

# CHILD PROTECTION

## GUIDANCE FOR DENTAL STAFF WHO SUSPECT CHILD ABUSE OR NEGLECT



|                                   |   |
|-----------------------------------|---|
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## Oral Health Directorate

### Guidance for Dental Staff who Suspect Child Abuse or Neglect

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## **1. Introduction**

The Scottish approach to child protection is based upon the protection of children's rights. Child Protection is a challenging area of practice, relying on good communication between different professional agencies, to ensure the best care and outcome for a particular child.

This guidance has been prepared for dental health professionals. It is primarily for professionals who are not specialists in the field of Child Protection and is intended to provide guidance, though it is not prescriptive for all situations. It complements the National Guidance for Child Protection in Scotland (2021)<sup>1</sup>, NHS Public Protection Accountability and Assurance Framework (2022)<sup>2</sup>, and Child Protection and the Dental Team (2006)<sup>3</sup>.

As stated in the National Guidance, dental health professionals will often come into contact with vulnerable children and are in a position to identify child abuse or neglect from routine examinations or presentation of injuries. This guidance relates to all children and young people up to the age of 18 years.

## **2. Scope**

This guidance applies to all NHS Greater Glasgow & Clyde (NHSGGC) staff working within clinical and non-clinical areas of the Oral Health Directorate (OHD). It has been developed to:

- Support staff to identify children and young people who may be experiencing child neglect or abuse.
- Ensure concerns about abuse and neglect are reported without delay to Social Work or Police Scotland.
- Ensure appropriate follow-up actions are taken.

This document may be used as guidance for General Dental Practitioners (GDPs).

## **3. Roles and Responsibilities Regarding Policy and Procedure**

Director and General Manager

- Ensure a system is in place to implement the guidance.

Line Managers

- Ensure the guidance 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.
- Ensure staff are competent and confident in carrying out their responsibilities in child protection and have undertaken appropriate training.

Employees

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

#### **4. Background**

National Guidance for Child Protection in Scotland 2021, informs NHSGGC Child Protection policy and procedure (click link to open [National Guidance for Child Protection in Scotland 2021 \(www.gov.scot\)](http://www.gov.scot)).

#### **5. Suspecting Dental Neglect**

Dental neglect is often a common indicator of overall child neglect (Reading List items 1 and 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 (Reading List item 3).

Members of the dental team are in a position where they may observe the signs of child abuse and neglect, or hear something that causes them concern about a child. Some dentists do not treat children themselves, but if they treat adults who care for or work with children and there are concerns, dental staff should follow the guidance in this document to share those concerns. 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 (Reading List item 4).

- Pre-school children are more vulnerable.
- Children with disabilities, including physical, learning and communication impairments. Incidents of abuse of disabled children is likely to be underreported.
- There may have been previous concerns raised about abuse or neglect and/or previous Social Work involvement.
- The siblings of abused children are at greater risk.

#### **7. Parental/Carer Factors Increasing Risk to a Child**

- Parental/carers problematic alcohol and drug use.
- Parental/carers mental health problems.
- Gender based violence.
- Parental/carers 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 (Reading List item 5).
- A 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.
- A carer appears to have ignored dental pain in child.
- Dental caries can be indicative of neglect (Reading List item 6).
- Children who are not brought to appointments on a regular basis or repeated failure to engage with dental services for the treatment of oral disease. Follow this for the Board's 'Was Not Brought Guidance for Children and Young People'.
- 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 Injury**

- Account of how the injury(s) occurred is not compatible with the explanation given or the developmental stage of the child.
- A 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 regarding 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 (Reading List item 7)**

- 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.
- Bruises, bite marks – requiring urgent referral to Child Protection paediatrician.
- 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**

Significant harm is a complex matter and subject to professional judgement based on a multiagency assessment of the circumstances of the child and their family. 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 Scotland.

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.

All staff who are concerned about a child or young person, even when that individual is not their patient, must act promptly.

