



**North East and  
North Cumbria**

**Dental Attendance for Children in Care:  
Facilitators and Barriers  
&  
Service Evaluation of a Tees Valley Dental  
Access Referral Pathway for Safeguarding  
Clinicians Assessing Children in Care**

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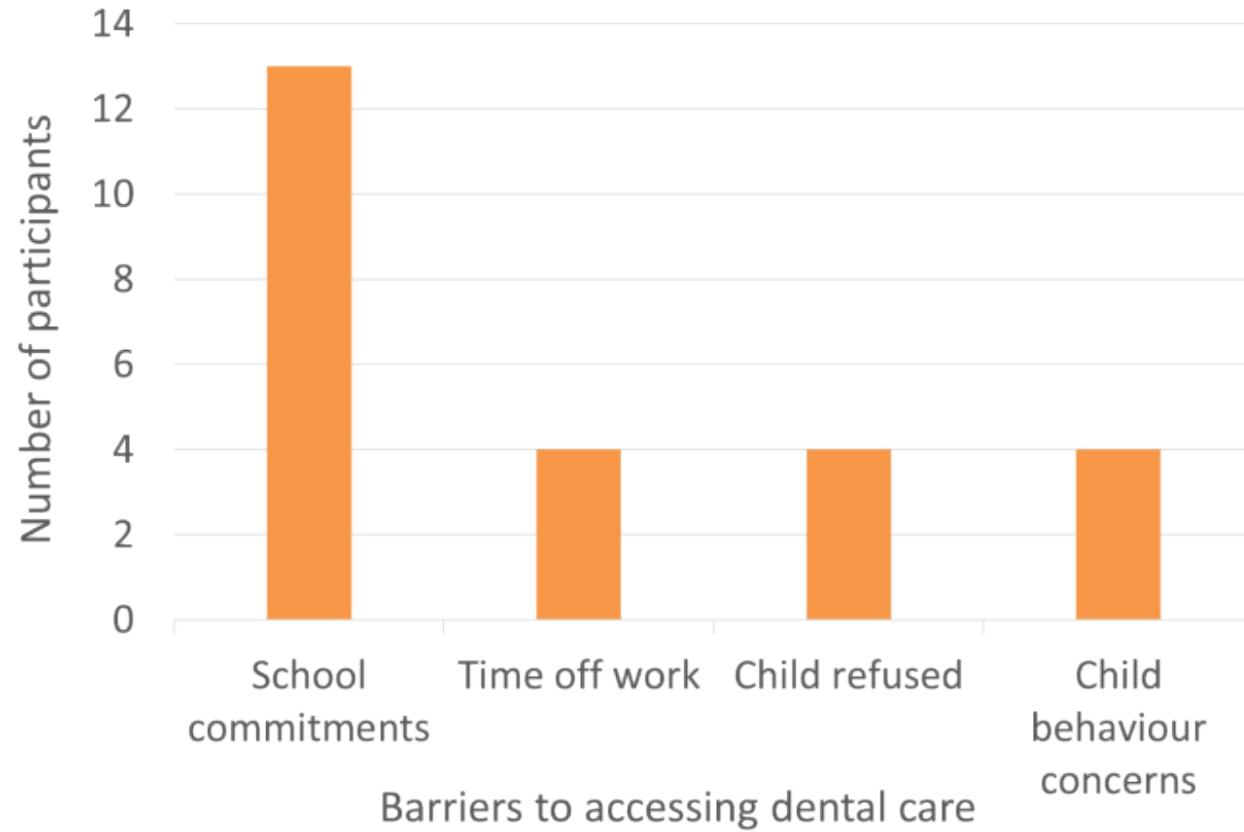
# What was the problem?

