

Recognising and Responding to Paediatric Dental Neglect

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Aim and objectives

- Aim to discuss:
 - Paediatric oral health
 - Paediatric dental neglect
 - recognising and responding
 - Multi-agency working for (dental) neglect
- By the end of this presentation participants should:
 - Be able to define dental neglect
 - Be aware of a child's basic oral health needs and oral health status of children in Bradford
 - Be aware of BDCFT Guidance on how to recognise and respond to dental neglect
 - Encourage further multi-agency working

What's oral health got to do with Safeguarding?

- Many children on a child protection plan are at risk of neglect
 - May include dental neglect
- High profile cases
 - E.g. Hamza Khan SCR
 - Failure of multiple agencies to respond/be involved/communicate
 - Dental agencies could be one of those agencies

Definitions

- Dental Neglect
 - Persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development
 - May present in isolation or may be sign of wider picture of neglect or abuse

What are the signs of dental neglect?

- Failure to seek/delay in seeking dental treatment
- Failure to follow dental advice
- Failure to administer medicine
- Failure to provide **basic oral care**

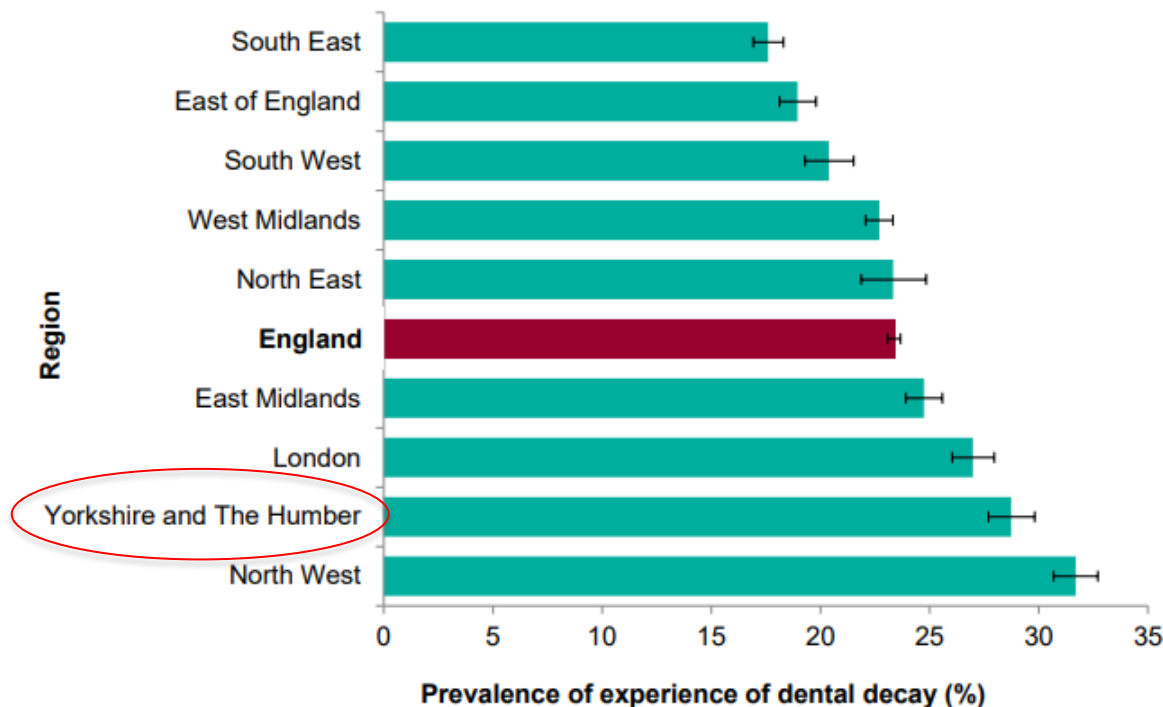
Systematic Review: Bhatia et al 2014 Journal of Dentistry

What are a child's basic oral health care needs?

- Twice daily toothbrushing with fluoride toothpaste
- Limit consumption of food and drinks containing sugar
- Regular attendance at a dentist (minimum once/year) and acceptance of appropriate care

Children's oral health in England?

Figure 1: Prevalence of experience of dental decay in 5-year-olds in England by region, 2019.



