

BDCFT Guidance on Paediatric Dental Neglect

This document has been developed for all non-dental healthcare and non-healthcare professionals (including Social Workers) to provide guidance on how to recognise and respond to dental neglect.

Introduction

Safeguarding and promoting the welfare of children has been defined as (Working Together to Safeguard Children 2015):

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Safeguarding children and young people (CYP) is everyone's responsibility and all CYP have a right to be healthy, safe and protected from neglect (UN Convention 1989; Every Child Matters 2003).

Neglect and Dental Neglect

The National Institute for Health and Clinical Excellence (NICE) has published guidance on when to suspect child maltreatment (NICE 2016). Neglect is one category of child maltreatment and can be defined as the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Within the NICE document, the features of neglect are divided into those where neglect should be considered and those where neglect should be suspected (NICE 2016). The NICE guideline recommends that neglect should be considered when parents/carers have access to but persistently fail to obtain NHS treatment for their child's dental caries and that neglect should be suspected if parents/carers fail to seek medical advice for their child to the extent that the child's health and wellbeing is compromised, including if the child is in ongoing pain (NICE 2016).

The British Society of Paediatric Dentistry (BSPD) also published a policy document on dental neglect which defined dental neglect as 'the 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' (Harris 2009). Examples of neglect presenting in the dental setting include (Balmer et al, 2010):

Dental features:

- Child in pain presents with extensive, untreated oral disease;
- Late presentation of obvious severe oral pathology;
- Attends emergency toothache appointments only and is not brought to follow-up appointments;
- Severe dental trauma when inadequately supervised;
- History of multiple repeat dental general anaesthetic;
- Essential antibiotics for dental abscess not administered;
- History of multiple missed appointments.

General features:

- Child's hands have ingrained dirt and clothes are smelly;
- Diet history reveals inappropriate diet e.g. child only given bread and chips to eat;
- Poor eating habits secondary to poor oral health;
- Severe head lice apparent at successive appointments;
- Unsafe, unhygienic home environment noted on domiciliary visit to child's home;
- Poor parent/carer supervision or emotional neglect noted.

A diagnosis of dental neglect cannot be made by the level of dental decay or single visit. It is about the response of the carers to the education, support and advice given. As such, there is no threshold level of dental decay beyond which a diagnosis of dental neglect can be made. The results from the 5 year-old National Dental Epidemiology Programme 2015 showed that 37.3% of 5 year olds in Bradford had experienced dental caries; this is the second highest level of dental disease level in Yorkshire and Humber (NDEP 2015). If the presence/amount of dental decay was the only factor considered, and given this high level of dental decay in the local population, any such threshold would result in a large number of CYP being considered as suffering from dental neglect; a recent systematic review of the characteristics of dental neglect confirmed that there is limited data currently available to differentiate dental caries from dental neglect (Bhatia 2014).

The more important and key factors in making a diagnosis of dental neglect are:

- the response of the parent/carer to the presence of oral disease;
- the impact that dental disease has had on the CYP;
- the parent/carer's acceptance (or otherwise) of taking-up any acceptable dental care that is offered for their CYP.

Furthermore, it should also be considered whether or not the dental disease would be obvious to a lay person.

Teams supporting CYP must, however, consider contributing factors which may have limited the parent/carer's response to oral disease e.g. limited access to dental care, lack of awareness, reluctant nature of CYP to access dental services, CYP with special needs. As such, dental neglect should be considered if the parent/carer is unwilling or unable to provide the required support that their CYP needs in both maintaining oral health and accessing oral health care.

As detailed above, dental neglect may be considered maltreatment in its own right or as part of a wider picture of neglect (which may in turn be found in combination with other types of abuse). There is, however, very limited evidence regarding the relationship between dental neglect and child neglect and that which is available has limited generalisability (Badger 1986, Greene 1995, Greene 1994, Olivan 2003, Valencia-Rojas 2008, Montecchi 2009). Interestingly, a recent study within the local population in Bradford revealed that children subject to a Child Protection Plan had significantly higher levels of dental caries in the primary dentition than those not on a Child Protection Plan (Keene, 2015); dental neglect can be part of a more general picture of neglect and may be an important piece in the jigsaw.

Teams supporting CYP should consider the following when a diagnosis of dental neglect is being contemplated:

- General appearance of child;
- Child's previous dental history;
- Oral status of child;
- Relationship of child with parent/carer;
- Attitude of parent/carer;
- External factors affecting child's access to dental care.

How to manage dental neglect

All CYP should have access to oral health care and attend for a dental review *at least* once a year. This review is to facilitate prevention of oral disease and early identification of any oral disease to avoid future dental pain/infection (NICE 2004).

Most CYP will access oral health care through a General Dental Practitioner (GDP). Those CYP in Bradford and Airedale who are not suitable for oral health care in a primary dental care setting can access oral health care through the Community Dental Service (CDS) (Appendix 1).

Where dental neglect is considered or suspected, the parent/carer of the 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 with the parent/carer.

Management thereafter will depend on:

- a) if the CYP already has access to oral health care;
- b) if there is an overall safeguarding concern for the CYP;
- c) the impact of any oral health issues upon the CYP.

