

SAFEGUARDING CHILDREN IN DENTAL PRACTICE
WEST SUSSEX LDC STUDY DAY 16-10-2014

AM I GETTING THIS RIGHT?

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'RELEVANT PROFESSIONAL GUIDANCE'

oGDC Standards

- <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/Standards%20for%20the%20Dental%20Team.pdf>

oGDC guidance on child protection

- <http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/standards%20childprotectMay10.pdf>

Remember that you must put patients' interests first and act to protect them. If you fail to do so by not raising a concern, your own registration could be at risk.

8.5.1
'You must raise any concerns you may have about the possible abuse or neglect of children or vulnerable adults. You must know who to contact for further advice and how to refer concerns to an appropriate authority such as your local social services department.'

GDC Standards (Other GDC statements also apply)

If you are not sure whether the issue that worries you amounts to a concern that you should raise ... think about what might happen in the short or longer term if you did not mention the issue. **If in doubt, you must raise your concern**

8.2.2
You should not have to prove your concern for it to be investigated. If the investigation shows that there was no problem, the fact that you raised the concern should not be held against you as long as you were justified in raising the concern.

GDC Standards (Other GDC statements also apply)

TRAINING LEVELS:

- o Non clinical staff Level 1 every 3 years
- o Clinical staff Level 2 every 3 years
- o Paediatric dentists and practice lead professionals Level 3 every 3 years

- Reference = Intercollegiate Document RCPCD (currently the March 2014 edition) @
- http://www.rcn.org.uk/_data/assets/pdf_file/0008/47458/7/Safeguarding_Children_-_Roles_and_Compences_for_Healthcare_Staff_02_0...pdf



TRAINING OPTIONS INCLUDE (LIST IS NOT EXCLUSIVE)

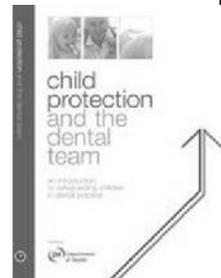
- **Face to face**
 - KSS Dental Deanery S63 courses
 - West Sussex Safeguarding Children Board
 - Advanced Life Support Group (*Paediatric dentists only*)
 - SAFE Community Interest Company (SAFE CIC)
 - NSPCC
 - Some dental corporates
- **Online**
 - E Learning for Healthcare (free to NHS employees)
 - KSS Dental Deanery
 - SAFE Community Interest Company (SAFE CIC)
 - NSPCC
 - Some dental corporates

OTHER 'RELEVANT' PROFESSIONAL GUIDANCE...

Child Protection and the Dental Team

www.cpd.org.uk

Use the web version
wherever possible



◦When to suspect child maltreatment

www.nice.org.uk/CG89



◦Delivering Better Oral Health

- An evidence based toolkit to support dental teams in improving their patient's oral and general health
- Reference your treatment plans to this, especially where you have families who are not good at returning or carrying through with care

www.gov.uk/government/uploads/system/uploads/attachment_data/file/319471/DBOHv3JUNE2014.pdf

◦NICE Dental Recall Guidance

- The recommended interval between oral health reviews should be determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease.

www.nice.org.uk/guidance/CG19/chapter/1-Guidance

THE LAW

WORKING TOGETHER

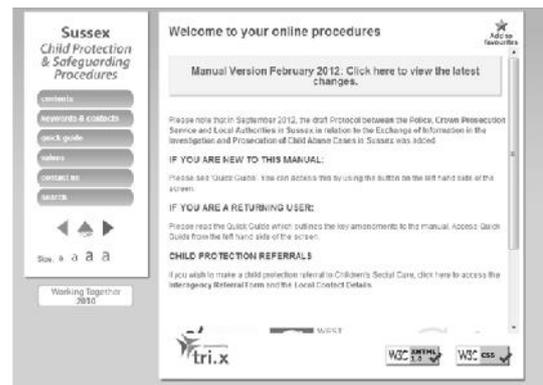
<http://www.workingtogetheronline.co.uk/>

- o This guidance covers:
 - the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and
 - a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.
- o It is a Statutory Instrument

- o Working Together is the document on which the Local Safeguarding Boards base their Local Procedures
- o You must know about and comply with the LSCB Procedures for your area
- o Place a short cut to the LSCB and their Procedures on your desktops and make yourselves familiar with the layout and contents



<http://www.westsussexscb.org.uk/>



<http://pansussexscb.proceduresonline.com/index.htm>

WT 2013 REQUIRES

- o A professional lead to each organisation
- o For health provider organisations there are also **Designated and 'Named' professionals** to:
 - support other professionals
 - to advise regarding the needs of children, including rescue from possible abuse or neglect...