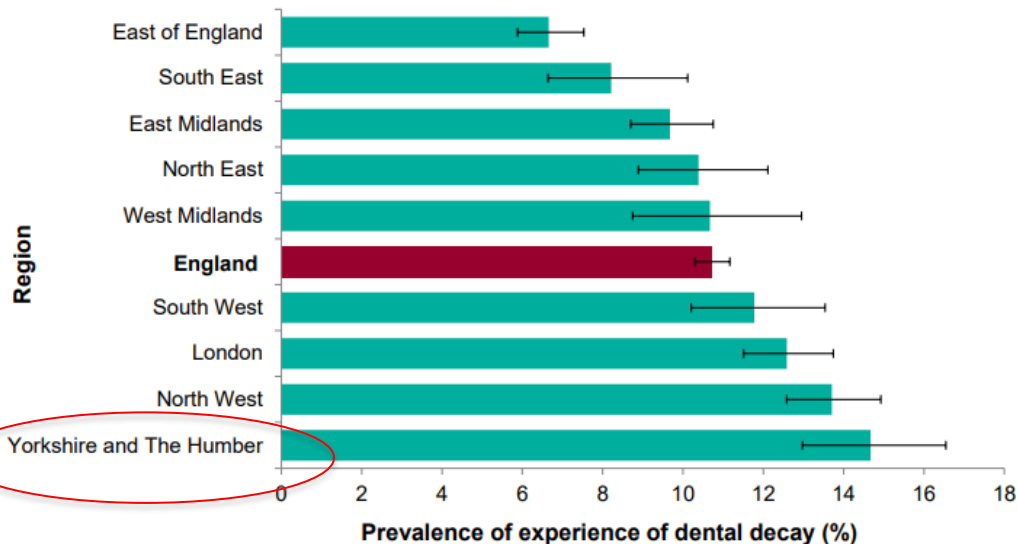
Error bars represent 95% confidence limits

- Overall oral health in Bradford?
 - *Over a third of 5 year olds have decayed teeth (36%)*

3yo dmft 2020

Oral health survey of 3-year-old children 2020: a report on the prevalence and severity of dental decay

Figure 1: Prevalence of experience of dental decay in 3-year-olds in England by region, 2020.

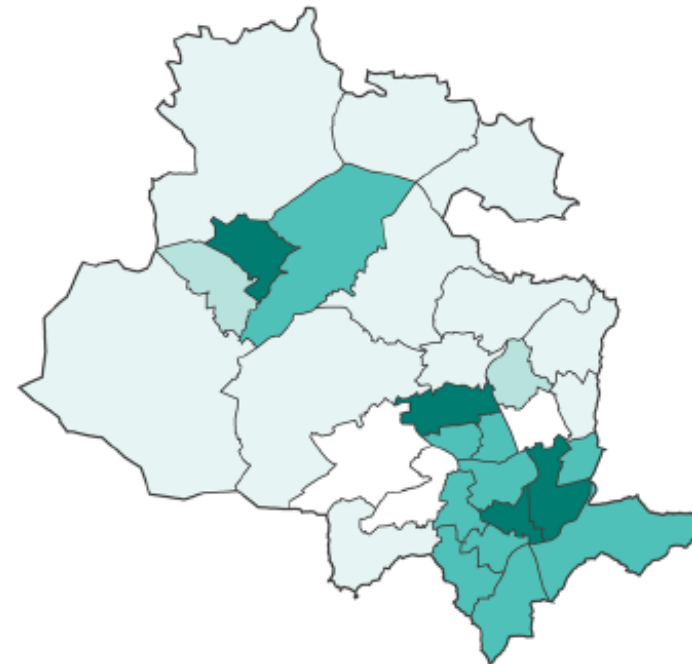


- 10.7% of 3yo have dental decay
 - Bradford ~16%
- Related to socio-economic status

