

Chapel Road Orthodontics recognises that the welfare of patients is paramount and takes seriously its responsibility to safeguard and promote the welfare of the children, young people and vulnerable adults in its care.

Chapel Road Orthodontics has adopted the Child Protection Policy above that affirms this practice's commitment to protecting children from harm and explains how this will be achieved.

Safeguarding children 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

At Chapel Road Orthodontics, we wish to create an environment in which children know their concerns will be listened to and taken seriously.

We will communicate this by:

- Asking for their views when discussing treatment options, seeking their consent to
- Orthodontic treatment in addition to parental consent
- Involving them when we ask for feedback about our practice
- Listening carefully and taking them seriously if they ever make any disclosure of abuse

#### Providing information for children

We will support children and their families and provide information about:

- Local services
- Help in times of crisis, i.e.: NSPCC, Child Protection Helpline, Childline etc

#### Providing a safe and child friendly environment

We will:

- Take steps to ensure that areas where children are seen are welcoming and secure
- Consider whether young people wish to be seen alone or accompanied by their parents or guardians
- Ensure that staff never put themselves in vulnerable situations by seeing young people without a chaperone
- Ensure that this practice has safe recruitment procedures (see below)
- We will ensure we have other relevant policies and procedures in place at the practice that contribute to the practice being effective in safeguarding children. These include safe staff recruitment procedures, complaints procedures and a code of conduct for staff clarifying the conduct necessary for ethical practice to ensure appropriate boundaries in relationships with children and young people

## Recruitment

When recruiting new staff, we will:

- Follow the practice recruitment protocol
- Ensure that the appropriate Criminal Records Bureau (DBS) checks are conducted

## Training

We take staff training very seriously and will ensure that all staff are trained in safeguarding issues, how to identify the different types of abuse, how to put the policy into practice and what to do if they have any concerns or worries about a child in their care; and how to respond if they have a patient disclosing abuse. All staff will be aware of the practice 'whistle blowing' procedure as detailed in the Practice Policies folder should they have any concerns about another member of the practice team.

## Treating Young Patients

When Chapel Road Orthodontic is treating patients under 16 years old, we will always:

- Gain treatment consent from a parent or guardian
- Ensure another member of the practice team, or the child's guardian, is present at all times. We will never be left alone with a child on the practice premises
- Respect the wishes of a child as you would an adult
- Take all reasonable steps to ensure their health, safety and welfare

## Signs of abuse

It is important that all team members who work with children, particularly 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. It is therefore essential that members of the dental team play a responsible part in recording and reporting potential danger to children.

When treating a child who has a physical injury, however minor, our teams are trained to ask themselves 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 or guardian in seeking dental care; are there good reasons for this?
- If the explanation of the cause is consistent with the injury, is the cause itself within normal acceptable limits of behaviour?

Children may also be subjected to other forms of abuse which include sexual abuse, emotional abuse and neglect. There may be no physical signs of abuse, but warning signs will require observation 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

## Reporting abuse protocol

The following protocol for reporting abuse or suspected abuse should be followed in this practice.

### If you have concerns

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, first seek informal advice from your local social services without disclosing any information. This will help you to decide whether you should make a formal referral by telephone so that you can discuss your concerns.

### Seek permission to refer

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

### 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 or Dental Protection 0845 608 4000).

As a dental practitioner seeing a child, you will have information about the child that no other professional will have. You have a responsibility to share that information appropriately. Where you have identified concerns, you should highlight those to the social worker to whom you are referring the child, backing those concerns up in writing. In other situations you may be asked to provide information for the purposes of an initial assessment or as a contribution to a case conference.

### Who should you report abuse to?

The Practice Manager will contact the Bexley Safeguarding Service on 0203 045 3266 and confirm the name and number of the named doctor and nurse who specialises in child protection.

**Local Designated Nurse Safeguarding Children:** Jill May 0208 298 2508 / 07950 535 843

**Local Designated Doctor Safeguarding Children:** Dr Sarah Ismail 07788 724 908

There will also be local guidelines about what to do in this situation. These guidelines will identify key personnel and telephone numbers (copy attached).

The Practice Manager is responsible for doing this in advance of any concerns being raised so that it is to hand in the event it is needed. All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

### Record keeping

All records of the visit and discussions should be recorded in full. In some circumstances it may be necessary to provide diagrams or photographs. The records should be completed immediately and not left until the end of the session or day.

## Follow up

Where a referral you have made is to a general medical practitioner or paediatrician, they should be contacted again within 24 hours to check that the child was seen. Where you have made a telephone referral to Social Services, ensure that you have followed it up in writing within 48 hours.

Where a referral you have made is 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, therefore, vitally important (see above).

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.

You may find it helpful to find out more about the action that is taken to protect children (for example by reading the British Dental Journal articles by Welbury and Murphy, see below) or to seek advice from trusted colleagues with more experience in this field.

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.

## Useful contacts:

Bexley Safeguarding Service: 0203 045 3266

Care Quality Commission (CQC): 03000 61 61 61

24 Hour NSPCC – Child Protection Helpline: 0808 800 5000

General Medical Council: 0845 222 4141

Department of Health: 020 7210 4850

Department of Health Guidance – [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

Las Society of England and Wales – [www.lawsociety.org.uk](http://www.lawsociety.org.uk)