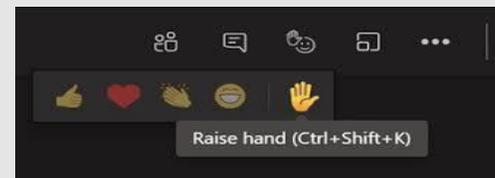
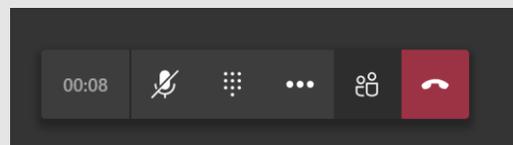


Safeguarding in Dental Practice

Safeguarding Children Level 2

Housekeeping



Aims and Objectives

- Be clear about their own and their colleagues' roles, responsibilities and professional boundaries with regards to safeguarding and managing allegations against staff.
- Understand the categories of abuse in children and use professional and clinical knowledge to identify signs of abuse or neglect.
- Be aware of how to act in accordance with key statutory and non-statutory guidance and legislation.
- Recognise the potential impact of a parent or carer's physical and mental health on the wellbeing of a child or young person.
- Be confident in how to refer to social care if a safeguarding or child protection concern is identified.
- Know when to share appropriate and relevant information, maintain accurate records and escalate concerns.
- Act as an effective advocate for the child or young person.
- Be clear of role and responsibilities in respect of Looked After Children including recognition of their vulnerabilities and understanding of consent

Categories of Abuse

Physical

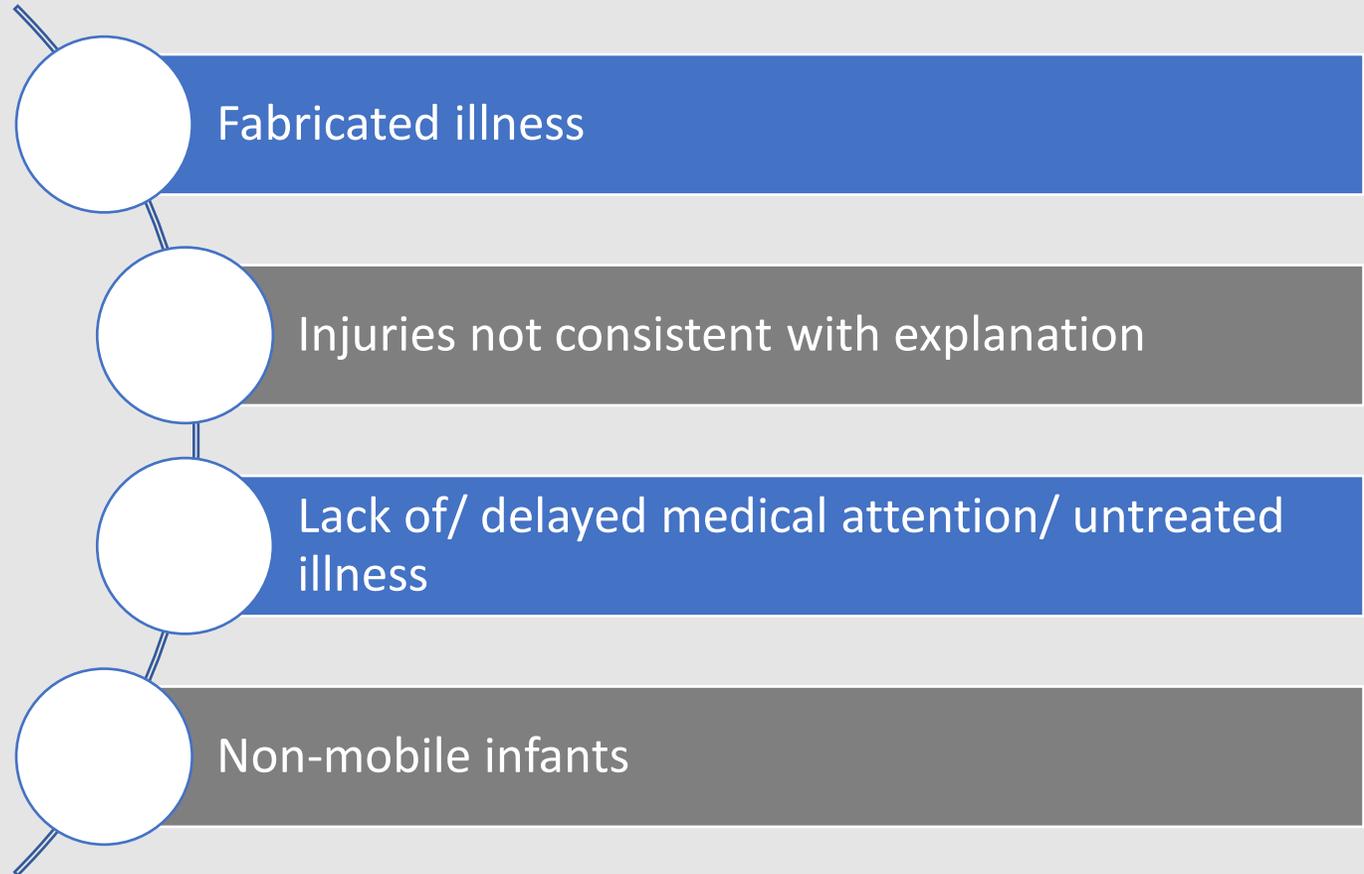
Emotional

Sexual

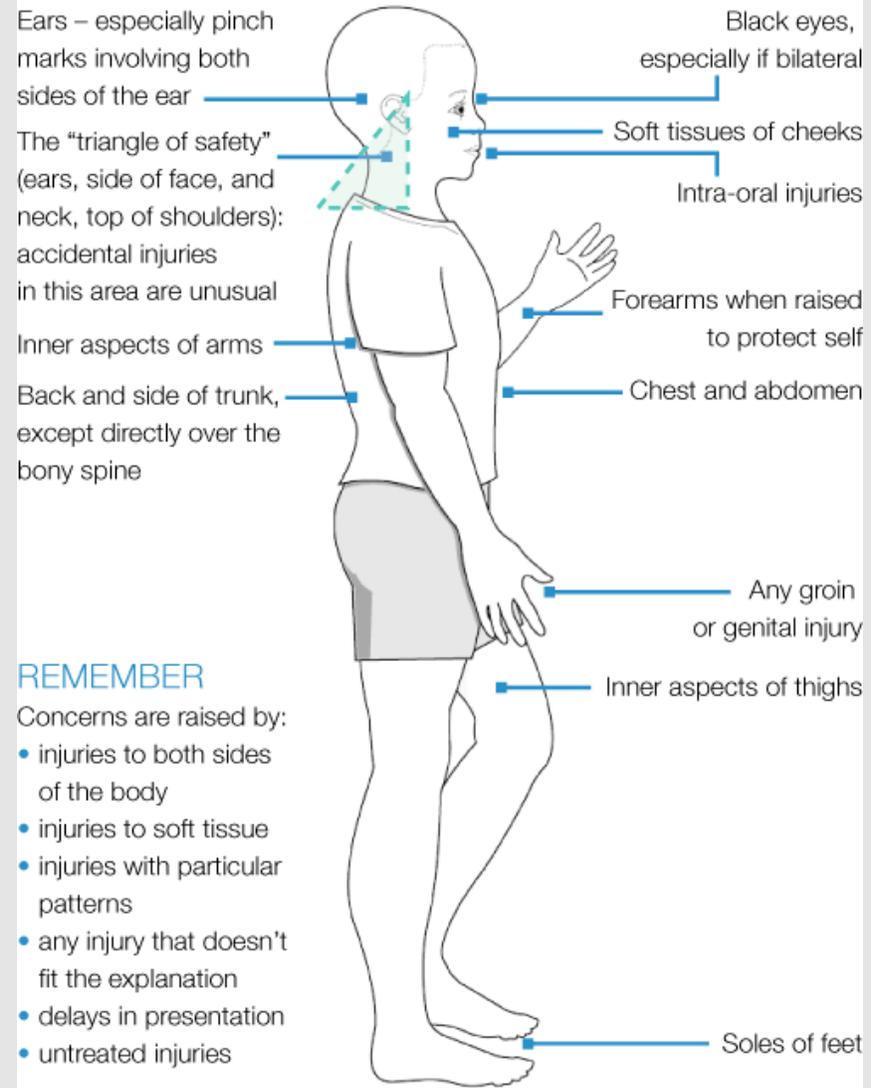
Neglect

Physical Abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm



Sites to suggest Non-accidental injury



Scenario

You are a receptionist and observe uncomfortable behaviour in the waiting room between a parent and her son. The mother is speaking harshly, pushing the child and ignoring him whilst speaking on her mobile phone.

What action will you take

As a dentist you examine the child who appears happy and their teeth are in good condition but you notice fading bruising behind his ear.

What further information do you require?

What action will you take

Emotional Abuse

Likely present in other categories of abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development

