Dental Neglect Guidance

1. Introduction

1.1 Dental neglect is defined as **the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of the child's oral or general health or development.** Dental neglect may occur in isolation or may be an indicator of a wider picture of neglect or abuse. It may even be the first sign.

1.2 Tooth decay or cavities (known as dental caries) is a chronic disease that occurs when bacteria in the mouth metabolize sugars to produce acid that breaks down tooth enamel and dentin. Childhood dental caries is common. In 2019, in England one quarter of 5-year-old children had dental decay. This decay had a greater prevalence among children of 'Other Ethnic Groups', Asian/Asian British groups, and those living in the most deprived areas. Dental decay is also more common in children who are overweight and children of refugees, children in care and those with SEND. It has been shown that children who are subject to child protection plans have significantly higher levels of dental caries in the primary dentition. Having four or more adverse childhood experiences is associated with a higher likelihood of inadequate dental care in childhood.

1.3 Left untreated, childhood caries can cause pain, dental abscesses and facial swelling, difficulties with eating, sleeping, playing, and socialising, and can impact on school attendance. Tooth decay is the most common reason for hospital admission in children aged 6 to 10 years of age. One small study showed that more than one half of the children who are admitted with acute dental abscesses are already known to social services.

1.4 To reach their potential for optimal oral health, children have a number of needs: 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.

1.5 A cavity is the space inside a tooth that remains once **tooth decay** is removed. **Plaque**, a colourless, sticky film of bacteria that constantly forms on teeth, is one of the main causes of tooth decay when it comes into contact with sugar. The reason children/young people need to brush every day is to remove plaque, because bacteria in plaque reacts with sugar in the foods, they eat, to produce acids that can attack and weaken tooth enamel—the hard, protective covering on their teeth. **Eroding enamel** leaves the teeth unprotected, allowing for cavities to develop more easily. On the biting surfaces of the teeth plaque becomes trapped in the grooves or crevices of the teeth. This is most common in children/young people because they often miss these areas when brushing. Between teeth, plaque is left to build up on the hard-to-reach surfaces. These areas cannot be reached by a toothbrush alone and may be susceptible to decay if children/young people don't clean between their teeth, regularly.

2. Impact of dental disease

2.1 Untreated dental caries may have a significant impact on children/young people's lives. Dental caries can cause pain, infection, and difficulty sleeping and eating. Symptoms such as pain may result in children/young people missing school or other important social activities such as parties and family time. Untreated chronic infection may be associated with damage to the underlying permanent teeth, restriction in growth and iron deficiency anaemia and may lead to an acute facial swelling requiring antibiotics or hospital admission in cases of systemic infection.

2.2 It is also worth considering the effect of untreated dental disease throughout the life course. Children/young people who experience delays to the treatment of their dental caries will require more invasive and extensive restorative treatment, which affects the long- term prognosis of the teeth. This may mean that they require dental extractions in future or present with unrestorable teeth. Loss of teeth has been shown to be associated with increased impacts and negative effects on oral health-related quality of life in adults.

2.3 Children/young people who have had treatment for dental caries report fewer impacts following treatment. In addition, weight gain and catch- up growth have also been reported following the treatment of carious teeth.

2.4 It should be noted that the relationship between weight and caries is multifactorial and difficult to assess despite the common risk factors for both caries and obesity. Many children/young people with extensive dental disease will require a general anaesthetic (GA) to manage their carious teeth. Dental treatment under GA is the most common reason for children/young people to have a GA in England.

2.5 Although dental disease is an issue, it should be considered within the wider clinical and social picture. It may be one sign of many, which leads to a general diagnosis of neglect or abuse (child maltreatment). It is worth noting that children/young people at risk of general abuse and neglect are more likely to have dental disease.

3. Assessing dental neglect

3.1 Many practitioners often see children/young people along with their families and so changes in the child/young person's behaviour or demeanour can therefore be recognised as well as observing family interactions. When children/young people are assessed, a thorough history and a special focus on the social history and potential risk factors for maltreatment. Although dental caries is the most common cause of oral disease, children/young people may also present with a range of other oral conditions, including hard and soft tissue anomalies, pathology and injuries, which can have a significant impact on them, and this should not be overlooked. There may be many reasons why a child/young person's oral health needs are not being met. Clinical and non-clinical factors need to be considered when diagnosing dental neglect. Children who are not brought to appointments should also be considered as part of dental neglect.

4. Parental awareness

4.1 Presence of severe dental decay may result from lack of parental knowledge and understanding of its causes. A parent/carer's own fear of dentistry may lead some to avoid

seeking care for their child, and this should be managed empathetically. Failure or delay in seeking dental treatment or to follow dental advice given and failure to provide basic oral care, however, are characteristics of dental neglect and the welfare of the child must always be the paramount consideration.

5. Access to care and oral health inequalities

5.1 Oral health has improved over recent decades, but significant inequalities remain. In 2019, 5-year-old children living in the most deprived area of the country were almost three times more likely to experience dental caries than children living in the least deprived areas. Access to care varies significantly across the country and availability of appropriate services depends on various factors.

5.2 Distinguishing between neglect and material poverty can be difficult. It is important to balance recognition of the constraints on parents/carers' ability to meet their child's needs with an appreciation of how those in similar circumstances are able to meet those needs.

