Vitruvian Dental Studio

Safeguarding Children Policy

Vitruvian Dental Studio is committed to:

- following the guidelines set out in 'Safeguarding in general dental practice, a toolkit for dental teams' (2019) Public Health England, which sets out the current guidance and legislation underpinning safeguarding for general dental practice teams. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/79168

Vitruvian Dental Studio are in a position where they may observe the signs of child abuse or neglect or hear something that causes them concern about a child. The dental team has an ethical responsibility to find out about and follow local procedures for child protection and to follow them if a child is or might be at risk of abuse or neglect (Standards for dental professionals, GDC2005). There is also a responsibility to ensure that children are not at risk from members of the profession.

The dental team is not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately. Abuse and neglect are described in four categories:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing, illness in a child. Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse – and a child with one injury may have further injuries that are not visible.

Emotional abuse is the persistent emotional maltreatment causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may feature:

- age or developmentally inappropriate expectations being imposed on children
- interactions that are beyond the child's developmental capability
- ·overprotection and limitation of exploration and learning
- preventing the child participating in normal social interaction
- seeing or hearing the ill-treatment of another
- causing children frequently to feel frightened or in danger
- exploitation or corruption of children.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example rape, buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect is the persistent failure to meet the child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer:

- failing to provide adequate food and clothing, shelter
- failing to protect a child from physical and emotional harm or danger
- failure to ensure adequate supervision
- failure to ensure access to appropriate medical care or treatment
- ·neglect of or unresponsiveness to, a child's basic emotional needs.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organized crime involving gangs and groups.

Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying including cyberbullying and grooming.

It is important to recognize that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognize it as abuse. Young people who go missing can be at increased risk of sexual exploitation and so procedures are in place to ensure appropriate response to children and young people who go missing, particularly on repeat occasions.

Child Trafficking

Child trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the Country, or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for:

- sexual exploitation
- labour exploitation
- domestic servitude
- cannabis cultivation
- criminal activity
- benefit fraud
- forced marriage
- moving drugs

Under-age Marriages

In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more

Female genital mutilation (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is a surprisingly common form of abuse in the UK. FGM is carried out on children between the ages of 0–18, depending on the community in which they live. It is extremely harmful and has short- and long-term effects on physical and psychological health.

FGM is internationally recognized as a violation of the human rights of girls and women, and is illegal in most countries, including the UK

We take these concerns seriously and staff will be made aware of the possible signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk, is imminent, or has already taken place will be dealt with under the child protection procedures outlined in this policy

Since 31 October 2015 it is a legal requirement to report known cases of FGM (visually identified or verbally disclosed) to the police under the FGM Mandatory Reporting Duty. Any such disclosures will be referred to the police. This duty does not apply in relation to "at risk" or suspected cases. In these cases, the Designated Person will make appropriate and timely referrals to MASH if FGM is suspected. In these cases, parents will not be informed before seeking advice. The case will still be referred to MASH even if it is against the child's wishes.

Ritualistic Abuse

Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child.

Safeguarding Children and Young People Vulnerable to Violent Extremism (Prevent Duty)

Protecting children from the risk of radicalisation should is seen as part of our wider safeguarding duties. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, schools should be alerted to changes in children's behaviour that could indicate that they are in need of protection.

Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

If you are worried about a child –practical steps It is uncommon for dentists to see patients with signs of child abuse and, generally, dentists are not in a position to assess all the factors involved. But where you have concerns about a child who may have been abused and there is no satisfactory explanation, prompt action is important.

Ask yourself:

- Could the injury have been caused accidentally? If so, how?
- Does the explanation for the injury fit the age and clinical findings?
- If the explanation of the cause is consistent with the injury, is this itself within the normally acceptable limits of behaviour?
- If there has been any delay in seeking advice, are there good reasons for this?
- Does the story of the accident vary?

Observe:

- The relationship between the parent/carer and child
- The child's reaction to other people
- The child's reaction to dental examinations
- Any comments made by the child or parent/carer that give concern about the child's upbringing or lifestyle

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, informal advice could be sought first from your local social services without disclosing the child's name. This will help you decide whether you should make a formal referral – by telephone so that you can directly discuss your concerns.

Seek permission to refer:

It is good practice to explain your concerns to the child and parents, informing them of your intention to refer and seek their consent –being open and honest from the start, results in better outcomes for the children. Do not, however, discuss your concerns with the parents where:

- the discussion might put the child at greater risk
- the discussion would impede a police investigation or social work enquiry
- sexual abuse by a family member, or organised or multiple abuse is suspected
- fabricated or induced illness is suspected
- parents or carers are being violent or abusive and discussion would place you or others at risk
- it is not possible to contact parents or carers without causing undue delay in making the referral.