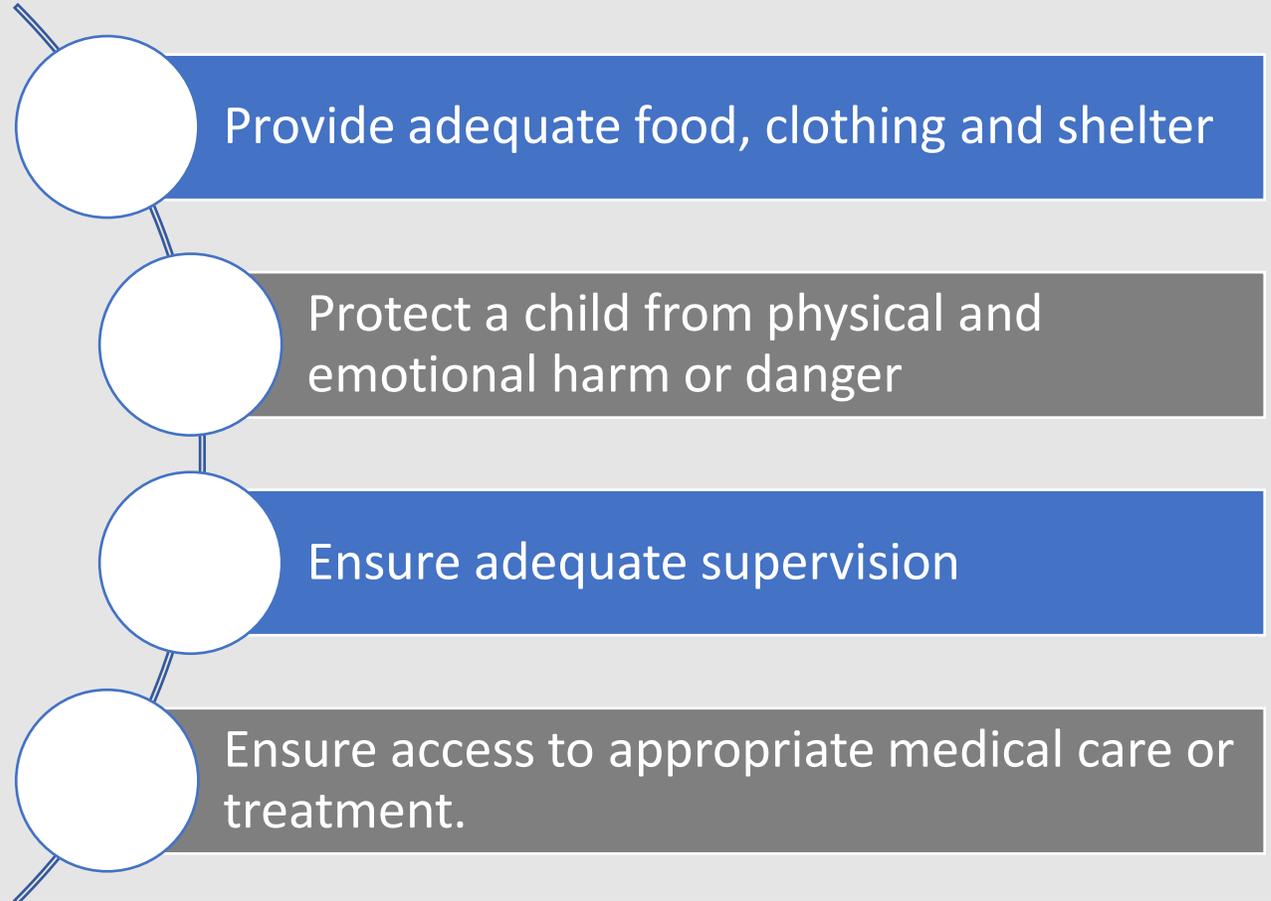
May include

- Conveying to a child they are worthless or unloved
- Not giving child opportunity to express their views
- Deliberately silencing or making fun of child
- Developmentally inappropriate expectations placed on child
- Overprotection or limitation of exploration or learning
- Bullying or causing a child to feel in danger
- Seeing or hearing the ill-treatment of another

What is Neglect

The Persistent Failure to meet a child's basic Physical and/or psychological needs, likely to result in serious impairment of the child's health or development.

