomes required at level 1.

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 key definitions in the safeguarding of children and vulnerable adults. To include “safeguarding,” “adult at risk” and “looked after child.”
- Identify the regulations and legislation surrounding safeguarding children and adults at risk of harm.
- Understand mandatory reporting on female genital mutilation cases.
- Know the safeguarding training requirements for clinical and non-clinical staff.
- Recognise the importance of referring to the Intercollegiate Documents to ensure that the learning outcomes required for Safeguarding level 1 and/or level 2 have been met.
- Know the General Dental Council and Care Quality Commission Standards for safeguarding children and adults at risk of harm.
- Recognise how certain individuals or groups of children and vulnerable adults may be more vulnerable to abuse or neglect.
- Have an awareness of the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person (including in the perinatal period, substance and alcohol misuse, and the impact on the unborn child/child’s wellbeing).

Introduction

The dental team has a statutory duty of care to all patients, and this includes ensuring that safeguarding arrangements are in place.[1] The majority of children are

very safe when they are at home. However, unfortunately, most cases of child abuse take place in the child's own home.[2]

Any adult receiving a treatment from a health care service may be considered to be vulnerable. The terminology of 'vulnerable adults' has now moved towards 'adults at risk of harm' and also, at times, 'adult with care and support needs.'[5] Dental professionals need to be aware that the abuse of adults at risk of harm is often under reported.[3]

Many of the signs of physical abuse manifest in the oro-facial region, therefore, members of the dental team may be the first professionals that are in a position to suspect a non-accidental injury to a child or an adult at risk of harm.[2]

The 2019 Safeguarding in General Dental Practice Toolkit states that, "the concept of 'professional curiosity' should lie at the heart of the relationship between the dental team and patients/families/carers. It does not require anyone to be interrogated, but it does involve the critical evaluation of information and the maintenance of an open mind."[1]

Protecting children and vulnerable adults at risk of abuse and neglect is:

- Everyone's responsibility - It is shared by all members of society.
- A shared responsibility - It is a responsibility shared by many different groups of professionals.
- The responsibility of every member of the dental team. [4]

This article will provide key definitions, outline training requirements, discuss the GDC and CQC standards on safeguarding children and adults at risk of harm, and describe the current laws and regulations surrounding Safeguarding.

Definitions

Abuse

Abuse is 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."[1]

Child

Even if a child has reached the age of 16 and is living independently, is in further education, is in the armed forces, or is in hospital or in custody, it does not change his or her status to entitlements to services or protection. A child is defined as "anyone who has not reached their 18th birthday." [1]

Adult at Risk of Harm

The adult safeguarding intercollegiate document, defines an adult at risk of harm as, "any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves."[5] Safeguarding adults means "protecting a person's right to live in safety, free from abuse and neglect." [6]

Safeguarding Children (Known as Child Protection in Scotland)

The NSPCC state that, "Safeguarding is the action taken to promote the welfare of children and protect them from harm. Safeguarding means:

- Protecting children from abuse and maltreatment.
- Preventing harm to children's health or development.
- Ensuring children grow up with the provision of safe and effective care.
- Taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering to likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child."[7]

Looked After Children

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. Although every UK nation differs slightly in its definition of a looked after child and has its own legislation, policy, and guidance, generally, looked after children are:

- Living with foster parents
- Living in a residential children's home
- Living with friends or relatives, through kinship foster care
- Living in residential settings like schools or secure units

In Scotland, this also includes children under a supervision requirement order, meaning that the children may be having regular contact from social services but may still be living at home.

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 States:

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."[8]

The web-based resource Child Protection and the Dental Team, was specifically developed as an educational resource for dental professionals, and can assist the dental professional in identifying a concern regarding child abuse or neglect. In addition, Public Health England, have developed a 2019 Safeguarding in dental practice toolkit for dental teams. These can be accessed using the links at the end of part 2 of this article.

The CQC and Safeguarding

Everyone who comes into contact with children or adults using health and care services has a responsibility to safeguard them from suffering any form of abuse or improper treatment while receiving care.

Between 2023 and 2024, the CQC transitioned from using Key Lines of Enquiry (KLOEs) to a Single Assessment Framework (SAF) to streamline and enhance the evaluation of health and social care services in England.