Where there is serious physical injury arising from suspected abuse:

- Refer the child to the nearest hospital Accident and Emergency Department with the consent of the person having parental responsibility or care of the child
- Advise the A&E Department in advance (by telephone) that the patient is coming
- If consent is not obtained, the Duty Social Worker at the local Social Services Department or the police should be told of the suspected abuse by telephone so that the necessary action can be taken to safeguard the welfare of the child

- A telephone referral to Social Services must be confirmed in writing within 48 hours, repeating all relevant facts of the case and an explicit statement of why you are concerned. The telephone discussion should be clearly documented – who said what, what decisions were made and the agreed unambiguous action plan.

Where less serious injury is recorded or there is concern for the physical or emotional well-being of the child, discuss the appropriate reporting procedures and your concerns with a senior local colleague, such as a hospital consultant, dental adviser or consultant in Dental Public Health or contact the health professional for child protection

Recording and reporting Reports should be restricted to

- The nature of the injury
- Facts to support the possibility that the injuries are suspicious

Attendance of the referring dentist may be required by the Social Services Department at a case conference or if there is a court hearing, so comprehensive written records of the injuries and its history (as reported) must be kept together with clinical photographs. An incident reporting/significant events form is to be completed to log and report any safeguarding concerns or issues. This is found in the 'Complaints & Significant Events' folder.

The children's safeguarding local contact details for Vitruvian Dental Studio are:

https://www.leeds.gov.uk/residents/health-and-social-care/keeping-children-safe/report-a-child-protection-concern

The children's safeguarding lead for Vitruvian Dental Studio is:

James Nolan

Your child protection policy

A suitable child protection policy for a dental practice should affirm the practice's commitment to protecting children from harm and should explain how this will be achieved. A policy by itself is not enough, however. Safeguarding children also involves:

- listening to children
- providing information for children
- providing a safe and child-friendly environment
- having other relevant policies and procedures in place

Listening to children

Create an environment in which children know their concerns will be listened to and taken seriously. You can communicate this to children by:

- asking for their views when discussing dental treatment options, seeking their consent to dental treatment in addition to parental consent
- involving them when you ask patients for feedback about your practice
- listening carefully and taking them seriously if they make a disclosure of abuse

Providing information to children to support children and families, you can provide information about:

- local services providing advice or activities
- sources of help in times of crisis, for example, NSPCC Child Protection Helpline, NPCC Kids Zone website, Childline, Samaritans

Providing a safe and child-friendly environment

- taking steps to ensure that areas where children are seen are welcoming and secure with facilities for play
- considering whether young people would wish to be seen alone or accompanied by their parents
- ensuring that staff never put themselves in vulnerable situations by seeing young people without a chaperone
- ensuring that your practice has safe recruitment procedures in place Other relevant policies and procedures Clinical governance policies that you already have in place will contribute to your practice being effective in safeguarding children.

Relevant policies and procedures include:

- safe staff recruitment procedures: making potential job applicants aware of your child protection policy, checking gaps in employment history, requesting proof of identity, and taking up references
- complaints procedure so that children or parents attending your practice can raise any concerns about the actions of your staff that may put children at risk of harm
- public interest disclosure policy (underperformance policy) so that staff can raise concerns if practice procedures or action of other staff members puts children at risk of harm
- code of conduct for staff clarifying the conduct necessary for ethical practice, particularly related to maintaining appropriate boundaries in relationships with children and young people (including a statement that staff members will be chaperoned when attending to unaccompanied children, for example)

Child protection policy

We are committed to protect children from harm. Our dental team accepts and recognises our responsibilities to develop awareness of the issues which cause children harm.

Why worry about missed appointments?

Dental neglect and missed appointments are the most common reasons for dentists to make child protection referrals.

They cause concern because they:

- May be an alerting feature that a child or young person is being neglected
- Are often found when a child has died or been seriously harmed by maltreatment, when a ‘serious case review’ is conducted

Why ‘Was Not Brought’? What’s wrong with DNA?

Describing children and young people (CYP) as ‘was not brought’ (WNB) instead of ‘did not attend’ (DNA) encourages us to:

- Think about the situation from the child’s perspective
- Identify any impact on the child’s wellbeing
- Plan what support would help the child to receive the dental care they need
- Consider whether we need to share safeguarding information with other health or social care professionals.

The Sheffield ‘WNB-CYP’ pathway

In 2015 Sheffield community dental service developed a new WNB-CYP pathway consisting of three component parts (please refer to the “Was Not Bought Implementation Guide”):

1. An explanatory flowchart (page 5)

2. Templates for clinical notes with prompts for action (page 6)

3. Editable template letters (see bda.org/safeguarding)

How could following this pathway help you?

- Prompt you to take a consistent approach to missed appointments
- Give you peace of mind that children are less likely to 'slip through the net'
- Help meet the safeguarding children requirements of standards guidance and commissioning guidance.

We will endeavour to safeguard children by

- adopting child protection guidelines through procedures and a code of conduct for the dental team
- making staff and patients aware that we take child protection seriously and respond to concerns about the welfare of children
- sharing information about concerns with agencies who need to know and involving parents and children appropriately
- following carefully the procedures for staff recruitment and selection
- providing effective management for staff by ensuring access to supervision, support and training

We are also committed to reviewing our policy and good practice at regular intervals - annually

Approved By: James Nolan
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