

Belmont Orthodontic Centre

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Safeguarding Policy

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1. Purpose and Aims

1.1 The purpose of *Belmont Orthodontic Centre's* safeguarding policy is to ensure that every patient we deliver services to is safe and protected from harm. This means we will always work to:

- Protect adults and children from maltreatment
- Prevent impairment of adults and children's mental and physical health or development
- Identify adults and children who may be in need of additional support
- Ensure that our services assist adults and children to be safe

1.2 This policy will give clear direction to staff, those in receipt of our services and parents and carers about expected behaviour and our responsibilities to safeguard and promote the welfare of all adults and children.

1.3 We recognise the contribution we can make to protect adults and children from harm, as well as supporting and promoting the welfare of those that we come in to contact with when delivering services.

- 1.4 This policy applies to all those receiving services from or providing services on behalf of *Belmont Orthodontic Centre*

2. Legislation and Statutory Guidance

This policy is informed by the following legislation and guidance:

The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children

The Care Act 2014, which provides a framework for the care and protection of adults

Working Together to Safeguard Children Statutory Guidance.

Care and Support Statutory Guidance

United Nations Convention on the Rights of the Child (UNCRC)

UN Convention on the Rights of Persons with Disabilities

Safeguarding in General Dental Practice

The Rehabilitation of Offenders Act 1974

Domestic Violence, Crime and Victims (Amendment) Act 2012

The Equality Act 2010

Mental Capacity Act 2005

The Human Rights Act 1998

Schedule 4 of the Safeguarding Vulnerable Groups Act 2006

What to do if you're worried a child is being abused', DfE (March 2015)

Information sharing: advice for practitioners providing safeguarding services

Mandatory Reporting of Female Genital Mutilation - procedural information

Public Interest Disclosure Act (1998)

Prevent Duty Guidance (2015)

The Children and Social Work Act 2017

We also follow Shropshire Safeguarding Community Partnership and Safeguarding Adults Board's Procedures.

3. Definitions

Children includes everyone under the age of 18.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision

- of safe and effective care
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or a child or children.

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of material substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers) or Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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Adults includes everyone aged 18 and over.

Safeguarding adults is defined within the Care Act 2014 as:

Protecting an adult'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

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.

Self-neglect covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Physical Abuse – includes hitting, slapping, pushing, kicking, misuse of

medication, restraint, or inappropriate sanctions.

Sexual Abuse – includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity under the Mental Capacity Act 2005.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Discrimination – discrimination is abuse, which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

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, or the misuse or misappropriation of property, possessions or benefits.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Cyber Bullying - cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage - forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

Mate Crime - a 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Safeguarding Adult Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Radicalisation - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

4. Our Ethos

Children:

- 4.1 A child's welfare is of paramount importance (Children Act 1989).
- 4.2 We will establish and maintain an ethos where children feel secure, are encouraged to talk, are listened to and are safe. Children will be able to talk freely to members of the dental team if they are worried or concerned about something.
- 4.3 Everyone who comes into contact with children and their families has a role to play in safeguarding children. We recognise that members of the dental team play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. All staff are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members must always act in the best interests of the child.
- 4.4 All staff and regular visitors will, through induction and training, know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information. They will not make promises to any child and will not keep secrets. Every child will know what the adult will have to do with any information they have chosen to disclose should it outline a safeguarding concern.

Adults:

- 4.5 We support the six principles of adult safeguarding as outlined by the Care Act 2014. These principles underpin our safeguarding practice in relation to adults:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality – The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

- 4.6 All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- 4.7 We will seek to ensure that we are inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review.
- 4.8 The rights, dignity and worth of all adults will always be respected.
- 4.9 We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.
- 4.10 We recognise that a disabled adult may or may not identify themselves or be

identified as an adult 'at risk'.

- 4.11 We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns.
- 4.12 At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies in line with Working Together to Safeguard Children, Care and Support Statutory Guidance and our Local Safeguarding Children Partnership and Safeguarding Adults Board's procedures.

5. Roles and Responsibilities

Roles	Name	Contact Details
Safeguarding Practice Lead (SPL)	<i>Mrs Helen Walton</i>	<i>(01743) 365302</i>
Senior / Board Level Lead for Safeguarding	<i>Dr Philip Barton</i>	<i>(01743) 365302</i>

- 5.1 It is the responsibility of every member of staff and regular visitor to ensure that they carry out the requirements of this policy and, at all times, work in a way that will safeguard and promote the welfare of all children and adults at risk. This includes the responsibility to provide a safe environment.

