Scenario 1
A mother starts to shout at a toddler in reception. She calls her a 'stupid cow' and gives her a hard slap.

1. Is this any of your business?
2. How would you respond?

1. Is this any of your business?

Answer:
Yes, it is your business.

As this incident has occurred in your workplace then you have a duty to respond, under the Children Act 2004.

2. How would you respond?

Answer:
Where a staff member has concerns, but wishes for further advice, this should be available from their own agency or from social services. Any discussion about a child’s welfare should be recorded in writing, including a note of the date and time, and the people who took part in the discussion. There should be clear and explicit agreement about what actions will be undertaken and by whom. If the decision is that no further action is to be taken, this should also be recorded in writing with the reasons for the decision. Any member of staff with concerns about a child’s welfare should document their concerns and action taken, including in-house discussion. However, the need to seek advice should never delay any emergency action needed to protect a child. (All Wales Child Protection Procedures, 2008: Identifying and acting on concerns or suspicion of abuse: Page 77)

Example of a response to this case scenario in practice:-

• Try to diffuse the situation by taking the mother and child aside, away from the reception area and discuss the incident with her as supportively as possible, ensuring you are chaperoned.

• You will then need to make it clear, using supportive and non-accusatory language that you are concerned regarding the incident and mention that you are there to support the mother but also to support her small child.

• You will need to ask simple questions to clarify what has happened, with the mother and also, if safe and appropriate, with the child. You are not expected to investigate the incident.

• What you do next will depend on the response/s from the mother and/or child.
• In addition, check your records for any previous concerns relating to the mother and/or child.

• If you remain concerned for the child’s welfare you will need to consult with your practice lead for safeguarding or the regional Primary Care Dental Practice Adviser and discuss your concerns.

• You may then need to discuss your concerns with the named or designated professionals for safeguarding children in your area, for further advice and guidance. Make a record of this communication.

• If you remain concerned or the situation for the child deteriorates, you should contact child care social services for your area to outline what has happened and any continuing concerns you may have. Please ensure you record who you have spoken to in social services and include the social workers name, designation, the time you spoke to them and finally outline what actions, if any, took place as a consequence of your telephone conversation.

• For further guidance please refer to the ‘All Wales Child Protection Procedures, 2008.’

Note:

• As outlined in the All Wales Child Protection Procedures, 2008 (Page 73): ‘If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police, who have statutory duties and powers to make enquiries and intervene where necessary.’ www.awcpp.org.uk
Scenario 2

A 6 year old attends to have several teeth removed. He is very thin, his hands feel cold, he is grubby, unkempt and uncommunicative. You remember performing a number of extractions on his brother a few months ago.

How would you respond?

Answer:

You have a duty to respond to this child’s concerns. There are a number of individual concerns for this child’s health and welfare which together may raise concerns for a child in need or in need of protection. Where a staff member has concerns, but wishes for further advice, this should be available from their own agency or from social services. Any discussion about a child’s welfare should be recorded in writing, including a note of the date and time, and the people who took part in the discussion; there should be clear and explicit agreement about what actions will be undertaken and by whom. If the decision is that no further action is to be taken, this should also be recorded in writing with the reasons for the decision. Any member of staff with concerns about a child’s welfare should document their concerns, whether or not further action is taken. **However, the need to seek advice should never delay any emergency action needed to protect a child.** (All Wales Child Protection Procedures, 2008: Identifying and acting on concerns or suspicion of abuse: Page 77)

Example of a response to this case scenario in practice:-

• Discuss your concerns with the parent/carer of the child and/or the child themselves.

• Document clearly, succinctly and in a timely manner any discussions you have with the parent/carer/child, separating facts from speculation and using the child and parent/carers language as much as possible.

• Ask the parent/carer if the child has a health visitor/school health nurse/social services key worker who can be contacted on behalf of the child and parent/carer to support the family. If it is safe and appropriate try to gain consent from the parent/carer to make a referral to their key social worker if they have one. Document the response of the parent/carer to your offer of support.

• Check the child’s and sibling’s records for any previous concerns regarding the child’s welfare, including any missed appointments or delayed attendance for treatment.