WEST SUSSEX NURSE ADVISORS

- o **Designated Nurse – Sarah Smith**
sarah.smith27@nhs.net 07770800247
- o **Named Nurses (Mon-Fri 9am to 4.30pm)**
sc-tr.safeguardingchildren@nhs.net
01403 229977
- o **Designated Nurse for Looked After Children**
Karen Hughes karen.hughes2@nhs.net
01243 833848 / 07920743429

WEST SUSSEX CHILDREN'S SOCIAL CARE

Care Access Point for Referrals and advice if there are worries about a child who is **not open** to a social worker or to a social work team. cap@westsussex.gcsx.gov.uk 01403 229900

Contact Centre for general enquiries or for children who are **open and allocated** to a social worker or social work team - 01243 642555

Out of Hours:

For urgent calls regarding Children or young people - please ring 0330 222 6664

For urgent calls regarding Adults - please ring 01243 642121

To contact an Approved Mental Health Professional to consider an urgent Mental Health Act Assessment for all age groups - 01903 843239

MORE LAW...

THE CHILDREN ACT 1989

A hugely significant Act which places Children's Rights as paramount when their best interests need to be protected

www.legislation.gov.uk/ukpga/1989/41/contents

Information sharing

- Should be with consent in most cases

Does not require consent from anyone if it is in the child's best interest not to seek that consent

- Must be proportionate to the level of concern, justifiable and fully recorded in contemporary notes

The Children Act 1989

Significant Harm

The threshold that **justifies** compulsory intervention in family life in the best interests of children

Overrides the Human Rights Act 1999

Article 8 The right to respect private and family life

Article 10 The right of families to be together

Section 47 The Children Act 1989

OTHER IMPORTANT ACTS

- The Children Act 2004
- Sexual offences Act 1997
- Sexual Offences Act 2003 (relating to children)
- The Children and Families Act 2014

RECENTLY INTRODUCED GUIDANCE:

EARLY HELP

Early help

Providing early help is more effective in promoting the welfare of children than reacting later.

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

EARLY HELP ESPECIALLY FOR:

o Children who:

- o Are disabled /have additional specific needs
- o Have special educational needs
- o Are young carers
- o Are showing signs of engaging in anti-social or criminal behaviour
- o Are showing early signs of abuse and/or neglect
- o Are in a family circumstance presenting challenges for the child, such as **substance abuse, adult mental health, domestic violence**

TRAFFICKING

- o "Trafficking of persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of person, by means of the threat of or use
 - of force or other forms of coercion;
 - of abduction;
 - of fraud;
 - of deception;
 - of the abuse of power or of a position of vulnerability; or
 - of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

'Palermo Protocol' to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children

VIOLENT EXTREMISM

- o **Radicalisation** is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups
- o **The Prevent Strategy: A Guide for Local Partners in England.** Stopping people becoming or supporting terrorists and violent extremists.

CHILDREN AT RISK OF RADICALISATION:

- o Potential indicators include:
 - Use of inappropriate language;
 - Possession of violent extremist literature;
 - Behavioural changes;
 - The expression of extremist views;
 - Advocating violent actions and means;
 - Association with known extremists;
 - Seeking to recruit others to an extremist ideology.

http://pansussexscb.proceduresonline.com/chapters/p_ch_vp_violent.html#understand_recog

NON ACCIDENTAL INJURY

- o Rising awareness and pursuit of the perpetrators of culturally unacceptable practices which are illegal in UK
 - E.g. Female Genital Mutilation (FGM)
 - Kindoki

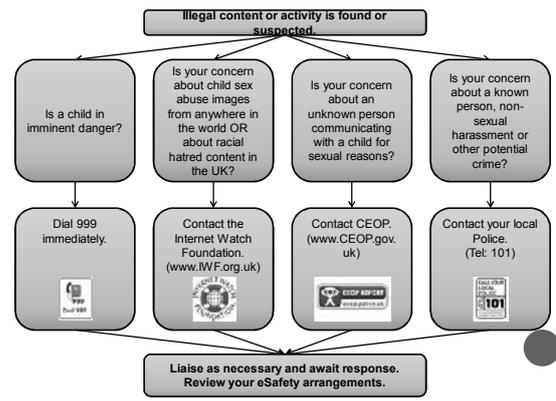
EMPLOYMENT HINTS & TIPS:

- o Safeguarding statement on all recruitment documents, including adverts
- o Disclosure & DBS checks (www.gov.uk/government/organisations/disclosure-and-barring-service)
- o Confirmation of identity
- o Evidence of necessary qualifications
- o Scrutiny: gaps, CV "flow", written references
- o Interviews
- o Robust tracking procedures
- o Clear induction, probation, supervision & training systems

EMPLOYMENT HINTS & TIPS:

- o Enhanced with DBS Barred List checks are suitable for roles where the applicant will be working/volunteering in a regulated activity with children and / or vulnerable adults.
- o Anyone who starts work before the DBS is back **MUST BE CHAPERONED AT ALL TIMES**

EXAMPLE OF AN E-SAFETY FLOW CHART



ALLEGATIONS

- o Any in-house allegation about a colleague should be reported immediately to a senior manager within the organisation. If not possible to do that then follow **Whistleblowing** guidance in LSCB procedures
- o Allegations against staff from clients **MUST** be resolved, and if not possible to easily and mutually resolve it in-house, then follow LSCB procedures re reporting complaints to the **LADO. IT IS ILLEGAL NOT TO DO SO**

