On the fifth day of Stuart Hazell’s trial in May of this year he pleaded guilty for murdering 12-year-old Tia Sharp. He is someone who never had any record as a paedophile. A huge amount of people have said that she was better off leaving this world as it was a dysfunctional family. They lived with this person day in, day out and this was the mother and the grandmother. The law expects us, the professionals, to protect children, we have a huge responsibility; a moral obligation. I wonder how we do this when most cases of child abuse and neglect do not come to the notice of professionals. The above case is a classic example, which means that children like Tia (and more recently, four-year-old Daniel Pelka) continue to be harmed.

Key Position
Members of the healthcare sector, especially dental teams, are in a key position to observe potential signs of mistreatment; like everyone, they have a responsibility to report any concerns. We have a duty of care. All of us share the responsibility to follow practice procedure, local procedure and the national procedure for child protection. We may observe, feel, or hear something that causes us to suspect that a child is at risk of neglect or abuse. It is our utmost responsibility to take action and make the whole team aware and follow the procedures. Sharing information and sharing concerns is the key.

As a civilised country we lament and screech about child soldiers in Syria and child labour in Bangladesh. Jimmy Savile has left us a memoir; his malicious activities were shielded by his niche success and charity efforts, now it has been exposed by his death. It is sad he is not alive to witness his shame and it is a shame on the people and authorities who turned a blind eye to all this - or should I say the system failed these children.

Four Types of Abuse
There are four types of abuse - Physical, Emotional, Sexual and Neglect. It is of paramount importance we do not ignore the vital signs of any abuse. Children may have physical marks on their body or they can portray emotions or behavioural changes, which may be worth further scrutiny. We should speak about these topics in our staff meetings and enlighten the whole team. We should not let the innocent childhood be taken away from children at risk or let them die before they have even lived their life. This is the extreme end of child abuse.

In American paediatric dentistry circles ‘wilful failure of parent or guardian to seek and follow through with treatment as necessary to ensure a level of oral health essential..."
for adequate function and freedom from pain and infection’ is dental neglect. Participating in Oral Health Education days in schools has given me a vital insight, especially for primary school children. They tell me ‘Mummy brings me sweets when she picks me up’ or ‘I have a milkshake before bed with a movie’. Statements such as these are endemic in our culture. I must admit this is often due to a lack of knowledge. This all boils down to one thing, as Tony Blair famously said ‘Education, Education, Education’.

Most of all we should endeavour to protect children in the dental setting, as well as ensure a level of protection for ourselves. We all need to follow the guidelines from organisations such as the GDC, CQC etc and carry out enhanced CRB (now Disclosure and Barring Service (DBS) checks).

The General Dental Council’s Standards for Dental Professionals states: ‘You must maintain appropriate boundaries in the relationships you have with patients. You must not take advantage of your position as a dental professional in your relationships with patients’.

Every dental practice should follow best practice steps to put in place child protection procedures. These include:• Nominating a member of staff as the ‘Lead on child protection’• Having a written child protection policy with Local Child Protection Lead details included• Following a step-by-step guide of what to do if you have concerns• Following best practice in record keeping• Undertaking regular team training and staff meetings on the subject of child protection and safeguarding• Practising safe staff recruitment procedures

If you are concerned about a child you should act on it promptly; please do not think someone else will take action. Approach the child in a friendly manner, take a history, examine and talk to the child. Do not ask leading questions. Ask the child and the parent/carer about what caused any obvious injuries, and take into account the child’s past dental history, their medical history and the family and social circumstances. Please do not be judgemental. Speak to your Child Protection Lead or a senior member of staff and follow the local child protection guidelines.

Further guidance• All Wales child protection procedures http://www.allwalesunit.gov.uk/index.cfm?articleid=298• The British Society of Paediatric Dentistry and the Royal College of Paediatrics and Child Health’s Procedures to be adopted by the dental professional who suspects child abuse http://www.rcpch.ac.uk/publications/recent_publications/GD-CFinalNovember.pdf http://www.scottishdental.org/docs/proce_suspabuse.pdf (version for practices in Scotland)• Educare child protection distance learning resource, written by the NSPCC (the first two modules are available free of charge) and supporting its campaign http://www.debrus-educare.co.uk/talktilitstops/

• Healthcare Learning: Smile-on has produced an online resource looking at the treatment and support of vulnerable children. Access the course for free http://elearning.smile-onnews.com/

• Local safeguarding children boards (These organisations help key agencies to work together) http://www.everychildmatters.gov.uk/landing/


Scottish Dental Child Protection and the dental team resources http://www.scottishdental.org/resources/child_protection

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