6. Autonomy of the child/young person

6.1 The rights of children to participate in decisions about themselves are enshrined in the **United Nation Convention on the Rights of the Child (UNCRC)**. Their freedom to make decisions about their care is, and should be, taken seriously. When considering dental neglect, particularly in young people, their competence to consent to or refuse dental treatment and the influence of their preferences on their prior dental care must be considered.

7. Vulnerable groups

7.1 It is important to recognise that children/young people who are most dependent on their parents/carers' and least able to communicate, such as preschool and disabled children, are more vulnerable to all types of maltreatment. Children/young people with disabilities often need additional support to maintain good oral health, yet may find it difficult to tolerate toothbrushing, making it challenging for their parents/carers to meet their oral care needs. Under the UNCRC, they have a right to extra help and special care. Considering how those in similar circumstances have been able to meet needs can help assessment when oral hygiene is persistently poor.

8. Features of concern

8.1 Although the factors above may influence the decision to diagnose dental neglect, they should not be barriers to reporting concerns. The impact of disease on the child including severity and frequency of pain should always be considered. The child's welfare is the primary consideration.

8.2 Features of particular concern for dental neglect include the following

- obvious dental disease: untreated dental disease, particularly that which is obvious to a lay person or nondental practitioner.
- significant impact on the child/young person: evidence that dental disease has resulted in a significant impact on them and
- failure to obtain care: parents or carers have access to but persistently fail to obtain treatment for their child.

9. Responding to suspected dental neglect

9.1 When there are significant concerns from the outset regarding dental neglect or other features of abuse or neglect, then it would be appropriate to make a child protection referral immediately. If you have concerns about a child/young person, it may be helpful to speak to a senior colleague, the child/young person's GP, a named nurse or paediatrician and/or the appropriate children social care service.

10. Preventive dental management

10.1 Working with families should be the aim of preventive dental management, for example by asking the simple question: **'How can we support you in looking after your child's teeth?'** This approach aims to shift the emphasis from blame to support and provides the opportunity for collaboration. The following guiding principles are recommended when providing the preventive dental response:

- Raise concerns with parents and carers,
- Explain what changes are needed,
- Offer support,
- Keep accurate records,
- Set targets for improvement and
- Review progress.

10.2 Immediate dental care should focus on relieving pain and other symptoms, followed by restoration of function and appearance together with measures to ensure the prevention of further disease. To support families and to help minimise missed appointments, treatment planning should be realistic and achievable. It is good practice to ask parents/carers how they think they can contribute and then to set goals by shared decision-making. Avoid requesting families to travel long distances if treatment could be provided locally. Dental anxiety is a known barrier to accessing care.

10.3 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/young people requiring treatment. Rigorous follow-up is essential, and if dental care is interrupted by missed appointments or repeated cancellations, every effort should be made to reestablish contact with the family. A change in terminology highlights this as children rely on their parents/carers to bring them to appointments, so using the phrase **'was not brought'** to appointments in place of 'did not attend' encourages the significance of the situation from the child/young person's perspective.

11. Oral Trauma

11.1 While accidental intra-oral injuries are common in childhood (once a child is mobilising independently), the oral cavity can be the target or a site of physical abuse. In one study of 2890 child abuse consultations, 3.3% (n = 96) of children had an oral injury. A torn frenulum has been regarded as a result of abuse. However, one systematic review concluded that, in isolation, a torn frenulum does not necessarily indicate abuse, but that it should prompt a careful examination of the intra-oral hard and soft tissues and, where concerns arise, appropriate specialist referral.

- Intra-oral injury in non-mobile child/young person.
- Delayed presentation or explanation of cause inconsistent with injury.
- Multiple injuries in different stages of healing.
- Bruising of the roof of the mouth (palate).

12. Sexual Abuse

12.1 In children/young people, the oral cavity can be subject to sexual abuse. Though visible oral injuries or infections are rare, unexplained injury or petechiae of the palate, especially at the junction between hard and soft palate, can be the result of forced oral sex. Any concern of the possibility of sexual abuse must trigger a children social care services referral.

- Unexplained injury or petechiae of the palate, especially at the junction between the hard and soft palates.
- Oral warts.

13. Useful resources

In the UK, there are several resources and guidelines for oral health and neglect, including:

- **NICE guidelines -** These guidelines recommend considering neglect if a child's parents have access to NHS treatment but don't get it for their child's dental caries. Neglect is also suspected if a child's parents don't seek medical advice for their child's health and wellbeing.
- **Delivering better oral health: an evidence-based toolkit for prevention Guide**
- This **toolkit by Public Health England** gives more information on how to set up supervised tooth brushing programmes.
- This **children's oral health e-learning** is aimed at parents, early years healthcare workers, teachers, nurses, GPs and the public.
- The British Society of Paediatric Dentistry have created a series of **oral health videos for children,** in partnership with Dr Ranj, Hey Duggee and CBeebies.
- This **NHS video on baby bottles and cups** explains when to move babies from bottles to cups and why.
- The **looking after your baby's teeth NHS page** explains how to brush and care for babies' and young children's teeth.
- This BBC article explains key strategies for **showing a toddler how to brush their teeth.**
- This **healthy teeth video from HENRY** looks at what we can do to help children grow up with healthy teeth.
- Dr Milad Shadrooh, known as The Singing Dentist, shares **advice and answers to common questions about taking care of children's teeth.**
- PACEY's **oral health advice** includes fact sheets for parents, and their **nutrition spotlight** encourages healthy eating habits.
- New and updated set of children's oral health '**Top Tips for Teeth**' resources that have been **published** - including a social media toolkit and leaflets.