Summary of: The Scottish dental practitioner's role in managing child abuse and neglect

C. M. Harris,^{*1} R. Welbury² and A. M. Cairns³

VERIFIABLE CPD PAPER

FULL PAPER DETAILS

¹Specialist Registrar in Paediatric Dentistry, ²Professor and Honorary Consultant, ³Senior Clinical University Teacher and Honorary Consultant, Glasgow Dental Hospital and School, 378, Sauchiehall Street, Glasgow, G2 3JZ

*Correspondence to: Christine Harris
Email: c.harris1@nhs.net

Refereed Paper

Accepted 26 January 2013
DOI: 10.1038/sj.bdj.2013.435

©British Dental Journal 2013; 214: E24

Background In 2005 Cairns *et al.* published a paper (*Int J Paediatr Dent* 2005; **15**: 310–318) examining the role of the general dental practitioner (GDP) in child protection (CP) in Scotland. This involved a questionnaire sent out to Scottish GDPs in 2003. Subsequently in 2006 all UK dental practices were sent *Child protection and the dental team*, a manual detailing roles and responsibilities with regard to CP. During this time the profile of CP within dentistry increased. There has been no published research since 2006 investigating whether the gap between the proportion of GDPs who suspect child abuse/neglect in their patients and those who refer cases has changed. **Aim** The aim of this research was to investigate whether this gap has changed between 2003 and 2010. **Method** A postal questionnaire based on that used by Cairns *et al.* was sent to 50% of GDPs in Scotland in March 2010. **Results** The response rate was 52% (53% male). Some 29% and 55% of respondents had received undergraduate or postgraduate training in child protection respectively. Over two thirds (37%) had suspected child abuse/neglect in one or more of their paediatric patients but only 11% had referred a case. The most common factor affecting the decision to refer was 'lack of certainty of the diagnosis' (74%). Some 77% thought that abused/neglected children had an increased caries increment and 73% of dentists were willing to get involved in detecting neglect. **Conclusion** Dentists in Scotland appear to be suspecting and referring more cases of child abuse/neglect than previously. The vast majority are willing to get involved in detecting neglect.

EDITOR'S SUMMARY

'Don't wait until you're certain. If you are worried about a child or need advice, contact us,' say the NSPCC to the general public. This is very true. However, we are also all aware of the terrible implications for a family of a wrongful accusation. For example, the recent, high-profile case of four-month-old Jayden Wray whose family were wrongly charged with his murder though the child had actually had a severe case of rickets.¹

Bearing these implications in mind, it's understandably difficult to know when to act on a suspected case of dental neglect. Research carried out in 2003 by Cairns *et al.* showed that the majority of dentists were willing to get involved in detecting neglect but many felt under-prepared for the role. In 2006 the *Child protection and the dental team*² manual was created to help support dentists in safeguarding children against abuse and neglect. But does information and instruction actually help?

This *BDJ* paper investigates whether or

not Scottish GDPs are now more likely to identify and refer cases of child abuse/neglect. Since the initial survey in 2003, the profile of child protection within dentistry has increased and *Child protection and the dental team* was sent to all UK practices.² The results in this study do indeed confirm that this training certainly helps rather than hinders.

The study also reports the most common factors affecting GDPs' decision not to refer; the top ones being 'lack of certainty of the diagnosis' and 'lack of knowledge of referral procedures'. Decisions about children should never fall to one individual but are always shared by a team. This paper reiterates the importance of knowing your local child protection team: child protection advisor or lead nurse for child protection.

The good news is that the majority of dentists are still willing to get involved in detecting neglect. The actual figure reported was 73% of dentists questioned. Though we must look to this being closer to 100%. Why?

Because:

- Dental problems are the fourth most common reason for a child to be admitted to hospital
- An estimated one to two children die each week in England and Wales as a result of abuse or neglect
- It is well recognised that most cases of abuse and neglect do not come to the notice of professionals and, as a result, children continue to suffer harm.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 214 issue 9.

Ruth Doherty
Managing Editor

1. BBC News Story. *Parents cleared over Jayden Wray death of rickets*. Available at: www.bbc.co.uk/news/uk-england-london-17776109 (accessed May 2013).
2. Harris J, Sidebotham P, Welbury R *et al.* *Child Protection and the dental team*. Sheffield: COPDEND, 2006. Available at: www.cpdend.org.uk (accessed May 2013).

