

CHILD, YOUNG PERSON AND VULNERABLE ADULT POLICY

STATEMENT OF INTENT

All children, young people and adults have an absolute right to be safe from harm. Appoline Dental Care its duty of care and will take all necessary steps to ensure that everyone with whom it works are enabled to be emotionally and physically safe.

AIMS

- Raising the awareness of the duty of care responsibilities relating to children, young people and vulnerable adults throughout the practice staff and volunteers.
- Actively encouraging good practice amongst all staff, and volunteers throughout the surgery and promoting wider awareness wherever possible i.e. partnership organisations and user groups.
- Creating a safe and healthy environment with all our services, avoiding situations where abuse or allegations of abuse may occur.
- Respecting and promoting the rights, wishes and feelings of children, young people and vulnerable adults. Listening to children, young people and vulnerable adults, minimising dangers and working closely with other agencies.
- Recruiting, training, supervising and supporting staff and volunteers who work with children, young people and vulnerable adults to adopt best practice to safeguard and protect children, young people and vulnerable adults from abuse and themselves against false allegations. Staff and volunteers who work with children, young people and vulnerable adults will be subject to the appropriate level Criminal Records Bureau check.
- Responding to any allegations appropriately and implementing the appropriate disciplinary and appeals procedures.
- Requiring staff and volunteers to adopt and abide by the Child, Young Person and Vulnerable Adult Protection Policy and procedures and code of conduct.

OBJECTIVES

- To provide appropriate training for staff and volunteers to enable them to recognise the potential signs and indicators of abuse and to improve good practice.
- To aid staff and volunteers to respond sensitively and seriously to a child or

young person or vulnerable adult who discloses information about abuse, and be confident and able to take appropriate action swiftly, regardless of whom the allegation is about, e.g. carer/member of staff.

- To maintain a level of good working practice at all times and therefore reducing the risk of children, young people and vulnerable adults under the care of our staff and volunteers.
- To promote the general welfare and wellbeing of children, young people and vulnerable adults during and within the dental Services.
- To develop and implement effective procedures for recording and responding to incidents and accidents.
- To develop and implement effective procedures for recording and responding to complaints of alleged or suspected abuse.

WHAT IS ABUSE?

It is recognised that there are four main areas of abuse:

A person may abuse or neglect a child, young person or vulnerable adult by inflicting harm or by failing to act to prevent harm. Children, young people and vulnerable adults may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

The Main Forms of Abuse

It is generally accepted that there are four main types of abuse. The following definitions are based on those from Working Together to Safeguard Children, Young People and Vulnerable Adults (Department of Health, Home Office, Department of Education and Employment, 1999) (National Assembly for Wales 2000); Co-operating to Safeguard Children, Young People and Vulnerable Adults (2002) (Northern Ireland); Protecting Children, Young People and Vulnerable Adults- A Shared Responsibility (Scottish Executive 1998).

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scolding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child or young person whom they are looking after. The situation is commonly described as factitious illness, fabricated or induced illness in children and young people or 'Munchausen's Syndrome by Proxy' after the person

who first identified the situation. A person might do this because they enjoy or need the attention they get through having a sick child, young person or vulnerable adult.

Physical abuse, as well as being a result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child or young person such as to cause severe and persistent adverse effects on the child or young person's emotional development. It may involve making a child or young person feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children or young people. It may also involve causing children and young people to frequently feel frightened or in danger, or the exploitation or corruption of a child or young person.

Some level of emotional abuse is involved in all types of ill treatment of a child or young person, though it may occur alone.

Sexual Abuse

Sexual abuse forcing or enticing a child and young person to take part in sexual activities, whether or not the child or young person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex or non-penetrative acts such as fondling.

Sexual abuse may also include non-contact activities, such as involving children and young people in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children and young people to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from different walks of life.

Neglect

Neglect is the persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child or young person gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child or young person's basic emotional needs.

MAIN FORMS OF ABUSE

It is accepted that in all forms of abuse there are some elements of emotional abuse and that some children and young people are subjected to more than one form of abuse at any one time.

RECOGNISING CHILD ABUSE

Recognising child abuse is not easy, and it is not the practice staff or volunteer's responsibility to decide whether or not child abuse has taken place or if a child or young person is at significant risk. All staff and volunteers however, do have a responsibility to act if they have concern.

SIGNS AND INDICATORS

Every child and young person is unique and it is difficult to predict how their behaviour will change as a result of their experience of abuse. Listed below are some physical signs and behavioural indicators that may be commonly seen in children and young people who are abused, but remember they may only be an indication and not confirmation that abuse is taking place.

PHYSICAL ABUSE

Physical Signs	Behavioural Indicators
<ul style="list-style-type: none"> » Unexplained bruising, marks or injuries on any part of the body. » Bruises which reflect hand marks or fingertips (from slapping or pinching). » Cigarette burns. » Bite marks. » Broken bones. » Scalds. 	<ul style="list-style-type: none"> » Fear of parents being approached for an explanation. » Aggressive behaviour or severe temper outbursts. » Flinching when approached or touched. » Reluctance to get changed, for example wearing long sleeves in hot weather. » Depression. » Withdrawn behaviour.

	» Running away from home.
--	---------------------------

EMOTIONAL ABUSE

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » A failure to thrive or grow. » Sudden speech disorders. » Developmental delay, either in terms of physical or emotional progress. 	<ul style="list-style-type: none"> » Neurotic behaviour, e.g. hair twisting, rocking. » Being unable to play. » Fear of making mistakes. » Self harm. » Fear of parent being approached regarding their behaviour.

SEXUAL ABUSE

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » Pain or itching in the genital/anal areas. » Bruising or bleeding near genital/anal areas. » Sexually transmitted diseases. » Vaginal discharge or infection. » Stomach pains. » Discomfort when walking or sitting down. » Pregnancy. 	<ul style="list-style-type: none"> » Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn. » Fear of being left with a specific person or group of people. » Having nightmares. » Running away from home. » Sexual knowledge which is beyond their age or development age. » Sexual drawings or language. » Bedwetting. » Saying they have secrets they cannot tell anyone about. » Self harm or mutilation, sometimes leading to suicide attempts. » Eating problems such as overeating or anorexia.

NEGLECT

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » Constant hunger, sometimes stealing food from others. » Constantly dirty or 'smelly'. » Loss of weight, or being constantly underweight. » Inappropriate dress for the conditions 	<ul style="list-style-type: none"> » Complaining of being tired all the time. » Not requesting medical assistance and/or failing to attend appointments » Having few friends. » Mentioning them being left alone or unsupervised.

The above lists are not exhaustive or definitive but are a guide

IMPORTANT RULE

It is important to remember that many children and young people will exhibit some of these signs and indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour such as death, or birth of a new baby in the family, relationship problems between parents/carers, etc.

RECOGNISING VULNERABLE ADULT ABUSE

Abuse is the violation of an individual's human and civil rights by any other person or persons. This occurs in many forms and may consist of a single act or repeated acts. It may also be shown by a failure to act in order to protect vulnerable people. Abuse may, or may not, result in the person being physically injured or ill.

THE MAIN FORMS OF ABUSE

Abuse may take many different forms but there is agreement that it includes the following categories;

- **Physical Abuse** – Including hitting, slapping, pushing, kicking, and misuse of medication, restraint, or inappropriate sanctions.
- **Sexual Abuse** – Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- **Psychological abuse** – Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or Material Abuse** – Including thefts, fraud, exploitation, and pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and Acts of Omission** – Including ignoring medical or physical care needs, failure to provide appropriate health, social care or educational services, the

withholding of necessities of life, such as medication adequate nutrition and heating.

- **Discriminatory Abuse** – Including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.

This is not an exhaustive list of examples, but merely a guide to guide the most regular forms of abuse. Any or all of these types of abuse may be perpetrated as the result or deliberate intent and targeting of vulnerable people, negligence or ignorance.

SIGNS AND INDICATORS

Indicators of abuse are signs that draw attention to the fact that something is wrong. They do not necessarily confirm that abuse has occurred, but suggest a need for further enquiries to be made. The list below is not exhaustive but gives an idea of the range of indicators that may be seen.

PHYSICAL ABUSE

- Multiple bruising that is not consistent with the explanation given i.e. a fall.
- Cowering and flinching.
- Back eyes, marks resulting from a slap and/or kick, or other unexplained bruises.
- Abrasions, especially around the neck, wrists and/or ankles.
- Unexplained burns, especially on the back of the hands.
- Scalds, especially with a well- defined edge from immersion in water.
- Hair loss in one area- scalp sore to touch.
- Unexplained features.
- Frequent 'hopping' from one GP to another or from one care agency to another.

SEXUAL ABUSE

- Recent development of openly sexual behaviour/language, including inappropriate dressing and masturbation.
- Deliberate self-harm.
- Incontinence/bedwetting.
- Irregular sleep patterns.
- Repeated urinary tract infections.
- Bruising or bleeding in the genital or rectal area.

PSYCHOLOGICAL ABUSE

- Disturbed sleep or tendency to withdraw to a room or to bed.
- Loss of appetite or overeating especially at inappropriate times.
- Anxiety, confusion or general resignation.
- Extreme submissiveness or dependency in contrast with known capacity.
- Sharp changes in behaviour in the presence of certain persons.
- Excessive or inappropriate craving for attention.
- Extreme self- abusive behaviour especially self- mutilation, head banging, hand biting.

FINANCIAL OR MATERIAL ABUSE

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Contrast between known income and unnecessary poor living conditions especially where this has developed recently.
- Personal possessions of value go missing from home without satisfactory explanation.
- Someone has taken responsibility for paying rent, bills, buying food etc.; but is not clearly doing so.
- Next of kin refuse to follow advice regarding control of property via court of protection or through securing enduring power of attorney, but insist on informal arrangements.
- Where care services are refused under clear pressure from family or other potential inheritors.
- Unusual purchase unrelated to the known interests of the vulnerable adult.

WHO MIGHT ABUSE?

Abuse of vulnerable adults may be perpetrated by a wide range of people, including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

There is often particular concern when abuse is perpetrated by someone in a position

of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a vulnerable person.

WHERE MIGHT ABUSE OCCUR?

Abuse can occur in any setting.

RESPONDING TO CONCERNS AND ALLEGATIONS

These procedures inform all staff and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected child, young person or vulnerable adult abuse, i.e. response actions

Important Rule

It is important that all staff and volunteers are aware that the first person that has concerns or encounters a case of suspected abuse is not responsible for deciding whether or not abuse has occurred. However, staff and volunteers do have a duty of care to the children or young person or vulnerable adult to report any suspicions you may have.

The Child, Young Person and Vulnerable Adult Protection Liaison Officers (PLO) are Anthony Smith.

The designated person above is responsible for dealing with reports or concerns about the protection of children, young people and vulnerable adults appropriately. The relevant contact numbers for Social services, the Police and other useful contacts are shown further on in this document.

RESPONSE SITUATIONS

In general there are three situations that staff and volunteers may need to respond to concern or cases of alleged or suspected abuse:

1. Responding to a child, young person or vulnerable adult disclosing abuse, i.e. they make an allegation of abuse.
2. Responding to allegations or concerns about a member of staff, elected member or volunteer.
3. Responding to allegations or concerns about any other person, i.e. parent, carer, other service user.

SELF DETERMINATION

Professionals are often wary of intervening in abusive situations if the adult does not want them to do so because of human rights and other issues. These dilemmas are very real for staff but can lead to an approach of non- intervention which conflicts with the professional "duty of care".

'No Secrets' rule:

If an adult is not determined as "vulnerable" then they are deemed able to protect themselves from an abusive situation if they so choose. However, when an adult is "vulnerable", by definition they will find it difficult to protect themselves from actual or potential abuse without the intervention of outside agencies. In these cases the fact that a vulnerable adult states that they do not want intervention should not stop professionals from sharing their concerns and information under the adult protection procedure.

Child Protection Procedures

Child/Young person/Vulnerable adults/worker has concerns

Is it significant/serious (see notes)?

Make a note of events – Protection incident report form (Appendix 1).
Take advice.

Is there evidence of physical injury?

YES

Is the child/young person under 18 yrs. or a vulnerable adult?

Refer child/young person/vulnerable adult to accident and emergency department

NO

YES

NO

Concerns??

Discuss further with child/young person/vulnerable adult about options.
Consult line manager

Speak to PLO. Avoid further questioning of child/young person/vulnerable adult. Make notes of events Protection incident report form (Appendix 1).

Recommend police involvement especially if other young person may be at risk

Report given to PLO

Identify the support needed or action to be taken with child/young person/vulnerable adult

Appropriate person contacts social services duty officer or police child protection unit.

Monitor situation.
Keep notes up to date.
Support child/young person/vulnerable adult

PLO keeps workers informed and ensures support for child(ren)/young person(s)/vulnerable adult(s)/worker(s)

PLO keeps workers informed and ensures support for child (ren)/young person(s)/vulnerable adult(s)/worker(s)

SPECIFIC RESPONSE PROCEDURES

More specifically the following procedures should be followed in each situation.

Abused children, young people or vulnerable adults will only tell people they trust and with whom they feel safe. By listening and taking what the child, young person or vulnerable adult is saying, you are already helping the situation. The following points are a guide to help you respond appropriately.

» Stay Calm.

» Listen carefully to what is said.

» Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others- do not promise to keep secrets.

» Allow the child, young person or vulnerable adult to continue at their own pace.

» Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer- leading questions.

» Reassure the child, young person or vulnerable adult that they have done the right thing in telling you.

» Tell them what you will do next and with whom the information will be shared.

» Report to and inform the Protection Liaison Officer (PLO).

» Record in writing on a Protection Incident Reporting Form (Appendix 1) all the details that you are aware of and what was said using the child's, young person's or vulnerable adult's own words, as soon as possible. In order to record you should include:

- The date and time.
- The child, young person or vulnerable adult's name and address and date of birth if known.
- The nature of the allegation.
- A description of any visible injuries.
- Your observations – e.g. a description of the child, young person or vulnerable adult's behaviour and physical and emotional state.
- Exactly what the child or young person said and what you said. Record the child, young person or vulnerable adult's account of what has happened as close as possible.
- Any action you took as a result of your concerns e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers.
- Sign and date what you have recorded.
- Store the information in accordance with relevant procedures, e.g. Data protection.

» Monitor the situation.

» Protection Liaison Officer informs relevant persons, i.e. Social Services and/or Police if appropriate.

RESPONDING TO ALLEGATIONS OR CONCERNS AGAINST A MEMBER OF STAFF OR VOLUNTEER

» Take the allegation or concern seriously.

» Consider any allegation or concern to be potentially dangerous to the child, young person or vulnerable adult.

» Report to and inform (if appropriate) you're Protection Liaison Officer or designated trustee if more appropriate if it involves the PLO.

» Record in writing on a Protection Incident Form (see appendix....) all the details that you are aware of as soon as possible.

» PLO informs relevant persons, i.e. Social Services, and/or the Police if appropriate.

RESPONDING TO ALLEGATIONS OR CONCERNS AGAINST ANY OTHER PERSON, I.E. PARENT, CARER, SERVICE USER

» Take the allegation or concern seriously.

» Consider any allegation or concern to be potentially dangerous to the child, young person or vulnerable adult.

» Report to and inform your Protection Liaison Officer.

» Record in writing on a Protection Incident Form (see appendix 1) all the details that you are aware of as soon as possible.

» PLO informs relevant persons, i.e. Social Services, and/or the Police if appropriate.

REMEMBER WHEN DEALING WITH A DISCLOSURE DO NOT

- Appear shocked, horrified, disgusted or angry.
- Ask too many questions or press for individual details (it is not your duty to undertake the investigation).
- Put words into their mouth.
- Make comments or judgement other than to show concern.

- Do not give the promise of confidentiality.
- Risk contaminating the evidence.
- Confront the abuser.

PRESERVING THE EVIDENCE

In most cases you will not have to do anything except record the events and inform people. However, there may be rare occasions when you have to:

- Ensure written documents (notes, letters, bank statements, medication records etc.) are kept in a safe place.
- Make a written record of answer phone messages and date and sign them.
- In cases of physical or sexual assault encourage the person not to wash where they might have a medical examination.
- In the case of oral sex encourage the person not to drink until they have been seen by the police or forensic doctor.

If you are waiting for the police to arrive it is important that things are left where they are, do not touch what you do not have to.