Local Authority	Percentage of Children in Care not receiving an annual dental check (21/22)	Numbers of Children in Care not receiving an annual dental check (21/22)	Eligible Cohort
Stockton	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

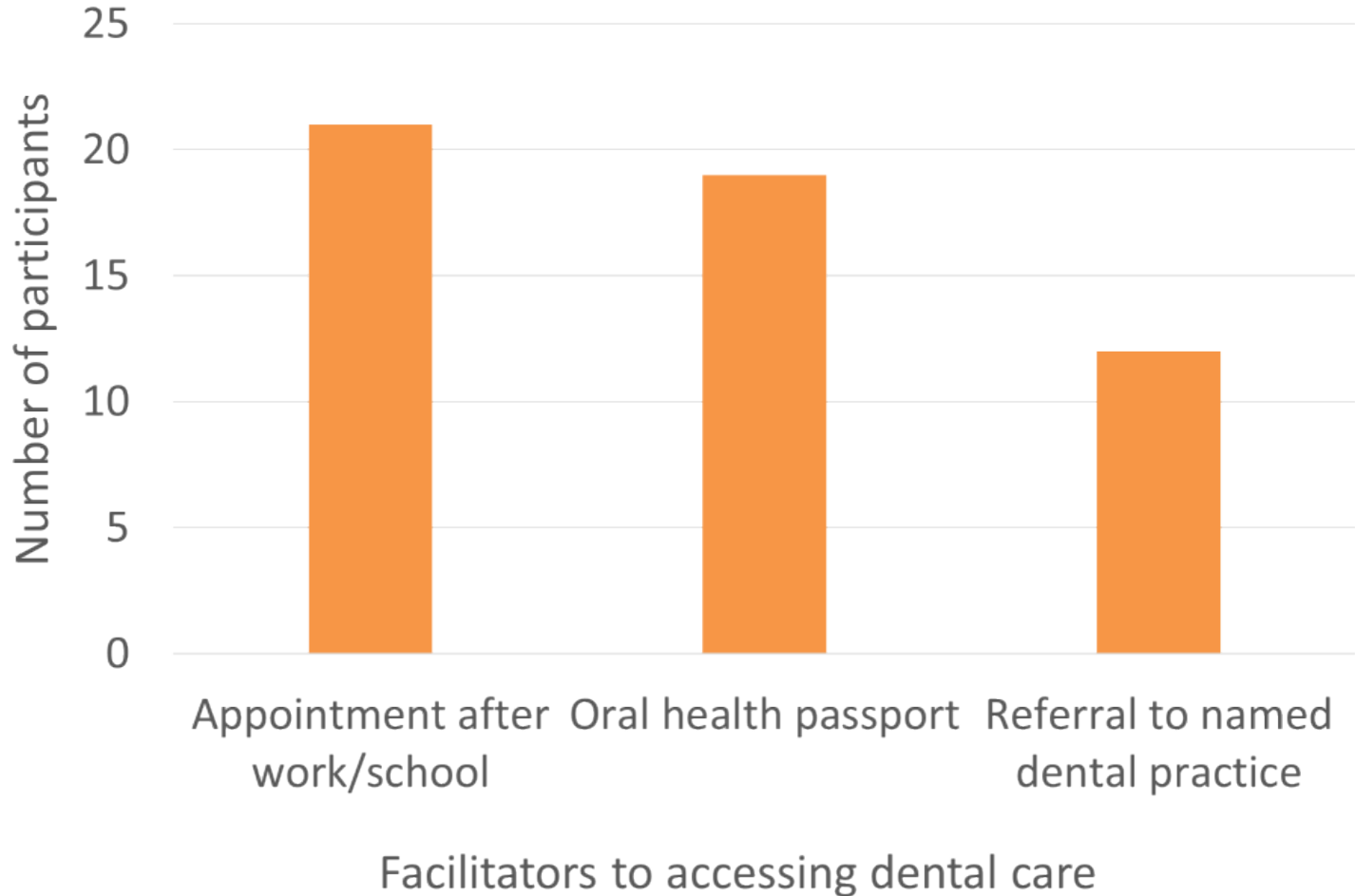
# Stockton Dental Attendance for Children in Care: Facilitators and Barriers

Statistics	Key Findings (April – June 2023)
104%	Percentage <b>increase in attendance rates</b> (from <b>43% to 88%</b> )
82%	Children <b>attended</b> dentist in last 6 months
85%	Carers had <b>no problems</b> finding a NHS dentist
58%	Carers reported maintaining <b>care arrangements</b> on change of placement important
62%	CIC reported <b>maintaining care arrangements</b> on change of placement important
85%	CIC described their <b>last dental visit as good</b>
88%	CIC reported <b>seeing same dentist</b> could facilitate attendance
41%	CIC reported having things <b>explained to them</b> could facilitate attendance

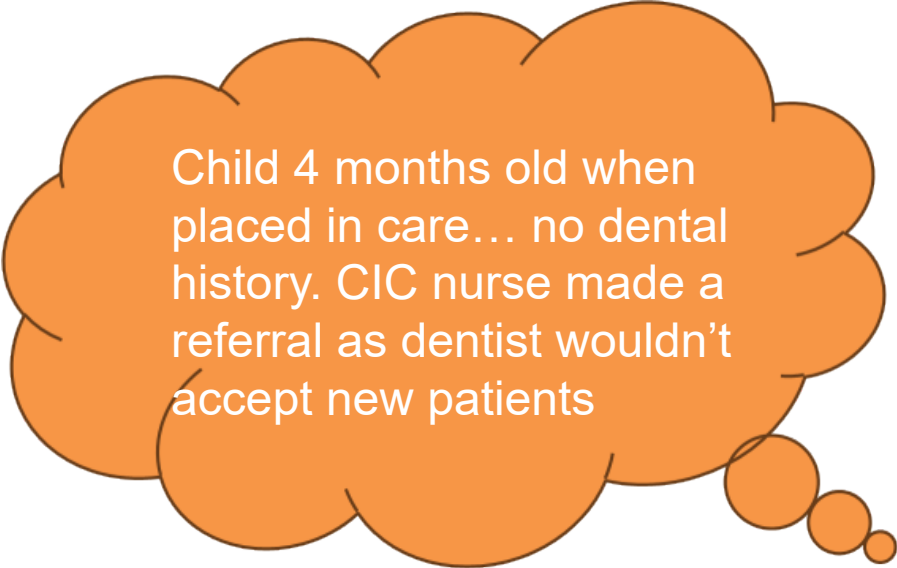
# Results: Carer reported barriers to accessing care



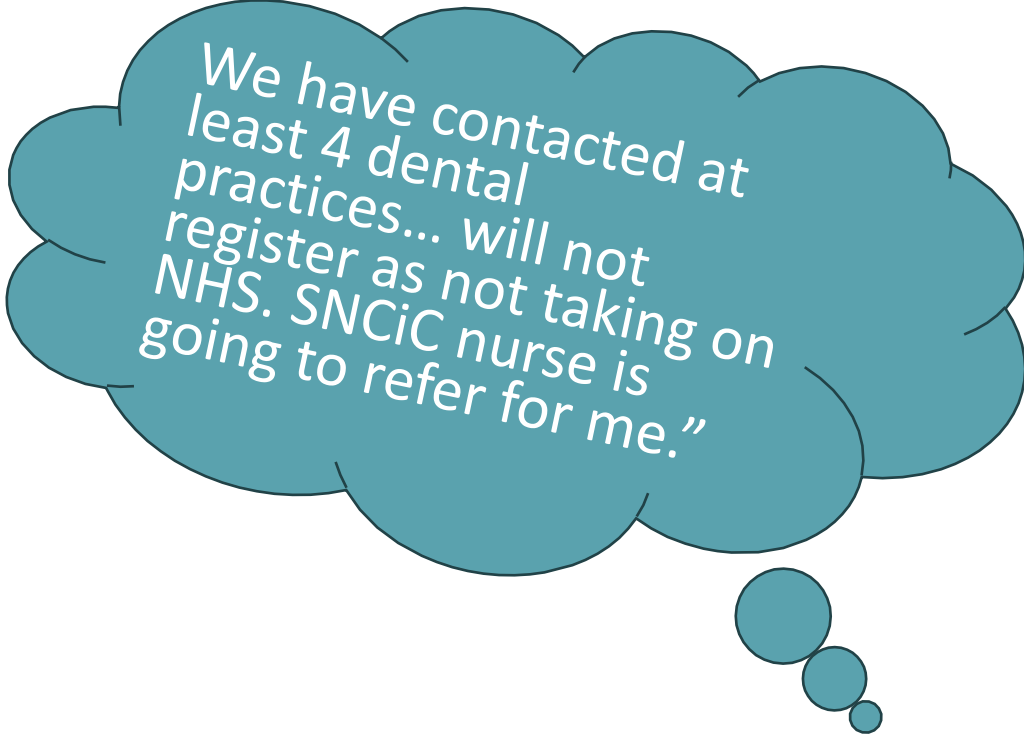
# Results: Carer reported facilitators to improve access



# Quotes



Child 4 months old when placed in care... no dental history. CIC nurse made a referral as dentist wouldn't accept new patients



We have contacted at least 4 dental practices... will not register as not taking on NHS. SNCiC nurse is going to refer for me."

# Conclusions

- CIC in Stockton-on-Tees had **good access** and **positive experiences** of dental care.
- The implementation of a dental access referral pathway may have contributed to **increased attendance rates**.
- Continuity of care was important for both carers and CIC, an **oral health passport** could **facilitate maintaining care arrangements** on change of placement.

# Recommendations



An **oral health passport** could facilitate the continuity of care for CIC and enhance carers knowledge and understanding of their child's previous dental history.



The dental access **referral pathway should continue** to be commissioned to facilitate access to dental services for CIC.

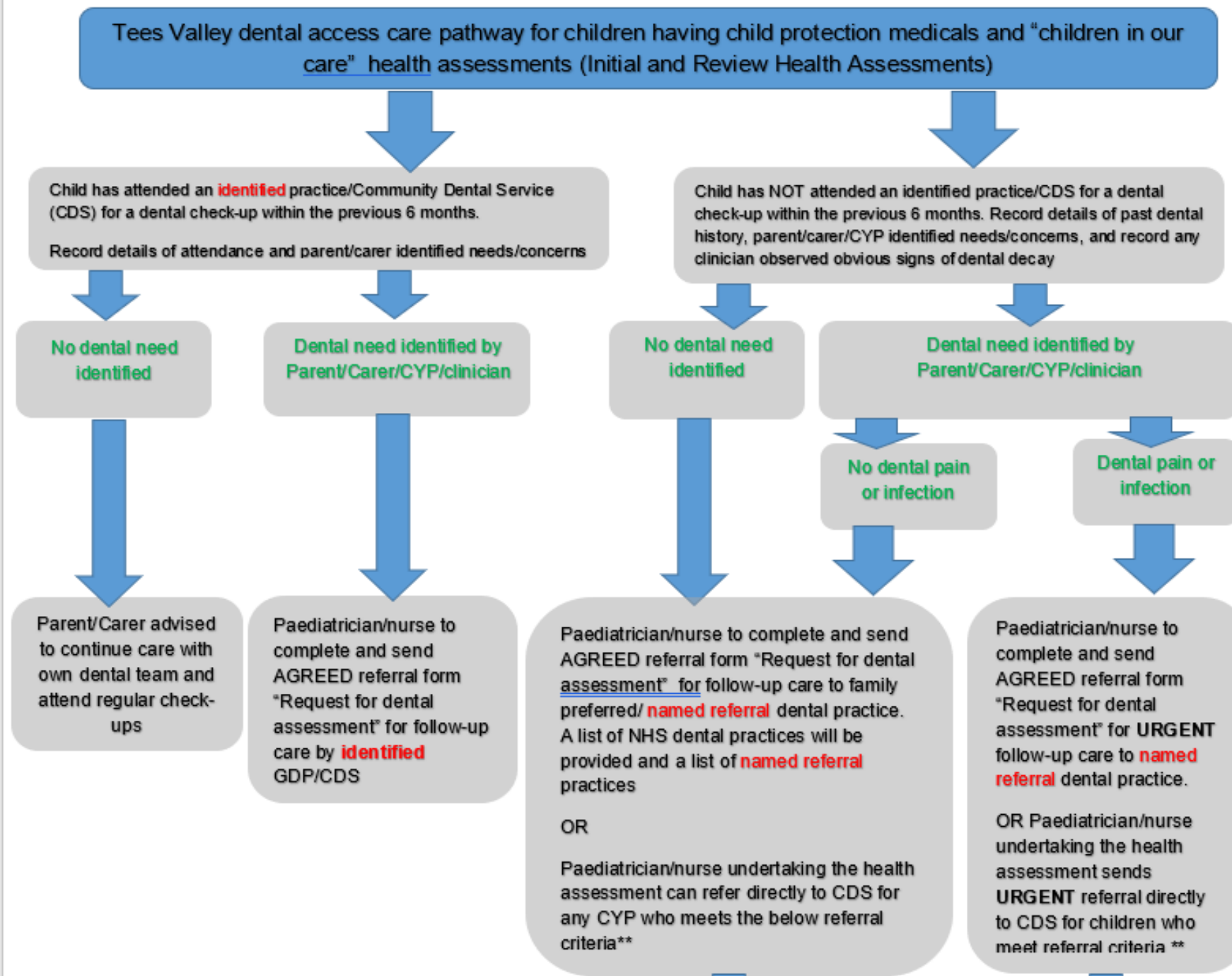


**Information on dental charge exemptions** should be provided to CYP aged over 16 and still in the care system and encourage them to get dentally fit prior to charges coming into effect.



Information should be made available to carers about the **availability of referral-based specialist paediatric services** that may be more suitable to provide care for extremely anxious children.





# Audit referral data: (Jan- July 2023)

Summary of referral information (Jan-July 2023)	Number of referrals/percentages
Total number of referrals across Tees Valley (total identified need)	60 (80)
Written routine referrals (identified routine need but no referral)	59 (18)
Written urgent referrals (identified urgent need but no referral)	1 (3)
Referral to preferred practice	22
Referral to named practice	25
Referral to CDS	13
Total number of referrals from RHAs	29
Total number of referrals from IHAs	22
Total number of referrals from CPMs	9
Total number of dental reports received	3
Percentage of children with an identified dental need from RHAs	3.7 %

## Importance and rationale for commissioning a dental access referral pathway: Quotes

“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.

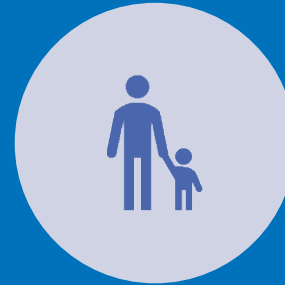
“We were referring back over to the 0-19 service who were doing the RHA, but they had no powers to fast track these children into the system. They were just trying to work with the social worker to get children through... for dental practices that weren't taking on new patients, **it was just brick wall after brick wall. So, it was a health need that could run on for quite some time without being addressed**” – 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.

