



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Safeguarding Children and Adults at Risk of Harm** **Level 2, Part 3 of 3**

### **Aims:**

To recognise the importance of multi-agency working and how to raise safeguarding concerns. Safeguarding level 2, parts 1 and 2 also need to be completed to meet the full learning outcomes required at level 2.

### **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 importance of multi-agency working in Safeguarding.
- Demonstrate an awareness of the principles of consent.
- Understand the Caldicott principles of information sharing including the 7<sup>th</sup> principle: “The duty to share information can be as important as the duty to protect patient confidentiality.”
- Know the legal definitions of parental responsibility.
- Identify the six principles of Safeguarding.
- Understand the main principles of the Mental Capacity Act and the relevance and impact in adult safeguarding.
- Know the role of the Safeguarding Practice Lead.
- Know how to raise concerns about conduct of colleagues and ‘whistleblowing’ procedures.
- Know how to take appropriate action if there are safeguarding concerns
- Identify how to record and share relevant information appropriately with other teams, whilst being aware of data protection.

### **Introduction**

The dental team has a statutory duty of care to all patients, and this includes ensuring that safeguarding arrangements are in place.<sup>1</sup>

Part one and two of this CPD covered the key definitions relating to safeguarding of children and adults at risk of harm, the standards, laws and regulations surrounding safeguarding, and the different forms of abuse.

This article will describe the importance of multi-agency working and how to report concerns.

### Why do People Abuse?

There are many questions surrounding why people abuse and also why people choose to stay in abusive relationships. People may abuse due to situations they have learnt from childhood, such as being abused themselves or watching others being abused. Consequently, this may normalise the abuse for that individual. In addition, they feel that by being the abuser they feel in control and not at the mercy of others. Abusive behaviours can also result from mental health issues or disorders such as anger management issues or as a result of abuse of alcohol or drugs.<sup>2</sup>

### Multi Agency Working

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.<sup>3</sup>

Multi agency working is key to effective safeguarding and child protection. Serious case reviews throughout the UK emphasise the importance of information sharing and collaboration between the agencies.<sup>4</sup>

One of the most high-profile child abuse cases was the death of Victoria Climbié in February 2000.



Victoria was tortured and murdered by her great-aunt and her great-aunt's boyfriend, allegedly after a Universal Church of the Kingdom of God's preacher convinced her aunt that the child was possessed by the devil. Despite coming into contact with health, police and social services on several occasions and being taken to hospital twice, the abuse was not discovered until after her death. Victoria died with no fewer than 128 separate injuries.

As a result of this case, Lord Laming was instructed to undertake an inquiry into the circumstances leading to her death and to make recommendations as to how the system should change. As a result of the report, the Government published a paper entitled “Every Child Matters” and consequently passed the Children Act 2004. Lord Laming stated “I am in no doubt that effective support for children and families cannot be achieved by a single agency acting alone. It depends on a number of agencies working well together. It is a multi-disciplinary task.”<sup>5</sup>

When a child dies or is seriously harmed as a result of abuse or neglect, serious case reviews may be conducted to identify if improvements can be made in the way that professionals and organisations can work together to safeguard children in order to prevent similar incidents from occurring.

Each UK nation has its own terminology and guidance for carrying out and learning from reviews. The reviews carried out by multi agency panels are known as:

- Child safeguarding practice reviews in England
- Case management reviews in Northern Ireland
- Learning reviews in Scotland
- Single unified safeguarding reviews in Wales<sup>6</sup>

Under the Care Act, Safeguarding Adults Boards are responsible for Safeguarding Adults Reviews. In the same way, the aim of Safeguarding Adult Reviews is to “promote effective learning and improvement action to prevent future deaths or serious harm occurring again.”<sup>7</sup>

Everyone who works with children and adults at risk of harm has a responsibility to share any information appropriately where there is a concern about the child or adult’s welfare. Dental practices must have clear procedures and processes in place where it comes to sharing information.

Safeguarding is a shared responsibility between:

- Social Care
- Police (including transport police)
- Safeguarding Adults Boards
- Community
- Education
- NSPCC
- Health Care
- Community
- Education
- Clinical Commissioning Groups

In December 2023, the Department for Education released an updated version of its statutory guidance, “Working Together to Safeguard Children,” replacing the 2018 edition. This revision emphasises strengthening multi-agency collaboration to enhance the support and protection of children and their families.<sup>8</sup>

## Multi Agency Safeguarding Hub (MASH)



MASH (Multi-Agency Safeguarding Hub) is a key service in the UK designed to enhance the safeguarding of children and adults at risk of harm. It brings together various agencies, such as the police, social services, health professionals, and education providers, to share information and make informed decisions about safeguarding concerns.