• You may also wish to enquire of the local child protection register held by children’s social services within the area the child resides, whether the child is known.

• If you are concerned seek advice from your practice lead for safeguarding or the regional Primary Care Dental Practice Adviser.

• If you remain concerned then contact the Named Professionals for Safeguarding Children in the Health Board or the Designated Professionals for Safeguarding Children within Public Health Wales.
• Child care social services can also be contacted for further advice and guidance and about how to refer child welfare concerns.

• Following advice, if you remain concerned for this child’s welfare then a referral should be made to social services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly **within 24 hours**. Outside office hours, referrals should be made to the social services emergency duty service or the police. All telephone referrals or referrals made in person should be confirmed in writing within two working days, preferably using a local standard form where provided. (All Wales Child Protection Procedures, 2008: Page 81)

**Note:**

• Suspicion about child abuse may take the form of ‘concerns’ rather than ‘known facts’. Child welfare concerns can arise in many different contexts, including when a child is already known to the social services. Concerns can and should be shared with social services through a referral. While concerns will not necessarily trigger an investigation, they help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm. (All Wales Child Protection Procedures, 2008: Page 81)

• As outlined in the All Wales Child Protection Procedures, 2008 (Page 73): ‘If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police, who have statutory duties and powers to make enquiries and intervene where necessary.’
  
  www.awcpp.org.uk

• Individual employees, professionals and independent contractors, should be aware that they cannot remain anonymous when making a referral. However, members of the public may remain anonymous, if they wish to. (All Wales Child Protection Procedures, 2008: Page 83)

• It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously and followed through. Each individual employee and professional is accountable for his or her own role in the child protection process, and if an individual employee or professional remains concerned about a child they should re-refer the child and/or bring the matter to the immediate attention of the social services senior manager with responsibility for child protection in their area. In their absence the social services team manager responsible for the child’s case must be notified. In these situations, the practice lead for safeguarding or the regional Primary Care Dental Practice Adviser should be informed. The Named professionals for safeguarding children in Health Boards and Designated professionals for safeguarding children in Public Health Wales are also available to give advice and guidance.
Scenario 3

A woman patient attends the surgery with 2 young children. She has facial bruising and a missing tooth.

She tells you that her partner did it but pleads with you not to tell anyone.

Note: Domestic abuse affects people from all walks of life, and from all cultural, social and ethnic backgrounds, the well off as well as the poor. It affects those in work and those out of work, the young and the old, in all parts of Wales. There is significant overlap between the abuse of women and the abuse of children. Where children live in a home where domestic abuse takes place there is a risk of harm. To witness or to be aware of abuse and threats or violence is highly detrimental to children of any age, including the very young. They could also be at risk of, or subjected to, serious systematic abuse themselves. (Welsh Assembly Government, Tackling Domestic Abuse: The All Wales National Strategy 2005)

The Reality of Domestic Abuse:

Research indicates:

• Domestic abuse is the largest cause of morbidity in women aged 19-44, greater than war, cancer and motor vehicle accidents;(Flood-Page and Taylor 2003)
• Domestic abuse accounts for nearly one quarter of all recorded violent crime in the UK;(Stanko)
• Throughout England and Wales one incident of domestic abuse is reported to the police every minute;(Ibid)
• Still, because domestic abuse is hidden it is under-reported, and thus under-recorded;(Ibid)

In addition, according to Welsh Women’s Aid (1999)

• 70% of domestic abuse victims are women;
• On average a woman is assaulted thirty-five times before seeking help;
• One in ten women is severely beaten by her partner at some point in her life;
• 25% of attacks occur while a woman is pregnant;
• 41% of all homicide victims are killed by a partner or former partner;

It is also known that: Ethnic origin makes no difference. (Mirlees-Black 1999)

How would you deal with this disclosure?

• The ‘paramountcy principle’ comes into effect i.e. Under The Children Act (1989) the welfare of children is at all times paramount and overrides all other considerations. Therefore, the welfare of the children takes precedence and is the primary consideration in any discussions you may have with the mother and family.