### **As a minimum you must:**

- Write down what you have seen, heard or been told using the exact words.
- Report the incident to your supervisor/line manager as soon as possible.
- Submit a Notification of Concern Form (NOC), to Social Work if indicated.
- If you have serious concerns about the child/young person's immediate safety then you should contact Police Scotland on 999.

All staff can contact the Public Protection Service (PPS) for advice and support regarding any child protection concern. 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 and central to core business is the provision of an advisory service where any member of NHSGGC dental staff can seek support from the aligned Child Protection Advisor.

The PPS can be contacted on:

- Monday to Friday, 09:00-17:00 on 0141 451 6605
- Out of Hours, contact the Child Protection Consultant on-call via the Royal Hospital for Children switchboard on 0141 201 0000

Following submission of a NOC, consideration may be given as to whether the referral meets the criteria for an Initial Referral Discussion (IRD). An IRD will take place between Social Work, Police Scotland, and Health with Education involved at the earliest opportunity. An IRD is initiated when a professional has sufficient concerns that these discussions need to be held to consider the safety and wellbeing of the child or young person. The IRD is the joint decision making process which allows information to be gathered and shared to inform decision making as to whether a child is in need of protection.

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**

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 the professional has concerns regarding the child's welfare or protection, information should always be shared with social work via a telephone call and followed by completion and submission of the **NOC Form** available through the Board's [Public Protection Home page \(scot.nhs.uk\)](https://www.scot.nhs.uk/public-protection/). GDPs are advised to contact 0141 451 6605 pending launch of the new external Public Protection website or until the link is added to SCI Gateway.

If the child is considered to be in imminent danger then Police Scotland should be contacted for immediate assistance (Appendix 1).

Follow the link below for further advice on information sharing for people who provide safeguarding services to children, young people, parents and carers.

[Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/information-sharing-advice-for-safeguarding-practitioners)

If a child is not brought to appointments at GDH/RHC or a PDS site, a letter will be sent to the referrer and the General Medical Practitioner. The flowchart (Appendix 2 ) demonstrates the Dental Clinic Non-attendance Pathways for Acute and Primary Care Services. Please follow this link for the Board's [Was Not Brought Guidance](#) plus information within Appendix 3.

If a dental health professional is concerned that a child/young person is at risk of harm, then relevant, proportionate information should be shared with the appropriate agency to inform a single or multiagency risk assessment.

Where there is a concern about the child/young person's well-being or safety, these concerns should also be shared without delay with police or social work so that they can consider whether the harm is significant and whether a child protection order needs to be sought or other action taken to address the concerns.

### 13. Links to Existing Policies

The guideline 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 in Scotland \(2021\)](#) and existing Child Protection Guidelines for NHS Staff working in Emergency Departments.

### 14. 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 guidelines.
- The ongoing requirement for guidelines.



## **15. Consultation Process**

The reviewed guidance has been disseminated for comment to the Child Protection Operational Groups (Acute) (Partnerships) and CPC Lead Officers will be reviewed by the NHSGGC Clinical Governance Forum.

## **16. Monitoring**

Audit of compliance and effectiveness of the policy is the responsibility of the Oral Health Directorate supported by the NHSGGC Public Protection Unit. Regular communication and implementation of this guidance document will be reviewed by the Oral Health Directorate's Clinical Governance sub-groups.

## **17. 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 4).

The cost implications involve resources as follows:

- CPS staff and Manager's time to brief staff on content.
- Staff time to read document in full.
- Staff time to attend meetings as appropriate.
- 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.



