

## **AGENDA ITEM**

### **REPORT TO CORPORATE PARENTING BOARD**

**DATE 18<sup>th</sup> OCTOBER  
2024**

### **REPORT OF DIRECTOR OF CHILDREN'S SERVICES**

## **DENTAL ATTENDANCE FOR CHILDREN IN OUR CARE : FACILITATORS AND BARRIERS**

### **SUMMARY**

This report provides an overview of two areas of work that were put in place in response to varying levels of access to dental care services in Stockton-on-Tees and the wider Tees Valley:

- An evaluation into the barriers and facilitators of accessing dental services for children in our care across Stockton-on-Tees carried out by the NHS England dental public health team in partnership with Stockton-on-Tees Borough Council and Harrogate District Foundation Trust (HDFT) Children in Care Service.
- A Tees Valley dental access referral pathway pilot to increase access to dental services for children in our care.

### **RECOMMENDATIONS**

Corporate Parenting Board is requested to endorse:

- The continued commissioning of the Tees Valley dental access referral pathway and to extend the referral pathway to include other professional groups (e.g. health visitors and public health nurses).
- NHS England dental public health team to continue work with all dental practices to support prioritised access for children and young people in care.
- The development of an oral health passport for children and young people in care to support continuity of care and carer's knowledge of their child's dental care history.
- Child in Care and 0-19 services providing information on entitlements to free NHS dental treatment to young people aged over 16 years to encourage them to get dentally fit before changes to entitlements take place.
- Child in Care and 0-19 services providing information to carers about referral-based specialist paediatric services that provide care to extremely anxious children.

### **INTRODUCTION**

1. Local Authorities hold a statutory responsibility (Promoting the Health of Looked After Children. DFE, DOH 2015) to ensure a health assessment is

Promoting the Health of Looked After Children, DFE, DOH 2015. [Promoting the health and wellbeing of looked-after children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/Promoting_the_health_and_wellbeing_of_looked-after_children_-_GOV.UK.pdf)

carried out for every child in their care. This includes when they enter care (an Initial Health Assessment), a review assessment every 6 months for children aged under 5 years and an annual review for children aged over 5 years. NENC ICB hold the commissioning responsibility for health assessment service provision. The NENC ICB commission Harrogate District Foundation Trust to coordinate and deliver Initial Health Assessments and Review Health Assessments for the Tees Valley area.

2. During 2023 a variation in the proportion of children in care in Stockton-on-Tees reported as having a dental check up in the previous 12 months compared to the rest of the Tees Valley was reported through Review Health Assessment data.

Local Authority	Percentage not receiving an annual dental check (21/22)	Number not receiving an annual dental check (21/22)	Eligible Cohort
Stockton-on-Tees	57%	253	445
Hartlepool	29%	73	254
Redcar and Cleveland	12%	27	231
Middlesbrough	19%	70	370
Darlington	11%	21	190
Tees Average	25%	444	1490

Table 1: Number and percentage of children in care not receiving an annual dental check. Stockton-on-Tees compared to Tees Valley authorities. 2021/2022.

3. In addition to differences in access to dental services for children and young people in care in Stockton-on-Tees, paediatricians undertaking child protection medicals, and initial health assessments (IHAs) across the Tees Valley expressed concerns there were no referral arrangements in place for children with an identified dental need.

*“I’ve just done a neglect medical on a family of three or four children and one of things our social services highlighted within their referral was dental neglect. One of the children actually went to school with a rotten tooth coming out and when social services went into their home, they didn’t have any toothbrushes or toothpaste.” – Community Paediatrician, STFT.*

4. In January 2023 a dental access pathway was commissioned by NHS England. Clinical teams undertaking child protection medicals, initial health assessments, and review health assessment could refer children who had not seen a dentist in the last 6 months or where there were oral health concerns, to either the child’s preferred dental practice or a commissioned dental practice for further assessment and care. This included eight practices across the Tees Valley, including three within Stockton-on-Tees) An evaluation of the pathway took place during January – July 2023.
5. Due to variances reported between Stockton-on-Tees and the wider Tees Valley regarding dental services access; an additional evaluation was carried

out during April – July 2023 to understand experiences of using dental services in Stockton-on-Tees, from carers, children and young people’s perspectives, and identify barriers and facilitators to uptake of dental services.

