

DARTMOUTH DENTAL PRACTICE

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Dartmouth
Devon

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Document Change Log

Tuesday, December 3, 2019	Document review – update web version
Wednesday, November 20, 2019	Reviewed
Wednesday, August 14, 2019	Added http://devonsafeguarding.org contact page to procedure. This has a contact form, telephone numbers, interagency procedures and advice on how to report concerns.
Tuesday, February 19, 2013	Review and publish to web-site
Monday, May 28, 2012	All 'comments' removed. Added 'Young persons and vulnerable adults' also included definition of 'vulnerable adult'. Mental Capacity Act 2005 – details added to give context to protection of children, young persons and vulnerable adults.
Monday, March 5, 2012	Reviewed document and added in 'Oversight and Monitoring' the paragraphs 6.35 and 6.36 and also added a web link to ' Working Together to Safeguard Children (March 2010) '. Added link to Independent Safeguarding Authority . Added link to Local Safeguarding Children Board – LSCB Devon . All 'comments' removed. Added 'Young persons and vulnerable adults' also included definition of 'vulnerable adult'.

Child, Young Persons and Vulnerable Adult Protection Policy Statement

We are committed to protect children, young persons and vulnerable adults from harm. Our dental team accept and recognise our responsibilities to develop awareness of the issues which cause children, young persons and vulnerable adults harm.

We will endeavour to safeguard children, young persons and vulnerable adults by:

- adopting children, young persons and vulnerable adults protection guidelines through procedures and a code of conduct for the dental team;
- making staff and patients aware that we take children, young persons and vulnerable adults protection seriously and respond to concerns about the welfare of children, young persons and vulnerable adults;
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- following carefully the procedures for staff recruitment and selection;
- providing effective management for staff by ensuring access to supervision, support and training.

We are also committed to reviewing our policy and good practice at regular intervals.

Date policy adopted: 27/05/2010

Concerned about a child's safety?

If you are concerned about a child or young person in Devon and want to speak to someone contact our **Multi-Agency Safeguarding Hub (MASH)** on **0345 155 1071** or email **mashsecure@devon.gcsx.gov.uk** and give as much information as you can.

If you have an immediate concern about a vulnerable adult contact **0345 155 1007**

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Alternatively the Emergency Duty Service provide an emergency social care crisis response outside of normal office hours, and you can contact them on **0845 6000 388**.

General Enquiries (including Early Help enquiries)

0345 155 1015 or **0845 155 1015** or email: customer@devon.gov.uk

Children's Social Work

For ongoing children's social work enquiries – **0345 155 1078** available 9am – 5pm, Monday to Thursday and 9am – 4pm, Friday

Family Information Service

For information and advice on registered childcare, 2-year-old funding and services for children, young people and parents – **0345 155 1013** or **0845 155 1013**

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The Mental Capacity Act (MCA) 2005

The CQC defines the minimum standards for safety and quality of care wherever it may be delivered. The CQC's mandate is, in part, defined by the MCA.

This guidance will help you understand what the law says about:

- making decisions on behalf of adults who may not be able to make their own
- what has to be done before a person can be deprived of their liberty so that they can get the care and treatment they need.

About the Mental Capacity Act

The Mental Capacity Act 2005 was fully implemented on 1 April 2009.

It governs decision-making on behalf of adults who may not be able to make particular decisions. This could be because of, for example:

- a learning disability
- an illness such as dementia
- mental health problems.

It's important to remember these do not in themselves mean that a person lacks the capacity to make a particular decision. The Act and its codes of practice set out:

- who can take particular decisions on someone else's behalf
- when and how a decision can be taken
- when and how people who lack capacity to take decisions about their care and welfare can be deprived of their liberty to get the care they need in a hospital or care home.

Who does the MCA affect?

Everyone working with and/or caring for an adult who may lack capacity to make particular decisions must comply with this Act and its Codes of Practice.

The Act directly affects the lives of two million disabled people, older people and their carers. It affects the way people are supported wherever they live.

