

## Why Oral Health Matters in Safeguarding

Oral health is a key part of a child's overall wellbeing. Unaddressed issues can affect their ability to eat, speak, sleep, and learn - and may be an indicator of unmet needs, barriers to healthcare, or broader neglect. This tool supports non-dental professionals to recognise and respond to oral health concerns through a safeguarding lens.



## Universal

*Children with no additional needs*

### What you might see

- Clean, healthy teeth and gums
- Age appropriate diet & oral health habits
- Regular dental check-ups (6-12 months)
- Caregivers engaged & responsive to health advice

### What you can do

- Reinforce & praise oral health habits
- Share oral health resources
- Highlight links between oral health and wider wellbeing
- Support self-care for children with capacity and appropriate supervision for those without



## Early Help

*Emerging needs requiring support to prevent escalation*

### What you might see

- Irregular or missed dental check-ups
- Early signs of dental decay
- Unsupervised or inconsistent brushing / oral health habits not consistently met
- Child occasionally reports discomfort
- Some concerns around diet or oral health habits
- Caregivers may seem overwhelmed or unaware, but open to support

### What you can do

- Offer advice on oral health habits
- Share oral health resources
- Explore family pressures that may be affecting routines
- Consider Early Help signposting
- Agree follow up
- Tailor support to child's age, understanding and capacity.



## Intensive

*Multiple or persistent unmet needs requiring multiagency support*

### What you might see

- Ongoing/ multiple untreated dental issues.
- Persistent poor oral health and diet despite education and advice
- Child in pain, missing school or activities
- Limited engagement
- Dental care only sought in crisis
- Wider safeguarding vulnerabilities

### What you can do

- Multiagency response
- Explore other family pressures
- Signpost to support with other needs
- Ensure oral health is included in any plans
- Consider the child's capacity to manage their own oral care - and whether they rely on others to do so
- Ensure caregivers understand their responsibility where children cannot manage their own care



## Specialist

*Children at risk of or experiencing significant harm*

### What you might see

- Severe, untreated dental decay or infection
- Child suffering with pain or discomfort without timely access to care
- Concerns regarding engagement
- Oral health concerns part of wider safeguarding risks
- Caregiver / child disengaged with services, despite multiple offers of support

### What you can do

- Discuss with safeguarding lead
- Refer to Children's Social Care or discuss with allocated social worker
- Liaise with medical professionals to support multiagency approach
- Consider urgent medical assessment

**Children will have varying levels of understanding & capacity** - this should be considered as part of any assessment.

**Some children may be unable to recognise pain, ask for help or manage their own care** and rely on the support of others.

Responses should be **non-judgemental and culturally sensitive**, recognising that families may face barriers including: limited access to NHS dental care; socioeconomic pressures; balancing the complex needs of multiple children & parents own challenges (such as physical and mental health needs, low health literacy or limited understanding of dental health).

# Children's Oral Health: Recognising & Responding to Signs of Neglect (cont.)



## Dental neglect

Refers to children's oral health needs not being met leading to significant impact. It may occur when parents/ carers or the young person are unaware of the need for care or unable to access treatment.

- There is no level of tooth decay that defines neglect. Oral health must be considered in the wider context, including individual factors (i.e. age, additional needs & vulnerabilities); parental understanding & access to appropriate information; barriers to accessing care (including socioeconomic factors, service availability, transport); the child's autonomy.
- Often is part of a wider picture with other forms of neglect. Red flags may include:
  - The child is in pain, with untreated / extensive oral disease despite advice
  - Late presentation for care or only brought in for emergency appointments
  - History of repeated dental general anaesthetic procedures for preventable issues
  - Essential medication, such as antibiotics, not given / taken as prescribed
  - Parental/carers behaviour appears cooperative but with no significant improvements



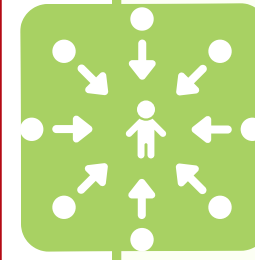
## Impact on the child

The serious impact of untreated oral health conditions can include:

- Difficulty eating may lead to poor nutrition, delayed growth and development
- Speech and communication can be affected, especially in younger children
- Disrupted sleep may impact mood, concentration, and behaviour
- Children may appear withdrawn, anxious, low in mood, or display challenging behaviour
- Reluctance to attend school or take part in activities due to embarrassment or bullying
- Low self-esteem linked to appearance, bad breath, or peer interactions
- Social withdrawal or reluctance to speak or smile
- Repeated use of painkillers, antibiotics, and general anaesthetic carries risks (e.g. side effects, antibiotic resistance, hospital exposure)
- In severe cases, untreated dental infection may lead to life-threatening illness

Children with additional health needs face greater risks:

- Cardiac conditions – increased risk of *infective endocarditis* (a serious heart infection caused by oral bacteria entering the bloodstream)
- Diabetes – infection or reduced intake can destabilise blood sugar
- Autism – dental pain may increase distress or behavioural issues
- Epilepsy – unmanaged pain can trigger seizures



## Child-Centred Approach

**Involving children** in managing their oral health based on their age and development. Some children may be at higher risk due to their dependence on carers.

**Children with Special Educational Needs and Disabilities** may benefit from individualised care plans, adapted tools and sensory-friendly practices.

**Balancing Autonomy with Parental Responsibility** by assessing capacity and obtaining consent to treatment. ([click for NHS guidance](#))



## Local Services & Resources

**Urgent help: if a child is in immediate danger, call 999**

**Click for Southend, Essex and Thurrock Social Care numbers and links.**

- Contact Social Care again if no response within 3 working days.
- If you are concerned about the outcome, escalate this to your organisation's safeguarding lead and follow your local process for managing disagreements.

To **access wider services** access to [Directories of Local services](#) (links below):

[Essex](#)

[Southend](#)

[Thurrock](#)

### Resources

#### Training & Development

- [Mini Mouth Care Matters](#) (free e-learning for healthcare & early years)
- [Oral Health Resources and Training](#) (Mid & South Essex Hub)

#### Practical Tools & Leaflets for Families

- [Children's Teeth](#) (NHS)
- [Child-friendly leaflets](#) ([multilingual](#)) (BSPD)
- [A practical guide to children's teeth](#) (BSPD)

#### Local & Specialist Services

- [Find a dentist - NHS](#)
- [Community Dental Services](#)
- [Oral health resources](#) (MSE ICS)
- [Oral Health resources](#) (ECFWS)

#### National frameworks & information

- [Help for early years providers : Oral health](#) (gov.uk)
- [Policy document on dental neglect in children](#) (BSPD)