### **Tees Valley Dental Access Pathway - Evaluation.**

6. During January – July 2023 60 referrals were made to the dental access pathway, with 37% (22) referrals to a family preferred practice, 42% (25) to a commissioned practice and 21% (13) to the community dental service for children with additional needs. During the evaluation, clinicians were invited to take part in interviews and focus groups to discuss their experiences of the pathway, which identified that the pathway was meeting previous unmet need:

*“Thirty children roughly have been offered this service that previously would never have been offered anything other than the hope that the social worker would work with the family to make a dental appointment happen.” – Consultant Paediatrician, STFT.*

*“I’d gone out to see a child who’d never been seen by the dentist. I attempted to get them registered with a dentist local to them, but I couldn’t even though I said that child had a care order, they refused and said they weren’t taking on NHS at the moment. So, I used the referral pathway and got the nearest dentist to that child that was on the named sheet and got them registered.” – Children in Care Nurse, HDFT.*

7. All clinicians interviewed reported that the pathway should continue beyond the pilot phase and should be extended to other neighbouring geographical areas and to other professionals (wider 0-19 service: health visitors and school nurses).

*“...it’s a benefit really and to continue to meet that potentially unmet need and access to dental care for our most vulnerable.” – Named Nurse for Safeguarding, NTHFT.*

### **Stockton-on-Tees - facilitators and barriers to dental services for children in care.**

8. During April – June 2023 two questionnaires were used to explore carers, children and young peoples’ experiences of and use of dental services in the Borough. All carers participating in Review Health Assessments (RHA) during April to June were invited to participate in the evaluation, children and young people who attended the Council “Lets Take Action” group were invited to complete a questionnaire. To support engagement with this, a Children in Our Care nurse contacted potential participants by telephone and completed the questionnaire with them. Alongside this, a letter was sent out to all children in our care offering them the opportunity to take part in an online survey. Overall, 55 carers and 34 children and young people participated in the evaluation. Headline themes from the evaluation include:

- While most children and young people reported good levels of oral health; dental anxiety was reported as an issue by carers, children and young people affecting dental attendance and treatment.
- Carers had limited knowledge of their child's previous dental history. Most carers didn't know what dental treatments their child may have had before they were placed in care but 73% acknowledged it was important to know this information.

*"I knew nothing about the child's dental history, children in care need to be prioritised... I had to speak to the safeguarding officer within the dentist."*

- Carers, children and young people reported continuity of care with the same dentist was important. Significantly, 88% of children and young people reported it would support their attendance and make their dental experience more enjoyable.

*"X practice went private, so I had to move him (he is) starting to refuse (to attend)'. "*

- Young people aged 18 and over, reported dental charges was a barrier to accessing dental services.

*"I hate the appearance of my teeth and want to look into dental plans, but they are very expensive."*

- The majority (85%) of carers reported no difficulties finding an NHS dentist for their child, and therefore didn't report this as a barrier to their access. This is in contrast to reported variation in access through review health assessment data for the previous year (see table 1). A possible explanation for good dental access in Stockton-on-Tees was the implementation of the dental access referral pathway. Carers reported using the referral pathway to improve their dental access when previous difficulties have been encountered.

*We have contacted at least four dental practices... will not register as not taking on NHS. Child in care nurse is going to refer for me."*

## **Conclusion and recommendations.**

9. Before the introduction of the dental access pathway, clinicians reported they were unable to secure dental care when a need was identified. The introduction of a dental referral pathway has facilitated access to dental services for children and young people in care and contributed to increased access to dental services.
10. Provisional data indicates that the proportion of children not recorded as accessing a dental check for Stockton-on-Tees has reduced from 57% in 2021/22 to 39% in 2023/24 (please note at the time of the report Tees data for 2023/24 was not available for comparison).
11. Evaluation of barriers and facilitators to dental services for children and young people in care in Stockton-on-Tees has highlighted that while the majority of children and young people access good dental health care, barriers to dental

health care include dental anxiety, lack of knowledge of previous dental service experiences and lack of continuity of care.

12. Corporate Parenting Board is asked to note and endorse the recommendations.

## **FINANCIAL IMPLICATIONS**

The Dental Access Pathway has been funded through NHS England monies.

## **LEGAL IMPLICATIONS**

Stockton-on-Tees Borough Council holds a statutory responsibility (Promoting the Health of Looked After Children. DFE, DOH 2015) to ensure a health assessment is carried out for every child in their care.

## **RISK ASSESSMENT**

The proposals within the report are considered to be low risk as they support the Local Authority to meet its statutory duties for children in their care.

## **CONSULTATION INCLUDING WARD/COUNCILLORS**

Consultation has taken place with carers and children and young people in care as part of the review.

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Background Papers:

Ward(s) and Ward Councillors:

Property Implications: