**CHILD PROTECTION**

**DENTAL POLICY AND PROCEDURE FOR STAFF WHO SUSPECT CHILD ABUSE OR NEGLECT**

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1. **Introduction**

The following policy and procedure for staff who suspect child abuse or neglect is primarily aimed at professionals who are not specialists in the field of Child Protection.

2. **Scope**

This policy applies to all NHSGGC and GDPS staff working within clinical and non-clinical areas. It has been developed to:

- Identify issues of Child Neglect/Abuse
- Ensure reporting of Child Neglect/Abuse
- Ensure appropriate follow-up actions are taken

(This policy may be used as guidance only for General Dental Practitioners)

3. **Roles and Responsibilities regarding Policy and Procedure**

Directors and General Manager
- Ensure system is in place to implement the policy

Line Managers
- Ensure the policy is accessible to all staff
- Ensure staff have read and understood the relevant policy and procedures and the application to all patient groups including those with disabilities and where English is interpreted
- Ensure systems exist to identify staff training needs on the implementation of new and updated policies, and procedures
- Ensure that reporting of training takes place for audit purposes

Employees
- All staff must ensure that their practice is in line with current policy
- All staff must be familiar with the policy
- All staff must comply with the policy
- All staff must report any difficulties with compliance

4. **Background**

5. **Suspecting Dental Neglect**

Dental neglect is often a common indicator of overall child neglect (1, 2). Evidence of dental neglect is something which can only be properly diagnosed by an appropriately qualified professional. Evidence of dental neglect can greatly enhance an overall picture of neglect identified by other agencies.

At least 60% of all physically abused children have signs of this abuse evident on their head, neck, and face or in their mouth. Dentists are therefore in an ideal position to consider the possibility of physical child abuse (3).

The following information forms the basis of knowledge and skills required to ensure the adequate assessment of children presenting for dental care. The following lists are not exhaustive.

6. **Children at Risk**

Any child is potentially at risk of abuse or neglect but some groups have been shown to be more vulnerable (4).

- Pre-school children are more vulnerable
- Children with physical impairments or learning difficulties are at greater risk
- The siblings of abused children are at greater risk

7. **Parental Factors Increasing Risk to a Child**

- Parental substance misuse
- Parental mental health problems
- Gender based violence
- Parental learning disability.

8. **Factors which may increase your Suspicion of Neglect**

- Unwashed skin and clothes, more than can be accounted for during the course of the day (6).
- Child may be small and failing to thrive with no explanation for this in their medical history
- Atypical behaviour e.g. aggression, hyperactivity, or withdrawal
- Poor dental maintenance despite efforts you have made regarding oral hygiene instruction and dietary advice
- Carer appears to have ignored dental pain in child
- Dental caries can be indicative of neglect (7)
• Repeated failure to engage with dental services for the treatment of oral disease (Non Attendees & Non Engagement /Unseen Child Protocol)
• Children who fail to attend appointments on a regular basis (Non Attendees & Non Engagement /Unseen Child Protocol)
• General comments made by the parent or child that give concern about the welfare of the child

9. Factors which may Increase your Suspicion of Non-Accidental Physical Injury

• Account of how the injury(s) occurred is not compatible with the explanation given
• Delay in presentation without a reasonable explanation for this
• No explanation for injuries seen or differing versions of the explanation
• Repeated history of dental trauma
• Abnormal parenting-parent unconcerned re: the severity of the injury or possible complications
• General comments made by the parent or child that give concern about the welfare of the child

10. Orofacial Signs Suggestive of Non-Accidental Injury (2)

• Intra or extra-oral bruises and abrasions, especially if multiple
• Although it is impossible to date bruises there may be some suggestion that injuries were caused at separate times
• Pinch marks, bruising of the ears, slap marks
• Bite marks – require urgent referral to paediatrician and paediatric forensic ondontologist
• Burns – including cigarette
• Damage to intraoral frenulae especially if no direct cause is obvious or if the child is non-ambulant
• Head or facial injuries in any child particularly the non-ambulant
• Injuries over soft tissue areas e.g. soft tissue areas of the cheek are more suspicious on non accidental causation than those over bony prominences

11. History, examination and documentation

A full history and examination regarding any orofacial injury should be completed and fully documented, including what is said by all parties. Any physical findings should be annotated via drawings or photography where possible.
Early referral to the Paediatrician is advisable if there are serious injuries or grave concerns about immediate risk to the child and a parallel referral should be made to Social Work Services or Police.

When possible the parent should be informed regarding your concerns and proposed referral. If this is likely to put the child at greater risk of harm, referral without parental permission is appropriate in the best interests of the child.

12. Sharing of Information

If the professional has concerns regarding the child’s welfare or protection information should always be shared with social work via a telephone call followed by the Shared Referral Form. If the child is considered to be in imminent danger the Police should be contacted. (Appendix 1)

The child or young person’s welfare is paramount. The sharing of information between agencies and between staff within agencies is crucial to help safeguard the child or young person and facilitate appropriate assessment/care management.

If a practitioner/professional is concerned that the young person may potentially be at risk of future harm, then relevant information should be shared with appropriate agencies to enable a single/multi agency risk assessment.

Should the young person be unable to give consent or does not consent to the sharing of information, the professional still has a duty to provide information on the above basis and to refer to Social Work Services and/or Police.

