Safeguarding Children

**Aims:** To highlight the role of the dental care professional in safeguarding children.

**Learning outcomes:** On completion of this verifiable CPD article the participant will be able to demonstrate, through completion of a questionnaire, the ability to:
- Identify the role of the dental care professionals responsibilities towards safeguarding children as set out by the General Dental Councils
- Identify the different categories of abuse
- Describe the key points to consider when assessing a child
- Describe the stages involved when a dental professional has a concern about a child
- Identify the best tips for safeguarding children in dental practice

**Introduction**

Most children are very safe when they are at home. Unfortunately, most cases of childcare abuse take place in the child’s own home.\(^1\) Many of the signs of physical abuse manifest in the oral cavity and facial region.\(^1\) Dentists and other members of the dental team may be the first professional that is in a position to suspect a non-accidental injury to a child.\(^2\)

All health professionals working directly with children should ensure that safeguarding and promoting every child’s welfare forms an integral part of all stages of the care they offer.\(^3\) Child protection is everybody’s responsibility, a shared responsibility and the responsibility of every member of the dental team.\(^4\)

This article will highlight the role of the dental care professional in safeguarding children. It will outline the different categories of abuse and it will discuss the following: defining abuse; recognising the signs of abuse; assessing a child; what to do if you have concerns and best practice recommendations for safeguarding children.

**Categories of Abuse**

In March 2011 the NSPCC state that “46,700 children in the United Kingdom were know to be at risk from abuse.”\(^5\) A child is considered to be abused if he or she is treated in a way that is unacceptable in a given culture at a given time. The threshold
beyond which actions or omissions become abusive or neglectful is, to a certain extent, socially and culturally defined.\textsuperscript{6}

There are four categories of abuse: physical, emotional, sexual and neglect.\textsuperscript{3} Some level of emotional abuse is always involved when a child suffers abuse, it can also occur alone.

**Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm to a child. It also includes fabricated and induced illness.\textsuperscript{7}

**Recognising Physical Abuse**

- bruising, abrasions, lacerations, burns, bite marks, eye injuries, bone fractures, intra-oral injuries
- site, size, patterns
- delay in presentation
- does not fit the explanation given\textsuperscript{7}

**Emotional Abuse**

Emotional abuse involves the persistent emotional maltreatment of a child which can result in severe and persistent adverse effects on the child’s emotional development.\textsuperscript{7}

**Recognising Emotional Abuse**

- poor growth
- developmental delay
- educational failure
- social immaturity
- lack of social responsiveness, aggression or indiscriminate friendliness
- challenging behaviour
- attention difficulties
- concerning parent-child interaction\textsuperscript{7}
Sexual Abuse

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.

Recognising Sexual Abuse

• direct allegation (disclosure)
• sexually transmitted infection
• pregnancy
• trauma
• emotional and behavioural signs e.g. delayed development, anxiety and depression, self-harm, drug, solvent or alcohol abuse

Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, it is likely to result in the serious impairment of the child’s health or development and includes failing to ensure access to appropriate medical care or treatment. This includes dental treatment.

Recognising Neglect

• failure to thrive
• short stature
• inappropriate clothing
• frequent injuries
• ingrained dirt
• developmental delay
• withdrawn or attention seeking behaviour
• failure to respond to a known significant dental problem

Raising Concerns

Abuse or neglect may present to the dental team in a number of different ways. It could be through a direct allegation made by the child, a parent or some other person. Or it could be through signs and symptoms which are suggestive of physical
abuse or neglect. Or the dental care professional could have concerns through observations of child behaviour or parent-child interaction.  

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. 

There are occasions when evidence is inconclusive and the diagnosis merely suspected.

**It should be remembered that members of the dental team are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. If in doubt, you should always take advice from the relevant authorities.**

The most important thing to remember when you are faced with a child who may have been abused is that you do not need to manage this on your own. 

The General Dental Council (2005) state “the dental team have an ethical obligation to find out about and follow local procedures for child protection. These procedures should be followed if you suspect a child might be at risk because of abuse or neglect.

**Assessing a Child**

Assessing a child with an injury or with possible signs of abuse or neglect starts with a thorough history, including: details from the child and carer of any injury or presenting complaint, past dental history, medical history, family and social circumstances.