Dental decay in Bradford

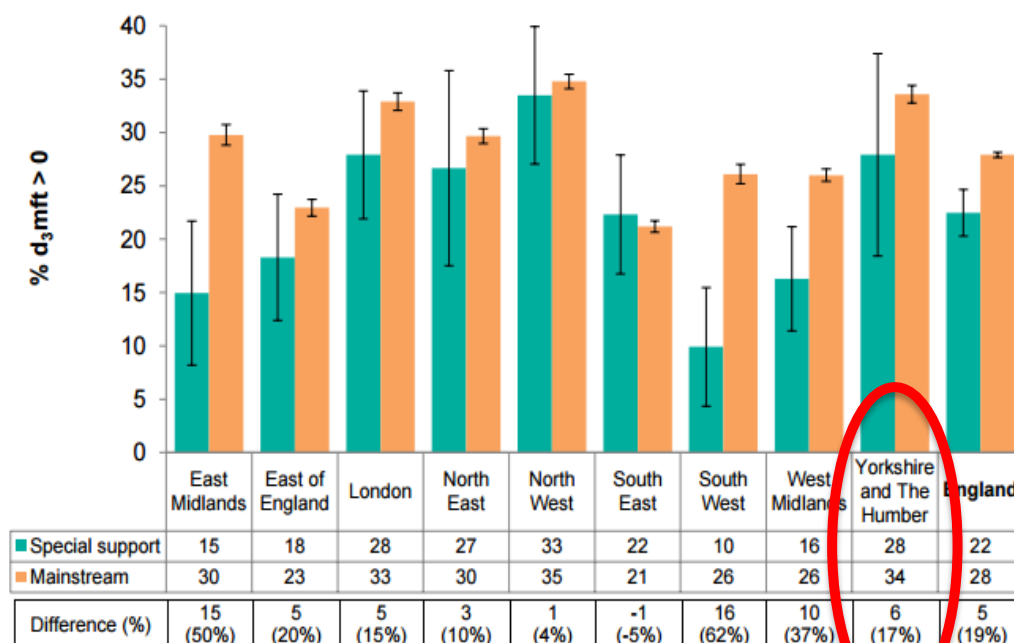
- South Asian children have higher levels of decay compared with white peers in similar areas
- Children subject to a Child Protection Plan significantly higher levels of dental caries (Keene, 2015)

Figure 1. Map of percentage of five-year-old children with tooth decay experience in Bradford, 2015



Special Needs School Survey

Figure 15: Percentage of five-year-old children with decay experience ($d_3mft > 0$) in special support (2014) and mainstream schools (2012) in England by government region.



Error bars represent 95% confidence limits

So, if there's lots of decay????

- No 'threshold' level of dental decay equates to dental neglect



Harris J et al 2009
International Journal of Paediatric Dentistry

Because...

- Variation in individual susceptibility
- Inequalities in access to dental services
- Autonomy of children
- Vulnerable groups
- Parental awareness
- Differences in how dentists treat

Critical factors to consider when making diagnosis of dental neglect

- 1) Carers response to presence of dental disease
 - 1) Obvious to lay person
- 2) Carers acceptance of care offered
- 3) *Impact* disease has on child

What is the potential impact of poor oral health?

- Pain/Infection
- Poor quality of life
 - Reduction in eating
 - Reduction in sleep
 - Reduction in play
 - Reduced school attendance

What are the potential risks of poor oral health?

- Teased due to poor appearance
- Recurrent antibiotics
- Severe acute infection
 - Potentially life threatening

Deamonte Driver

- Maryland, USA: Feb 2007
 - 12-year-old Deamonte Driver dies of a brain abscess secondary to a dental abscess
 - *“The outrage is that Deamonte’s life could have been saved by a routine dental visit and an inexpensive extraction if only Medicaid’s reimbursement rates to providers weren’t so low, causing Medicaid providers to be extremely scarce”*

The Children’s Defense fund

What about the effects on those children with additional needs?

- Cardiac patients
 - Infective endocarditis
- Diabetes
 - Ltd oral intake and effects on blood sugar levels
- Autism
 - Increase in aggressive behaviour if in pain
- Epilepsy
 - Increase in seizure frequency/severity
- Oncology
 - Delay in commencing cancer treatment

So, what do we know?

- Oral health is important
- Maintaining oral health *should be simple* BUT decay levels still remain high
- Neglecting oral health can have significant impact on general health/development
- So..... how do we respond to dental neglect?

Responding to suspected dental neglect

- When there are concerns about possible dental neglect, a tiered response can be utilised with three stages of intervention, according to level of concern:
 - i) Preventive dental team management
 - How can we support you in looking after your child's teeth?
 - ii) Preventive multi-agency management
 - Info sharing between agencies and joint planning
 - iii) Child protection referral
 - When there is concern that the child is suffering or is likely to suffer significant harm
- 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.

