

# child protection and the dental team

an introduction to safeguarding  
children in dental practice

**a presentation for use by  
teachers and trainers**

*Published by COPDEND*




*Funded by the Department of Health*



# Child protection is:

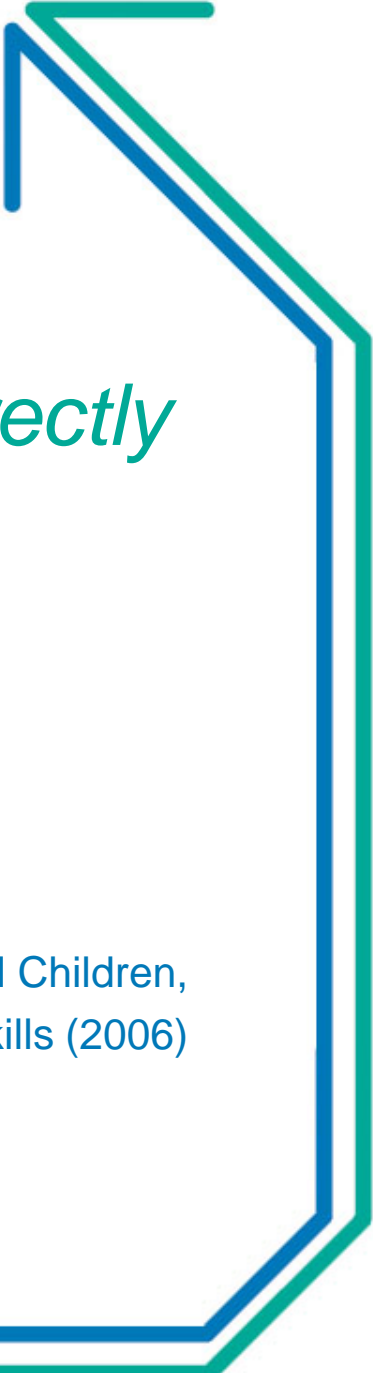
- everyone's responsibility
- a shared responsibility
- the responsibility of every member of the dental team






*‘I used to think it wasn’t my business to interfere – but now I see that my phone call could be the first link in the chain to put the family in touch with the support they need’*

A dental therapist, speaking after a child protection training session



*All health professionals working directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer.*

Working Together to Safeguard Children,  
Department for Education and Skills (2006)



*Find out about local procedures for child protection. Make sure you follow these procedures if you suspect that a child may be at risk because of abuse or neglect.*

*Maintain appropriate boundaries in the relationships you have with patients. Do not abuse those relationships.*

Standards for Dental Professionals, Standards Guidance,  
General Dental Council (2005)

# Prevalence of abuse

Category of abuse	Number of children on child protection registers in England at 31 March 2004	Percentage of total (%)
Physical	4,100	16
Emotional	5,100	19
Sexual	2,500	9
Neglect	11,000	42
Multiple	3,600	14
<b>TOTAL</b>	<b>26,300</b>	<b>100</b>

Department for Education and Skills, 2005

# Physical abuse

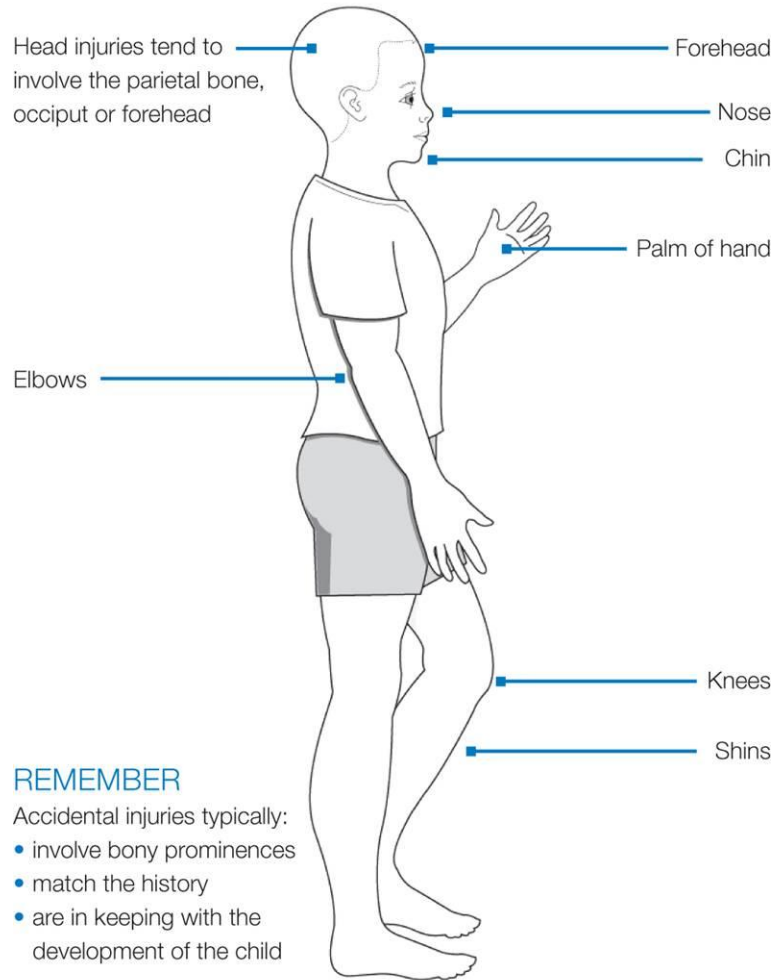
## Definition

- may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm to a child
- also includes fabricated and induced illness

## How to recognise it

- 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

# Typical accidental injuries

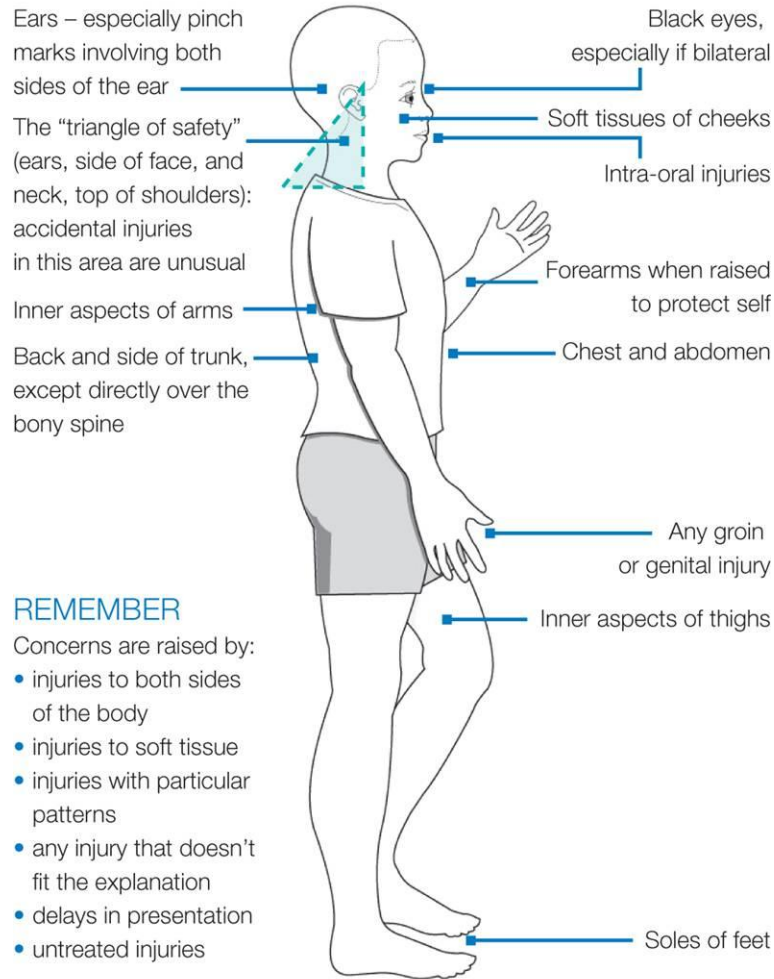


## REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child

# Typical abusive injuries



# Sexual abuse

## Definition

- 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

## How to recognise it

- 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

# Emotional abuse

## Definition

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

## How to recognise it

- poor growth
- developmental delay
- educational failure
- social immaturity
- lack of social responsiveness, aggression or indiscriminate friendliness
- challenging behaviour
- attention difficulties
- concerning parent-child interaction


# Neglect

## Definition

- 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
- includes failing to ensure access to appropriate medical care or treatment

## How to recognise it

- 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



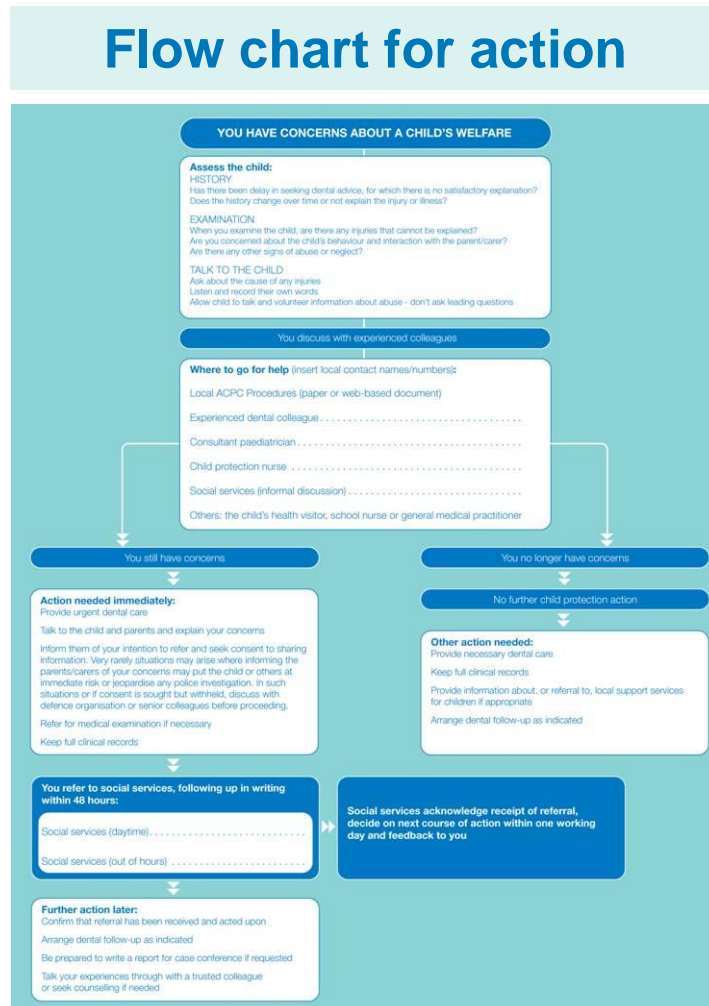
*Members of the dental team are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately.*

*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.*

Child Protection and the Dental Team,  
Harris, Sidebotham, Welbury et al (2006)

# What to do if you have concerns:

## Flow chart for action



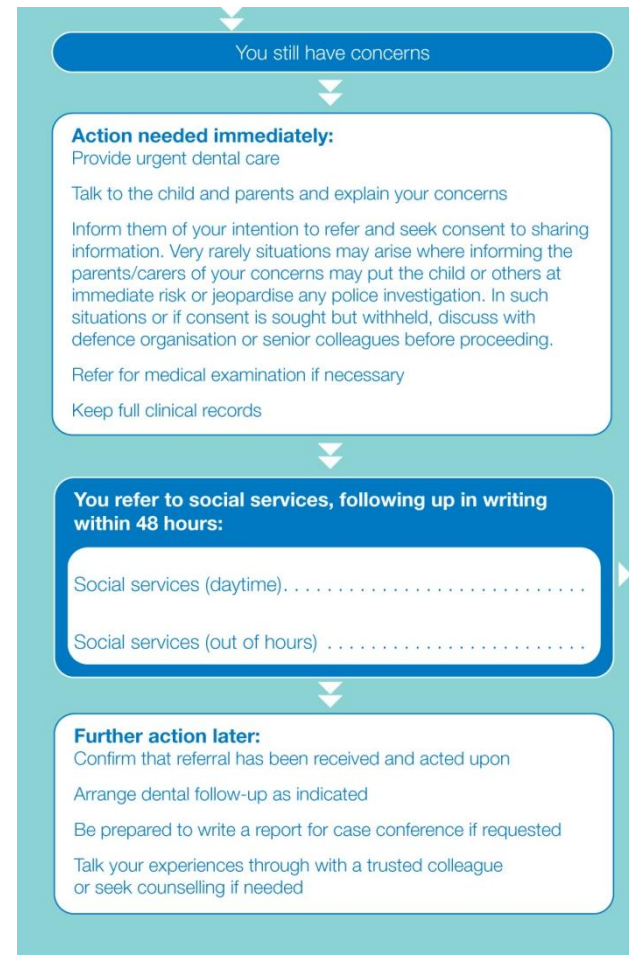
# What to do if you have concerns:

- assess the child
- take a history
- examine carefully
- talk to the child
- discuss with an appropriate colleague
- decide if you still have concerns



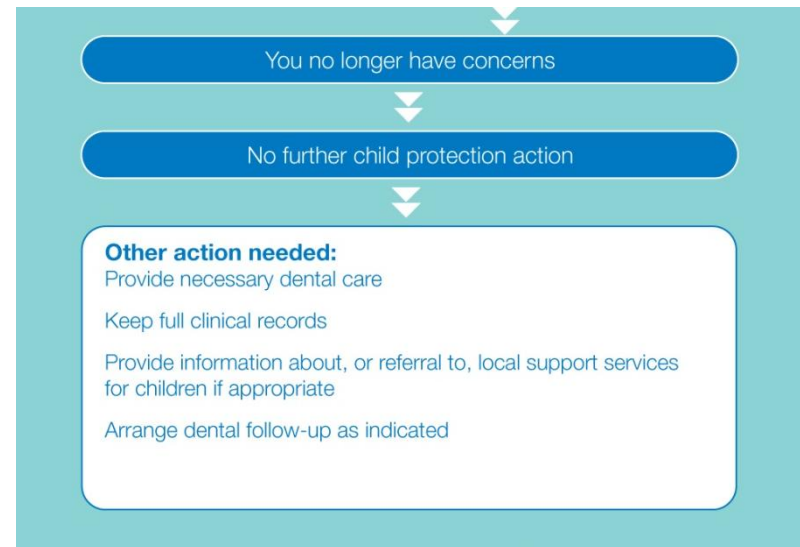
# If you still have concerns:

- provide urgent dental care
- talk to the child and parents
- explain your concerns
- inform of your intention to refer
- seek consent to sharing information
- keep full clinical records
- refer to social services
- confirm referral has been acted upon



# If you no longer have concerns:

- provide necessary dental care
- keep full clinical records
- provide information about local support services for children and families
- arrange dental follow-up



# Managing dental neglect

- raise concerns with parents
- explain what changes are required
- offer support
- keep accurate records
- continue to liaise with parents/carers
- monitor progress
- if concerned that child is suffering harm, involve other agencies or proceed to make a child protection referral

# Safeguarding children

## Tips for best practice

1. Identify a staff member to 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 (including local contacts for advice and referral)
4. Follow best practice in record keeping
5. Undertake regular team training
6. Practice safe staff recruitment

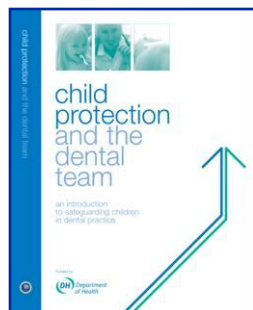
# Local contacts – Liverpool

- Integrated Children's Service  
(0151) 233 3700
- Liverpool Police  
(0151) 709 6010



# Resources to help you

- your Local Safeguarding Children Board procedures (formerly Area Child Protection Committee procedures)
- ‘Child protection and the dental team’ handbook and website



ISBN 0-9552257-0-1,  
978-0-9552257-0-3

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