## 18. Further Reading

1. Valencia-Rojas N, Lawrence H P, Goodman D (2008). Prevalence of early childhood carried in a population of children with history of maltreatment. Journal of Public Health Dentistry 68 (2): 94-101.
2. Harris J C, Balmer R C, Sidebottom P D (2009). British Society of Paediatric Dentistry: a policy document on dental neglect in children. International Journal of Paediatric Dentistry Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
3. Cairns A M, Mok J Y Q, Welbury R R (2005) Injuries to the head, face, mouth and neck in physically abused children in a community setting. International Journal of Paediatric Dentistry. 5:311-319.
4. Child Abuse and Neglect Fatalities 2019: Statistics and Interventions, Children's Bureau, U.S. Department of Health and Human Services. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
5. Welbury R, Duggal M, & Hosey M (2012). Paediatric Dentistry (4<sup>th</sup> Ed), Chapter 19, pp371-387.
6. Park C (2014) Oral and Dental Aspects of Abuse and Neglect, With Scotland. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
7. Sugar N F, Feldman K W (2005) Oral Surgical Aspects of child Abuse and Neglect, Oral and Maxillofacial Surgery Clinics of North America, 17(4): 435-445.

## 19. National Policies Informing NHSGGC Child Protection

1. Scottish Government (2022) National Guidance for Child Protection in Scotland 2021, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
2. Scottish Government (2022) NHS Public Protection Accountability and Assurance Framework, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
3. Harris J C, Sidebottom P D, Welbury R, Townsend R, Green, M, Goodwin J & Franklin C. Child protection and the dental team: an introduction to safeguarding children in dental practice, Sheffield: Committee of Postgraduate Dental Deans and Directors (COPDEND) UK, 2006.
4. Scottish Executive (2004) Protecting Children and Young People: Framework for Standard, Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
5. Scottish Government, Dyer C (CBE) (2017) Protecting Scotland's Children and Young People: It is Still Everyone's Job, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
6. Brock J (2014) The Brock Report: Safeguarding Scotland's Vulnerable Children from Child Abuse Edinburgh: Children in Scotland. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
7. Care Inspectorate (2014). A Report on the Effectiveness of Child Protection Arrangements across Scotland, Dundee: Care Inspectorate. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
8. Scottish Government (2012) A Guide to getting it Right for Every Child, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
9. Scottish Government (2012) National Framework for Child Protection Learning and Development in Scotland, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
10. Scottish Government (2015) National Guidance for Child Protection Committees for Conducting a Significant Case Review, Edinburgh: Scottish Government. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].
11. The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. Available at [Link](#) [Accessed 28<sup>th</sup> September 2022].

## Appendix 1: Flowchart for Action

### History

Has there been a delay in seeking dental advice for which there is no explanation? Is the history inconsistent or does not explain the injury or illness?

### Examination

Are there any injuries that the parent/carer cannot explain?

Do you have any other concerns about the child/young person? This could be in relation to their behavior or interaction with the parent/carer.

