

Dental neglect refers to the persistent failure by parents / carers to obtain treatment or seek medical advice, to the extent that the child's health and wellbeing is compromised, including: having access to, but not engaging with, appropriate dental care; untreated oral conditions which cause pain, infection, or have a systemic health impact; repeated missed appointments, especially after education and engagement attempts. (BSPD, 2009; NICE 2017).



Universal

- No issues / minor issues; no signs of neglect.
- Routine checks (or occasional missed appointments).
- Adequate hygiene & diet; some improvements may be required.
- Appropriate response to education.



Early Help

- Dental disease with minimal impact on the child; no other general concerns.
- Inconsistent dental checks / multiple cancellations.
- Concerns about oral hygiene / diet.
- Appropriate response to education.



Intensive

- Dental disease with impact on the child; may include other general concerns.
- Limited dental checks / missed checks without cancellation / difficulty in rescheduling.
- Persistent poor hygiene / diet, despite education (capacity & understanding).
- No known mitigating circumstances.



Specialist

- Severe impact of dental disease on health.
- Multiagency intervention unable to resolve concerns.
- Significant harm (or likelihood of) if no immediate intervention.
- Parents / carers not engaging.

- Treat acute dental concerns & Inform Parent / Carer and child (if appropriate) of the concerns.
- Keep comprehensive records of the concerns and support offered.
- Focus on the impact on the child and ensure education is non-judgmental and culturally sensitive, considering systemic barriers (e.g. access issues, socioeconomic challenges, parental mental health concerns).

- Encourage regular check-ups.
- Provide education on dental care and healthy eating.
- Routine follow-ups.

- Promote regular dental checks.
- Provide targeted education on dental care and healthy eating, seeking engagement and understanding.
- Additional follow-ups to consider improvement.

- Multiagency approach (other health such as Health Visitors, School Nurses, GPs; education, others) to address barriers to access service & support.
- Regular follow-ups / monitoring.
- Structured & tailored support & resources.

- Refer to Children's Social Care (inc. harm, impact on child & any previous support offered).
- Urgent interventions & specialist care plan in place (inc. contribution to safeguarding plan).
- Regular follow-ups & monitoring

Safeguarding Children for Dental teams (cont.)



Signs of dental neglect

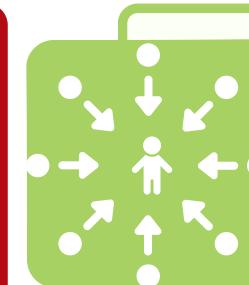
(based on [BSPD Policy, 2023](#))

- **There is no level of dental decay that equates to dental neglect** (variation in individual factors, inequalities in access to services, children's autonomy; additional vulnerabilities; parental awareness).
- Often is part of a wider picture with other forms of neglect.
- Child is in pain with extensive, untreated oral disease (multiple dental caries; extensive plaque and calculus, despite age-appropriate advice).
- Late presentations; child is only brought to emergency appointments, not follow-ups; multiple missed appointments / Was Not Brought.
- Disguised compliance (parents / carers appear cooperative to reduce professional involvement, avoid scrutiny / intervention, leaving risks to the child unmanaged / unidentified).
- History of multiple repeat dental general anaesthetic;
- Essential antibiotics for dental abscess not administered.



Impact on the child

- Severe or constant pain / dependence on pain relief.
- Infection / recurrent need for antibiotics.
- Child is reluctant to engage due to fear of pain.
- Impact on growth, nutrition, development & communication, behaviour.
- Severe acute infection - potentially life threatening.
- Risks of general anaesthetic.
- Reduced quality of life (eating, sleeping, playing, school attendance, communication, bullying, low mood & esteem)
- For children with additional / chronic health needs, additional risk such:
- Cardiac - infective endocarditis; Diabetes - limited oral intake can affect blood sugar levels; autism - pain may increase aggressive behaviours; epilepsy - pain may increase 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 not satisfied with the outcome - **escalate** to Practice safeguarding lead and, if needed, to MSE ICB safeguarding (Mon-Fri 09:00-17:00)
mseicb-bb.msesafeguardingadminsupport@nhs.net.

To **access wider services to support multiagency collaboration**, safeguarding boards / partnerships provide access to **[Directories of Local services](#)** (links below):

[Essex](#)

[Southend](#)

[Thurrock](#)

Learning & Development

- [Levels of safeguarding children training](#)- Royal Colleges
- [CQC Safeguarding & Dental teams](#)
- [British Dental Association \(BDA\) training](#)
- [Disguised compliance E-learning](#)

Resources

- [Safeguarding in general dental practice: toolkit](#) (PHE, 2019)
- **Disguised compliance & Professional curiosity:**
 - [Dealing with Disguised Compliance](#)
 - [7-min Professional Curiosity](#)
- [Was Not Brought BDA guidance](#)