## Impact of the pathway: general dental access, referrers and families



“I think even the implementation of this pathway and whatever works gone in behind it has given dentists a bit of a prompt... So, when we phone up and we say they've got a care plan, we've suddenly got a much more of a profile with dentists, if you know what I mean. **Um, where you could have had an argument over the phone with some bloody receptionist... We were really struggling getting appointments a year ago but now it seems to be like everybody's on the ball more.**” – Children in Care Nurse, HDFT.



**“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 think when I've gone out and people have said they're on a waiting list to be seen and its frustrating waiting, and then **I've rung and got them in quicker and everything sort of sorted. I think they've been really appreciative.**” – Children in Care Nurse, HDFT.



“It's really quite nice to do that as well because you come away feeling you've achieved something from that family as well. **We get job satisfaction by being able to do that. You feel like you've achieved something.**” – Children in Care Nurse, HDFT.

# Conclusions

- Significant unmet dental access needs were identified.
- The dental access referral pathway addressed a gap in services for safeguarding clinicians to refer children requiring general dental care.
- There was variability in referral rates and patterns which could be optimised with further updates to clinical referral teams.
- Mechanisms for post referral follow-up need to be more robustly implemented.

# Recommendations: NENC ICB

Continue	Update	Extension	Extension	Further Work
<p>Continue to commission dental practices to provide facilitated access via the dental access referral pathway.</p>	<p>Provide an updated list of commissioned named dental practices to clinical teams and ensure there is a mechanism in place to continue to provide updates to the list.</p>	<p>Consider extension of the dental access referral pathway to NENC areas without established pathway arrangements.</p>	<p>Consider extension of the dental access referral pathway to other safeguarding professionals, i.e. the 0-19 services.</p>	<p>Further evaluation to explore the views of families and CIC about the impact of the dental access referral pathway.</p>

# Recommendations: LAs

## Promote

- Continue to promote the dental access referral pathway with social work teams and independent review officers.

## Promote

- Promote the use of the dental access referral pathway with their commissioned 0-19 service.

## Oral Health Passport

- Consider introduction of an oral health passport to share oral health information between carers and health professionals.