Multi-agency working

- BDCFT guidance (going) on Safer Bradford Website:
 - Where dental neglect is considered or suspected, parent/carer of CYP should be made aware of the concerns surrounding their CYP's oral health
 - What care has already, or is, being sought should also be confirmed
 - Management thereafter will depend on:
 - a) if the CYP already has access to oral health care (GDP/CDS);
 - b) if there is an overall safeguarding concern for the CYP;
 - c) the impact of any oral health issues upon the CYP.

CYP with GDP

- **No significant safeguarding concerns**
 - Advise parent/carer to continue taking the CYP to GDP for ongoing care.

- **Significant safeguarding concerns**
 - *No obvious decay or obvious decay with no pain/infection:*
 - Professional to advise parent/carer and contact GDP regarding safeguarding concerns and any dental decay noted.
 - If GDP then feels they require support to provide the dental care for CYP, GDP to refer to CDS.

 - *Obvious Decay with pain/infection:*
 - Professional to advise parent/carer and contact GDP regarding safeguarding concerns and obvious dental decay, pain/infection noted.
 - If GDP then feels they require support to provide the dental care for CYP then GDP to refer to CDS requesting urgent opinion/treatment.

CYP with no GDP

No significant safeguarding concerns

- Advise parent/carer to gain access to GDP.
- To identify local GDP's who are accepting new patients access NHS Choices website (www.nhs.uk) or call local GDP practices directly.
- If the CYP meets the acceptance criteria for care in the CDS then Professional should refer to CDS directly.

CYP with no GDP

- **Significant safeguarding concerns**
 - *No obvious decay or obvious decay with no pain/infection:*
 - Advise parent/carer of safeguarding concerns and any oral health concerns.
 - If the CYP meets the acceptance criteria for care in the CDS then Professional should refer to CDS directly.
 - If the CYP does not meet the acceptance criteria, Professional to support parent/carer to gain access to GDP and Professional to advise GDP of safeguarding concerns and any obvious dental decay noted.
 - To identify local GDP's who are accepting new patients access NHS Choices website (www.nhs.uk) or call local GDP practices directly.
 - If parent/carer struggling with this and/or Professional feels CYP requires to be seen within CDS then refer to CDS.

CYP with no GDP

- **Significant safeguarding concerns**
 - *Obvious Decay with pain/infection*
 - Advise parent/carer of safeguarding concerns and oral health concerns.
 - Where care is required urgently then the CYP can initially access the emergency dental service on telephone number 111.
 - Professional to refer to CDS requesting urgent opinion/treatment.

CDS Paediatric Acceptance criteria

Children living with:

- Moderate/severe and profound multiple learning disabilities;
- Moderate/severe physical and/or communication impairment;
- Moderate/severe chronic mental health conditions;
- Complex medical conditions;
- Severe dental anxiety or dental phobias;
- Moderate or severe behavioural problems;
- Clefts, abnormalities of dental development or dental trauma of increased complexity;
- Other complex dental conditions;
- Looked after children or children with complex social problems;
- Children in need and child protection with additional or complex needs;
- Looked after children with additional or complex needs;
- Children with other additional needs such as substance misuse.

Responding to dental neglect

Paediatric Dental Neglect Guideline



The 5 key messages the reader should note about this document are:

1. Be aware of possible presentation(s) of dental neglect.
2. Know how to manage dental neglect depending on the level of concern.
3. Know how to manage patients who fail to attend appointments.
4. Know when to contact other agencies to gain/share information about a patient.
5. Know who to contact when there is a high level of suspicion on dental neglect.