DOI: 10.1038/sj.bdj.2013.461

TO ACCESS THE BDJ WEBSITE TO READ THE FULL PAPER:

- BDA Members should go to www.bda.org.
- Click the 'login' button on the right-hand side and enter your BDA login details.
- Once you have logged in click the 'BDJ' tab to transfer to the BDJ website with full access.

IF YOUR LOGIN DETAILS DO NOT WORK:

- Get a password reminder: go to www.bda.org, click the login button on the right-hand side and then click the forgotten password link.
- Use a recommended browser: we recommend Microsoft Internet Explorer or Mozilla Firefox.
- Ensure that the security settings on your browser are set to recommended levels.

IF YOU HAVE NOT YET SIGNED UP TO USE THE BDA WEBSITE:

- Go to www.bda.org/getstarted for information on how to start using the BDA website.

IN BRIEF

- Illustrates that 37% of Scottish GDPs have suspected child abuse/neglect but only 11% have referred a case.
- Identifies common barriers to referral.
- Suggests the majority of Scottish GDPs are willing to get involved in detecting neglect.
- Suggests there are large numbers of GDPs who have an appetite for further training in identifying and reporting suspected cases of neglect.

COMMENTARY

This paper set out to investigate the perceived gap between suspicion of child abuse and neglect by the dental team and actual rates of referral to children's social care between 2003 and 2010. This research builds on Cairn's survey of Scottish dentists in 2003.¹ Dentists are well placed to detect dental neglect as a stand-alone issue or as a marker for more general neglect and abuse. This paper highlights an increased focus on child protection education and training available in both undergraduate and postgraduate dental courses, increased availability of multi-agency child protection training locally and the publication of specific guidance on child protection in 2006, *Child protection and the dental team*.² The results of the survey show an encouraging impact of this increased focus on education and publication of specific guidance.

This research demonstrates a significant correlation between practitioner's receipt of child protection training and access to specific guidance with increased recognition of abuse and neglect, seeking advice from a child protection advisor and onward referral to children's social care. Although 37% of dentists reported that they suspected abuse or neglect in some of their patients, actual referrals remain low with only 11% of dentists referring a concern to children's social care. The main reason given for a reluctance to make a referral was due to a lack of certainty of diagnosis. However, the majority of dentists who responded were willing to get involved in child protection.

Child protection and the dental team is currently being revised and will include a section on early intervention and alternative routes of referral and support available to families and children. This aims to reassure dentists that a continuum of intervention and support is available to facilitate referral.

Child protection awareness is increased by training and reading guidance. Child protection should therefore be a core competence topic in continuing professional development and regular access to inter-agency child protection training would be beneficial to dentists and members of the dental team. It may also be beneficial for dentists to have more involvement at a local level with the multi-agency child protection agenda.

This research makes an important contribution to the wider body of research on child abuse and neglect from a specialist perspective. It is important that each discipline investigates issues and aspects of practice relevant to child protection in relation to their practice not only to contribute to the wider body of evidence but to inform future policy and practice.

Catherine Ellis
Assistant Clinical Professor
in Child Health
University of Warwick

1. Cairns A M, Mok J Y, Welbury R R. The dental practitioner and child protection in Scotland. *Br Dent J* 2005; **199**: 517–520
2. Harris J, Sidebotham P, Welbury R et al. *Child protection and the dental team. An introduction to safeguarding children in dental practice*. Sheffield: Committee of Postgraduate Dental Deans and Directors, 2006. Available at <http://www.cpdtd.org.uk> (accessed April 2013).

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

I first became interested in child protection when I worked as a volunteer telephone counsellor at ChildLine while I was in the early years of my undergraduate dental degree. As soon as I started specialty training in 2009 I knew that this was an area I wanted to explore further, with specific emphasis on neglect. I have learned that in this world, and especially in the current difficult financial climate, those who have no voice are easily overlooked. It is important to be a voice for those children who are otherwise unheard. Their need is arguably greater than the rest of society, but they never make the headlines unless there is a criminal investigation against their carers or others who have failed them. I felt it was important to investigate the current views of Scottish GDPs with regard to child abuse/neglect

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

This research has identified that there are still some GDPs in Scotland who have never had any training in child protection or neglect. We would like to see this topic included as a core CPD topic along with radiology regulations etc. It has also enabled us to develop scenario based learning in this area which has had very positive feedback so far and many participants have found this more beneficial than traditional lecture based training. The next part of my research has been to attempt to quantify the oral health of children with identified welfare concerns and to set up pathways for dental care for these most vulnerable children.