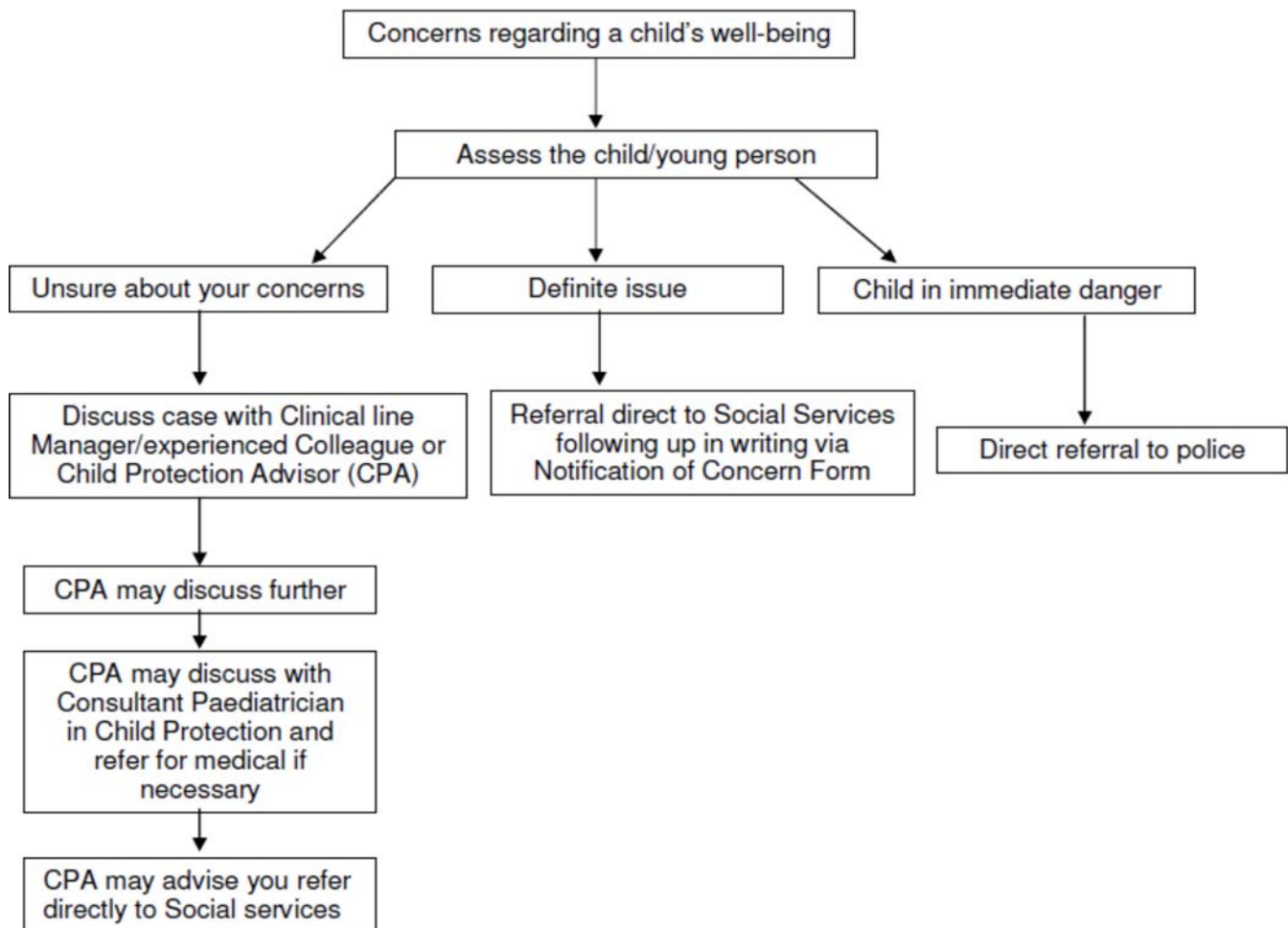
Are there any other signs of abuse or neglect?

### Talk to the child/young person

Ask about the cause of the injury if age appropriate.

Listen to the child/young person's own words.

