

Dental Neglect

Evidence base for identifying the features of oral neglect:

- ▶ failure to seek or delay seeking dental treatment
- ▶ failure to comply with or complete treatment
- ▶ failure to provide basic oral care
- ▶ impacts such as pain and infection

Children's own voices

- ▶ help us to build up a picture of how their oral health affects their lived experience. Children themselves report effects on eating, sleep and their school day.
 - a) obvious dental disease, especially that which is clearly obvious to a lay person or non-dental health professional.
 - b) an impact on the child - ideally we find this out by asking the child, but parents, carers or others involved with the family, such as nursery school staff, must also be asked.
 - c) that acceptable care has been offered yet the child is not receiving treatment. This last point indicating our responsibility to facilitate care by providing family-friendly dental services that are convenient and meet the needs of children and families.

Stage 1: Preventive dental management

- ▶ this involves raising concerns with parents, offering support to meet the child's oral health needs, setting targets, keeping records and monitoring progress. Every single member of the dental team has a role to play. Comprehensive dental treatment must be arranged with an initial focus on relief of pain and provision of preventive care. In order to overcome problems of poor attendance, dental treatment planning must be realistic, achievable and negotiated with the family. If concerns remain, management should progress to the next stage.

Stage 2: Preventive multi-agency management

- ▶ the dental team then liaises with other professionals, such as the health visitor or school nurse, general medical practitioner or social worker, in order to share information, to ask if concerns are shared and to clarify what further steps are needed. It should be checked whether the child is subject to a child protection plan. A joint plan of action should be agreed and documented, with a date specified for review.

Stage 3: Child protection referral

- ▶ if the situation is found to be too complex or deteriorating, and there is concern that the child is suffering significant harm, a child protection referral should be made to children's social services according to local procedures.
- a) We have known for a long time that missed appointments are a big problem in dentistry. In recent years there has been a call to think not of the child who 'Did Not Attend' but instead 'Was Not Brought'. This idea is based on the fundamental right of the child to healthcare. This simple change in terminology encourages us to think of the significance of a missed appointment from the child's perspective, and urges us to document the date so we can build up a chronology. Only when we do this can we begin to understand how much the child is missing out by not receiving the care they need as a result of persistent poor attendance.