THE SAF replaces the previous KLOEs and prompts with 34 quality statements known as 'we statements', articulated by the providers perspective. 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."[9]

Safeguarding Adults and Children: What to expect on CQC inspection

When conducting an inspection, the CQC state that practice staff will need to:

- Demonstrate their understanding of the definition of an adult/child at risk and the types of abuse they may be subject to.
- Show awareness of the internal arrangements for recording a safeguarding adult or child concern and how this is included within the practice's safeguarding policies.
- Show awareness of the external process for reporting the concern and how this is in line with local multi-agency policies and procedures.
- Each practice should have a designated lead for safeguarding vulnerable adults and children. They should be aware of the respective safeguarding vulnerable adults and children leads within the local clinical commissioning group (CCG) and the local authority safeguarding teams.

They will also need to see evidence that:

- The practice gives sufficient priority to safeguarding adults at risk and children.
- Staff take a proactive approach to safeguarding and focus on prevention and early identification.
- Staff take steps to protect people where there are known risks, respond appropriately to any signs or allegations of abuse, and work effectively with other organisations to implement protection plans.
- There is active and appropriate engagement in local safeguarding procedures, and effective work with other relevant organisations.[10]

Training

The Intercollegiate Document (2024)[5], contains the safeguarding adults competency framework for education and training and identifies five levels of competence, and gives examples of groups that fall within each of these. Those relevant for dental professionals are as follows:

Level 1: All staff working in health care settings (in the dental setting this will include reception staff, and any non-clinical staff who may encounter children or adults at risk). It is suggested that, over a **three-year period**, professionals at level 1 should receive refresher training equivalent to **2 hours.**

Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers (including dentists and dental care professionals). Over a **three-year period**, it is suggested thar professionals at level 2 should receive refresher training equivalent to **3 hours**.

Level 3: All staff working in health care who are working with adults who are engaged in assessing, planning, and/or evaluating the needs of adults where there are safeguarding concerns (as appropriate to their role). This includes commissioners. Over a three-year period, professionals at level 3 should receive refresher training equivalent to a minimum of **8 hours.** It is acknowledged that level 3 training may look different in different providers.

The intercollegiate document states that E-learning is appropriate to impart knowledge at level 1 and 2.

At **level 3**, it is expected that around 50% of the education, training and learning should be of a participatory nature and be interactive. The intercollegiate document states that **"E-learning should not be the primary or sole delivery method at this level."**

A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation. This should provide key safeguarding/child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns. They should also complete relevant level 1 learning for adult safeguarding and safeguarding children.[5,11]

When completing safeguarding training, it is important that staff ensure that the training they partake in meets the learning outcomes for that level which are specified in the Intercollegiate documents. Training at level 2 will include the learning outcomes required at level 1 with the addition of others.

We advise that participants of this CPD access the link to the intercollegiate document at the end of the second part of this article to ensure that they feel they have met the specified outcomes. We also advise that interactive training is participated in wherever possible so that staff can learn from case reviews and critical events. The Mental Capacity Act CPD article should also be completed, and this is available on the website.

Legislation, Policy, and Guidance

The Government provided updated policy guidance in December 2023 which is inter-agency statutory guidance. This guidance is called "Working Together to Safeguard Children 2023"[12] and is key statutory guidance for anyone working with children in England.

Alongside the 2023 Working together statutory guidance, the Government published:

- An updated Working together statutory framework, which sets out the legislation relevant to safeguarding.

- The Children's social care national framework, which sets out expectations for senior leaders practice supervisors and practitioners in local authorities.

- Guidance on Improving practice with children, young people, and families, which provides advice for local areas on embedding the Working together guidance and the Children's social care national framework in practice.

The main legislation in England is the:

- Children Act 1989
- Children Act 2004
- Children and Social Work Act 2017
- Human Rights Act 1998

In June 2018, the Local Safeguarding Children's Boards (LSCBs) were replaced by Safeguarding partners, who are responsible for child protection policy, procedure, and guidance at a local level. The safeguarding partners responsible are:

- The Local Authority
- Integrated Care Boards (ICB, previously Clinical Commissioning Group or CCG)
- The Police

Together with the relevant agencies, the safeguarding partners must "coordinate and ensure the effectiveness of work to protect and promote the welfare of children, including making arrangements to identify and support children at risk of harm."[13]

In the year 2000, guidance on safeguarding vulnerable adults was released called "No Secrets." This has now been replaced by statutory guidance named Care and Support Statutory Guidance which can be downloaded using the link at the end of part 2 of this article.

Some of the other important legislation relating to the safeguarding of children and vulnerable adults includes:

- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Mental Capacity Act 2005 (see full CPD article on the Mental Capacity Act)
- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Education Act 2002
- Female Genital Mutilation Act 2003
- Children and Young Persons Act 2008
- Education Act 2011
- The Equality Act 2010 (see full CPD article on equality and diversity)
- The United Nations Convention on the Rights of the Child (UNCRC)

Legislation, Policy, and Guidance for Safeguarding in Northern Ireland

The Northern Ireland Executive government, through the Department of Health, is responsible for child protection in Northern Ireland. They set out policy, legislation, and statutory guidance on how the child protection system should work.

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates, and ensures the effectiveness of, work to protect and promote the welfare of children. The board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC. The SBNI is responsible for developing policies and procedures to improve how different agencies work together.[14]

Some of the important legislation relating to safeguarding in Northern Ireland includes:

- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.
- Mental Capacity Act (Northern Ireland) 2016.
- The Children (Northern Ireland) Order 1995.
- Children's Services (Northern Ireland) Co-operation Act 2015.

- Safeguarding Board Act (Northern Ireland) 2011.
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
- Adult Safeguarding Prevention and Protection in Partnership 2015.
- Criminal Law Act (Northern Ireland) 1967.
- Sexual Offences (Northern Ireland) Order 2008.

Legislation, Policy, and Guidance for Safeguarding in Wales

The Welsh Government is responsible for child protection in Wales. The Welsh child protection system is similar to England's system. However, the Well-being (Wales) Act 2014 came into force in April 2016, meaning Wales now has its own framework for social services.[15]

At a local level, regional safeguarding children boards coordinate and ensure effectiveness of work to protect and promote the welfare of children. They are responsible for local child protection policy and guidance and each board includes any:

- Local Authority
- Chief officer of police
- Local health board
- NHS trust
- Provider for probation service that falls within the safeguarding board area

The relevant guidance for Wales is Working together to safeguard people (Welsh Government 2021). Wales Safeguarding Procedures and Practice Guides (Wales Safeguarding Procedures Project Board, 2019), provides a “common set of child and adult protection procedures and practice guides for every safeguarding board in Wales.” Other relevant Wales legislation includes Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015.

Legislation, Policy, and Guidance for Safeguarding in Scotland

The Scottish Government is responsible for child protection in Scotland. It sets out policy, legislation, and statutory guidance on how the child protection system should work. Child Protection Committees (CPCs) are responsible for child protection policy, procedure, guidance, and practice at the local authority level. CPCs make sure that all the different local agencies, such as children's social work, health services and the police, work together to protect children.

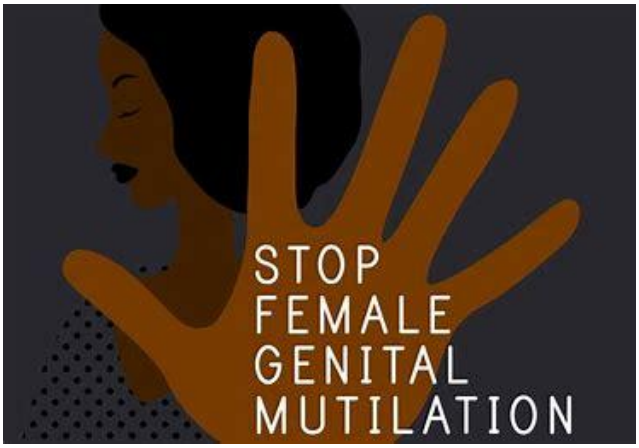
The key guidance for anyone working with children in Scotland is the National guidance for child protection in Scotland (Scottish Government, 2023a).[16] The national approach to improving outcomes for children and young people in Scotland is Getting it right for every child (GIRFEC) (Scottish Government, 2022a). This provides a framework for those working with children and their families to provide the right support at the right time.

In Scotland, where a concern is raised about a 16- or 17-year-old, services will need to consider which legal framework best fits each person's needs and circumstances.[16]

Some of the important legislation relating to safeguarding in Scotland includes:

- Children (Scotland) Act 1995
- Sexual Offences (Scotland) Act 2009
- Protection of Vulnerable Groups (Scotland) Act 2007
- Children and Young People (Scotland) Act 2014

Female Genital Mutilation (FGM)



A mandatory duty to report FGM cases to the police came into effect in England and Wales on 31st October 2015. It applies to all teachers and registered healthcare professionals, including dentists and dental care professionals.

The duty applies where a dental professional, in the course of their work, either: is informed directly by a girl that an act of FGM has been carried out on her or observes physical signs which appear to show an act of FGM has been carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

The duty applies only to girls who are under 18 at the time that FGM is observed or disclosed. It does not apply if the health professional only suspects that FGM may have been carried out.