Senior / Board Lead for Safeguarding

- 5.2 The Senior/Board Lead for Safeguarding is accountable for ensuring the effectiveness of this policy and members of the Dental Team's compliance with it.
- 5.3 The Senior/Board Lead for Safeguarding will ensure that:
- The safeguarding policy is in place, reviewed annually, is available to the public and has been written in line with legislation, statutory guidance and the requirements of our Local Safeguarding Children Partnership and Safeguarding Adults Board's procedures.
 - A senior member of staff is designated to take the lead responsibility for safeguarding.
 - All staff receive a safeguarding induction and are provided with a copy of this policy and the staff code of conduct.
 - All staff undertake appropriate safeguarding training relevant to their role. Procedures are in place for dealing with allegations against members of staff and volunteers who work with children in line with statutory guidance.
 - Safer recruitment practices are followed to prevent individuals who may pose a risk of harm to others from having access to them within our

organisation.

- Any weakness with regards to safeguarding arrangements that are brought to their attention will be remedied without delay.
- Policies and procedures, particularly concerning referrals of cases of suspected abuse and neglect, are followed by staff.
- All staff (and volunteers where applicable) feel able to raise concerns about poor or unsafe safeguarding practice and such concerns are addressed sensitively in accordance with agreed internal procedures.
- Liaison will take place with the Designated Officer for the Local Authority (commonly known as 'LADO') in the event of an allegation of abuse being made against a member of staff where their role involves working with children.

Safeguarding Practice Lead (SPL)

- 5.4 The Safeguarding Practice Lead (SPL) is a member of staff who takes lead responsibility for safeguarding. The SPL will carry out their role in accordance with the responsibilities outlined in Working Together to Safeguard Children.
- 5.5 The SPL will provide safeguarding advice and support to other staff. Any concern for a child or adult's welfare will be recorded in writing and given to the SPL.
- 5.6 During opening hours, the SPL and/or a deputy will always be available for staff to discuss any safeguarding concerns. If a SPL is not available in person, we will ensure that they are available via telephone and/or any other relevant media.
- 5.7 Through appropriate training, knowledge and experience our SPL will liaise with Police, Adult's or Children's Services where necessary, and make referrals of suspected abuse.
- 5.8 The SPL will maintain written records ensuring that they are kept confidential and stored securely.
- 5.9 The SPL is responsible for ensuring that all staff members (and volunteers where applicable) are aware of our policy and the procedure they need to follow. They will ensure that all staff, volunteers and regular visitors have received appropriate safeguarding information during induction and that appropriate training needs are identified.

6. Training and Induction

- 6.1 When new staff join our organisation, they will be informed of the safeguarding arrangements in place. They will be given a copy of our safeguarding policy along with the staff code of conduct and told who our Senior/Board Level Lead for Safeguarding and Safeguarding Practice Lead (SPL) are. All staff are expected to read these key documents.

- 6.2 Every new member of staff (or volunteer where applicable) that comes into regular contact with children and/or adults at risk will receive safeguarding training during their induction period. This programme will include information relating to how to recognise signs and symptoms of abuse, manage a disclosure from an adult or child, how to record concerns, and the remit of the role of the SPL. The training will also include information about whistleblowing in respect of concerns about another adult's behaviour and suitability relating to their work with children and/or adults.
- 6.3 Guidance about acceptable conduct will also be given to all staff during induction. These are sensible steps that every adult should take in their daily professional conduct. All staff are expected to carry out their work in accordance with this guidance and will be made aware that failure to do so could lead to disciplinary action.
- 6.4 In addition to the safeguarding induction, we will ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities. In order to achieve this we will ensure that:
- All staff members undertake appropriate safeguarding training based on their role (see below)
 - All staff members receive safeguarding updates (for example, via email, e-bulletins, staff meetings), as required to provide them with the relevant skills and knowledge to safeguard adults and children effectively
- 6.5 All regular visitors, temporary staff and volunteers will be given a set of our safeguarding procedures. They will be informed of whom our Senior Lead for Safeguarding, SPL and what the recording and reporting system is.
- 6.6 We actively encourage all of our staff to keep up to date with the most recent local and national safeguarding advice and guidance accessible via our Local Safeguarding Children Partnership and Safeguarding Adults Board.
- 6.7 Our Senior/Board Level Lead for Safeguarding will also undertake appropriate training to ensure they are able to carry out their duty to safeguard individuals in receipt of a service from our organisation.

Expectations for Training

The following guidance gives a dental specific summary of the expectations for training from the Royal College of Nursing on the roles and competencies for safeguarding adults, children and young people.

These roles and competencies apply to both NHS and private providers in all settings in which dentistry is practised.