Once a child is born



Types of Neglect

Physical

Educational

Emotional

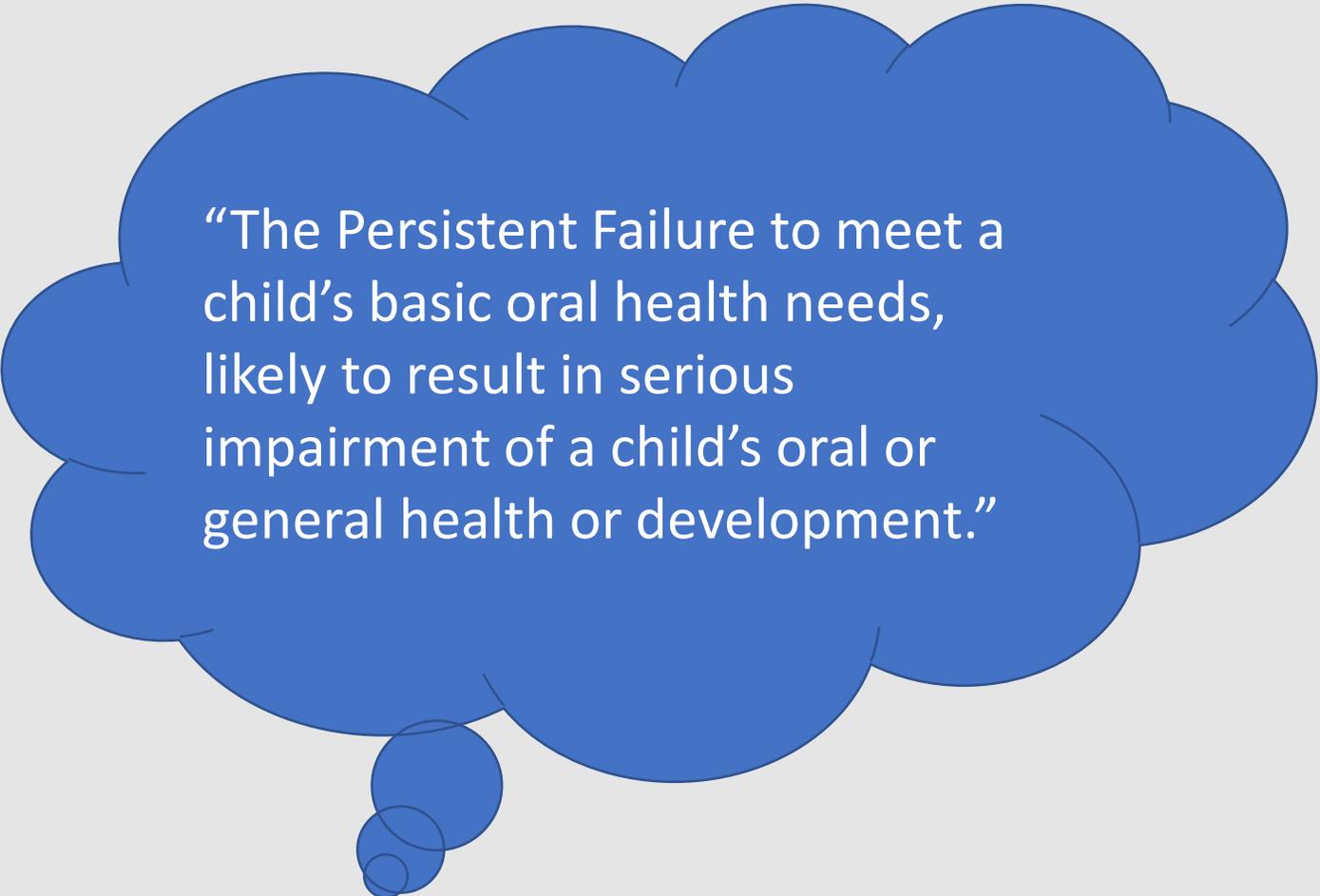
Medical

Nutritional

Supervisory

Neglect

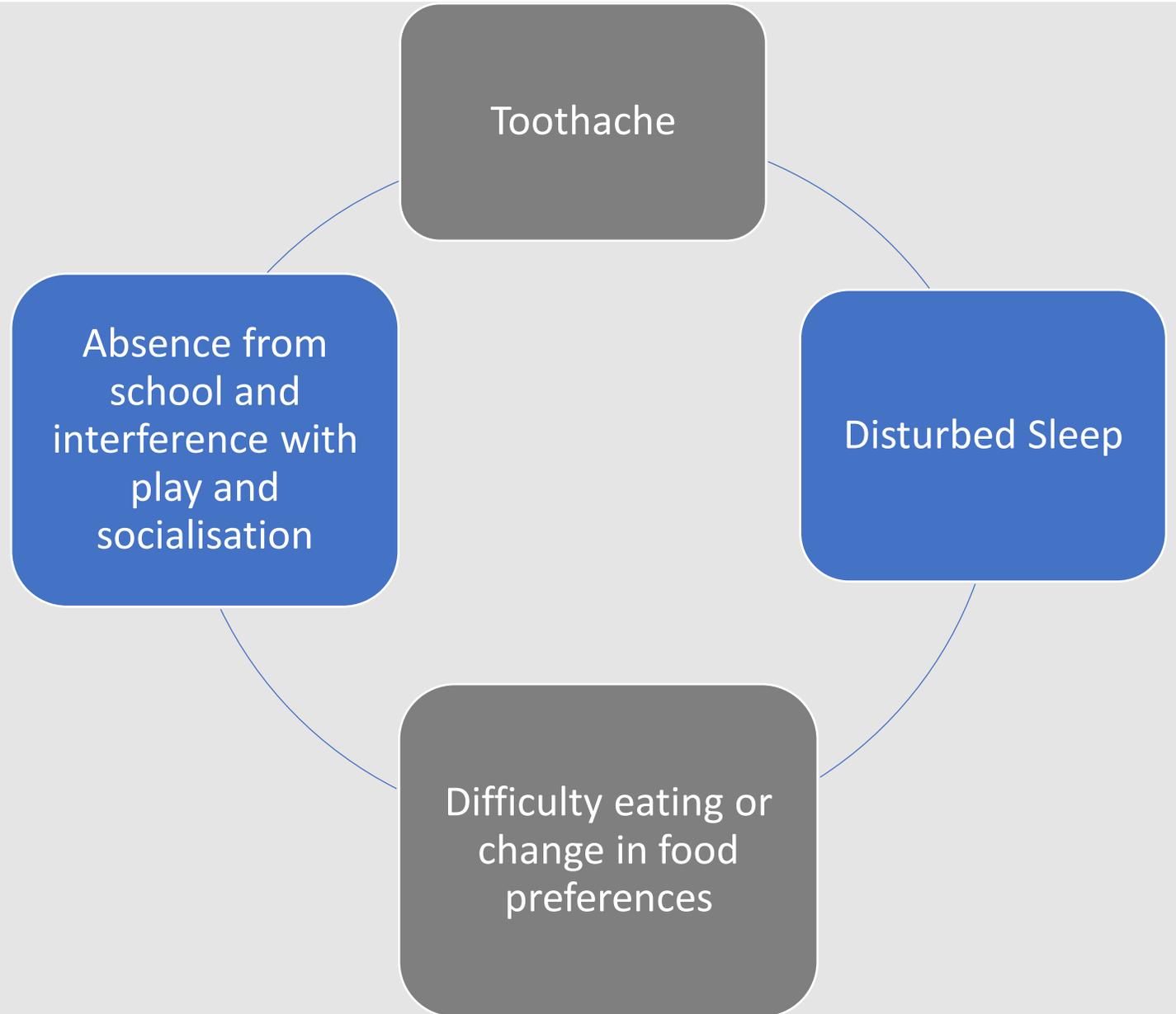
Dental Neglect



“The Persistent Failure to meet a child’s basic oral health needs, likely to result in serious impairment of a child’s oral or general health or development.”

Impact on
the child

Dental Neglect



Features of Particular Concern

Severe untreated dental disease, particularly that which is obvious to a non-dental health professional.

