

# GUIDELINES FOR CHILD PROTECTION FOR THE DENTAL TEAM: ROTHERHAM

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in association with a working party convened by the Child Protection Department, Rotherham PCT

These guidelines are intended to aid the dental team in interpreting current child protection procedures, and are published here as an example of good practice. They are intended to be used in conjunction with the South Yorkshire Area Child Protection Committee's Procedures. Please note that contact details are valid for the Rotherham area only.

This version last updated November 2004.

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## INTRODUCTION

It is vital that all the dental team who work with children, particularly infants and young children, should be alert for the signs of child abuse. Some of the earliest signs of physical ill-treatment of children are to be found in facial bruising and damage to and around the mouth. Therefore it is essential that members of the dental profession play a responsible part in recording and reporting potential danger to children.

Where a child is found with a physical injury, however minor, you should ask yourself the following questions:

- Could the injury have been caused accidentally? If so, how?
- If an explanation for an injury is given, does it fit the facts as you find them?
- If there has been a delay on the part of the parents in seeking dental care, are there good reasons for this?
- If the explanation of the cause is consistent with the injury, is this cause itself within normal acceptable limits of behaviour?

However, it should also be remembered that children are also subject to other forms of abuse besides physical, and these include sexual abuse, emotional abuse and neglect. Warning signs of these kinds of abuse may not come from a physical injury and require observations of:

- The nature of the relationship between parent and child
- The child's reaction to other people
- The child's reaction to any medical or dental examination
- The general demeanour of the child
- Any comments made by the child and/or parent that give concern.

## ESTABLISHING IF YOU HAVE CONCERNS

Any of the following measures may be helpful in establishing whether you have concerns about a child's welfare.

- Read the South Yorkshire **Area Child Protection Committee's Procedures** (hereafter referred to as the ACPC Procedures). A list of the indicators of physical, emotional, sexual abuse and neglect is contained in Appendix 1. The impact of abuse and neglect is detailed in Section 1.
- Discuss with **your manager or peers**. Community Dental Service staff should discuss with the Clinical Director. Hospital dental staff should discuss with the Consultant in charge. General dental practitioners should make arrangements within their practices.
- Discuss in person or by telephone with the child's **General Medical Practitioner**. They may be willing to be responsible for arranging medical examination and treatment, and further action if needed.
- For advice concerning physical injuries, consult Dr Stephen Dotse, the **Designated Doctor for Child Protection** at Rotherham General Hospital (telephone 01709 820000 via Switchboard, or 01709 820000 x7612)

secretary), or other Consultant Paediatrician. If appropriate they will arrange medical examination and treatment, and will be responsible for further action if needed.

- For advice concerning oral injuries, consult Mrs Lesley Davidson, **Consultant in Paediatric Dentistry**, or Mrs Sarah North, Consultant in Paediatric Dentistry, both at Charles Clifford Dental Hospital, Wellesley Road, Sheffield S10 2SZ (telephone 0114 271 7990 secretary, or 0114 271 7883 clinic reception).
- For general advice about procedures, consult Mrs Raneer Townsend, **Clinical Director of Community Dental Services**, Rotherham Community Dental Service, Ferham Clinic, Kimberworth Road, Rotherham S61 1BR (telephone 01709 302401/302419).
- You can make a **Child Protection Register check** (see ACPC Procedures Section 4) by telephoning 01709 823914 or 822390 in office hours, or via the Emergency Duty Team ( 01709 364689) outside office hours. Your enquiry will be logged and you will be given information about any previous concerns about a child which could assist you in deciding what action, if any, is needed.
- **Bite marks** on any part of the body need urgent assessment and recording. The child would normally be referred first to hospital for assessment and treatment, and advice then sought by the hospital from Dr Geoff Craig, Reader & Honorary Consultant in Oral Pathology & **Forensic Odontologist**, School of Clinical Dentistry, Clarendon Crescent, Sheffield S10 2TA (telephone 0114 271 7956/7951/7954; mobile 07909 794197).
- In the case of a child being examined or treated in a playgroup or school, the playgroup leader or **head teacher** should be informed. You remain responsible for taking further action if you still have concerns.

## **ACTION IF YOU STILL HAVE CONCERNS**

Discussion with medical or dental colleagues, as above, may have resulted in a referral for further assessment or treatment. It is important to establish whether that will include those colleagues taking responsibility for making a child protection referral, where necessary.

If discussion has not resulted in making a referral for further assessment or treatment, you are responsible for further action, depending on the type of abuse suspected:

### **1. Physical abuse, sexual abuse, severe neglect.**

If there is any physical injury, refer the child to hospital for assessment. Contact the on-call Paediatric Registrar at Rotherham General Hospital (telephone 01709 820000 via Switchboard).

Or

Make a referral to Social Services (Front Desk Service, telephone 01709 823987). For a list of information you will need to have ready, see ACPC Procedures Section 5.6. Follow this up in writing within 48 hours.

## **2. Neglect, emotional abuse.**

In the case of pre-school children, contact the health visitor to discuss your concerns (via the child's GP's surgery). In the case of school-age children, contact the school nurse to discuss your concerns. Rotherham PCT Child Health Records Department at Doncaster Gate Hospital can assist with locating the health visitor or school nurse (telephone 01709 304873).

The process for subsequent action is described in the ACPC Procedures Section 5.2.

When neglect is suspected due to predominantly dental factors or 'failure to ensure access to appropriate (medical) care or treatment' (ACPC Procedures 1.2.5.), the dentist should offer additional support to the family, initiating a 'First stage: preventative single agency response' (ACPC Procedures 5.2.1.). This may be followed, if necessary, by referral to the health visitor, school nurse or Community Dental Service.

## **WHAT ABOUT CONFIDENTIALITY?**

Sharing of information amongst practitioners working with children and their families is essential. In many cases, it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm. You should comply with guidance on confidentiality, but judgement will be required. Defence organisation publications and telephone advice lines are useful sources of information (Dental Defence Union 0800 374 626, Dental Protection 0845 608 4000). See also Section 3 of the ACPC Procedures.

## **WHAT DO I SAY TO THE FAMILY?**

In general, seek to discuss your concerns with the child as appropriate to their age and understanding, and with their parents (see also ACPC Procedures 5.3, 5.4). Seek their agreement to making a referral unless you consider such a discussion would place the child at risk of significant harm.

## **WHAT ARE MY RECORD-KEEPING REQUIREMENTS?**

All records of the visit and discussions should be recorded in full (see ACPC Procedures 5.9). In some circumstances it may be necessary to provide diagrams or photographs. The records should be completed immediately.

## **WHAT RESPONSIBILITY DO I HAVE FOR FOLLOW-UP?**

Where a referral was made to a general medical practitioner or paediatrician, they should be contacted again within 24 hours to check that the child was seen.

Where a telephone referral was made to Social Services, ensure that you have followed it up in writing within 48 hours.

Where a referral was made to a health visitor or school nurse, they should be contacted again within a month to check that action has been taken.

You may be requested to produce a report for, or to attend, any subsequent case conference or court proceedings. Full records made at the time of the examination are thus vitally important (see above).

## **WHAT IF I AM STILL WORRIED OR UNHAPPY?**

If, after this, you are concerned that insufficient action has been taken then you should seek further advice. You may have an ethical responsibility to take further action yourself.

Even when you are confident that you have acted appropriately to protect a child, it is common to experience some worries about the consequences of your actions. Rotherham PCT Child Protection Department at Doncaster Gate Hospital (telephone 01709 304857) can arrange for discussion and debriefing. Alternatively you may find it helpful to find out more about the action that is taken to protect children (for example by reading the BDJ articles by Welbury and Murphy, see below) or to seek advice from trusted colleagues with more experience in this field. Mrs Ranee Townsend, Clinical Director of Community Dental Services (telephone 01709 302401/302419) may be able to advise.

## FURTHER INFORMATION

### South Yorkshire Area Child Protection Committees' Procedures

There should be a copy of this blue folder available to every dental team. Also available at <http://www.sheffield.gov.uk/safe--sound/protection-from-abuse/child-protection/sheffield-area-child-protection-committee/procedure-manual>

### 31815/What to do if you are worried a child is being abused. Summary. Department of Health (2003).

Available from Department of Health Publications, PO Box 777, London SE1 6XH. Tel: 08701 555 455. Fax 01623 724 524. E-mail: [doh@prolog.uk.com](mailto:doh@prolog.uk.com)

Murphy JM, Welbury RR (1998) The dental practitioner's role in protecting children from abuse 1. The child protection system. *Br Dent J* **184**(1):7-10.

Welbury RR, Murphy JM (1998) The dental practitioner's role in protecting children from abuse 2. The orofacial signs of abuse. *Br Dent J* **184**(2):61-65.

Welbury RR, Murphy JM (1998) The dental practitioner's role in protecting children from abuse 3. Reporting and subsequent management of abuse. *Br Dent J* **184**(3):115-119.

## AUTHORS' NOTE

These guidelines are freely available to be adapted for use outside the Rotherham area. However, the authors ask first that you kindly inform them of your intention at the contact details below. We also advise that you obtain permission of all the individuals or departments you name as sources of advice. Please note that the guidelines are currently awaiting final ratification by the Rotherham PCT Policy and Practice Committee.

We regret that we are unable to enter into correspondence about the management of individual children and refer you to the advice given in the body of this document.

### **If you have any other comments, please contact:**

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