All new starters should have a mandatory safeguarding introduction (children and adults) for a minimum of 30 minutes within the first six weeks of taking up the post.

In general practice, for adults, children and young people:

Dentist inc orthodontists	Person with Specific safeguarding responsibilities	Hours of refresher training over 3 years:
Level 2	Level 2	minimum 4 hours + annual review of competencies

Practice Manager	Receptionist and other non-clinical staff	Hours of refresher training over 3 years:
Level 2	Level 2	minimum 2 hours + annual review of competencies

The majority of dentists and dental care professionals will require level 2.

In larger organisations, including hospitals and community-based specialist services (special care dentistry, paediatric or other relevant dental specialties such as orthodontics) the precise number of dentists and dental care professionals requiring level 3 competencies should be determined locally based on an assessment of need and risk.

Under these circumstances, the following levels are required:

Practice Manager	Receptionist and other non-clinical staff	Hours of refresher training over 3 years:
Level 2	Level 2	minimum 2 hours + annual review of competencies

Dentist with specific role in safeguarding	DCP with specific role in safeguarding	Hours of refresher training over 3 years:
Level 3	Level 3	minimum 8 hours + annual review of competencies

7. Procedures for Responding to Safeguarding Concerns

- 7.1** We adhere to the safeguarding procedures that have been agreed locally by our Safeguarding Children Partnership and Safeguarding Adults Board. Where we have welfare and/or safeguarding concerns for an adult or child, we will carry

out our responsibilities in accordance with those procedures.

- 7.2 Every member of staff is advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child or adult, staff members should always act in the interests of that child or adult and have a responsibility to take action as outlined in this policy.
- 7.3 All staff members are encouraged to report and record any worries and concerns that they have and not see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, worries and concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on worries and concerns in accordance with this policy to build up a picture and afford the ability to intervene with support at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.
- 7.4 It is not the responsibility of staff to investigate concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy.
- 7.5 The SPL should be used as a first point of contact for worries, concerns and queries regarding any welfare or safeguarding issue. Any member of staff who receives a disclosure of abuse or suspects that a child or adult is at risk of abuse or neglect must report it immediately to the SPL. In the absence of a SPL, the matter should be brought to the attention of the Senior/Board Level Lead for Safeguarding.
- 7.6 All concerns about a child or adult should be reported without delay and recorded in writing using the agreed procedures.
- 7.7 Following receipt of any information raising concern, the SPL will consider what action to take. All information and actions taken, including the reasons for any decisions made, will be fully documented.
- 7.8 The SPL will decide whether to make a referral to the Police, Adults or Children's Services when there are safeguarding concerns.
- 7.9 If a referral to Adults or Children's Services has not met the threshold for support or statutory intervention, the SPL will make a full written record of the decision and outcome.
- 7.10 If, at any point, there is a risk of immediate serious harm to an adult or child, a referral should be made to the Police. Anybody can make a referral.
- 7.11 Staff should always follow the reporting procedures outlined in this policy in the first instance. However, they may also share information directly with Children's Services, Adult's Services or the Police if:

- The situation is an emergency and the SPL and the Senior/Board Level Lead for Safeguarding are unavailable
 - They are convinced that a direct report is the only way to ensure the adult or child's safety.
- 7.12 Any member of staff who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in this policy should raise their concerns with the Senior/Board Level Lead for Safeguarding. If any member of staff does not feel the situation has been addressed appropriately at this point, they should contact Adult's Services or Children's Services directly with their concerns.
- 7.13 We recognise that children are also vulnerable to physical, sexual and emotional abuse by their peers or siblings. Abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the support for the child or young person exhibiting the harmful behaviour. Such abuse will always be taken as seriously as abuse perpetrated by an adult and staff must never tolerate or dismiss concerns relating to peer on peer abuse.
- 7.14 We recognise that children and adults with special educational needs and disabilities (SEND) can face additional safeguarding challenges. These additional barriers can include:
- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the adult or child's disability
 - Adults or children with SEND can be disproportionately impacted by issues such as bullying without outwardly showing any signs
 - Communication barriers and difficulties in overcoming these barriers
- 7.15 We recognise that our staff may be well placed to identify concerns to help prevent child sexual exploitation and have a role in identifying signs that sexual exploitation may be taking place. Any staff member that has a concern regarding sexual exploitation should inform the SPL who will liaise with Police and Children's Services.
- 7.16 We recognise that our staff may be well placed to identify concerns to help prevent child criminal exploitation and have a role in identifying signs that criminal exploitation may be taking place. Any staff member that has a concern regarding criminal exploitation should inform the SPL who will liaise with Police and Children's Services.
- 7.17 At Partnership Projects we recognise that our staff may be placed to identify concerns to prevent children from becoming victims of Female Genital Mutilation (FGM) and other forms of so-called 'honour-based' violence (HBV). If staff have a concern regarding a child or adult that might be at risk of HBV they should inform the SPL who will liaise with the Police and Children's Services.