Dental Disease resulting in significant impact on the child.
Parents or carers have access to but persistently fail to obtain treatment for the child as may be indicated by

Irregular attendance and repeat missed appointments

Failure to complete planned treatment

Returning in pain at repeated intervals

Requiring repeated general anaesthesia for dental extractions

Scenario



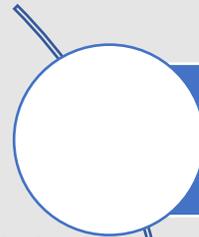
This 4 year old boy has caries in his primary incisors. Your clinical records show that the decay is not getting worse. He has never complained of toothache. He is due to start school soon.

His parents are unconcerned by the appearance of his teeth. He cooperated well with dental treatments but sometimes misses appointments.

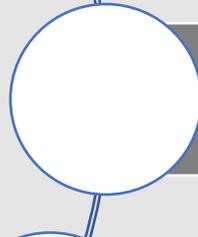
Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening

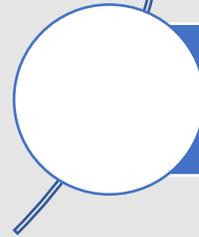
Activities may include



Physical contact including assault by penetration or non-penetrative acts



Non-contact activity



Taking place online

Remember men, women or children can be perpetrators

Domestic Abuse



Domestic Abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – Domestic abuse includes emotional, physical, sexual, financial or psychological abuse

Abusive behavior can occur in any relationship. It can continue even after the relationship has ended. Both women and men can be abused or abusers.

Witnessing domestic abuse can seriously harm children and young people.

General Signs

- Always accompanied by partner or family member, who frequently speaks for patient or cancels patient's appointments.
- Patient displays high levels of anxiety.
- Delay in seeking treatment.
- Presentation doesn't fit the explanation provided.

Oral and Facial Signs

- Facial or intraoral bruising or laceration.
- Teeth lost due to trauma.
- Fractures to nose, cheek or jaw.
- Bite marks
- Hair loss
- Torn Frenulum.

Effective Practice

At every visit, listen, assess, action, document.

Never assume

Professional's role

Enquire sensitively, create an opportunity

Be familiar with and give relevant information

Focus on safety – Assess the immediate safety

Construct a basic safety plan

Share information appropriately subject to policy on child protection and adult safeguarding.

Domestic Abuse Case Summary

Baby L was murdered by his father at the age of 5 weeks.

Trio of Vulnerabilities





Think child, think
parent, think family

Family means different things to different people. We know different communities and cultures consider family in a different way and this is not static.

The understanding and practice of family changes and develops affected by external circumstances and environments.

This is echoed at government level by the review "Think Family: improving the life chances of families at risk".

This identifies that greater priority needs to be given to ensuring there are joint and collaborative working practices within and across agencies to respond to protect children and adults at risk, and support parents and carers.

To achieve this, it is important to have effective crossover between different safeguarding areas and make sure there is joint working between different agencies.

Female Genital Mutilation

FGM is considered a grave violation of the rights of girls & women
It is child abuse and a form of violence against women and girls

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons

High prevalence community in which FGM is practiced
Preparations for the child to take a long holiday
Arranging vaccinations
Planning absence from school
Child may talk about a 'special procedure' taking place.
Family views (ensure you consider paternal history as well)

Discuss health complications of FGM and the law in the UK
Offer third sector support eg Guardian Project
Share information with other involved health agencies,
Document clearly actions you have taken in records
Follow safeguarding procedures where risk of FGM is identified
Mandatory Reporting

Consider link to Domestic Abuse, Forced Marriage, HBV,

Mandatory Reporting –

A new mandatory duty to report female genital mutilation (FGM) cases to the police came into effect in England and Wales on 31st October 2015.

is informed directly by a girl that an act of FGM has been carried out on her

The new duty applies where a dental professional, in the course of their work, either:

observes physical signs which appear to show an act of FGM has been carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Duty applies only to girls under 18 at the time FGM is observed or disclosed. It does not apply if the health professional only suspects that FGM may have been carried out.

It applies to all registered healthcare professionals, including dentists and dental care professionals.

What is Modern Slavery?



Holding a person in a position of slavery, servitude or forced or compulsory labour

The Modern Slavery Act (2015) includes human trafficking (the arrangement or facilitation of travel with a view to exploitation)

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

Signs of Child Trafficking

Always accompanied by adult who is not the parent

Prepared story

No money but has a mobile phone

Unable or reluctant to give details of accommodation/ personal details

No access to parent or guardian

Looking intimidated/ atypical behaviour for child of their age

Not registered with a school or GP practice

Receiving repeated unexplained or unidentified phone calls

Child Sexual Exploitation

Department for
Education 2017

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- a) In exchange for something the victim needs or wants and/or*
- b) For the financial advantage or increased status of the perpetrator or facilitator,*

The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involved physical contact; it can also occur through the use of technology.

Indicators of Child Sexual Exploitation

- Acquisition of money, clothes, mobile phones etc without plausible explanation.
- Excessive receipt of texts/phone calls.
- Under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age.
- Evidence of suspicions of physical or sexual assault.
- Relationships with controlling or significantly older individuals or groups.
- Injuries to mouth



Prevent Strategy

Prevent Duty

- Part of the UK government's counter terrorism strategy
- Preventing someone being drawn into terrorism is part of safeguarding and child protection
- Your role is to recognise the signs and locate available support
- Think about what signs of radicalisation you may come across in your role....