Dental professionals should familiarise themselves with the government's guidance on the duty which includes FAQs and a process map on how the new duty fits with existing safeguarding arrangements. Under the legislation, failure to comply with the new duty may result in an investigation of a dental professional's fitness to practise.[17]

Recognising FGM

A girl or woman who has had FGM may:

- Have difficulty standing, walking, or sitting

- Spend longer in the toilet
- Be anxious or depressed
- Ask for help, but may not be explicit about the problem due to fear or embarrassment

Although the mandatory duty does not apply in Scotland and Northern Ireland, it is advised that local safeguarding procedures are still followed.

Vulnerability Factors

Vulnerability factors are factors that are known to increase the risk of child abuse and neglect. Certain children or groups of children may be more vulnerable to abuse or neglect because of certain risk factors in their environment or because of how they are perceived by their carers. Whilst acknowledging that the presence of the following factors does not mean that child abuse or neglect will occur, The National Institute for Health and Care Excellence (NICE), advise that practitioners should use their "professional judgment to assess their significance in a particular child, young person or family."[18] NICE describe the following vulnerability factors:

Socioeconomic Factors

Socioeconomic vulnerability factors include poverty, poor housing, and deprivation.

Child factors

The age and gender of a child may impact on their vulnerability. Boys and young men are reported to be less likely to disclose sexual exploitation. Disabled children and young people may be more vulnerable to child abuse or neglect.

Family factors

The following parental factors increase the vulnerability to child abuse and neglect, and these may be compounded it the parent or carer lacks support from family or friends:

- Substance misuse problems.
- A history of domestic violence or having problems managing anger.

- Mental health problems which have a significant impact on the tasks of parenting.

The following are vulnerability factors for recurring or persistent child abuse and neglect:

- The parent or carer does not engage with services.
- There have been one or more previous episodes of child abuse or neglect.
- The parent or carer has a mental health or substance misuse problem which has a significant impact on the tasks of parenting.

Working Together to Safeguard Children (2023), recommend that practitioners should be particularly alert to the potential for early help for a child who:

- Is disabled.
- Has special educational needs (whether or not they have a statutory education, health and care (EHC) plan).
- Is a young carer.
- Is bereaved.
- Is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime.
- Is frequently missing/goes missing from care or from home.
- Is at risk of modern slavery, trafficking, sexual and/or criminal exploitation.
- Is at risk of being radicalised.
- Is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online.
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.
- Is suffering from mental ill health.
- Has returned home to their family from care.
- Is a privately fostered child.
- Has a parent or carer in custody.
- Is missing education, or persistently absent from school, or not in receipt of fulltime education.

- Has experienced multiple suspensions and is at risk of or has been permanently excluded.[12]

Effect of Parental Substance Misuse

Parental substance abuse can have an effect on children at all stages of development and is a risk factor for abuse. An analysis of 175 serious case reviews from 2011-2014 found that 47% of cases featured parental substance misuse. During pregnancy, misusing substances such as alcohol and drugs can put the unborn child at risk of impaired brain development, congenital malformations, premature delivery, low birth weight and withdrawal symptoms after birth.

After birth, children may suffer from physical or emotional abuse and neglect due to inappropriate parenting, and they may have to take on the role of carer for parents and siblings. [19]

Looked After Children

In 2022/2023 there were approximately 107,000 looked after children in the UK and the number and rate in care in the UK. This has increased by 8% in the last five years; however, this UK trend is not reflected in all four nations. Abuse and neglect are the main reason that children are taken into care.[20]

Vulnerable Adults

The Department of Health “No Secrets” guidance defines a vulnerable adult as a person: “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.” Therefore, vulnerable adults **may** include:

- People with learning disabilities
- People with mental health problems
- Older people

The above groups are particularly vulnerable if their situation is complicated by additional factors such as physical frailty, chronic illness, sensory impairment, challenging behaviours, social and emotional problems, homelessness, substance misuse and communication problems.[21] It is also important to consider that some of these groups of vulnerable adults may also have caring responsibilities of their own for other adults or children.

Conclusion

The dental team has a statutory duty of care to all patients, and this includes ensuring that safeguarding arrangements are in place. This duty applies to both clinical and non-clinical team members. This verifiable CPD article is part 1 of 2 articles and both need to be completed to meet the requirements for level 1 Safeguarding. A total of 2 hours refresher training for level 1 needs to be completed in a 3-year period.

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. These will be:

1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
2) Comment on any changes/updates needed in your daily work
3) How has completion of this CPD article benefitted your work as a DCP?
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.

Safeguarding Children Level 1 Part 2 is available from the verifiable CPD section of the website. We recommend that you complete this and then carry out further reading which will be detailed in the second article.

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