7.18 We recognise that safeguarding against radicalisation and extremism is no different to safeguarding against any other form of vulnerability in today's society. We will ensure that:

- Through training, staff have an understanding of what radicalisation and extremism is, why we need to be vigilant and how to respond when concerns arise.
- The SPL has received relevant training in this area and will act as the point of contact for any concerns relating to radicalisation and extremism.
- The SPL will make referrals to Adults and/or Children's Services and will represent our organisation at meetings where required, unless this is done by the Senior/Board Level Lead for Safeguarding.

7.19 When dealing with disagreement and escalation of concerns, the SPL or other appropriate member of staff will:

- Contact the line manager in Children's or Adult's Services if they consider that the social care response to a referral has not led to the individual being adequately safeguarded and follow this up in writing
- Use the local Safeguarding Children Partnership or Safeguarding Adults Board Escalation Policy if this does not resolve the concern

8. Records and Information Sharing

8.1 If staff are concerned about the welfare or safety of any child or adult, they will record their concerns. Any worries or concerns should be passed to the SPL without delay.

8.2 Any information recorded will be kept in a secure cabinet or electronically and remain separate to the patient record. These files will be the responsibility of the SPL and Senior Board Level Lead for Safeguarding.

8.3 The safeguarding record may feature information on anyone attending with the patient, any signs and symptoms of possible abuse or neglect, disclosures made and a record of discussions with the patient and their parent/carer. Where possible, disclosures should be recorded using the child or adult's own words. This record will also include how the concerns have been followed-up (where required) including copies of referrals made as well as responses received.

8.4 The information will only be shared where there is a legal and legitimate safeguarding reason and on the understanding that it remains strictly confidential. All sharing of information will be done in line with the guidance, "Information sharing: advice for practitioners providing safeguarding services".

8.5 Where the legality of sharing safeguarding information presents as unclear, the SPL will speak to the relevant Adults Services or Children's Services

departments where the individual they have concerns about is resident and outline the concerns without sharing identifiable information for advice on how to proceed.

9. Safe Recruitment

- 9.1 We adopt a consistent and thorough process of safe recruitment in order to ensure that those recruited are suitable. This includes ensuring that safe recruitment and selection procedures are adopted which deter, reject or identify people who might pose a risk to patients or are otherwise unsuitable to work with them.
- 9.2 We will ensure that those responsible for recruiting staff have completed appropriate 'safe recruitment' training and that the safe recruitment procedures outlined within our local Safeguarding Children Partnership and Safeguarding Adults Board are adhered to.
- 9.3 The features of our 'safe recruitment' processes are embedded in the following areas:
- Advertising
 - Referencing
 - Shortlisting
 - Interviewing
 - Offers of Appointment
 - Criminal Record Checks.
- 9.4 We maintain a record of all safer recruitment checks carried out in line with statutory requirements.
- 9.5 For those staff and volunteers who have new or historical entries on their DBS that may raise concerns of a safeguarding nature but not exclude them from being able to undertake their role, a risk assessment will be completed and kept on file outlining any measures that will be in place to manage any assessed risk.

10. Managing Allegations Against Staff

- 10.1 Our aim is to provide a safe environment which secures the wellbeing of children and adults at risk in receipt of a service from our organisation. We do, however, recognise that sometimes allegations of abuse are made.
- 10.2 We recognise that allegations, when they occur, are distressing and difficult for all concerned. We also recognise that some allegations are genuine and that there are individuals who deliberately seek to harm or abuse children or adults.
- 10.3 We will take all possible steps to safeguard adults and children and to ensure that those working for or on behalf of our organisation are suitable to work with patients. We will ensure that the procedures outlined by Working Together to

Safeguard Children are adhered to and will seek appropriate advice from the Designated Officer for the Local Authority (LADO) or Adults Safeguarding Lead for the Local Authority when allegations that meet statutory and local thresholds are made.

10.4 If an allegation is made or information is received about any member of staff (or volunteer) who works with children (both within our organisation or outside our organisation) who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

the member of staff receiving the information should inform the SPL and/or the Senior/Board Level Lead for Safeguarding immediately. This includes concerns relating to agency and supply staff, trainees, and volunteers.