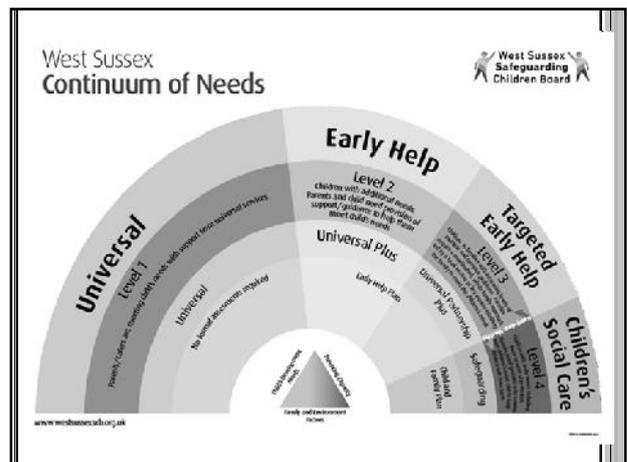
CONCERNS ?

DOES THIS CHILD MEET THE 'FIVE KEY OUTCOMES'?
MEANING ARE THEY ABLE TO...

Enjoy and achieve?
 Stay safe?
 Be healthy?
 Make a positive contribution?
 Live in economic wellbeing?

SHARING WITH OTHER PROFESSIONALS

o <https://www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers>

West Sussex Safeguarding Children Board and Think Family Partnership Threshold Chart

Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
<p>Key words: No specialist services required</p> <p>What to do if you are worried about a child's safety or welfare: Contact your local authority children's social care team for advice and support.</p>	<p>Key words: Specialist services required</p> <p>What to do if you are worried about a child's safety or welfare: Contact your local authority children's social care team for advice and support.</p>	<p>Key words: Specialist services required</p> <p>What to do if you are worried about a child's safety or welfare: Contact your local authority children's social care team for advice and support.</p>	<p>Key words: Specialist services required</p> <p>What to do if you are worried about a child's safety or welfare: Contact your local authority children's social care team for advice and support.</p>

KEEP CONTEMPORARY RECORDS OF ALL YOUR CONVERSATIONS AND ACTIONS

- o Separate
 - The facts of what you saw and what was said about it
 - Your opinions regarding the above
- o Record all your actions
 - Including all advice taken (and from whom)
- o Justify all your actions against guidelines and/or professional advice wherever possible
- o Time, date & sign

CONCERNED BUT NOT 'SIGNIFICANT'

Liaise with colleagues ↔ Talk with family
(as appropriate)

Offer support
Monitor the situation
If concerned take further advice

FURTHER ADVICE

As case demands and usually 'anonymously' from the most appropriate source(s) e.g.

- Colleague with experience
- Named Nurse / Designated Nurse or Named Doctor
- Children's Social Care
- BDA
- Protection Society

SIGNIFICANT HARM ?

- You **MUST** follow LSCB Procedures



Telephone one or more of:

1. **Police**
2. **Ambulance**
3. **Children's Social Care**

And follow up the same day with a written referral to Children's Social Care (using the interagency referral form found on the LSCB or Children's Social Care website)

IF YOU ARE ABOUT TO SHARE INFORMATION WITHOUT CONSENT

- You should consider speaking with your protection society and/or the GDC before you do this
(GDC guidance)
- Record and justify your decision, noting who you took advice from, and what the advice was

REASONS TO SHARE INFORMATION WITHOUT CONSENT

1. Where discussion might put the child at greater risk
2. Where discussion would impede a police investigation or social work enquiry
3. Where sexual abuse by a family member, or organised or multiple abuse is suspected

4. Where fabricated or induced illness is suspected
5. Where parents or carers are being violent or abusive, and discussion would place you or others at risk
6. Where it is not possible to contact parents or carers without causing undue delay in making the referral

The full text is in your LSCB Procedures

NEGLECT OF ORAL HEALTH

PUBLIC HEALTH ENGLAND'S 2013 ORAL HEALTH SURVEY

**REPORTS THAT 12% OF ALL 3 YEAR
OLDS HAVE DENTAL CARIES**

CORE-INFO

What are the parent/carer characteristics of a child with dental neglect, and what oral features are present in these children?

<http://www.core-info.cardiff.ac.uk/publications/dental-neglect>

Definition of dental neglect chosen for the purpose of this review:

“Neglect refers to the failure of a parent or guardian to meet a child’s basic oral health needs, such that the child enjoys adequate function and freedom from pain and infection, **where reasonable resources are available to the family or caregiver**”

CHILDREN WITH EXTRA VULNERABILITY TO ORAL HEALTH PROBLEMS

- o Disabled
- o Medically compromised
- o Lacking access to dental services
- o Frequent movers / homeless
- o Parents’ and carers’ own problems
- o Neglected children
- o Children who are Looked After

THE 'TOXIC TRIO'

CHILDREN MUCH MORE LIKELY TO SUFFER ABUSE OR
NEGLECT IF PARENTS / CARERS HAVE THE TOXIC TRIO



ANY QUESTIONS?

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