It is important that registered persons and other professionals promote awareness of the Act and are aware of their own responsibilities under it. The Codes of Practice provide additional information about how to put the Act into practice.

Further guidance can be found here <https://www.cqc.org.uk/help-advice/mental-health-capacity/about-mental-capacity-act>

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Children, Young Persons and Vulnerable Adults - Safeguarding Their Protection

An abused child is a boy or girl under the age of 18 years who has suffered from or is believed to be at significant risk of physical injury, neglect, emotional abuse or sexual abuse, from the actions or omissions of parents, guardians or carers. Dentists have an important role to play in the team that is responsible for identifying and reporting child abuse and neglect. The same principles stated here can also be applied to young adults and vulnerable adults. A vulnerable person is defined as

In these Regulations “vulnerable adult” means a person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

(2) The services are—

- (a) accommodation and nursing or personal care in a care home;
- (b) personal care or nursing or support to live independently in his own home;
- (c) any services provided by an independent hospital, independent clinic, independent medical agency or National Health Service body;
- (d) social care services; or
- (e) any services provided in an establishment catering for a person with learning difficulties.

(3) The conditions are—

- (a) a learning or physical disability;
- (b) a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; or
- (c) a reduction in physical or mental capacity.

(4) The disabilities are—

- (a) a dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;
- (b) severe impairment in the ability to communicate with others; or
- (c) impairment in a person’s ability to protect himself from assault, abuse or neglect.

(5) In this regulation “care home”, “independent clinic”, “independent hospital”, “independent medical agency” and “National Health Service body” have the same meanings as in the Care Standards Act 2000(1).

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Neglect - 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 in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-takers) or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In infancy, neglected children are often recognised by their poor physical state, failure to thrive and delay in achieving developmental milestones such as walking. Older children may have behavioural problems, difficulty forming relationships and emotional problems. A neglected child may present to the dentist with unmet dental needs and may subsequently fail repeated appointments.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, Munchausen's Syndrome by Proxy or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately causes illness in a child.

The assessment of any physical injury involves three stages

- evaluating the injury itself, its extent, site and any particular patterns
- taking a history with a focus on understanding how and why the injury occurred and whether the findings match the story given
- exploring the broader picture, including aspects of the child's behaviour, the parent-child interaction, underlying risk factors or markers of emotional abuse or neglect.

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve

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conveying to children 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. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

The main clues to emotional abuse are found in the emotional state and behaviour of the child and their interaction with parents. The parent may ignore the child or use abusive or inappropriate language. They may threaten the child or have unrealistic expectations of the child's abilities to cope with dental treatment. Emotionally abused children often have delayed intellectual and social development. They may be clingy and become distressed when a parent is not present or, alternatively, they may be agitated, non-compliant and unable to concentrate, or withdrawn, watchful and anxious. Older children may self-harm, abuse drugs and alcohol, exhibit delinquent behaviour, run away from home and often have educational problems.

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or nonpenetrative acts. They may include noncontact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Unless there are intraoral signs of sexual abuse or the child discloses abuse, a dentist is most likely to detect the problem through emotional or behavioural signs. The intraoral signs associated with sexual abuse include erythema, ulceration and vesicle formation arising from gonorrhoea or other sexually transmitted diseases, and erythema and petechiae at the junction of the hard and soft palate which may indicate oral sex.

Safeguarding Professionals:

Marian Roberts BDS and Aleksander Srokosz are the persons responsible for any matters relating to child protection.

Allegations Against Staff Members:

In the event that allegations are made against a staff member then matters are escalated through Marian Roberts. If Dr Roberts is suspected then Aleksander Srokosz will be the first person to be informed of any allegations.

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Recording Any Allegations:

Allegations must be recorded accurately and contemporaneously.

Recognising abuse and neglect

Abuse or neglect may present to the dental team in a number of different ways:

- through a direct allegation (sometimes termed a 'disclosure') made by the child, a parent or some other person
- through signs and symptoms which are suggestive of physical abuse or neglect
- or through observations of child behaviour or parent/child interaction. However it presents, any concerns should be taken seriously and appropriate action taken.

