

Oral Health and Neglect Practitioner Briefing

Dental neglect is defined by the British Society of Paediatric Dentistry 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.' 'Dental disease, like any other finding in cases of suspected abuse or neglect, should never be interpreted in isolation but always assessed in the context of the child's medical and social history and developmental stage.'

Causes of Dental Diseases in children and adults.

Tooth Decay: We all have bacterial plaque growing on our teeth, both children & adults. 20 minutes after brushing it away, it starts growing again. When we eat/drink anything that contains sugar the plaque bacteria convert the sugar to an acid. The higher the frequency of eating sugar, especially between meals, the higher levels of acid are produced. The acid produced demineralizes the enamel on our teeth and starts the process of tooth decay. If foods/drinks containing sugar are frequently eaten between meals, then the acid levels in the mouth will stay high.

Gum Diseases: If bacterial plaque is left around the gum area, gums become inflamed from the toxins produced from the bacteria. If not brushed away, the gums will become diseased the start of gum disease is evident in children's mouths if regular effective tooth brushing doesn't take place. Gums will be swollen and bleed easily.

Diet: Sugar should be kept to mealtimes only in measured amounts. If a child (or adult) has a diet high in sugar at high frequency rates, then disease in the mouth will occur e.g.

- Bottles with drinks containing sugar
- Poor nutrition, high sugar / convenience foods at mealtimes and snack times.

This photo shows rampant tooth decay in a three half year old, caused by poor diet high in refined carbohydrates and sugar, and insufficient tooth brushing.



Decision making:

Dental disease, like any other finding in cases of suspected abuse or neglect, should never be interpreted in isolation but always assessed in the context of the child's medical, social history and developmental stage. Therefore, care should be taken to consider this in the context of other relevant factors, such as:

- the multi-factorial causation of dental caries
- variation in individual susceptibility to dental
- disease differences in the treatment dentists provide (for example, whether they choose to manage caries in primary teeth by monitoring or restoration or extraction)
- respect for autonomy in healthcare decision-making when caring for older children and young people (who may decide to decline or delay treatment advised by the dentist) inequalities in dental health (for example, regional or social class differences in caries experience)
- inequalities in access to dental services and treatment (for example, in inner city and rural areas).

It is suggested that, in order to avoid misunderstanding, the term dental neglect should be reserved for situations where there is a failure to respond to a known significant dental problem. This is an area that requires sensitivity and clinical judgment. There is a need for further research to inform the dental team in making these decisions and in managing dental neglect.

This is tooth erosion, which occurs when tooth enamel is worn away. Teeth appear transparent and the edges wear down, uneven and are extremely sensitive.

Causes:

- ✓ Frequent Fizzy drinks (diet/regular),
- ✓ Fruit juice and squashes.
- ✓ Foods, (vinegars, pickles, fruits)
- ✓ Medication (inhalers)

Other causes:

- ✓ Illnesses Anorexia, Bulimia, Pregnancy and hiatus hernia



Further guidance on assessing dental neglect available on [British Dental Association \(BDA\) website](#) and the [Royal College of Paediatrics and Child Health website](#). Updating knowledge, 'Delivering Better Oral Health' (DH Toolkit) email: publications@phe.gov.uk. [The Oral Health Foundation](#) - [NHS Better Health Healthier Families](#). Oral Health Promotion for training and e-learning packs email: gwh.oralhealthpromotion@nhs.net Pan Bedfordshire Child Protection Procedures regarding Professional Curiosity, Effective Information Sharing, Consent and capturing the Voice of the Child can be found [here](#) along with many more resources.

An example of healthy child's mouth, pale pink gums, clean, shiny teeth. The same would be seen in an older child or adult.



When assessing a child with dental disease it is important to assess the impact of the disease on them. Severe untreated dental disease can cause:

- Toothache/pain/infection
- disturbed sleep
- difficulty eating or change in food preferences
- absence from school and interference with play and socialisation
- being teased because of poor dental appearance
- needing repeated antibiotics
- repeated exposure to the morbidity associated with general anaesthesia
- severe acute infection which can cause life-threatening systemic illness.

In addition, there is a growing body of evidence indicating that untreated caries in pre-school children is associated with lower body-weight, growth and quality of life.



The above was caused by a child being left to 'graze' frequently on a bottle containing sugary drinks. Many children have to undergo more than one general anaesthetic to remove teeth. Some parents consider this as 'the norm'.

Local Picture:

Bedford Borough:

Dental health is similar to England. 24.7% of 5 year olds have experience of dental decay. Levels of child obesity are similar to England. 8.9% of children in Reception and 21.0% of children in Year 6 are obese.

Central Bedfordshire:

Dental health is better than England. 14.5% of 5 year olds have experience of dental decay. Levels of child obesity are better than England. 8.1% of children in Reception and 16.5% of children in Year 6 are obese.

Luton: Dental health is worse than England. 36.8% of 5 year olds have experience of dental decay. 10.9% of children in Reception and 27.0% of children in Year 6 are obese.

Eating a healthy diet for teeth also supports a healthy lifestyle. There is a strong correlation between obesity and poor oral health. [For more info about oral health and obesity.](#)

Consider the following which may indicate concerns regarding neglect:

- Dental hygiene poor/not registered with a dentist
- failure to seek or delay seeking dental treatment after advice given.
- failure to comply with or complete treatment after advice given
- failure to provide basic oral care after advice given.

Oral health is also quite a significant issue for children with special needs. In summary, the features that give cause for particular concern after dental problems have been pointed out to parents and appropriate and acceptable treatment offered are:

- severe untreated dental disease, particularly that which is obvious to a layperson or other non-dental health practitioner.
- dental disease resulting in a significant impact on the child
- parents or carers have access to but persistently fail to obtain treatment for the child, as may be indicated by:
 - irregular attendance and repeated missed appointments
 - failure to complete planned treatment
 - returning in pain at repeated intervals
 - requiring repeated general anaesthesia for dental extractions.

Child Safeguarding Practice

Review on Oliwer who at the age of two years & 4 months had 14 out of 20 baby teeth removed. Oliwer's mother had attempted to treat the problem at the point she first noticed decay in his first two teeth by seeking a remedy commonly used in Poland.