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Review of Services for Children with Special Health Needs

Oral Health Care Services.

Introduction

- National surveys of the dental health of children have shown significant regional variations in dental caries (decay) experience in the UK. This has been attributed to various factors including water fluoridation, social class, local cultural eating habits, and provision of preventive care.
- There is little difference in the prevalence of dental caries between disabled and non-disabled children. However more decayed teeth remain untreated and teeth are more frequently extracted in children with disability. (1,2,3,4-6.)

- Studies also report poor standards of oral hygiene and plaque control and poorer periodontal (gum) health in children with learning disabilities (7,1,2,3,4-6,8) A high proportion of children attending special schools have periodontal disease.(3, 7)
- Periodontal disease is more severe in children with Down's syndrome even when a good standard of oral hygiene is maintained.(7)

1. Early identification and diagnosis of special health needs.

- The key to good oral health is the involvement of parents in the early implementation of preventive practices including good dietary habits, appropriate fluoride therapy and other preventive treatment, and effective oral hygiene (9)
- The dental profession has a particular responsibility to raise awareness of the need for early and regular contact with dental services for children with special needs, not just with parents but with the range of other health-care professionals involved with the child.
- Children with special needs are in contact with a range of health professionals (2) Education coupled with close collaboration with specialist services (10) facilitates the early identification of children who may be at risk of oral disease.
- A dentist should be part of the inter-disciplinary team to ensure early referral for treatment and prevention of oral disease.

2. The Provision of Information to parents/guardians

- Information on oral health care and services should be available to parents and carers.
- There are clear recommendations for a co-ordinated approach to sharing information amongst all providers of specialist services (11) The primary care team has a key role in providing information. Health Visitors are an important point of contact for parents of babies and toddlers and are in an ideal position to provide preventive oral healthcare advice and information on service provision.
- The Community Dental service is well situated to work in collaboration with other professionals to facilitate the sharing of information.
- Liaison with local and national Voluntary organisations such as MENCAP and SCOPE, provides a further vehicle for sharing information.
- The importance of including good oral health as an integral part of good general health should be

emphasised. Oral health is often forgotten resulting in late referral of children who are in pain and may then need treatment under General Anaesthesia. This can be an added health risk particularly for children with additional special health needs.

3. The co-ordination of care

- The dental team should be included in the multidisciplinary approach to the care of children with special needs. This is essential to ensure that oral health care is an integral part of their overall care. At present it is often left out.
- Oral assessment and care should be part of each child's individual care plan. Such a plan should include oral care to be provided by the dental team as well as preventive care to be carried out at home.

4. Availability of care and treatment.

- Oral healthcare is provided through the 3 branches of the profession, the General Dental Service (GDS) the Community Dental Service (CDS) and the Hospital Dental Service (HDS) Collaboration between the branches of dentistry is essential to ensure the appropriate care for children with special health needs.
- The GDS provides care as the family dentist and where possible children should register with their families. It is however sometimes more appropriate for children with special needs to receive care from more specialised practitioners and teams within the Community and Hospital Services.
- There is evidence that people with disabilities seek care less than the rest of the population (12) and the CDS has the remit to provide care for those in this group, which includes children with special needs (13)
- The Community Dental Service in Wales provides services for children attending special schools. Screening and care services are available through the use of mobile surgeries and clinic based services, and on a domiciliary basis where appropriate. Care is organised in conjunction with families, carers and school staff.
- There are now a number of Specialists in paediatric dentistry working in the CDS as well as the Specialist services provided in the hospital service. Consultant led paediatric dental services are available only through the Dental Hospital in Cardiff and should be expanded throughout Wales to provide equity of care.
- Many children with special health needs now attend mainstream schools. This group of children is more difficult to bring into the oral healthcare system. Whilst children at special schools are an

easily accessible group, once attending mainstream school it is seen as stigmatising to separate children with recognised special needs from their peers. Screening is carried out for all children 3 times in their school life but it is more difficult to target particular groups within the school population. Disease levels in children in special units have been found to be greater than the general school population.(14).

- Collaborative work with school nurses could provide the appropriate links between children and their families and the dental team to ensure referral for advice and care.
- Protocols should be in place to ensure that ‘looked after children’ receive regular oral health care. This group of children is known to slip through the health care ‘net’ and oral care often receives low priority

5. Support for families and carers

- Dental teams in all branches of the dental profession provide care and support for children with special needs within their families, or with their siblings. Advice and care is given as part of their routine visits.
- The Community Dental Service is in an ideal situation to provide general oral health promotion to all those caring for children with special needs ie parents, school staff, and health care professionals. All members of the dental team are involved in giving dental health education to groups of children and their carers.
- It is essential that dental staff are available across Wales to provide these services and the increased use of Professionals Complementary to Dentistry (PCDs) for such work is recommended.
- It is also essential that a strong CDS is available across Wales to ensure equity of care for children with special needs wherever they live.

7. Children with Special Educational Needs

- It has been mentioned earlier (Section 4) that it is more difficult to target children attending mainstream schools without the risk of stigmatisation.
- Formal collaborative work with school nurses could ensure that these children are offered appropriate assessment and help.

8. Good Practice

- There is evidence of good practice throughout Wales. This good practice should be available

across Wales and sharing good practice through meetings and publications is encouraged particularly by the All Wales Special Interest Group for Special Care dentistry and various Specialist Societies and professional groups such as the BDA.

- It is essential that Oral Healthcare should be part of every child's individual care plan and inclusion could be monitored through inter-professional audit. It has proved difficult in the past to ensure inclusion of oral health within care planning and it would be very helpful to oral healthcare providers if any review emphasises that good oral health is an important part of general health and should be an integral part of care plans.

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