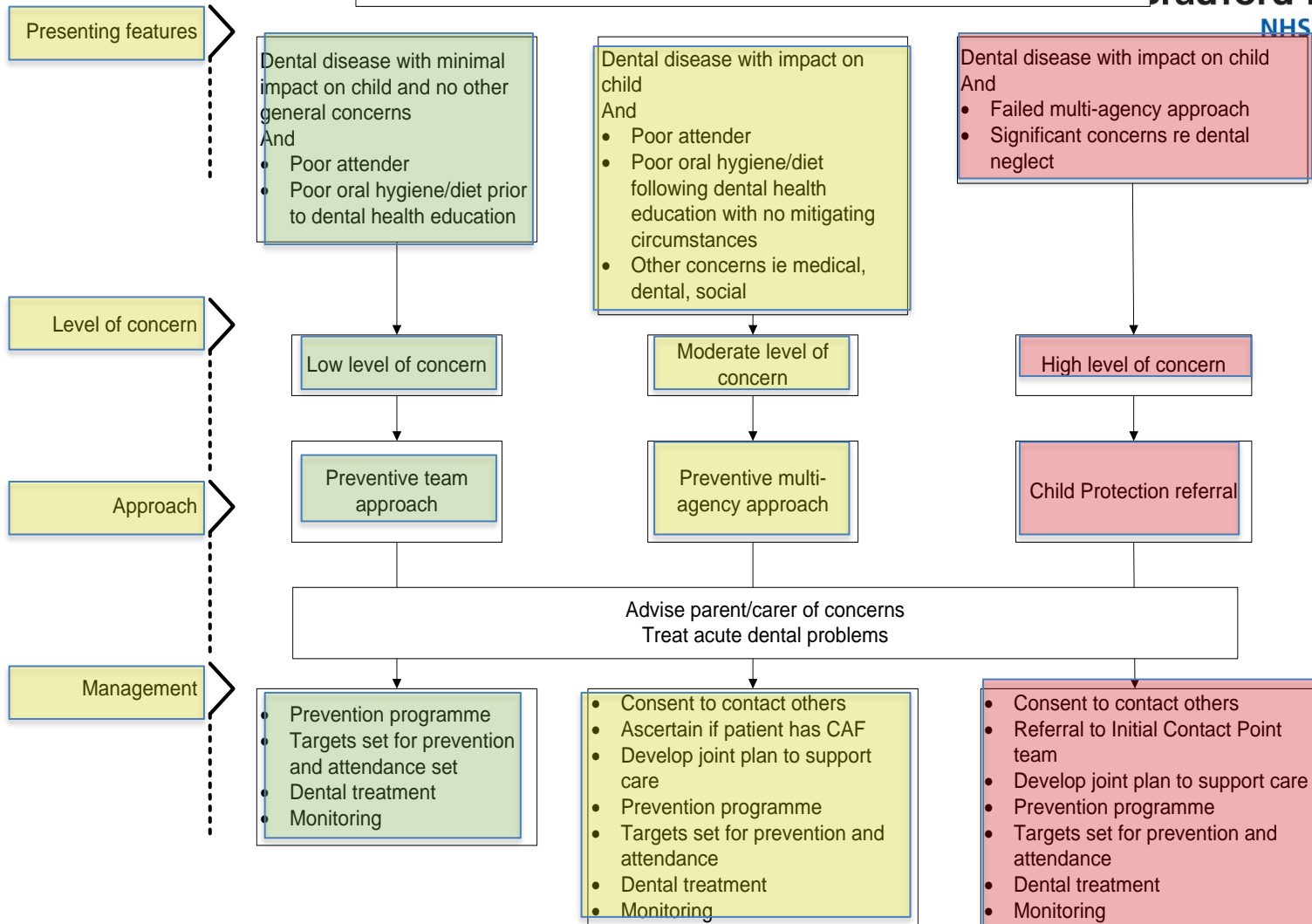


You and Your Care

- Be aware of possible presentation(s) of dental neglect
- Know how to manage dental neglect depending on the level of concern
- Know how to manage patients who are not brought to appointments
- Know when to contact other agencies to gain/share information about a patient
- Know who to contact when there is a high level of suspicion on dental neglect



Dental Neglect Management



Why we should all act on dental neglect

- Everyone's responsibility to safeguard children
 - Neglect may include dental neglect
 - Oral health as part of general health
- Negative effects of acute and chronic effects of any form of neglect, including dental
 - Repercussions by not acting may be significant negative effect on child's health/development

How to Contact?



Bradford District Care
NHS Foundation Trust

Postal Referrals

Community Dental Service
Horton Park Centre (Room S27)
99 Horton Park Avenue
Bradford BD7 3EG

Email referrals

dentalreferrals@bdct.nhs.uk

Discuss case

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Tel. 01274 251838



Thank you

- Links
 - BSPD website
www.bspd.co.uk
 - BDCFT guidance
 - <https://saferbradford.co.uk>
 - BDCFT Oral Health videos
 - [Oral Health Improvement - Bradford and Airedale - BDCT](#)
- Questions
-and **Suggestions!**