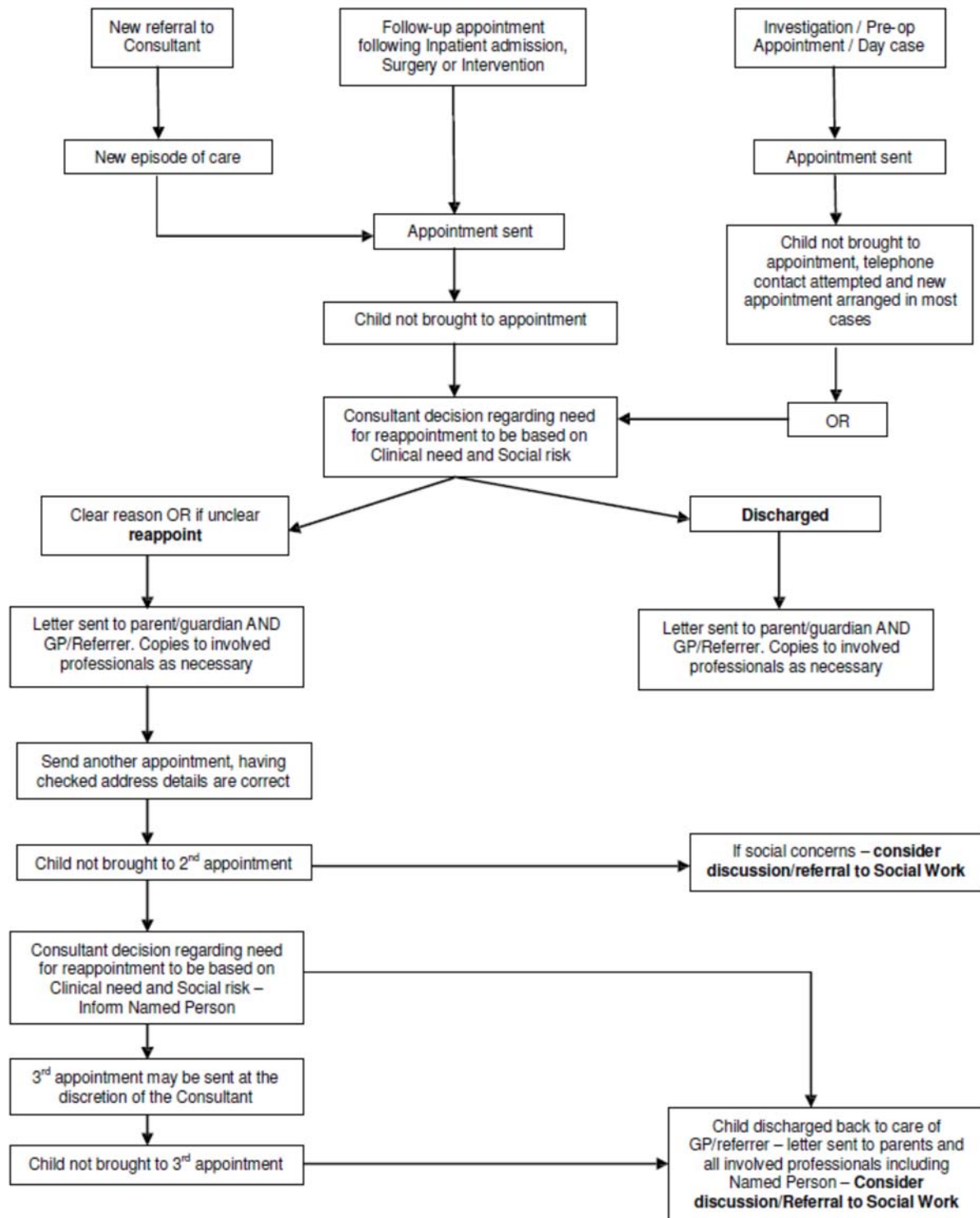
Allow the child/young person to talk without asking leading questions.



