Safeguarding Children

Guidance

Members of the dental team are in a position where they may observe the signs of child abuse or neglect or hear something that causes them concern about a child. The dental team has an ethical responsibility to find out about and follow local procedures for child protection and to follow them if a child is or might be at risk of abuse or neglect (*Standards for dental professionals,* GDC 2005). There is also a responsibility to ensure that children are not at risk from members of the profession.

The dental team is not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. Abuse and neglect are described in four categories:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing, illness in a child. Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse – and a child with one injury may have further injuries that are not visible.

Emotional abuse is the persistent emotional maltreatment causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may feature

- age or developmentally inappropriate expectations being imposed on children
- interactions that are beyond the child's developmental capability
- overprotection and limitation of exploration and learning
- preventing the child participating in normal social interaction
- seeing or hearing the ill-treatment of another
- causing children frequently to feel frightened or in danger
- exploitation or corruption of children

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example rape, buggery) or non-penetrative acts. They may include non-contact 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.

Neglect is the persistent failure to meet the child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It 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

- failing to protect a child from physical and emotional harm or danger
- failure to ensure adequate supervision
- failure to ensure access to appropriate medical care or treatment
- neglect of, or unresponsiveness to, a child's basic emotional needs

If you are worried about a child – practical steps

It is uncommon for dentists to see patients with signs of child abuse and, generally, dentists are not in a position to assess all the factors involved. But where you have concerns about a child who may have been abused and there is no satisfactory explanation, prompt action is important.

Ask yourself:

- Could the injury have been caused accidentally? If so, how?
- Does the explanation for the injury fit the age and clinical findings?
- If the explanation of the cause is consistent with the injury, is this itself within the normally acceptable limits of behaviour?
- If there has been any delay in seeking advice, are there good reasons for this?
- Does the story of the accident vary?

Observe:

- The relationship between the parent/carer and child
- The child's reaction to other people
- The child's reaction to dental examinations
- Any comments made by the child or parent/carer that give concern about the child's upbringing or lifestyle

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, informal advice could be sought first from your local social services without disclosing the child's name. This will help you decide whether you should make a formal referral – by telephone so that you can directly discuss your concerns.

Seek permission to refer:

It is good practice to explain your concerns to the child and parents, informing them of your intention to refer and seek their consent – being open and honest from the start, results in better outcomes for the children. Do not, however, discuss your concerns with the parents where

- the discussion might put the child at greater risk
- the discussion would impede a police investigation or social work enquiry
- sexual abuse by a family member, or organised or multiple abuse is suspected
- fabricated or induced illness is suspected
- parents or carers are being violent or abusive and discussion would place you or others at risk
- it is not possible to contact parents or carers without causing undue delay in making the referral

Where there is serious physical injury arising from suspected abuse:

- Refer the child to the nearest hospital Accident and Emergency Department with the consent of the person having parental responsibility or care of the child
- Advise the A&E Department in advance (by telephone) that the patient is coming
- If consent is not obtained, the Duty Social Worker at the local Social Services Department or the police should be told of the suspected abuse by telephone so that the necessary action can be taken to safeguard the welfare of the child
- A telephone referral to Social Services must be confirmed in writing within 48 hours, repeating all relevant facts of the case and an explicit statement of why you are concerned. The telephone discussion should be clearly documented – who said what, what decisions were made and the agreed unambiguous action plan.

Where less serious injury is recorded or there is concern for the physical or emotional well-being of the child, discuss the appropriate reporting procedures and your concerns with a senior local colleague, such as a hospital consultant, dental adviser or consultant in Dental Public Health or contact the health professional for child protection at the local Primary Care Organisation (PCO).

Recording and reporting

Reports should be restricted to

- The nature of the injury
- Facts to support the possibility that the injuries are suspicious

Attendance of the referring dentist may be required by the Social Services Department at a case conference or if there is a court hearing, so comprehensive written records of the injuries and its history (as reported) must be kept together with clinical photographs.

Your child protection policy

A suitable child protection policy for a dental practice should affirm the practice's commitment to protecting children from harm and should explain how this will be achieved. A policy by itself is not enough, however. Safeguarding children also involves:

- listening to children
- providing information for children
- providing a safe and child-friendly environment
- having other relevant policies and procedures in place

Listening to children

Create an environment in which children know their concerns will be listened to and taken seriously. You can communicate this to children by:

- asking for their views when discussing dental treatment options, seeking their consent to dental treatment in addition to parental consent
- involving them when you ask patients for feedback about your practice

- listening carefully and taking them seriously if they make a disclosure of abuse

Providing information to children

To support children and families, you can provide information about:

- local services providing advice or activities
- sources of help in times of crisis, for example, NSPCC Child Protection Helpline, NPCC Kids Zone website, Childline, Samaritans

Providing a safe and child-friendly environment

- taking steps to ensure that areas where children are seen are welcoming and secure with facilities for play
- considering whether young people would wish to be seen alone or accompanied by their parents
- ensuring that staff never put themselves in vulnerable situations by seeing young people without a chaperone
- ensuring that your practice has safe recruitment procedures in place

Other relevant policies and procedures

Clinical governance policies that you already have in place will contribute to your practice being effective in safeguarding children. Relevant policies and procedures include:

- safe staff recruitment procedures: making potential job applicants aware of your child protection policy, checking gaps in employment history, requesting proof of identity, and taking up references
- complaints procedure so that children or parents attending your practice can raise any concerns about the actions of your staff that may put children at risk of harm
- public interest disclosure policy (underperformance policy) so that staff can raise concerns if practice procedures or action of other staff members puts children at risk of harm
- code of conduct for staff clarifying the conduct necessary for ethical practice, particularly related to maintaining appropriate boundaries in relationships with children and young people (including a statement that staff members will be chaperoned when attending to unaccompanied children, for example)

Child Protection Policy

We are committed to protect children from harm. Our dental team accepts and recognises our responsibilities to develop awareness of the issues which cause children harm.

We will endeavour to safeguard children by

- adopting child protection guidelines through procedures and a code of conduct for the dental team
- making staff and patients aware that we take child protection seriously and respond to concerns about the welfare of children
- 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

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