

Safeguarding Children and Young People for Orthodontists COVID-19 and Beyond

Background

Safeguarding children, young people and vulnerable adults is all our business. Safeguarding children is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- ✓ Protecting children from abuse and maltreatment.
- ✓ Preventing harm to children’s health or development.
- ✓ Ensuring children grow up with the provision of safe and effective care.
- ✓ Taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

The focus here is on children and young people. This is not a scientific paper but a summary for all BOS members to read and reflect on; this document will be reviewed quarterly with relevant updates provided. Safeguarding children is a mandatory requirement documented by the GDC, CQC and as individuals we hold a moral responsibility. It is old news with recognition of a member of the dental team having a role in child protection first publicly highlighted and shared back in 2006.

Expectations

As a minimum – mindfulness around safeguarding must be considered with the core ‘safe seven’ essentials as shown in the following table.

Area	Detail
1. Awareness of the range of abuse	<ul style="list-style-type: none"> - Traditional forms physical (dental trauma)/emotional, neglect (oral features), sexual abuse - More recently – bullying, trafficking, FGM, radicalisation - Relationship with domestic violence
2. Ability to recognise when something may be wrong	<ul style="list-style-type: none"> - Multiple missed appointments or re-scheduling of visits known as ‘disguised non-compliance’ - The teenager self-harming, bullied because of their 12mm overjet - Delayed presentation when significant issues - Abnormal family interactions - Poor oral hygiene with overall unkempt appearance - Red flags for the individual (e.g. vulnerable child) or for the family (e.g. recently homeless, parenting capacity affected)
3. Routinely record child / young person’s details	<ul style="list-style-type: none"> - Family structure – siblings, household members - School – name, year, or home schooled

	- If known to social care already – record details social worker
4. Safeguarding children training	- Local requirement and GDC as a recommended topic
5. Local safeguarding process/policy	- Where this information is held and what to do and ensure that it is up to date
6. Recurrent agenda item	- Staff and governance meetings, local and national forums to solidify safeguarding and support each other
7. Policy/process for missed appointments	- All missed appointments – WNBs – Was Not Brought should be followed up, good area to audit

So why now?

Since March 2020, the COVID-19 pandemic has changed everything in terms of our personal and professional lives, and norms. The constant changes, challenges, and longevity of this all have an impact.

As orthodontists – you may be the first ‘body’ to communicate with a patient and family post-lockdown via a telephone, virtual clinic, or back in the surgery as some semblance of normality is resuming.

Why is this different to practice pre-COVID-19?

Children and young people, largely considering those in the 6 – 16 years age range, did not have a ‘typical’ last few months. Therefore, emotional intelligence must be highly tuned with an empathetic approach towards the patient and family.

The negative impact on mental well-being of children and young people has been widely highlighted in the media and scientific literature during the pandemic.

It matters to:

- ✓ The child or young person directly affected by COVID-19 whether it be having the virus themselves, a family member being sick or even dying.
- ✓ The 7 year-old not having their birthday party.
- ✓ The year 6 desperate to be back in school as they are anxious over their ‘big’ new school in September – if school happens then.
- ✓ The 16-year-old who has worked solidly for their GCSEs.
- ✓ The vulnerable child missing their teacher as the role model in their lives.
- ✓ The child having experienced the extended gap of love and safety of grandparents.
- ✓ The chronically hungry young person.
- ✓ The fearful watching fighting in the home, victim to verbal abuse.
- ✓ The confusion as things are heard on the news or adults talking.

Post COVID recommendations:

Communication	<ul style="list-style-type: none"> - If you do not ask the question – how do you expect the answer? - When calling patients – being aware of good governance, who you are speaking to, ID, update regarding school, who is also potentially in the room
Observation	<ul style="list-style-type: none"> - Face to face - condition of brace, oral hygiene, broken appliance, abnormal arch wire distortion, new disease namely caries or trauma - Parental concern or apathy? Have they noticed any anomalies? Did they call into the practice/hospital? - Any neglect? Poor OH? Signs of anything to trigger a concern - Teleclinics - have images emailed if no video facility
Voice	<ul style="list-style-type: none"> - Listen to the voice of the child or young person and act accordingly - Consult with the young person about their experiences of COVID-19, lockdown and of accessing health care
Investigation	<ul style="list-style-type: none"> - Investigate and information gather to get a fuller picture to make informed decisions - Important to always speak to the parent if concerned and good practice to generally do this to reduce the chance of missing something - May be difficult now if not allowing parents/guardians into clinics
Decision	<ul style="list-style-type: none"> - Ensuring as far as possible the correct order of priority/categorisation of patients with emergencies when working at reduced capacity - If in doubt, always arrange a follow-up visit for a child or young person - Decide to be on board by taking small actions like having an NSPCC poster in your waiting room with helpline contacts for young people and parents - Have a rainbow sign displayed as a reflection of embracing diversity

Summary

Safeguarding children and young people is our opportunity to help families - not because a CQC visit is due or for CPD but to make a real difference especially now as we move into the recovery phase with a possible second peak of the virus.

Safeguarding is complex and an area that most dental practitioners want to know more about. As the British Orthodontic Society, it is now perhaps the time to be the leading light for this as all children's and young people's lives do matter.

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