Signs of Radicalisation

Sympathy for extremist causes / talking positively about people who promote hate

Glorifying or justifying use of violence

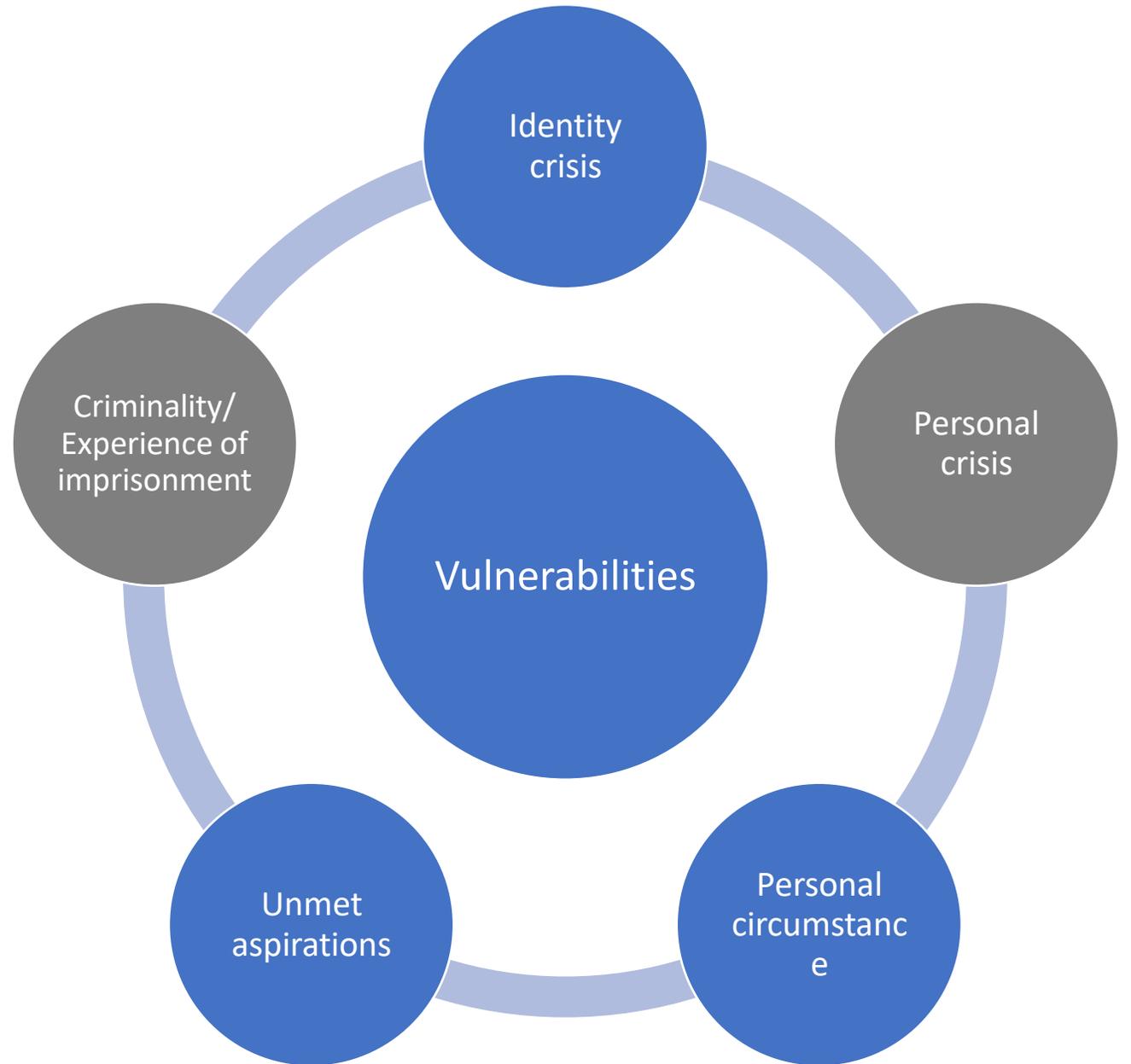
Spending time with people who promote violence, hate, racism, homophobia or Islamophobia

Accessing or possessing illegal or extremist literature, websites and social media.

Scripted speech

Refusal to engage with or becoming abusive to others who are different to themselves

Vulnerabilities



Accessing support for someone at risk of being drawn into terrorism

Notice, Check, Share

Discuss with Safeguarding Lead

If immediate danger contact police immediately

Prevent Referral

Referrals reviewed by Local Authority and Counter Terrorism Policing North West

May result in Channel referral for consideration of multiagency support

Looked After Children (LAC)

Child who has been in the care of their local authority for more than 24 hours

May be looked after under a legal order or a voluntary agreement by the parent (Section 20)

May live with foster parents, in a residential children's home, secure institutions or even still live with the families or parents where Parental Responsibility is shared with the Local Authority

Includes unaccompanied asylum seeking children

Defined
in
Children
Act 1989

Also
referred
to as
Children
in Care

Looked After Children

Often have a history of previous maltreatment, neglect and adverse childhood experiences (ACEs) which can impact on their health and wellbeing.

As such they have increased needs and vulnerability, including risk of further maltreatment such as CSE, criminal exploitation, gangs, radicalisation and going missing.

Consent for healthcare treatment for LAC can be complex but can be clarified by contacting the child or young person's social worker.