Because of the frequency of injuries to areas routinely examined during a dental check-up, the dentist has an important role in intervening on behalf of an abused child.

Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse. It is always important to remember that a child with one injury may have further injuries that are not visible so, where possible, arrangements should be made for the child to have a comprehensive medical examination. It is important to state that there are no injuries which are pathognomonic of (that is, only occur in or prove) child abuse although some injuries or patterns of injury will be highly suggestive of it.

Dental neglect

When assessing whether multiple carious teeth and poor oral hygiene are an indicator of general neglect, the dentist should focus on assessing the impact of dental disease on the individual child. Severe dental disease can cause:

- toothache
- disturbed sleep
- difficulty eating or change in food preferences
- absence from school

and may put a child at risk of:

- being teased because of poor dental appearance
- needing repeated antibiotics
- repeated general anaesthetic extractions
- severe infection.

However, care should be taken to consider other relevant factors and to resist erroneous assumptions (such as that the number of carious teeth correlates with the severity of the problem) for the following reasons:

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- the multi-factorial causation of dental caries
- variation in individual susceptibility to dental disease
- differences in the treatment dentists provide (for example, whether they choose to manage caries in primary teeth by monitoring or restoration or extraction)
- inequalities in dental health (for example, regional or social class differences in caries experience)
- inequalities in access to dental services and treatment.

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Procedures for managing allegations against people who work with children, young persons and vulnerable adults

Scope

1. The framework for managing cases set out in this guidance applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. It also caters for cases of allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in his or her present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence
- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services
- consideration by an employer of disciplinary action in respect of the individual.

Supporting those involved

Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it. They should also be kept informed about the progress of the case, and told the outcome where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

Note: the deliberations of a disciplinary hearing, and the information taken into account in reaching a decision, cannot normally be disclosed, but those concerned should be told the outcome.

In cases where a child may have suffered significant harm, or there may be a criminal prosecution, children's social care or the police, as appropriate, should consider what support the child or children involved may need.

The employer should also keep the person who is the subject of the allegations informed of the progress of the case, and arrange to provide appropriate support to the individual while

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Review period - yearly

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the case is ongoing. (That support may be provided via occupational health or employee welfare arrangements where those exist.) If the person is suspended, the employer should also make arrangements to keep the employee informed of all developments.

Confidentiality

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated/considered. In accordance with ACPO (The Association of Chief Police Officers) guidance, the police do not normally provide any information to the press or media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence. (In exceptional cases, where the police might depart from that rule – e.g. an appeal to trace a suspect – the reasons should be documented and partner agencies consulted beforehand.) The system of self-regulation, overseen by the Press Complaints Commission, also provides safeguards against the publication of inaccurate or misleading information.

Resignations and ‘compromise agreements’

The fact that a person tenders his or her resignation, or ceases to provide their services, must not prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to co-operate with the process. Wherever possible, the person should be given a full opportunity to answer the allegation and make representations about it. The process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available, should continue, even if that cannot be done or the person does not co-operate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person’s period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible.

By the same token, so-called ‘compromise agreements’ – by which a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference – must not be used in these cases. In any event, such an agreement will not prevent a thorough police investigation where appropriate, nor can it override an employer’s statutory duty to make a referral to the **[ISA \(Independent Safeguarding Authority\)](#)**.

Record-keeping

It is important that employers keep a clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached. These should be kept in a person’s confidential personnel file and a

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copy should be given to the individual. Such information should be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for 10 years if that is longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future CRB Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

Timescales

It is in everyone's interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. Every effort should be made to manage cases to avoid any unnecessary delay. Indicative target timescales are shown for different actions in the summary description of the process. These are not performance indicators: the time taken to investigate and resolve individual cases depends on a variety of factors, including the nature, seriousness and complexity of the allegations, but they provide useful targets to aim for that are achievable in many cases.