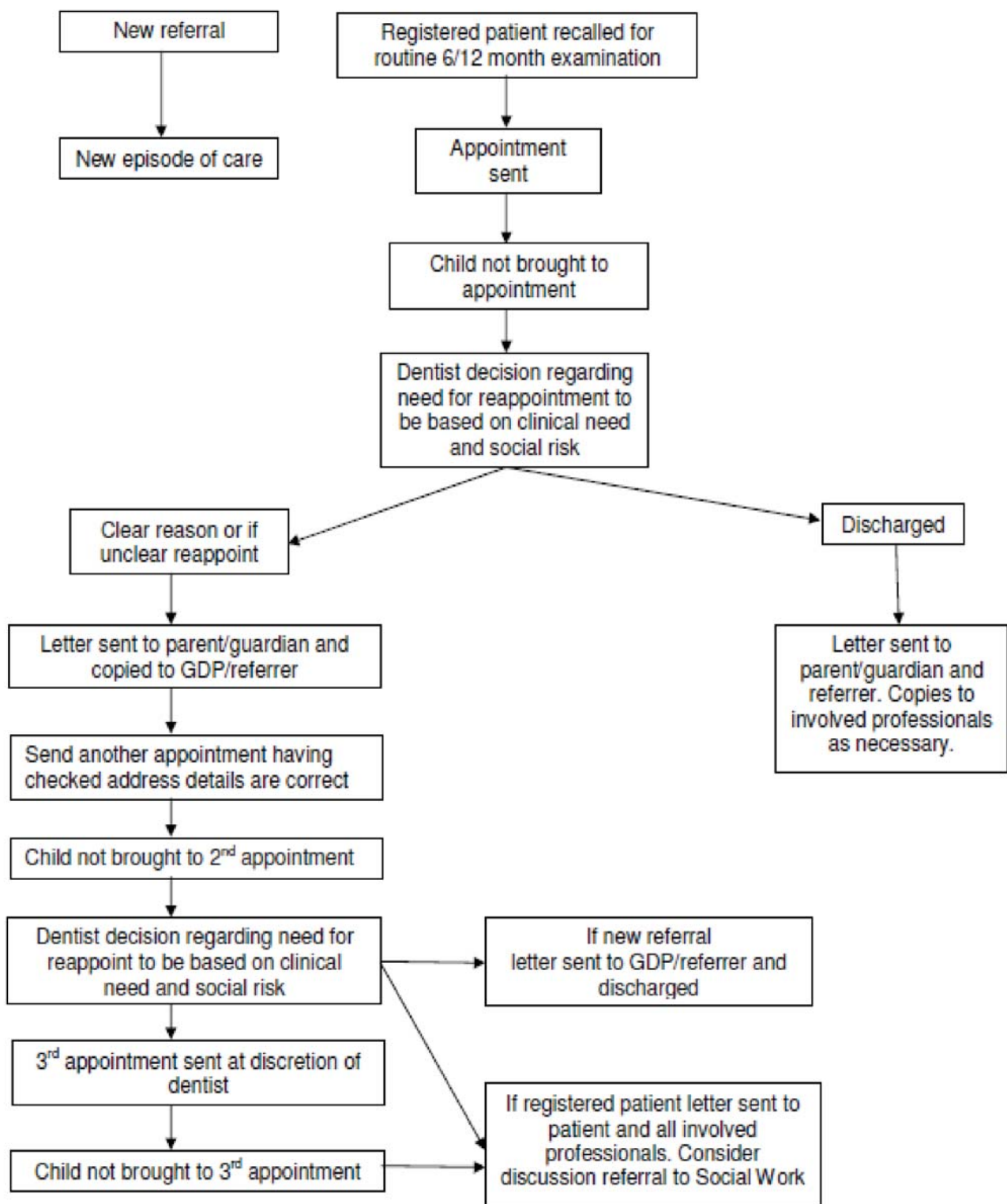
**CPS Advice line during office hours Telephone: 0141 451 6605**  
**Child Protection Consultant Paediatrician Out-of-Hours via**  
**RHC switchboard Telephone: 0141 201 0000**