Gillick Competence and the presumption of capacity to consent once a young person reaches the age of 16 still applies.

LAC and Dental Health

Statutory
requirement LAC
access dental
assessment
every 12 months

UASC highly
vulnerable and
require dental
assessment on
entry to UK.
Interpreter
required

Many children
enter care with
undiagnosed
and/or not yet
symptomatic
dental decay

Prioritise
children
requiring urgent
care including
LAC

Case Study Jordan

Jordan is a 17 year old residing in a residential home.

He has been experiencing significant dental pain.

He has been discharged by his high-street dental practice due to missing an appointment that was arranged by his Social Worker.

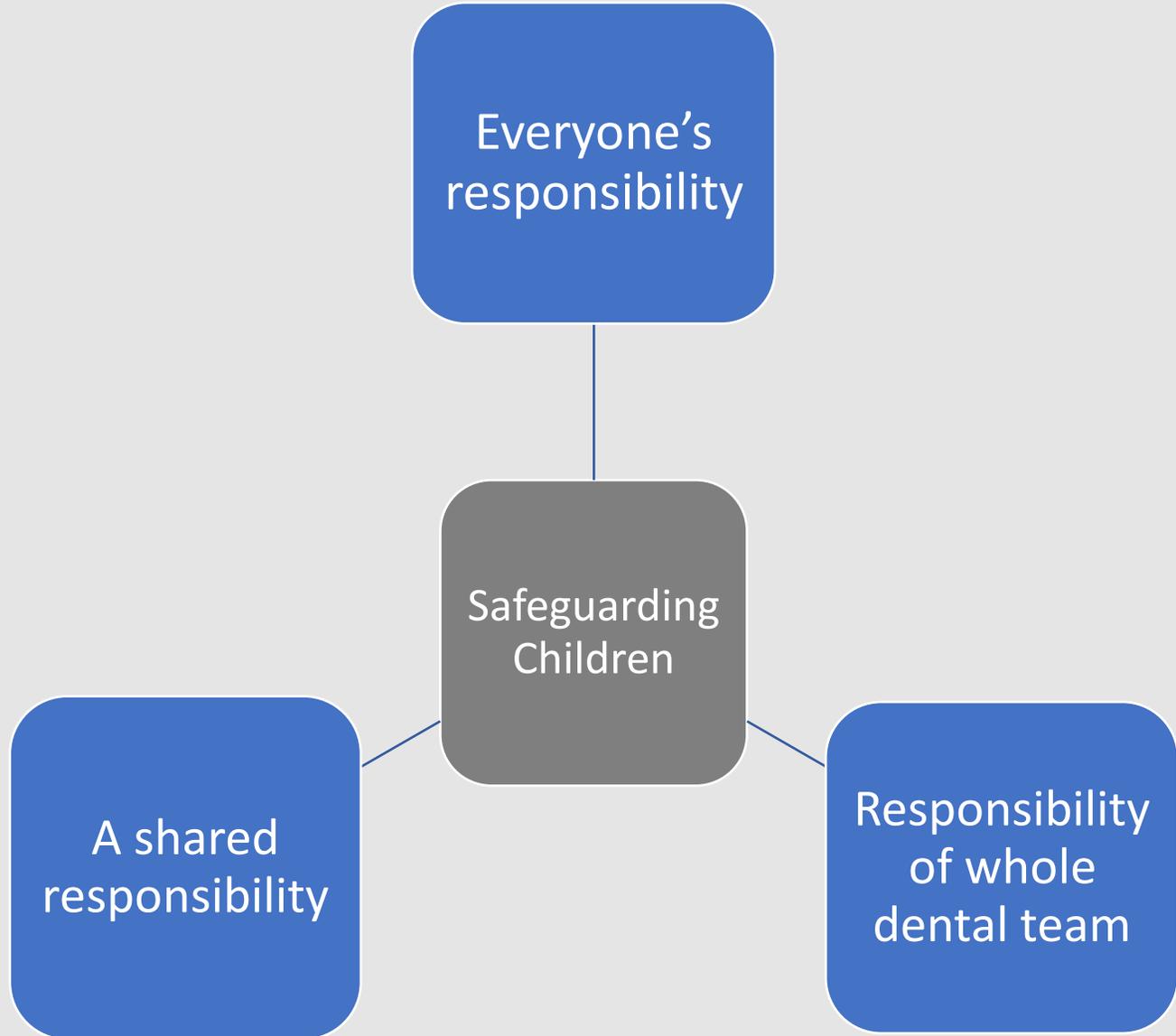
Jordan can sometimes present as hostile and aggressive.

Jordan is being used as a drug mule by a criminal gang. This includes being made to conceal heroin in his anal cavity. There is a 'turf war' with another gang.

Consider....

- 1) What are the risks to Jordan?
- 2) How is he being abused?
- 3) What makes him vulnerable?
- 4) Why might he be hostile, aggressive and not access dental treatment?
- 5) What can you do to support Jordan?

Roles and Responsibilities



Roles and Responsibilities

All members of the dental team:

May observe signs of child abuse and neglect, or hear something that causes concern about a child

Should know how and when to share appropriate and relevant information, maintain accurate records and escalate concerns

May be dealing with/treating adults that gives a cause for concern on how they parent

Need to know how to refer to social care if a safeguarding or child protection concern is identified

Not responsible for making diagnosis of child abuse or neglect, but must share concerns appropriately

Need clarity about own & colleagues' roles, responsibilities and professional boundaries in safeguarding / managing allegations against staff.