A full examination should be carried out, noting in particular: any dental, oral or facial injuries, their site, extent and any specific patterns; the general appearance of the child, their state of hygiene, whether they appear to be growing well or are “failing to thrive”; their demeanour and interaction with their parents or carers and others (e.g. look particularly for signs of “frozen watchfulness” where the child seems to take in everything going on, but in a detached, wary or fearful manner).

Care should be taken to consider relevant factors and to resist making assumptions, however if a dental professional has any concerns they should share it with a more experienced colleague or contact the patients General Practitioner.

The Department of Health produced the following chart which shows typical features of non-accidental injuries in children. As a child attending a dental practice is fully clothed only some of the child’s injuries may be apparent.
**Typical features of non-accidental injuries** (injuries that should raise concerns)

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

Inner aspects of arms

Back and side of trunk, except directly over the bony spine

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

Inner aspects of thighs

Soles of feet

**REMEMBER**

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

**Figure 1**
Flowchart for Action

The Department of Health provide the following flowchart as a summary for dental healthcare professionals to use if they are worried about a child.

YOU HAVE CONCERNS ABOUT A CHILD'S WELFARE

Assess the child:

History
Has there been delay in seeking dental advice, for which there is no satisfactory explanation?

Examination
When you examine the child are there any injuries that cannot be explained? Are you concerned about the child's behaviour and interaction with their parent/carer? Are there any other signs of abuse or neglect?

Talk To The Child
Ask them about the cause of any injuries
Listen and record their own words
Allow child to talk and volunteer information about abuse – don't ask leading questions

You discuss with experienced colleagues

Where to go for help

LSCB/ACPC procedures (paper or web based document)
Experienced dental colleagues
Consultant paediatrician
Child protection nurse
Social services (informal discussion)
Others: the child's health visitor, school nurse or general medical practitioner

You still have concerns

You no longer have concerns

No further child protection action
**Action needed immediately:**

- Provide urgent dental care
- Talk to the child and parents and explain your concerns
- Inform them of your intention to refer and seek consent to sharing information. Very rarely situations may arise where informing the parents/carers of your concerns may put the child or others in immediate risk or jeopardise any police investigation. In such situations or if consent is sought but withheld, discuss with defence organisation or senior colleagues before proceeding.
- Refer for medical examination if necessary.
- Keep full clinical records.

**Other action needed:**

- Provide necessary dental care
- Keep full clinical records.
- Provide information about a referral to local support services for children if appropriate.
- Arrange a dental follow up as indicated.

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**You refer to social services, following up in writing within 48 hours.**

**Social services acknowledge receipt of referral; decide on next course of action within one working day and feedback to you**

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**Further Action Later:**

- Confirm the referral has been received and acted upon.
- Arrange dental follow up as indicated.
- Be prepared to write a report for case conference if requested.
- Talk your experiences through with a trusted colleague or seek counselling if needed.

*Figure 2*
Questions to Consider

1. Has there been delay in seeking dental advice, for which there is no satisfactory explanation?
   YES / NO

2. Does the history change over time or not explain the injury or illness?
   YES / NO

3. When you examine the child, are there any injuries that cannot be explained?
   YES / NO

4. Are you concerned about the child’s behaviour and interaction with the parent/carer? YES / NO

If the answer to any of these questions is YES you should discuss with a senior colleague and follow local child protection procedures.

If all the answers are NO then diagnose and treat as normal.

Conclusion

The Department of Health provides the following best tips for dental practice:

1. Identify a member of staff to take the lead on child protection
2. Adopt a child protection policy
3. Work out a step-by-step guide of what to do if you have concerns
4. Follow best practice in record keeping
5. Undertake regular team training
6. Practice safe staff recruitment

Dental Care professionals have to fulfil the responsibilities of current legislation and ethical guidance and take an active role in safeguarding children. If in doubt raise your concerns with a more experienced colleague.

Remember, child protection is everybody’s responsibility, a shared responsibility and the responsibility of every member of the dental team.

Portfolio Tip

Remember to complete the new non-verifiable CPD on child protection. Local dental deaneries provide free access to child protection Level 1 and Level 2 courses check your local deanery for details.

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References

4 Department of Health (2010) Available from: http://www.cpdt.org.uk/tab01/1_0_0_0.htm (accessed 08/11/11).
6 Department of Health (2010) Available from: http://www.cpdt.org.uk/tab01/1_0_0_0.htm (accessed 08/11/11).
9 Department of Health (2010) Available from: http://www.cpdt.org.uk/tab01/1_0_0_0.htm (accessed 08/11/11).