CPD:
ONE HOUR

What is safeguarding?

Priya Sharma
explains
the dental

professional's duty of care to vulnerable children and adults at risk of abuse or neglect.

Introduction

Safeguarding is defined as protecting people's general wellbeing and human rights and allowing each person to live free from abuse and neglect. The Health and Social Care Act explicitly states that it is imperative to protect and promote the rights of people who use health and social care services. In turn, regulated providers of health care, such as dentistry, must take responsibility in safeguarding children and adults under their care who may be at risk of abuse or neglect.

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General Dental Council

The General Dental Council's (GDC's) *Standards for the dental team*, Principle 8 states that all dental professionals must 'raise concerns if patients are at risk'. This standard encompasses five separate duties including:

- Always putting patients' safety first
- Acting promptly if anyone is at risk and taking measures to protect them
- Making sure that all in a position of authority support a culture where all staff can raise concerns openly and without fear of reprisal
- Making sure there is an effective procedure for raising concern

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- Taking appropriate action if one has concerns about the possible abuse of children and adults.

Dental professionals should also be aware that the GDC recommends doing continuing professional development (CPD) courses in the areas of safeguarding children, young people and vulnerable adults.

Care Quality Commission

The Care Quality Commission (CQC) clearly explains that safeguarding children and young people and promoting their welfare is mandatory by addressing the following four points:

1. Protecting children from maltreatment
2. Preventing whenever possible impairment of children's health or development
3. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
4. Taking action to enable all children to have the best outcomes.

as soon as they become aware of anything untoward.

Each practice should have a Safeguarding Practice Lead; this individual is not an expert but rather a centrally named person that all staff are aware of and who keeps an oversight on all safeguarding matters. The Lead should ensure that all staff have appropriate training, be aware who to contact locally and so forth.

how to identify, report and respond to potential, whether suspected or actual, abuse either to a child (an individual under 18 years of age) or a vulnerable adult (over the age of 18), someone who may not be able to look after themselves and/or protect

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The CQC goes on to state that safeguarding adults means to protect the rights of adults to live in safety, free from abuse and neglect, people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, ensuring that the adult's wellbeing is promoted and recognising that adults sometimes have complex interpersonal relationships which may have a potential risk to safety and wellbeing. In doing so an individual's views, feelings, beliefs and views must be taken into account.

Furthermore, one of the fundamental standards of CQC requires that all providers must ensure that children and adults are protected from abuse and improper treatment. It is mandatory that all providers regulated by the CQC ensure that they have policies, procedures and systems in place to effectively ensure that all people are protected from abuse, improper treatment and neglect and to know how to address, report and/or seek assistance

Dental professionals and safeguarding

All members of the dental team must understand their responsibilities as outlined in the GDC *Standards* and by the CQC. Although it is everyone's responsibility to ensure the safety of children and vulnerable adults, dental professionals have a duty of care to look after the safety and welfare of patients holistically.

To be vigilant

All people should be protected from abuse and avoidable harm. Simplistically defined abuse is the improper use or treatment of someone or something. It is a pattern of behaviour and it allows the abuser to gain, establish and maintain power over the abusee. Abuse can involve a single type of harm or it may consist of multiple wide-ranging abuse including neglect, physical, emotional, sexual, psychological, financial, institutional and/or discriminatory. In this regard all dental professionals must know

themselves from harm, a person who may need community care services due to a health condition or disability.

Each case will be unique and manifest differently, however, the role of the dental professional is to be aware and seek appropriate assistance in reporting to appropriate authorities even if one only suspects abuse. It is important to understand that it is not the responsibility of the dental professional to try and resolve matters, only to report as required, so that the named person is protected.

Generally it is suggested that in a case where one suspects abuse and where the individual is not in imminent danger then it may be worthwhile discussing it with the patient or carer. You will need to be prepared to explain that you will need to share the information with other professionals to help protect the individual concerned.

If, however, you feel that this approach is not sensible or that the individual is in any type of danger, it is critical to immediately report the person to your local safeguarding authority, social services or the police. Throughout one should keep contemporaneous records of the entire situation.

Types of abuse

Neglect

The ongoing failure to meet basic needs such as food, clothing, cleanliness, being unresponsive to an individual's emotional needs and so forth, may amount to neglect.

Dental neglect

The British Society of Paediatric Dentistry (BSPD) defines dental neglect as 'the persistent failure to meet a child's basic oral health needs, likely to result in serious impairment of a child's oral or general health or development'.

More specifically intentionally failing to provide dental care will have a clear effect on any individual. Dental practices indeed will encounter this most often at the practice.

Neglect of oral health may also lead to current and/or future harm such as toothache, difficulty eating a balanced diet leading to deficiencies and/or malnutrition, sleep deprivation, absence from school, work, etc. In addition the individual may get teased or bullied due to the unusual appearance of his/her teeth and so forth.

Before considering dental neglect as a safeguarding issue various dimensions should be considered. A place to start would be to discuss with the parents or carer the importance of maintaining oral health and the connection between sugar content, including hidden sugars in various food and drink. Paramount to the informed carer is dental health education, in turn instilling the importance of prevention and dental health maintenance. It may also be that the carer is anxious or has negative views of dentistry which is being instilled and perpetuated in the child for future years to come. Cultural differences should also be acknowledged. Some sectors of society may not consider oral health a priority at all. Treatment plans should be created and it is crucial to monitor compliance to it. Dental professionals should recognise a pattern of irregular or missed/failed appointments, lack of compliance to a proposed dental plan, and/or repeated dental pain appointments whilst recognising the extent of harm to the individual.

Physical abuse

Be aware that physical abuse will be visible on the neck, ears, eyes, molars and/or mouth as these specific areas are difficult to damage during various daily routine physical activity.

Emotional abuse

Although emotional abuse is profound it is difficult to detect it as it involves, for example, feeling unloved, feeling helpless, being bullied,

fear, discrimination and so forth. Moreover it may consist of many emotional layers making it hard to identify. If someone raises a concern it is vital to actively listen and engage with the individual. One will find open-ended questions will assist in painting the full picture.

Sexual abuse

When an individual is being forced or persuaded to take part in various sexual activities this correlates to abuse. Clearly this will have a very negative impact. One must also note that due to the presence of the internet, sexual abuse may take place online.

Long-term effects

Every type of abuse will have a life-long detrimental impact on the individual. Being able to be vigilant, identifying it early and reporting the abuse is mandatory so that the individual's needs may be appropriately and safely met.

Conclusion

Abuse and neglect of any type may occur to anyone therefore it is important for all dental professionals to be aware of the issues related to safeguarding. Every dental professional should be trained in safeguarding. The practice should have a Safeguarding Lead and a straightforward policy when concern arises. It may be that the individual's only external contact is with you as a dental professional; in turn it becomes your duty of care that the matter is reported as deemed appropriate. It is critical that these individuals do not slip through the net - a visit to you may be the only hope they have. Do not rely on someone else reporting it as it is your responsibility to raise your concern immediately with the utmost care and caution in order to stop the cycle of abuse and/or neglect.

Useful websites

General Dental Council: www.gdc-uk.org
Care Quality Commission: www.cqc.org.uk
British Society of Paediatric Dentistry: <http://bspd.co.uk/>

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