### Role of MASH in Safeguarding:

1. **Information Sharing:** MASH enables professionals from different agencies to share relevant information quickly and effectively. This ensures a fuller picture of a child's or adult's circumstances before decisions are made.
2. **Risk Assessment:** By pooling information, MASH teams can assess the level of risk more accurately, identifying those at immediate risk of harm and prioritising intervention accordingly.
3. **Coordinated Response:** The multi-agency approach ensures that appropriate support and interventions are provided in a timely and coordinated manner, reducing delays and preventing gaps in care.
4. **Early Intervention:** MASH helps identify cases where early intervention could prevent escalation, reducing the likelihood of abuse or neglect worsening.
5. **Decision-Making:** Based on shared intelligence, professionals within MASH decide on the next steps, which could involve referrals to social care, signposting to support services, or determining that no further action is needed.

### When is MASH Involved?

- When there are safeguarding concerns about a child or adult at risk of harm.
- When multiple agencies hold information relevant to an individual's safety or well-being.
- When a referral is made by a professional (e.g., teacher, GP, police officer) or a concerned member of the public.

MASH plays a critical role in child protection and safeguarding by ensuring a swift, informed, and effective response to concerns, ultimately aiming to protect individuals from harm.

## 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>9</sup>  
Please refer to: for principles in Wales.

## Roles, Responsibilities and Raising Concerns

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.”<sup>1</sup>

Abuse or neglect may present to the dental team in a number of different ways. It could be through a direct allegation made by the child, vulnerable adult, a parent, or some other person. Or it could be through signs and symptoms which are suggestive of physical abuse or neglect. The dental care professional could also have concerns through observations of child behaviour or parent-child interaction or carer- adult at risk interaction.

Because of the frequency of injuries to areas routinely examined during a dental check-up, the dental professional has an important role in intervening on behalf of an abused child or adult risk. There are occasions when evidence is inconclusive and the diagnosis merely suspected.

The most important thing to remember when you are faced with a child or adult at risk of harm who may have been abused is that you do not need to manage this on your own.

In the dental surgery, assessing a child with an injury or with possible signs of abuse or neglect starts with a thorough history, including details from the adult, child and carer of any injury or presenting complaint, past dental history, medical history, family and social circumstances.

A full examination should be carried out, noting in particular: any dental, oral or facial injuries, their site, extent and any specific patterns; the general appearance of the child or vulnerable adult, their state of hygiene, whether they appear to be growing well or are “failing to thrive”; their demeanour and interaction with their parents or carers and others (e.g. look particularly for signs of “frozen watchfulness” where the child seems to take in everything going on, but in a detached, wary or fearful manner).<sup>3</sup>

Care should be taken to consider relevant factors and to resist making assumptions, however if a dental professional has any concerns, they should share it with a more experienced colleague.<sup>3</sup> Notes should be recorded accurately.

Concerns about the mental or general health (alcohol, substance misuse or deteriorating health condition) of the parent should prompt a discussion with the parent and a referral to children’s services, particularly when other signs of abuse and neglect are present. Children’s services will assess the need for child and family support and identify remedial action.<sup>3</sup>

### **The 5 Rs of Safeguarding:**

**Recognise:** You must first be able to recognise the signs of abuse, or you may receive a direct disclosure. Listen sympathetically and with an open mind. Remember that it is not your job to judge whether abuse has taken place, but to respond and escalate safeguarding concerns appropriately.

**Respond:** Do not respond with shock or surprise but remain calm. Do not ask leading questions but be open. For example, ask questions such as, “can you tell me more?” Ask the child or adult at risk of harm to clarify what they are saying and allow them to talk. Child Protection and the dental team states: “A child who makes a disclosure of abuse should always be taken seriously. If requested to keep a secret, you should not do so but should explain that you may have to share information but will explain with whom and when it will be shared.”<sup>3</sup> Therefore, do not make the child or vulnerable adult promises but reassure them that they have done the right thing by telling you.

**Reporting:** Do you have to share this information? Does it have to be done immediately? Follow your practice Safeguarding policy and seek advice from the Safeguarding lead if required.

**Record:** Accurate record keeping is an “essential part of the accountability for safeguarding.”<sup>1</sup> Any injuries observed should be accurately recorded as should concerns related to poor oral hygiene or indicators of neglect. Diagrams of injuries can be used where appropriate and discussions concerning the patient should be accurately recorded. Documentation should not only reflect the care that has been provided, but also any concerns relating to the child, young person or adult at risk. In cases of abuse, records should therefore include:

- Description and location of injury
- Nature of injury
- Size and shape of injury
- Comments and observations made by the patient, parent or carer<sup>1</sup>

If a child or adult at risk misses an appointment, it is important to remember that this should be recorded as “Was Not Brought”, rather than “Did not Attend”.

A record should be made if it is decided that information should not be shared. When information is shared it should be recorded what has been shared and with whom.

**Refer:** Is there a risk of immediate harm? If so, ring the police straight away.

### [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 vulnerable adult 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 children by outlining clear procedures and ensuring staff members are clear about their responsibilities.**

### Staff Recruitment



All staff that are recruited must be deemed to be suitable to work with children and adults at risk of harm. The home office requires all dental professionals to have an enhanced Disclosure and Barring Service (DBS) checks.

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's new portability scheme 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".

## Whistle Blowing



**Principle Eight** of the General Dental Council's Standards for Dental Professionals is to "Raise Concerns if patients are at risk."

**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>10</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.

From September 2017, dental practices were required to implement a new approach to whistle blowing/raising concerns by introducing policies and procedures that require practices to eliminate discrimination, harassment and victimisation. The aim of the new policy is to define actions and responses for:

- Staff with concerns about the delivery of services to patients
- The management of their concerns

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

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.<sup>1</sup>

## Ability to Consent

### The Mental Capacity Act 2005

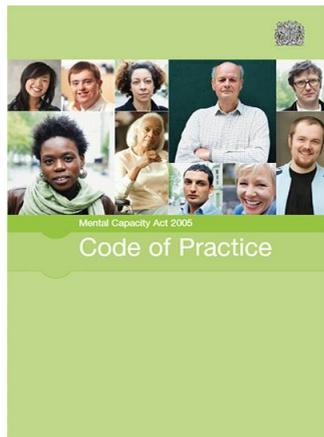


The Mental Capacity Act 2005 defines a person who lacks capacity as a person who “is unable to make a decision for themselves because of an impairment or disturbance in the functioning of their mind or brain.” It does not matter if the impairment or disturbance is permanent or temporary. The Mental Capacity Act 2005 applies to England, Wales and Northern Ireland. In Scotland the Adults with Incapacity (Scotland) Act 2000 applies. A person lacks capacity if they have an impairment or disturbance (for example a disability, condition or trauma or the effect of drugs or alcohol) that affects the way their mind or brain works, and that impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.

An assessment of a person’s capacity must be based on their ability to make a specific decision at the time it needs to be made, and not their ability to make decisions in general.

The Mental Capacity Act sets out five principles:

- **Principle 1.** - A presumption of Capacity - every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- **Principle 2.** - Individuals being supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- **Principle 3.** - Unwise decisions - People have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
- **Principle 4.** - Best interests - any decisions made or anything done for or on behalf of a person who lacks capacity must be done in their best interests.
- **Principle 5.** - Least restrictive alternative - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.<sup>11</sup>



The MCA is supported by practical guidance known as the “Code of Practice”. The Code of Practice sets out a two-stage test of capacity:

- 1) Does the individual concerned have an impairment of, or a disturbance in the functioning of, their mind or brain, whether as a result of a condition, illness, or external factors such as alcohol or drug use?
- 2) Does the impairment or disturbance mean the individual is unable to make a specific decision when they need to?<sup>11</sup>

The Act states that a person is not able to make a decision in relation to a particular matter if they are unable to:

- Understand the information relevant to the decision or:
- Retain the information.
- Use or weigh up the information as part of the process of making the decision.
- Communicate their decision either by using speech, sign language, eye blinking, pointing or any other means including squeezing of hands.<sup>11</sup>

## Power of Attorney

A Lasting power of attorney (LPA) is a legal document which appoints someone to make decisions on the behalf of someone else. There are two types:

1) **Health and Personal Welfare** for England, Scotland and Wales (called a Welfare Power of Attorney in Scotland)- decisions about whether to receive healthcare or stop a healthcare treatment, moving into a nursing home, where to live. This can only be used when the person is unable to make their own decisions at that particular time. There is no Health and Welfare Power of Attorney in Northern Ireland. The law that governs power of attorney and mental capacity in Northern Ireland is known as the Enduring Power of Attorney Order (Northern Ireland) 1987. It's designed to protect and safeguard people who have or may go on to lose capacity.

2) **Property and Financial Affairs**- paying bills, collecting benefits, selling a home. This LPA can be used as soon as it is registered with the person's permission.

The Mental Capacity Act 2005 introduced the role of the Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.<sup>11</sup>

## Consent for Children

The ability for children under 16 to give valid consent will depend on their maturity and ability to understand what the treatment involves. In England and Wales, this is referred to as being Gillick competent. Other guidelines that exist are 'Fraser guidelines' and these specifically relate only to contraception and sexual health.