If any child does not attend appointments at Glasgow Dental Hospital or the Royal Hospital for Sick Children (RHSC), Yorkhill, a letter will be sent to the referrer and the General Medical Practitioner regardless of which of these is the referrer (Appendix 2).

13. Links to Existing Policies

The policy does not sit in isolation and should be used in conjunction with existing policies, procedures, ongoing research and data collection. Procedures of particular note are: The National Guidance for Child Protection (Scottish Government 2010) and existing Child Protection Guidelines for NHS Staff working in Emergency Departments.

14. Procedures to be adopted by the Dental Professional working within NHSGGC who suspects abuse or neglect of a child
NHSGGC staff should contact Social Work if they suspect abuse or neglect. If the professional is unclear about the level or nature of the concern and wishes to seek advice about this the professional should contact the Child Protection Unit (CPU) advice line during office hours 0141 201 9225 and out-of-hours should access Child Protection advice from the specialist Child Protection Consultant Paediatrician at via RHSC switchboard. 0141 201 0000.

The main function of the Advisor is to provide advice and support to all NHSGGC staff on matters relating to Child Protection.

In addition to this, the CPU offers a wide range of services including; the production and dissemination of Policy and Procedures, early sharing and collation of health information, a suite of child protection training modules, complex case discussions and completion of significant case reviews.

15. Review

This policy will be reviewed every 3 years as a minimum, or sooner if there is a service requirement or change in guidance or practice. The review will take account of:

- The evaluation or audit of the current policy
- The ongoing requirement for policy

16. Consultation Process

The policy has been disseminated for comment to the Child Protection Operational Groups (Acute) (Partnerships) and CPC Lead Officers. It was reviewed by the NHSGGC Child Protection Forum.

17. Monitoring

Audit of compliance/effectiveness of the policy is the responsibility of the Oral Health Directorate supported by the NHSGGC CPU. Regular communication and implementation of this Dental Policy will be reviewed by the Oral Health Directorate’s Child Protection and Clinical Governance groups

18. Impact Assessment

Equality and Diversity has been considered at all times during the development of this document and the appropriate Assessment Tool has been completed (Appendix 3).

The cost implications involve resources as follows:

- CPU staff and Manager’s time to brief staff on content
- Staff time to read document in full
- Staff time to attend meetings as appropriate

7
- Staff time to compile reports and training sessions

There are no additional workforce and staff requirements.

The main service delivery implications are that there will be potentially increased sharing of information with other disciplines and Social Work Services.

19. References


20. National Policies

The national policies that inform NHSGGC Child Protection are listed below:

1. It’s Everyone’s Job to Make Sure I’m alright, Scottish Executive, 2002


4. Protecting Children and Young People, Child Protection Committees, Scottish Executive, 2005b


8. Have we got our priorities right? Children living with parental substance use, Aberlour, 2006


11. Emergency Care Framework For Children and Young People in Scotland, Scottish Executive, 2006


Appendix 1

Flowchart for Action

Concerns Regarding a Child’s Welfare

- Unsure about what your concerns are
  - Discuss case with On-Call Paediatric Consultant GDH or Child Protection Advisor (CPA)
    - CPA will carry out further enquiries and get back to you
      - CPU Advice line during office hours Tel 0141 201 9225
    - CPA may discuss further with CP Paediatrician
      - Child Protection Consultant Paediatrician Our of Hours via RHSC switchboard Tel 0141 201 0000
  - Referral direct to Social Work Services
    - CPA will ask you to refer directly to Social Work Services
- Definite issue requiring referral
  - Referral direct to Social Work Services
- Child in immediate danger
  - Referral direct to Police
Appendix 2

Glasgow Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

<Telephone booking centre Numbers>

Date
Parents/Guardian of
Patient Name
Patient Address
Hospital Number
Chi Number

Dear <Title> <Surname>

You did not attend your appointment at <clinic> on the <date>. A further appointment has been made for you at:

<Clinic>
Date:     Time:

The clinic is located on Floor <no of floor> of Glasgow Dental Hospital. **If you cannot attend this appointment please call before the day on the numbers above.**

Yours sincerely

Clinic Coordinator

cc. General Practitioner
    Dentist
Appendix 3

EQIA Initial Screening Tool

**STEP 1**

Do any of the following apply?

- It is already known or expected that the policy now, or in future, impacts differently on different groups of people - **NO**
- The policy has been identified as a corporate priority for EQIA (in which case the lead manager will have been informed) - **NO**
- The policy aims to address inequalities or specific requirements of equalities legislation - **NO**
- The policy has a major impact on the organization in terms of scale or significance, for example is likely to be high profile in the media or politically sensitive - **NO**

**YES to one or more – EQIA REQUIRED, Proceed to STEP 3**

**NO – proceed to STEP 2**

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<th>In what way?</th>
<th>Impact</th>
<th>EQIA required?</th>
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<tr>
<td>Small number of Children and Families</td>
<td>Improved sharing of information with relevant professionals</td>
<td>Better informed assessment, planning and delivery of service to children and their families involved in the child protection process</td>
<td>no</td>
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<tr>
<td>Staff</td>
<td>Staff should be clear about their responsibility</td>
<td>Greater accountability and involvement in child protection processes.</td>
<td>no</td>
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**EQIA required?**

**NO**