

# **Dental Health and Neglect**



## **Oral health needs**

Children have a number of needs to reach their potential for optimal oral health. This includes the following:

- A diet limited in the amount and frequency of sugar intake.
- A regular source of caries-preventive fluoride.
- Daily oral hygiene and access to regular dental care to enable them to benefit from preventive interventions and early diagnosis and treatment of dental disease when necessary.
- Young children are dependent on parents and carers to meet those needs so the caregiver also needs to have a knowledge of appropriate twice daily oral hygiene.

There may be a range of family, social or environmental reasons why a child's oral health needs are not being met (see Determinants of health section in guidance).

Variation in a child's susceptibility to poor dental health:

- Inequalities in access to dental services in our borough
- Autonomy of children- anxious/phobia of dental services. Genetic conditions and predisposed conditions developed in utero (developing in the womb) such as enamel hypoplasia.
- Vulnerable groups- consider children with disabilities and medical conditions and medications that can impact oral health.
- Parental awareness- what is their understanding of good dental hygiene?
- Differences in how dentists treat- it may be that the child has been seen and the best plan of care is to treat conservatively.

## **Critical factors to consider when analysing dental neglect**

- 1) Carers response to presence of dental disease.
  - Is it obvious to non-medical professionals?
- 2) Carers acceptance of care offered.
- 3) Impact disease has on child.

## **Poor oral health- Impact on the child**

- Pain/Infection
- Poor quality of life – Reduction in eating – Reduction in sleep – Reduction in play – Reduced school attendance
  - Teased due to poor appearance
  - Recurrent antibiotics
  - Severe acute infection – Potentially life threatening.

Consider the effect of untreated dental disease throughout the life course. Young people who experience delays to the treatment of their dental caries will require more invasive and extensive restorative treatment and this affects the long-term prognosis of the teeth. This may mean that they require dental extractions in the future. Loss of teeth has been shown to be associated with increased impacts and negative effects on oral health-related quality of life in adults.

## **Responding to suspected dental neglect**

When there are concerns about possible dental neglect the British Society of Paediatric Dentistry advises a tiered response can be used with three stages of intervention, according to the level of concern for the child. Using tiered approach gives parents/carers opportunity to engage with support for their child to receive the care they need, with escalation possible if this is not successful. Tiers can run concurrently where following each sequentially would result in delay and additional harm.

## 1) Preventive management

“How can we support you in looking after your child’s teeth?”

Working with families should be the aim in educating about good oral hygiene. This approach aims to shift the emphasis from blame to support and provides the opportunity for collaboration. It is important for **all** agencies to:

- Raise concerns with parents and carers.
- Explain what changes are needed
- Offer support and signpost to services- [How to find an NHS dentist - NHS \(www.nhs.uk\)](https://www.nhs.uk) and NEL directory of services- [SaferNEL | Prevention and early help - SaferNEL](#).
- Keep accurate records.
- Set targets for improvement and review progress.

Dental anxiety is a known barrier to accessing care. If dental anxiety, or parental anxiety, is thought to be an underlying reason for failure to complete planned treatment, this should be discussed. It is essential to ensure appropriate anxiety management techniques have been offered to children and young people

## 2) Preventive multi-agency management

– Information sharing between agencies and joint planning

It may be appropriate to contact other agencies such as dentist, school, nursery, health (GP, School Nurse, Health Visitor, therapies etc), children's social care to enquire whether the child is known to them or if there are any wider concerns. If a child is or has been known to other services, they may have had concerns raised about them previously. Liaising with other organisations enables recognition of shared concerns and/or identification of ways to better support children and families, including Early Help support [SaferNEL | Prevention and early help - SaferNEL](#). It is important to work jointly with other professionals, discuss any concerns about the child and seek to clarify what steps can be taken to support the family and address concerns. A joint plan of action should be agreed and documented.

Serious safeguarding incidents have highlighted the importance of effective information sharing between relevant agencies.

## 3) Child protection referral

– When there is concern that the child is suffering or is likely to suffer significant harm. Please refer to SaferNEL, Threshold of Need Document. This model for management does not override any local procedures that are in place but can be used in parallel.

## Dental Neglect Management