10.5 We may also seek consultation with the LADO where we believe that an individual has behaved in a way in their personal life that raises safeguarding concerns, even where these concerns do not need to directly relate to a child but may indicate a degree of 'transferable risk' to the workplace.

10.6 Should an allegation be made against the SPL, this will be reported to the Senior/Board Level Lead for Safeguarding.

10.7 The SPL / Senior/Board Level Lead for Safeguarding will seek advice from the LADO where appropriate within one working day. No member of staff will undertake further investigations before receiving further advice.

10.8 In the event that allegations as outlined above relate to individuals working with adults and they do not come in to contact with children as a part of their role, we will share these concerns under our local 'People in Positions of Trust' (PIPOT) procedures as outlined by our local Safeguarding Adults Board.

10.9 We will refer to the Disclosure and Barring Service (DBS) any member of staff who has harmed, or poses a risk of harm, to children or adults. This referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from Human Resources.

11. Whistleblowing

11.1 We recognise that effective safeguarding practice incorporates the need for staff to be able to 'blow the whistle' and be protected where they have legitimate organisational safeguarding concerns.

11.2 The Public Interest Disclosure Act 1998 amended the Employment Rights Act

1996 and it provides protection for individuals who raise legitimate concerns about specified matters, outlined below. These are called qualifying disclosures.

- 11.3** A qualifying disclosure is one made in good faith by an individual who has a reasonable belief of:
- a criminal offence (including fraudulent and corrupt behaviour, eg theft, fraud or malpractice)
 - a miscarriage of justice
 - an act creating risk to health and safety
 - an act causing damage to the environment
 - a breach of any other legal obligation, or
 - concealment of any of the above.
- 11.4** It is not necessary for staff to have proof that such an act is being, has been, or is likely to be, committed. They do, however, need to hold a reasonable belief of such an action having been, being or likely to be carried out. If staff members make such a protected disclosure, they have the right not to be dismissed, subjected to any other detriment, or victimised. This is the case even were it to materialise that they were genuinely mistaken.
- 11.5** We will not tolerate any individual being subjected to a detriment as a result of them raising safeguarding concerns in good faith.
- 11.6** Under the law, contractors or volunteers, are not afforded the same legal protection that is afforded to employees; however, we want to promote and encourage an open and honest environment in which safeguarding concerns can be freely raised. We will therefore, in so far as is possible, aim to treat all individuals who whistleblow safeguarding concerns in the spirit of the Public Interest Disclosure Act 1998.
- 11.7** In the first instance, we would encourage staff to raise safeguarding concerns that they wish to whistleblow with the SPL. Where this is not perceived by the staff member, for whatever reason, to be appropriate (for example if the concerns relate to the safeguarding practice of the SPL) we would expect that staff members approach the Senior/Board Level Lead for Safeguarding and put their concerns in writing.
- 11.8** Where a staff member has organisational safeguarding concerns that they feel cannot be addressed by the Senior/Board Level Lead for Safeguarding, they should speak to the Designated Officer for the Local Authority (LADO) for independent advice and support.
- 11.9** For free, confidential advice on whistleblowing, staff can contact Protect.

12. Useful Contacts and Additional Guidance

Contacts:

Adults Services Contact Details: To report a safeguarding concern by phone ring our **First Point of Contact team** on **0345 678 9044** Monday to Thursday, 9am to 5pm, and Friday 9am to 4pm.

Children's Services Contact Details: To report a safeguarding concern by phone ring our **First Point of Contact team** on **0345 678 9044** Monday to Thursday, 9am to 5pm, and Friday 9am to 4pm.

Clinical Commissioning Group Safeguarding Advice: By Post :Halesfield 6, Halesfield, Telford, TF7 4BF, Contact Telephone Number: 01952 580300 or by email on stw.generalenquiries@nhs.net

Designated Officer for the Local Authority (LADO):

Ellie Jones – ellie.jones@shropshire.gov.uk Telephone No : 01743 250009

Or

Michelle Taylor - michelle.taylor@shropshire.gov.uk Telephone Number: 01743 256247

Additional Guidance:

Implementing 'Was not brought' in your practice - a guide

Adult safeguarding: roles and competencies for health care staff

Child maltreatment: when to suspect maltreatment in under 18s

Child abuse and neglect – NICE Guidance

Safeguarding children and young people: Roles and competencies for healthcare staff

Safeguarding vulnerable people in the reformed NHS

Standards for the Dental Team (GDC)

Looked After Children: Roles and Competencies of Healthcare Staff

Dated : **31st October 2022**

Review Date: **31st October 2023 (or sooner if deemed appropriate)**