Oversight and monitoring

Oversight and monitoring has now been rationalised into a multiagency team. Look here for details <https://www.devonchildrenandfamiliespartnership.org.uk/contact/>

Other employers' procedures should identify a senior manager within the organisation to whom allegations or concerns that a member of staff or volunteer may have abused a child should be reported. Procedures should make sure that all staff and volunteers know who that person is. The procedures should also identify an alternative person to whom reports should be made in the absence of the named senior manager, or in cases where that person is the subject of the allegation or concern. The procedures should include contact details for the Local Authority designated officer responsible for providing advice and liaison and monitoring the progress of cases, to ensure that cases are dealt with as quickly as possible, consistent with a fair and thorough process.

Initial considerations

Procedures need to be applied with common sense and judgement. Some allegations are so serious as to require immediate referral to social care and the police for investigation. Others are much less serious, and at first sight may not seem to warrant consideration of a police investigation or enquiries by children's social care. However, it is important to ensure that

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even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned. Consequently, the LA designated officer should be informed of all allegations that come to the employer's attention and appear to meet the criteria in the first paragraph, so that s/he can consult police and social care colleagues as appropriate. The LA designated officer should also be informed of any allegations that are made directly to the police (which should be communicated via the police force's designated officer) or to children's social care.

The LA designated officer should first establish, in discussion with the employer, that the allegation is within the scope of these procedures (see first paragraph) and may have some foundation. If the parents/carers of the child/vulnerable adult concerned are not already aware of the allegation, the designated officer will also discuss how and by whom they should be informed. In circumstances in which the police or social care may need to be involved, the LA officer should consult those colleagues about how best to inform parents. However, in some circumstances an employer may need to advise parents/carer of an incident involving their child straight away – e.g. if the child has been injured while in the organisation's care and requires medical treatment.

The employer should inform the accused person about the allegation as soon as possible after consulting the LA designated officer. However, where a strategy discussion is needed, or it is clear that police or children's social care may need to be involved, that should not be done until those agencies have been consulted and have agreed what information can be disclosed to the person. If the person is a member of a union or professional association, s/he should be advised to seek support from that organisation.

If there is cause to suspect a child is suffering, or is likely to suffer, significant harm, a strategy discussion should be convened. Note: in these cases the strategy discussion should include a representative of the employer (unless there are good reasons not to do that) and should take account of any information the employer can provide about the circumstances or context of the allegation.

In cases where a formal strategy discussion is not considered appropriate – because the threshold of 'significant harm' is not reached – but a police investigation might be needed, the LA designated officer should nevertheless conduct a similar discussion with the police, the employer, and any other agencies involved with the child to evaluate the allegation and decide how it should be dealt with.

(Note: the police must be consulted about any case in which a criminal offence may have been committed.) Like a strategy discussion, that initial evaluation may not need to be a face-

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to-face meeting. It should share available information about the allegation, the child and the person against whom the allegation has been made, consider whether a police investigation is needed and, if so, agree the timing and conduct of that. In cases where a police investigation is necessary, the joint evaluation should also consider whether there are matters that can be taken forward in a disciplinary process in parallel with the criminal process, or whether any disciplinary action needs to wait for completion of the police enquiries and/or prosecution.

If the complaint or allegation is such that it is clear that investigations by police and/or enquiries by social care are not necessary, or the strategy discussion or initial evaluation decides that this is the case, the LA designated officer should discuss next steps with the employer. In such circumstances, options open to the employer range from taking no further action, to summary dismissal or a decision not to use the person's services in future. The nature and circumstances of the allegation and the evidence and information available determine which of the range of possible options is most appropriate.

In some cases, further investigation is needed to enable a decision about how to proceed. If so, the LA designated officer should discuss with the person's employer how and by whom the investigation will be undertaken. The investigation should normally be undertaken by the employer. However, in some circumstances appropriate resources may not be available in the employer's organisation, or the nature and complexity of the allegation might point to the employer commissioning an independent investigation.

Suspension

The possible risk of harm to children posed by an accused person needs to be evaluated and managed effectively – in respect of the child(ren) involved in the allegations, and any other children in the individual's home, work or community life. In some cases this requires the employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. People must not be suspended automatically or without careful thought. Employers must consider carefully whether the circumstances of a case warrant a person being suspended from contact with children until the allegation is resolved.