To be Gillick competent, a child must:

- Understand the nature of the proposed treatment, its consequences and the alternatives, including no treatment.
- Retain that information.
- Use or weigh up that information in making a decision.
- Communicate that decision.<sup>12</sup>

## Parental responsibility

If a child is not Gillick competent, authority to treat or share information may be given by someone with parental responsibility under the Children Act 1989. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either:

- Married to the child's mother
- Listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you do not automatically have it.<sup>13</sup>

## Confidentiality and Information Sharing



All members of the dental team, whether clinical or not, have an ethical and legal responsibility to keep patient information confidential. When a patient allows you to share information about them, make sure the patient understands:

- What you will be releasing;
- The reasons you will be releasing it; and
- The likely consequences of releasing such information.<sup>10</sup>

When sharing information, it is important to consider the Caldicott Principles of information sharing, which are:

**Principle 1 - Justify the purpose(s) for using confidential information**

**Principle 2 - Don't use personal confidential data unless it is absolutely necessary**

**Principle 3 - Use the minimum necessary personal confidential data.**

**Principle 4 - Access to personal confidential data should be on a strict need-to-know basis**

**Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities**

**Principle 6 - Comply with the law**

**Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality**

**Principle 8- Inform patients and service users about how their confidential information is used**<sup>14</sup>

Principle 7 is especially important, since dental professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. If requested to keep a secret, it should be explained to the patient that information may need to be shared and with whom and when it will be shared. If the individual has the ability to consent, and disclosure is considered to be necessary to protect the individual from harm, concerns should be escalated through the safeguarding process. The child or adult at risk's safety is the priority. If discussing concerns with parents or carers will put the individual at greater risk, then the intention to refer or share information should not be discussed. It is important to document your reasons for this.

It is important to remember that the Data Protection Act, 2018, is not a barrier to sharing information, but provides a framework to ensure that personal information is shared appropriately. 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>10</sup>

## Flowchart for Action

Public Health, England, have produced the following flow chart in their Safeguarding Toolkit for Dental Teams.<sup>1</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**

**Take steps to remove them from harm or reduce 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.**

Follow FGM Flowchart for cases of concern: call police on 101

For Modern Slavery (including human trafficking) concerns: call the Modern Slavery Helpline on 0800 121 700

**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 concerns**

**Make a referral to Social Services. Record actions**

Continued concerns regarding safety

**Our local safeguarding contacts:**  
**Go to NHS Safeguarding app:**  
<http://www.myguideapps.com/projects/safeguarding/default/>  
**to find local contact details**

## Tips for best practice

Safeguarding is not just about referring them when you have concerns but is about changing the environment to ensure that risks to their welfare are minimised. These tips for best practice will help a dental practice to not only fulfil the responsibilities of current legislation and ethical guidance but also to take an active role in safeguarding:

1. Identify a member of staff to take the lead on Safeguarding
2. Adopt a Safeguarding policy
3. Work out a step-by-step guide of what to do if you have concerns
4. Follow best practice in record keeping
5. Undertake regular team training
6. Practice safe staff recruitment<sup>3</sup>

## Questions to Consider

1. Has there been delay in seeking dental advice, for which there is no satisfactory explanation?  
YES / NO
2. Does the history change over time or not explain the injury or illness?  
YES / NO
3. When you examine the child or vulnerable adult, are there any injuries that cannot be explained?  
YES / NO
4. Are you concerned about the child or vulnerable adult's behaviour and interaction with the parent/carer? YES / NO

If the answer to any of these questions is YES you should discuss with a senior colleague and follow local child protection procedures.

If all the answers are NO then diagnose and treat as normal.

## Conclusion

Clinical and non-clinical staff within the dental practice must fulfil the responsibilities of current legislation and ethical guidance and take an active role in safeguarding children. If in doubt, raise your concerns with a more experienced colleague.

Remember, safeguarding is everybody's responsibility, a shared responsibility and the responsibility of every member of the dental team.

## **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 now be offered the opportunity to answer some reflective learning questions for the CPD you complete. 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 complete and update this at any time. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

### Further reading

We recommend that you read the following documents to enhance your learning on the subject and ensure that you are happy that you have met the learning outcomes required for level 2. These can be accessed from the intercollegiate documents below. We invite your feedback.

[Intercollegiate Document \(2019\) Safeguarding Children and Young People: Roles and Competences for Health Care Staff.](#)

[Intercollegiate Document \(2024\) Adult Safeguarding: Roles and Competencies for Health Care Staff](#)

[Care and Support Statutory Guidance](#)

[Safeguarding in General Dental Practice: a toolkit for dental teams](#)

[HM Government \(2023\) Working together to safeguard children.](#)

[Department of Health Child Protection and the Dental Team.](#)

[NSPCC Child Protection in England.](#)

[NSPCC Child Protection in Northern Ireland.](#)

[NSPCC Child Protection in Wales.](#)

[NSPCC Child Protection in Scotland](#)

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