Consent

Further information on capacity to consent is available at:

www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/

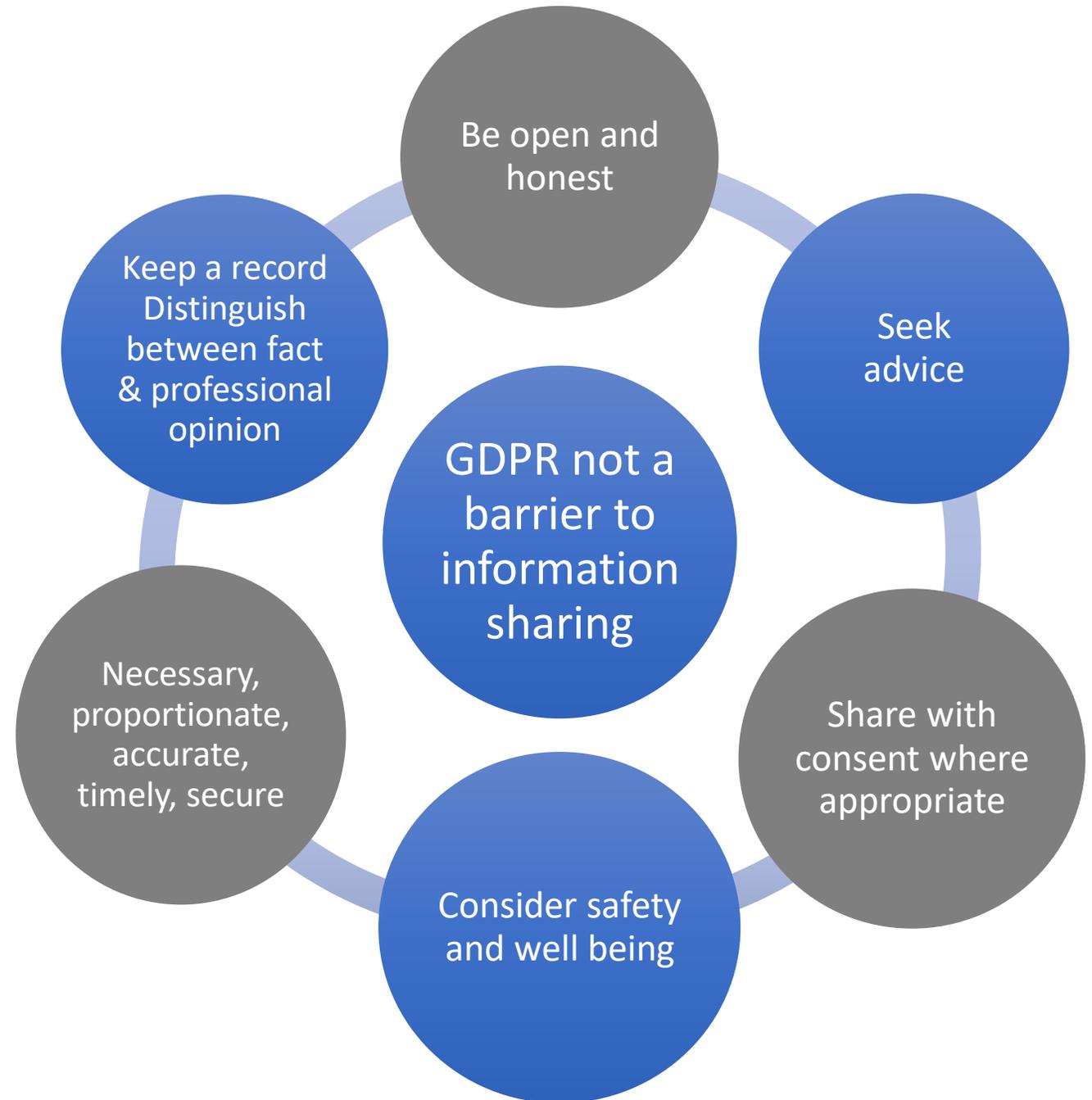
If a young person under the age of 16 presents to a member of the dental team and raises a safeguarding concern:

if they are **not** deemed to have the capacity to consent, the member of staff is obliged to raise the issue as a safeguarding concern and escalate their concerns through the safeguarding process

if they **are** deemed to have the capacity to consent and disclosure is considered essential to protect them from harm or is in the public interest, the member of staff should escalate concerns through the safeguarding processes

In **both** cases, the member of staff should inform the young person of this action, unless doing so could pose significant additional risk to their safe care.

Information Sharing



Seeking Advice and Making a referral

All dental professionals have a responsibility to know who to contact for further advice and how to refer to an appropriate authority.

Relevant and up-to-date local points of contact for concerns can be accessed via the NHS safeguarding app:
www.myguideapps.com/nhs_safeguarding/default/index.html

[Welcome \(proceduresonline.com\)](http://proceduresonline.com)

It is of note that safeguarding procedures vary between areas and local contact details can also change with time

Record Keeping

In cases of abuse records should include:

Description and location of injury

Nature of injury, such as bruise or laceration

Size and shape of injury

Comments and observations made by the patient, parent or carer

Behaviour or presentation of, or comments concerning, the accompanying parent or carer

You may
hold a key
piece of
information