WITNESSING ABUSE

In situations of immediate danger take urgent action by calling the relevant emergency services i.e. Police, ambulance, GP. You may wish to challenge the person who is abusing the individuals and try to persuade them to stop whilst ensuring your personal safety is not compromised. Remember to have regard for your own safety. Leave the situation if it is not safe for you.

Report the incident to your line manager straight away and the PLO.

RESPONSIBILITIES TOWARDS VICTIMS OF ABUSE

- Ensure the child, young person or vulnerable adult is safe and supported.
- Consider if the individual requires urgent medical attention and if so make arrangements with an explanation to health staff that abuse is suspected.
- Consider the vulnerable adult's capacity to make decisions and whether an

advocate/appropriate adult might be necessary.

- The vulnerable adult must be given information and advice as well as choice about the way in which an investigation will proceed. Where the individual expresses a wish for an incident not to be pursued this should be recorded and respected wherever possible. However, decision about whether to respect the service user's wishes must have regard to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. If choice has to be denied to an individual as to if/how an investigation is to take place, it must be clear on what grounds this is justifiable, and these grounds must be made clear to the individual and be recorded. Where it is felt the responsibility to public interest outweighs the duty to protect the confidence of the individual, seek further guidance from the PLO.

CONFIDENTIALITY

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, i.e.: Protection Liaison Officer, Social services and the police.

It is extremely important that allegations or concerns are not discussed, as a breach of confidentiality could be damaging to the child, young person or vulnerable adult, their family and any protection investigations that may follow.

Informing the parent or carers of a child, young person or vulnerable adult you may have concerns about needs to be dealt with in a sensitive way and should be done in consultation with social services.

Any individual under supervision has the right to be notified about the cause for concern. This should be done in joint consultation with social services and the police. It is important that the timing of this does not prejudice the investigation.

Recorded information should be stored in a secure place with limited access to PLO's in line with data protection laws (e.g. the information stored is accurate, regularly updated, relevant and secure).

If enquiries arise from the public (including parents) or any branch of the media, it is vital that all staff and volunteers are briefed so that they do not make any comments regarding the situation. Staff and volunteers should be informed who the relevant

designated spokesperson will be, and all enquiries directed through them. Staff and volunteers should reply 'no comment' to all questions/enquiries.

DECIDING WHETHER TO REFER TO ANOTHER AGENCY

It is crucial that the Protection Liaison Officers take into account the following when taking the decision to refer concerns/allegations of abuse to Social Services and the Police:

- The wishes of the vulnerable adult.
- The mental capacity of the vulnerable adult.
- Known indicators of abuse.
- Definitions of abuse.
- Level of risk to this child, young person or vulnerable adult.
- Level of risk to others.

Decisions as to whether to inform others will be concerned with:

- The individual's right to self-determination.
- The seriousness of the abuse.
- The effect of the abuse on the child, young person or vulnerable adult in question and on other children, young people or vulnerable adults.
- The ability of other agencies to make a positive contribution to the situation.
- Whether a criminal offence has been committed or whether there are Statutory obligations to refer on (e.g. to the Commission for Social Care Inspection).
- The need for others to know (e.g. to protect others who may be involved in the immediate situation).

REPORTING ABUSE FOR INVESTIGATION

Concerns of abuse towards a child, young person or vulnerable adult should be referred/reported to the area Social Service team or the Emergency Social Services duty team if urgent and outside of normal office hours.

Where a crime may have been committed the Police must always be contacted, and if

in any doubt, they should still be notified so that they can make that judgement.

Contact numbers for these agencies are listed in the appendices.

WHAT WILL HAPPEN NEXT

Any report of abuse will be taken seriously and looked into in a fair and throughout manner.

Social Services will be responsible for co-ordinating the investigation of all cases of suspected abuse within their area unless the Police assume that responsibility where a crime has been committed. Working in conjunction with the practice and other relevant agencies, Social Services will:

- Talk to the child, young person or vulnerable adult and others involved.
- Carry out an investigation.
- Undertake a risk assessment.
- Plan what to do to protect the child, young person or vulnerable adult.
- Support the person and their carers through the investigation.
- Closely monitor the situation.

Managers, staff and volunteers are required to liaise with Social Services throughout the investigation and provide any necessary information or assistance. This may include attending meetings and case conferences.

Managers must keep Social Services informed of outcomes of any internal investigations and disciplinary proceedings being undertaken alongside Social Services own investigation.