## Appendix 2: Dental Clinic Non-Attendance Pathways

### Acute Service

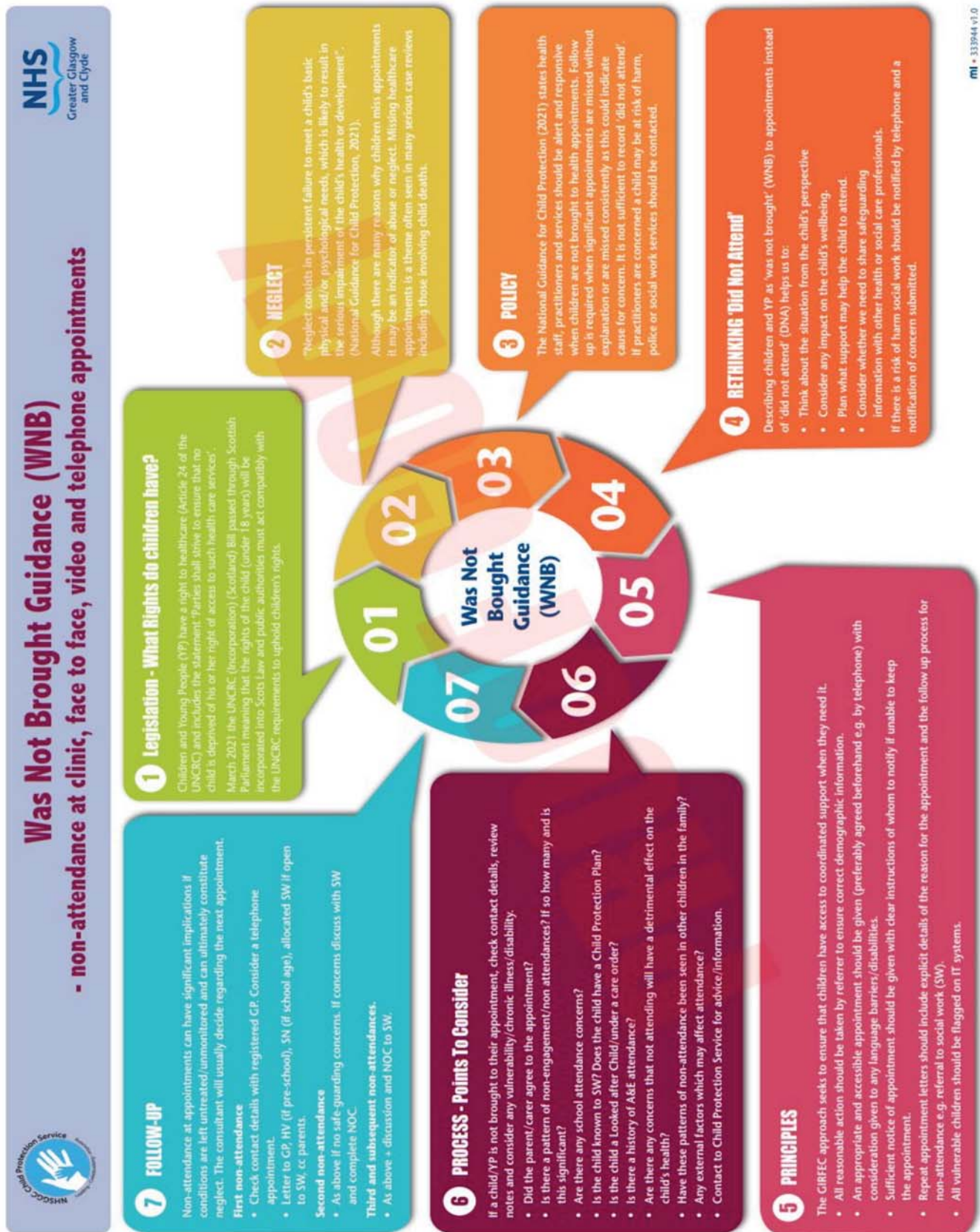


## Primary Care Service





## Appendix 3: NHSGGC Was Not Brought Guidance



**Appendix 4: EQIA Initial Screening Tool**

|  |
|--|
| <b>STEP 1</b>  |
| <b>Do <u>any</u> of the following apply?</b>   |
| <p>It is already known or expected that the policy now, or in future, impacts differently on different groups of people - <b>NO</b></p> <p>The policy has been identified as a corporate priority for EQIA (in which case the lead manager will have been informed) - <b>NO</b></p> <p>The policy aims to address inequalities or specific requirements of equalities legislation - <b>NO</b></p> <p>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 - <b>NO</b></p> |
| <b>YES to one or more – EQIA REQUIRED, Proceed to STEP 3</b>   |
| <b>NO – proceed to STEP 2</b>  |

| Who will be affected by the Policy    | In what way?  | Impact   | EQIA required? |
|---------------------------------------|---|--|----------------|
| Small number of Children and Families | Improved sharing of information with relevant professionals | Better informed assessment, planning and delivery of service to children and their families involved in the child protection process | no             |
| Staff                                 | Staff should be clear about their responsibility            | Greater accountability and involvement in child protection processes.  | no             |
| <b>EQIA required?</b>                 |   |  |                |
| <b>NO</b>                             |   |  |                |