Cyflwynwyd yr ymateb i ymgynghoriad y <u>Pwyllgor Iechyd a Gofal Cymdeithasol</u> ar <u>Deintyddiaeth</u>

This response was submitted to the <u>Health and Social Care</u>
Committee consultation on <u>Dentistry</u>

D 07

Ymateb gan: | Response from: NSPCC



This response is on behalf of NSPCC Cymru/Wales

NSPCC's response to Senedd's Health, Social Care and Sport Committee Inquiry into Dentistry

The NSPCC welcomes the opportunity to respond to this call for evidence from the Senedd's Health, Social Care and Sport Committee. Research shows that a child having poor oral health may be indicative of dental neglect and wider safeguarding issues. Dental neglect is defined as "the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development". ¹

Evidence indicates the factors associated with the high prevalence of caries in infants includes the lack of a caregiver's care concerning a child's oral health. Indeed, dental neglect can clearly be defined as a form of physical neglect². Caries disease is probably the most prevalent of all childhood diseases, and, when left untreated, can cause problems such as pain, suffering, productivity loss and can also limit the confidence and capabilities of a child in social and school settings.

A failure to seek treatment after trauma to the mouth can also be considered dental neglect. Up to 75% of injuries in physically abused children involve the head and neck region³. Dental trauma can therefore be a symptom of physical abuse and must be recognised as a potential symptom of abuse by dentists⁴.

A Cardiff University report from 2015 found that "many dentists are reluctant to act upon suspected abuse but recognise oral health concerns" and recommended "explicit thresholds for dental neglect" as well as "joint training of paediatric and dental professionals". The Committee should look to review how far these recommendations have been realised and gauge the confidence of dentists when faced with potential cases of child neglect. It is also important other professionals can recognise these signs, see for example the Child Matters training licensed by NSPCC and used by police officers⁶.

The British Dental Association list some key signs for dentists to search for⁷, including:

- severe untreated dental disease, particularly that which is obvious to a layperson or other non-dental health professional
- dental disease resulting in a significant impact on the child
- parents or carers have access to but persistently fail to obtain treatment for the child

⁵ https://www.bbc.co.uk/news/uk-wales-32741509

¹ Health matters: child dental health - GOV.UK (www.gov.uk)

² <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834883/</u>

³ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7561631/

⁴ ibid

⁶ https://www.dental-nursing.co.uk/news/oral-health-included-in-signs-of-child-neglect

⁷ https://bda.org/childprotection/Recognising/Pages/Dental-neglect.aspx#:~:text=irregular%20attendance%20and%20repeated%20missed,general%20anaesthesia%20for%20dental%20extractions

Safeguarding is everybody's business and in the light of recent tragic child deaths we urge the committee to recognise a child's poor dental hygiene as a potential indicator of neglect happening in the home. Section 130 of the Social Services and Wellbeing (Wales) Act 2014 states that:

'If a relevant partner of a local authority has reasonable cause to suspect that a child is a child at risk and appears to be within the authority's area, it must inform the local authority of that fact.'8

We recommend that dentists have regular safeguarding training that cover the signs of child abuse and neglect and how to report any concerns to their local authority partner.

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⁸ Social Services and Well-being (Wales) Act 2014 (legislation.gov.uk)