All agencies will work together and decide on the best possible course of action for both the perpetrator and the victim.

INTERNAL INVESTIGATION FOR STAFF AND VOLUNTEERS

When a complaint or allegation has been made against a member of staff or volunteer, he/she must be made aware of their rights under employment legislation

and internal disciplinary procedures.

It is the responsibility of the Principal and Practice Manager in conjunction, to conduct a thorough investigation in accordance with the Practice Disciplinary Policy and Procedure.

A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the member of staff/volunteer. This must include whether it is safe for them to continue their role or any other role within the practice whilst the investigation is being undertaken. The consideration of risk must be considered alongside the right of the employee. Decisions not to suspend an employee must be fully documented.

Action to be considered will include the following:

- Is this a supervisory/training issue?
- Is it a matter for discipline/capability issue?
- Does discussion need to take place with other agencies, e.g. the Police and Social Services?

PHOTOGRAPHY AND PORNOGRAPHY

There is increasing evidence that some people have used children, young people and vulnerable adult's activities and events as an opportunity to take inappropriate photographs or video footage of children, young people or vulnerable adults. Staff and volunteers should be vigilant at all times and any person using cameras or videos within the practice, at events or activities which involve children, young people or vulnerable adults should be approached and asked to complete a Consent Form for the use of Cameras and other image recorders.

» Parents and carers must be informed that photographs of the child, young person or vulnerable adult may be taken during the dental services, activities or events, and parental consent forms need to be signed agreeing to this. This must include information about how and where these photographs will be used.

» It is recommended that the names of children, young people and vulnerable adults should not be used in photographs or video footage, unless with the express permission of the child or young person's parent, carers or the vulnerable adult.

GOOD PRACTICE FOR STAFF AND VOLUNTEERS

THE CARE OF CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS.

It is possible to limit the situations where child, young person and vulnerable adult abuse may occur, by promoting good practice to all staff and volunteers.

The following basic guidelines will help safeguard children, young people and vulnerable adults, staff and volunteers. The guidelines aim to promote positive practice and are examples of care, which should be taken by staff and volunteers while working with children, young people and vulnerable adults.

STAFF AND VOLUNTEER GUIDELINES

Good practice for staff and volunteers:

- » Always be publicly open when working with children, young people and vulnerable adults. Avoid situations where a member of staff or volunteer and an individual child, young person or vulnerable adult are alone unobserved.
- » Children, young people and vulnerable adults should never be left unattended.
- » Respect the child, young person or vulnerable adult and provide a safe and positive environment.
- » If any form of physical contact is required it should be provided openly and according to appropriate guidelines, i.e. National Governing Body of Sport Guidelines.
- » If supervision in changing rooms or similar is required, ensure staff work in pairs and never enter opposite sex changing rooms.
- » With mixed groups, supervision should be by a male and female member of staff, where possible.
- » Staff and volunteers must respect the rights, dignity and worth of every person and treat everyone equally within the context of the activity.
- » Staff and volunteers must place wellbeing and safety of the child, young person or vulnerable adult above the development of performance.
- » Staff and volunteers must feel confident to report concerns or worries about other staff members or volunteers to the appropriate person in authority, i.e. Protection

Liaison Officer.

» Line managers and parents must be informed of all incidents and accidents at the earliest opportunity. This can be done in person, by telephone or writing depending on the situation.

» If the child, young person or vulnerable adult is accidentally injured as a result of a staff member or volunteers actions, seems distressed in any way, appears to be sexually aroused by your actions, misunderstands or misinterprets something you have done, always report such incidents as soon as possible to another colleague and make a written report.

» If a child, young person or vulnerable adult arrives at the activity or service showing any signs or symptoms that give you cause for concern you must act appropriately and follow the procedures detailed above.

IT IS NOT GOOD PRACTICE FOR STAFF AND VOLUNTEERS TO:

» Spend unreasonable amounts of time alone with children, young people and vulnerable adults away from others.

» Take children, young people and vulnerable adults alone on a car journey, however short.

» Take children, young people or vulnerable adults to your home where they will be alone with you.

» Arrange to meet children, young people and vulnerable adults outside an organised activity or service.

If these situations are unavoidable, they should only occur with the full prior knowledge and consent of your line manager and the child, young person or vulnerable adult's parents/carer.

STAFF AND VOLUNTEERS SHOULD NEVER:

» Engage in rough physical games including horseplay.

» Engage in sexually proactive games.

» Allow or engage in inappropriate touching of any form.

» Allow children, young people or vulnerable adults to use inappropriate language unchallenged, or use it yourself.

- » Make sexually suggestive comments about or to child, young person or vulnerable adult, even in fun.
- » Let any allegation a child, young person or vulnerable adult make be ignored or go unrecorded.
- » Do things of a personal nature for children, young people and vulnerable adults that they can do themselves, e.g. assist in changing.

N.B. It may sometimes be necessary to do things of a personal nature for children, young people and vulnerable adults, particularly if they are very young or are disabled. The tasks should only be carried out with the full understanding and consent of the parents. In an emergency situation that requires this type of help, you should endeavour to have someone present and fully inform the parents as soon as it is reasonable possible. In such situations it is important that you ensure that all staff etc. are sensitive to the child, young person or vulnerable adult and undertake personal care tasks with the utmost discretion.

- » Share a room with a child, young person or vulnerable adult.
- » Enter areas designated only for the opposite sex.
- » Use the internet to access child pornography sites.

PROTECTION INCIDENT REPORTING FORM- Appendix 1

All information will be treated in strict confidence

Date: __/__/20__ Time: _____ Venue: _____

Name of Child/Person: _____ Age: _____

Address (if known): _____
_____ Postcode: _____

Telephone Number (if known): _____

Next of Kin: _____

Address (if different from above): _____
_____ Postcode: _____

Telephone Number (if different from above): _____

Are you reporting you concerns or passing on those of someone else?

Please give details:

Please give a brief description of what has prompted the concerns including dates, times etc. any specific incidents:

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the child/person? If so what was said?

Has anybody been alleged to be the abuser? If so, give details:

Have you consulted anybody? If so give details:

Your name: _____

Position: _____

To whom reported: _____

Date of reporting: ___/___/20

Signature: _____ Date: ___/___/20__

This form should now be given to the Protection Liaison Officer by hand in a sealed envelope marked Private and Confidential.

DECLARATION

Appoline Dental Care are fully committed to safeguarding the wellbeing of children, young people and vulnerable adults by protecting them from neglect, physical, sexual and emotional harm.

Working as an employee or volunteer of Appoline Dental Care it is important that you have taken time to thoroughly read this Child and Vulnerable Adult Protection Policy and procedures.

By being made aware of the policy it is our intention to ensure that all are proactive in providing a safe and secure environment for the children, young people and vulnerable adult’s people in our care.

.....
.....

Declaration:

I have read and understand the Child and Vulnerable adult Policy and Procedures and I accept the principles therein.

Signed: _____ Date: ___/___/20__

Name: _____

(Please print)

Position in Association: _____

This will be kept in your personnel file.

USEFUL CONTACTS

SOCIAL SERVICES

During office hours contact your local office:

[Grange House, 46, Union St, Grantham, NG31 6NZ](#)

Tel: 01476 561061

Lincolnshire Constabulary (POLICE)
Police Central Switchboard
Police Emergency

Tel: 101
Tel: 999

NSPCC
Child Protection Helpline
www.nspcc.org.uk

Tel: 0808 800 5000

CRIMINAL RECORDS BUREAU (CRB)
PO Box 110, Liverpool, L3 6ZZ
www.crb.gov.uk

Tel: 0870 90 90 811

ACTION ON ELDERLY ABUSE

020 8765 7000

AGE CONCERN

0800 328 7154

CITIZENS ADVICE BUREAU

03444 111444

Guild Hall Arts Centre
St Peters Hill
GRANTHAM
Lincolnshire
NG31 6PZ

ELDER ABUSE RESPONSE HELPLINE

0808 808 81 41

PUBLIC CONCERN AT WORK (Practical and legal advice
On how to raise concern at work)

020 7404 6609

RAPE CRISIS

0800 3345500

SAMARITANS

08457 909090

WOMENS AID

01476 561131

VICTIM SUPPORT

01476 590057

NATIONAL DOMESTIC VIOLENCE HELP LINE

0808 2000247

Review date September 2018