• Early on in the discussion with the mother you need to make it clear that you value and appreciate the mother confiding in you, but also need to make it clear that you may need to share any concerns for the children regarding their safety and welfare with a third party, such as social services, if you judge the children may be at risk.
Responding to domestic abuse

Professionals’ responsibilities

- Professionals will work with many people who are experiencing domestic abuse and have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police.
- Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with their choice of a male/female practitioner, wherever practicable, and asked whether they are experiencing or have previously experienced domestic abuse. Professionals should be aware of the controlling nature of abusive relationships and that it may be difficult for the victim to be seen alone.
- Professionals in all agencies are in a position to identify or receive a disclosure about domestic abuse. Professionals should be alert to the signs that a child or non abusive parent may be experiencing domestic abuse, or that a partner may be perpetrating domestic abuse.
- Professionals should never assume that somebody else will take care of the domestic abuse issues. This may be the child, non abusive parent or abusing partner's first or only disclosure or contact with services in circumstances, which allow for safeguarding action.
- Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure of domestic abuse do not trigger an escalation of violence.
- In particular, professionals should keep in mind that:
  - The issue of domestic abuse should only ever be raised with a child or non abusive parent when they are safely on their own and in a private place; and
  - Separation does not ensure safety; it often at least temporarily increases the risk to the child/ren or non abusive parent.
- Professionals should be alert to the fact that allegations of domestic abuse may be made against individuals whose work brings them into contact with children and/or vulnerable adults. In these circumstances, professionals should refer to Section 4.3.6.1 of the All Wales Child Protection Procedures 2008.
- Professionals should be aware of their own or colleagues safety.

Information sharing

- Professionals receiving information about domestic abuse should explain that priority will be given to ensuring that the child/ren and their non abusive parent’s safety are not compromised through the sharing of information.
- If there is concern about the risk of significant harm to the child/ren, then every professional’s overriding duty is to protect the child/ren.
Additional guidance, information and resources

Remember ..... 
Members of the dental team are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately.

The most important thing to remember when you are faced with a child who may have been abused is that you do not need to manage this on your own.


Sharing Information

What everyone should do

“If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that their concerns are referred to Social Services or the Police who have statutory duties and powers to make enquiries and intervene when necessary.”

Source: All Wales Child Protection Procedures 2008

Confidentiality

“There is nothing within the Caldicott Report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children or prevention of a serious crime.”

Source: The Carlile Review 2002

What Next?

• Seek advice about your concerns from the designated professionals, or duty social worker

• If the child is in imminent danger contact the police

• If immediate medical attention is required contact emergency services

• The safety of the child takes precedence over the need to maintain confidentiality

N.B. Always remember to make the referral to Social Services
Making the Referral

- Telephone the Duty Officer at Social Services as soon as possible
- It is your responsibility to make the referral regardless of who else is involved
- Written confirmation of referral within 2 days

KEEP CLEAR & ACCURATE RECORDS

Referral Information

- Reason for the concern
- Full name, address and DOB
- Name, address and DOB other family members if known
- Name of other professionals involved if known
- Safety issues for staff

N.B. Give as much information as you can, but if you only have limited information then just share what you can

Keeping your practice safe

Tips for best practice

1. Identify a staff member to lead on child protection
2. Adopt a child protection policy
3. Work out a step-by-step guide of what to do if you have concerns (including local contacts for advice and referral)
4. Follow best practice in record keeping
5. Ensure all staff undertake regular CP training
6. Practice safe staff recruitment

Remember ‘whistle blowing’ procedure
Summary

• Think child
• If you are concerned you must act
• You have a professional responsibility to refer to Social Services
• The child protection team will support you

Resources

• The ‘All Wales Child Protection Procedures’ www.awcpp.org.uk
• ‘Child protection and the dental team’ handbook and website: www.cpdt.org.uk/index.htm
• Welsh Child Protection Systematic Review Group: www.core-info.cardiff.ac.uk
• NICE Clinical Guidance 89: When to suspect child maltreatment: www.nice.org.uk/CG89
• Public Health Wales http://www.publichealthwales.wales.nhs.uk