Note: neither the LA, nor the police, nor children's social care can require an employer to suspend a member of staff or a volunteer. The power to suspend is vested in the employer alone. However, where a strategy discussion or initial evaluation discussion concludes that there should be enquiries by social care and/or an investigation by the police, the LA designated officer should canvass police/social care views about whether the accused

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member of staff needs to be suspended from contact with children, to inform the employer's consideration of suspension.

Monitoring progress

The LA designated officer should regularly monitor the progress of cases, either via review strategy discussions, or by liaising with the police and/or children's social care colleagues or the employer, as appropriate. Reviews should be conducted at fortnightly or monthly intervals, depending on the complexity of the case.

If the strategy discussion or initial evaluation decides that a police investigation is required, the police should set a target date for reviewing the progress of the investigation and consulting the Crown Prosecution Service (CPS) to consider whether to charge the individual, continue to investigate, or close the investigation. Wherever possible, that review should take place no later than four weeks after the initial action meeting. Dates for subsequent reviews, at fortnightly or monthly intervals, should be set at the meeting if the investigation continues.

Information sharing

In the initial consideration at a strategy discussion or joint evaluation, the agencies concerned – including the employer – should share all relevant information they have about the person who is the subject of the allegation and about the alleged victim.

Wherever possible, the police should obtain consent from the individuals concerned to share the statements and evidence they obtain with the employer, and/or regulatory body, for disciplinary purposes. This should be done as the investigation proceeds rather than after it is concluded, to enable the police and CPS to share relevant information without delay at the conclusion of their investigation or any court case.

Children's social care should adopt a similar procedure when making enquiries to determine whether the child or children named in the allegation are in need of protection or services, so that any information obtained in the course of those enquiries that is relevant to a disciplinary case can be passed to the employer or regulatory body without delay.

Action following a criminal investigation or a prosecution

The police or the CPS should inform the employer and LA designated officer straightaway when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to prosecute after the person has been charged. In those circumstances, the LA designated officer should discuss with the employer whether any further action is appropriate and, if so, how to proceed. The information provided by the police and/or children's social care should inform that decision. Action by the employer,

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including dismissal, is not ruled out in any of those circumstances. The range of options open depends on the circumstances of the case, and the consideration needs to take into account the result of the police investigation or trial, as well as the different standard of proof required in disciplinary and criminal proceedings.

Action on conclusion of a case

If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his/her services, the LA designated officer should discuss with the employer whether a referral to the Protection of Children Act List or DfES List 99 is required or advisable, along with the form and content of a referral. Also, if the person is subject to registration or regulation by a professional body or regulator – e.g. by the General Social Care Council, General Medical Council, OFSTED, etc. – the designated officer should advise on whether a referral to that body is appropriate.

If it is decided on conclusion of the case that a person who has been suspended can return to work, the employer should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a very stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The employer should also consider how the person's contact with the child or children who made the allegation can best be managed if they are still in the workplace.

Learning lessons

At the conclusion of a case in which an allegation is substantiated, the employer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future.

Action in respect of false or unfounded allegations

If an allegation is determined to be unfounded, the employer should refer the matter to children's social care to determine whether the child concerned is in need of services, or may have been abused by someone else. In the rare event that an allegation is shown to have been deliberately invented or malicious, the police should be asked to consider whether any action might be appropriate against the person responsible.

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Summary of process

Allegation made to employer

The allegation should be reported to the senior manager identified in the employer's procedure immediately, unless that person is the subject of the allegation, in which case it should be reported to the designated alternative.

If the allegation meets any of the criteria, the employer should report it to the LA designated officer within one working day.

Allegation made to the police or children's social care

If an allegation is made to the police, the officer who receives it should report it to the force's designated liaison officer without delay, and the designated liaison officer should, in turn, inform the LA designated officer straightaway. Similarly, if the allegation is made to children's social care, the person who receives it should report it to the LA designated officer without delay.

