Summary of: Child protection: training and experiences of dental therapists

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FULL PAPER DETAILS

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Objective To identify the training in, experience of and barriers to reporting child abuse among dental therapists in the UK. **Design** Postal survey. **Subjects and methods** A postal questionnaire was sent to all practising dental therapists (DTs) in the UK registered with the GDC (n = 851) in October-December 2007. **Results** A response rate of 49% (n = 420) was achieved; 24 (5.7%) questionnaires were incomplete and excluded. One hundred and ninety-three respondents (48.7%) had qualified in the last 10 years. One hundred and forty-seven (37.1%) recalled undergraduate training; 248 (62.6%) had received training since qualifying; 66 (16.6%) recalled no child protection training. Overall child abuse had been suspected by 135 (34%) DTs, while 72 (18%) had suspected but not referred the case. **Conclusions** The majority of dental therapists (83%, n = 330) have received training in child protection. Overall, 34% (n = 135) have suspected child abuse and 83% (n = 112) of these DTs recorded their suspicions in the patient record. In line with current guidance, most DTs would discuss a case with another dentist.

EDITOR'S SUMMARY

The role of dental professionals in child protection is a topic that has seen increased focus recently, as reflected in the number of articles on the subject that have been published in the *BDJ* this year[1-3] and also by the recent publication by the British Society of Paediatric Dentistry of a new policy document on child dental neglect for all dental professionals.[4] The conclusions of the research studies have all been similar, indicating a need for improved child protection training and information for dental professionals, and for improved communication between all health and social care workers in order to safeguard children.

While previous studies have largely concentrated on dentists, this paper by Chadwick *et al.* looks at dental therapists, with the aim of investigating their training and experience in reporting suspected child abuse and any barriers to reporting that they may perceive. The majority of responding therapists had received some child protection training, either at undergraduate level or post-qualification. However, the results of the study also found that of those who had suspected child abuse or neglect at some point, 18% had not reported it. When queried about barriers to reporting, 70% indicated that a lack of certainty in their diagnosis of abuse would be most likely to prevent them reporting their suspicions, a factor that is also an issue for dentists.[1] As the authors point out, uncertainty in dentists may compound the problem of reporting suspected cases of child abuse: most of the therapists in the study indicated they would discuss a potential case of abuse with a dentist, which is in line with current guidelines but may not help if the dentist also lacks the confidence to report.

The authors conclude that mechanisms are still required to encourage dental therapists in particular, and dental teams in general, to report suspected cases of child abuse and neglect. In addition, over two thirds of the responding therapists indicated that they would welcome additional training in this area. It therefore seems clear that the issues of training and communication highlighted by previous studies are true not only for dentists but for all dental team members. A team-based approach to child protection education for dental professionals may be a useful way forward.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 207 issue 3.

Rowena Milan,
Journal Editor

1. Al-Habsi S A, Roberts G J, Attari N, Parekh S. A survey of attitudes, knowledge and practice of dentists in London towards child protection. Are children receiving dental treatment at the Eastman Dental Hospital likely to be on the child protection register? *Br Dent J* 2009; **206:** E7.
2. Harris J C, Elcock C, Sidebotham P D, Welbury R R. Safeguarding children in dentistry: 1. Child protection training, experience and practice of dental professionals with an interest in paediatric dentistry. *Br Dent J* 2009; **206:** 409-414.
3. Harris J C, Elcock C, Sidebotham P D, Welbury R R. Safeguarding children in dentistry: 2. Do paediatric dentists neglect child dental neglect? *Br Dent J* 2009; **206:** 465-470.
4. Bajaj A. Dental neglect focus. *Br Dent J* 2009; **206:** 568.

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IN BRIEF

- Reports dental therapists' experience of child abuse.
- Identifies that dental therapists would like further training in child protection.
- Identifies that dental therapists, like dentists, are uncertain when diagnosing child protection issues.

RESEARCH

COMMENT

The purpose of this paper was to investigate the experience of dental therapists with regard to child protection issues. Currently no data exists on this subject. This is an original and innovative piece of research which should prove of great interest to dental therapists. It has no small significance to those involved with the training and education of dental therapists and to those agencies who provide education on child protection to the dental team as a whole.

Clear evidence gathered from the data shows that the majority of dental therapists have received training both as students and as postgraduates on child protection issues. Over 50% had seen local child protection guidelines. However, the paper goes on to discuss the actions of the dental therapists when faced with actual cases of suspected child abuse during their practising career. Just over one third of respondents reported suspected child abuse. This data is similar to that found in studies for dentists. A large proportion of the respondents recorded their suspicions in the clinical notes. However, despite such a high proportion having received training, 18% of those who suspected abuse did not report it.

This is disappointing. When questioned regarding this failure to report their suspicions, the reasons included fear of litigation, fear of violence towards the child concerned, lack of knowledge of the referral process and the affect of external agencies on the welfare of the child concerned. At the centre of this was a lack of certainty over diagnosis. This would seem to suggest that despite training and evidence showing that the consequences of failing to report abuse can be threatening for the child concerned, this group of dental professionals lack the confidence to act on suspicion and put the patient first.

There is a need to look into the content and learning outcomes of training given to the dental team on child protection. Clearly any training should include the importance of converting suspicion of abuse into taking action. It should underline a positive role of outside agencies with an emphasis on the importance of how and when to refer. It would seem that dental therapists are similar to dentists in that training increases the chance of recognising abuse. What happens after the diagnosis is what will make a difference to that child.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

In 2006 all NHS dental practices in England and Scotland received a Department of Health-funded handbook *Child protection and the dental team*, developed to assist dental teams in primary care. Separate arrangements for distribution took place in Wales and Northern Ireland. Previous studies have looked at how dentists view child protection issues, but the views of other members of the dental team in the UK have not been reported. We wanted to see if the guidance had reached dental therapists and whether they had similar concerns to dentists.

2. What would you like to do next in this area to follow on from this work?

This research has confirmed that uncertainty over the diagnosis of abuse continues to be a concern for dental therapists and that when concerned they are likely to talk to other dental professionals, who are may be as inexperienced and unsure as themselves. We need to ensure that child protection training at every level includes the message that the threshold for referral is having concerns. You do not have to be sure of your diagnosis. Dental teams should follow local procedures and make a child protection referral whenever they are concerned about possible significant harm from abuse or neglect. This is much easier to do if you know the people you are referring the child to. We need to encourage all dental practices to identify who they could speak to for advice if they are concerned about a child, whether that is a dental colleague, a doctor or social services.