Where there are significant safeguarding concerns that meet the Bradford Safeguarding Children Board (BSCB) threshold for referral to Social Care (<http://bradfordscb.org.uk/wp-content/uploads/2017/02/Threshold-Guidance-final-Jan-2017.pdf>) Professionals should make a direct referral using the Common Referral Form available on the BSCB website (<http://bradfordscb.org.uk/>) in concurrence with the oral health management of the CYP as outlined below (BSCB 2016). The dentist involved in the child's care should be contacted to highlight the identified safeguarding issues (including any Child Protection Plan in place, vulnerabilities etc.). The dentist should also be asked for a report and their opinion of the CYP oral health.

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.

Significant safeguarding concerns

No obvious decay or obvious decay with no pain/infection:

Advise parent/carer of safeguarding 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.

*Obvious Decay **with** pain/infection*

Advise parent/carer of safeguarding 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 within Bradford

CYP who have a Bradford postcode-based General Medical Practitioner

+ LS29 area (and not BD11 or BD19) can be referred to Bradford District Care NHS Foundation Trust CDS using the referral pro-forma below (Appendix 2). Please send to:

BDCFT Community Dental Service

Referral Management Service

Level 2

Horton Park Health Centre

99 Horton Park Avenue

Horton Park

Bradford

BD7 3EG

Telephone 01274 251838

Further information

If you require further information or guidance regarding dental neglect, please contact the team on Tel: 01274 228833 and ask to speak to one of the Specialists or Consultants in Paediatric Dentistry who will be happy to discuss any queries.

References

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Greene P E, Chisick M C, Aaron G R. A comparison of oral health status and need for dental care between abused/neglected children and non-abused/non-neglected children. *Pediatr Dent* 1994; 16: 41-45.

Keene EJ, Skelton R, Day PF, Munyombwe T, Balmer RC. The dental health of children subject to a child protection plan. *Int J Paed Dent* 2015; 25: 428–435

Montecchi PP, Di Trani M, Sarzi Amadè D, Bufacchi C, Montecchi F, Polimeni A. The dentist's role in recognizing childhood abuses: study on dental health of children victims of abuse and witnesses to violence. *Eur J Pediatr Dent* 2009 Dec;10 (4):185-7

Multi Agency Threshold Guidance for Bradford District (2016) <http://bradfordscb.org.uk/wp-content/uploads/2017/02/Threshold-Guidance-final-Jan-2017.pdf>

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Olivan G. Untreated dental caries is common among 6- to 12-year-old physically abused/neglected children in Spain. *Eur J Public Health* 2003; 13: 91-92.

United Nations High Commissioner for Human Rights. *United Nations Convention on the Rights of the Child*. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights, 1989

Valencia-Rojas N Valencia-Rojas N, Lawrence HP, and Goodman D. Prevalence of early childhood caries in a population of children with history of maltreatment. *J Public Health Dent* 2008; 68: 94-101.

Appendix 1. Community Dental Service Access Criteria

- Patients with special needs relating to:
 - Learning difficulties
 - Challenging behaviours requiring multidisciplinary teams
 - From special schools/resource centres/group homes
 - From the child development centre
- Patients with a medical condition that can affect oral health and dental treatment (medically compromised)
- Severely physically disabled children
- Children who are looked after, or referred from child protection teams
- Children with complex dental anomalies including cleft lip and palate or complex dental trauma

Appendix 2. Community Dental Service Referral Form

**Community Dental Service
Referral Form**

Patient Details

Title: <small>Mr / Mrs / Miss / Other</small>	Surname:	Other Names:	Date of Birth:
Address: _____ _____			Weight: _____ Kg
Postcode: _____			
Telephone Numbers:			
Home:	Work:	Mobile:	
NHS Number:	Name of parent / carer / support worker (if applicable):		
	Telephone Number:		
Communication requirements			
Does the patient, patient carer require an interpreter / sign language practitioner ?			
If so, which language: _____ Dialect _____			
Any sensory impairment?			
Access requirements			
Is the patient in a wheelchair		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they require transport because of access issues?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other access mobility issues:			

Which service are you referring to:

Paediatric Special Needs: <input type="checkbox"/>	Adult Special Needs: <input type="checkbox"/>	Vulnerable groups: <input type="checkbox"/>
<input type="checkbox"/> Medically compromised	<input type="checkbox"/> Medically compromised	<input type="checkbox"/> Homeless
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Substance misuse
<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Asylum seeker
<input type="checkbox"/> Behaviour management	<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Looked after child
		<input type="checkbox"/> Dementia/Cognitive impairment
Please give reason for referral: _____ _____ _____		
Has this patient been referred to the service before? YES / NO		

PLEASE ENCLOSE RELEVANT RADIOGRAPHS

Please complete both sides of the form

Treatment required and degree of pain / urgency

.....
.....
.....

What treatment have you provided or attempted to provide (if applicable):

.....
.....
.....

Radiographs enclosed Yes / No

Medical History

Please record any conditions, diseases, operations which are relevant:

.....
.....

Medication taken:

.....
.....

Has the patient agreed to this referral Yes / No

Has the patient agreed to their appointment information being shared with support workers / carers

Yes / No

Name of any Consultant involved in patients care: _____

Area of Speciality: _____ Base: AGH / BRI / St Lukes / LGI

Referrers details

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone No: _____

GMP details

Name: _____

Address: _____
.....

Postcode: _____

Telephone No: _____

Please return completed forms to: Community Dental Service
Referral Administrator
Horton Park Centre
99 Horton Park Avenue
Bradford BD7 3EG

Tel: 01274 251838
Fax: 01274 228874