Initial consideration

The LA designated officer will discuss the matter with the employer and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child is suffering, or is likely to suffer, significant harm, the LA designated officer will immediately refer to children's social care and ask for a strategy discussion to be convened straightaway. In those circumstances, the strategy discussion should include the LA designated officer and a representative of the employer.

If there is no cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the LA designated officer should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed.

That discussion should also involve the employer.

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Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the employer. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held **within 15 working days**.

Where further investigation is required to inform consideration of disciplinary action, the employer should discuss who will undertake that with the LA designated officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of the employer or the person's line management to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer **within 10 working days**.

On receipt of the report of the disciplinary investigation, the employer should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**.

In any case in which children's social care has undertaken enquiries to determine whether the child or children are in need of protection, the employer should take account of any relevant information obtained in the course of those enquiries when considering disciplinary action.

The LA designated officer should continue to liaise with the employer to monitor progress of the case and provide advice/support when required or requested.

Case subject to police investigation

If a criminal investigation is required, the police will aim to complete their enquiries as quickly as possible, consistent with a fair and thorough investigation, and will keep the progress of the case under review. They should, at the outset, set a target date for reviewing progress of the investigation and consulting the CPS about whether to proceed with the investigation, charge the individual with an offence, or close the case. Wherever possible that review should take place no later than four weeks after the initial evaluation, and if the decision is to continue to investigate the allegation, dates for subsequent reviews should be set at that point. (It is open to the police to consult the CPS about the evidence that will need to be obtained in order to charge a person with an offence at any stage.)

If the police and/or CPS decide not to charge the individual with an offence, or decide to administer a caution, or the person is acquitted by a court, the police should pass all information they have which may be relevant to a disciplinary case to the employer without

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delay. In those circumstances the employer and the LA designated officer should proceed as described in paragraphs 37–41 above.

If the person is convicted of an offence, the police should also inform the employer straightaway so that appropriate action can be taken.

Referral to Proceeds of Crime Act (PoCA) list or regulatory body

If the allegation is substantiated, and on conclusion of the case the employer dismisses the person or ceases to use the person's services, or the person ceases to provide his/her services, the employer should consult the LA designated officer about whether a referral to the PoCA list and/or to a professional or regulatory body is required. If a referral is appropriate, the report should be made within one month.

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Welcome to Devon SCB

devonsafeguarding.org/children/index.html

Banking iCloud Weather Dental Keith's stuff Complete Re...ent income. practicebox TRT Thales FAQs - Selex ES

www.rcn.org.uk/_data/assets/pdf_file/0007... Welcome to Devon SCB Reconstruct Online Procedures - South West...

Devon Safeguarding Children Board

(How to Report Concerns) (Inter-agency Procedures) (Contact Us)

Home Practitioners Parents & Carers Children & Young People

Welcome

Welcome to Devon Safeguarding Children Board (DSCB). The Board has the responsibility for coordinating and scrutinising the effectiveness of services being delivered to children and young people across Devon.

We believe it is everyone's business to keep the children and young people of Devon SAFER.

Although much work has been done to ensure that children and young people are kept safe from harm and abuse, there is still more to be done to ensure that all children and young people continue to be safe from harm or neglect and to have all the opportunities available to them to reach their full potential.

The Devon Safeguarding Children Board depends on everyone, whether professionals, volunteers, parents, or members of the public having an understanding of their own personal or professional responsibility to safeguard children.

This site aims to provide information to parents and carers, children and young people and professionals who work with them. The site will be maintained and up dated on a regular basis to ensure the information contained within it reflects the best possible information that is available.

Alan Wooderson,
Independent Chair,
Devon Safeguarding Children Board

Concerned about a child's safety?

If you are concerned about a child or young person in Devon and want to speak to someone contact our **Multi-Agency Safeguarding Hub (MASH)** on 0345 155 1071 or email mashsecure@devon.gcsx.gov.uk and give as much information as you can.

Alternatively the Emergency Duty Service provide an emergency social care crisis response outside of normal office hours, and you can contact them on **0845 6000 388**.

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