

Dear Sir

## **Enquiry into orthodontic services in Wales**

My daughter was taken into care in April 2002 aged 22 months.

### **1. LAC Medicals**

LAC Medicals only ask

- Is the child registered with a Dentist Y/N
- Name
- Approximate date of last appointment

April 2002 to November 2010

During this period my daughter's statutory medicals only record

- That she was waiting for/due an appointment
- That my daughter remains physically fit and healthy
- There are no reported concerns

There is **no** record of tooth decay. LAC medicals should record the true picture

### **2. AAR Dental health questionnaire**

I am given to understand that the Action and Assessment Record which contains a more robust dental health questionnaire is no longer used

### **3. Reporting provisions**

Local authorities are required to provide a range of information on their performance on an annual basis including how they meet their statutory responsibilities for looked after children. This includes reporting against a performance indicator on the percentage of looked after children who have had their teeth checked by a dentist during the year.

My daughter has a history of unsatisfactory dental appointments/failure to attend and cancelled appointments

April 2002 to September 2004 (*Age 2 to 4*)

During this period my daughter had **no** dental appointments

September 2004 (*Age 4*)

My daughter had her **first** dental appointment

July 2005 until May 2007 (*Age 5 to 7*)

During this period my daughter had **no** dental appointments

It would appear that there is **no** policy in place to ensure that a dental appointment is made for any child in local authority care who failed to have a dental appointment during the year

Such a policy should include details of any dental problems and action taken

#### **4. Dental anxiety/phobia**

Phobias are a type of anxiety disorder. Simple phobias, such as a fear of going to the dentist, usually start during early childhood, often between the ages of four and eight

Almost all phobias can be successfully treated and cured. Treating simple phobias involves gradually becoming exposed to the place or situation that causes fear

Treating complex phobias often takes longer and involves talking therapies, such as counselling, psychotherapy and cognitive behavioural therapy

Medication is not usually used to treat phobias although tranquilizers are sometimes prescribed to help people cope with the effects of anxiety

September 2004 to March 2010

My daughter has an untreated dental anxiety/phobia

July 2005 to March 2010

Due to my daughter's lack of cooperation, untreated dental anxiety/phobia she didn't have a proper dental examination for five years

In view of the condition of my daughter's teeth and her lack of cooperation/dental anxiety/phobia she should have been offered increased dental appointments and/or other coping strategies/cognitive behaviour therapy

#### **5. Dental records**

September 2004 to July 2005

During this period there is **no** dental record of tooth decay

July 2005 (Age 5)

At the age of 5 and clearly in pain due to an abscess my daughter had to have 8 teeth extracted under general anaesthetic

May 2007 to March 2010

During this period there is only one dental record dated October 2007 (Age 7) which shows **possible caries or hypoplasia**

#### **6. Dental problems**

**As a layperson** I could clearly see the appalling condition of my daughter's teeth

National Assembly for Wales  
[Health and Social Care Committee](#)  
[Inquiry into Orthodontic Services in Wales](#)  
Evidence from an individual – OS 13

I repeatedly raised concerns verbally and in writing about the condition of my daughter's teeth with the Local Authority, the Independent Reviewing Officer, Stage 2 and 3 of the complaints procedure, the NHS Dentist, the Children's Commissioner, the Care and Social Service Inspector, the Family Court and the Ombudsman

October 2003 to July 2005 (Age 3 to 5)

During this period my daughter was left with tooth decay

At the age of 5 and clearly in pain due to an abscess my daughter had to have 8 teeth extracted under general anaesthetic

May 2007 to March 2010 (Age 7 to 10)

During this period I continued to raise concerns about the appalling condition of my daughter's teeth including

- |                 |                           |
|-----------------|---------------------------|
| • November 2006 | Overcrowded teeth/Brace   |
| • May 2007      | Tooth decay               |
| • October 2007  | Hypoplasia                |
| • August 2008   | False teeth               |
| • February 2009 | Large gap/median diastema |

March 2010 (Age 9)

My daughter was diagnosed with decay/gross decay, a congenital birth defect (both lateral incisors were missing), median diastema, hypoplasia, incisal defect and overcrowding

January 2011 (Age 10)

**My daughter had to wait for 10 months for treatment** at which time she had extensive dental treatment - teeth extracted because of gross decay, overcrowding, fillings and restoration under general anaesthetic

**My daughter needs false teeth and a brace**

## 7. The future 2014

I don't know what the future holds for my daughter or what treatment, **if any**, she will receive but I am extremely concerned that

- Large fillings do not carry a good prognosis at age 10 years  
Filling the teeth may only delay the need to remove them later
- Hypoplasia can make the teeth more prone to decay and/or having fragments of enamel flaking off during normal eating
- Due to the congenital birth defect (missing lateral incisors) my daughter's teeth are not in alignment

When teeth are missing, it can affect the way the rest of your teeth bite together. The remaining teeth may tilt and drift into the gaps and food can get trapped in the spaces, increasing the risk of tooth decay and gum disease

A brace would have realigned the canine teeth into the correct position and created a space for false lateral incisors to be wired into the gap thus correcting the bite

*I was told that implants are not available on the NHS*

**If** my daughter becomes more confident in adolescence and **if** a brace is fitted (due to her age) once the brace is removed it is possible that she will have to wear a night guard

*I understand that night guards are not available on the NHS*

I don't know if wiring false teeth to the central incisors (*which appear to be deteriorating*) would increase the risk to the hypoplasia teeth

- Adult tooth extracted because of gross decay

The adult tooth which was extracted because of gross decay will not be replaced by a false tooth because it is not "smile" visible - the Dentist hopes that my daughter's teeth will drift and fill the gap

I don't know if "drift" and the possibility of food getting trapped in the spaces will increase the risk of tooth decay and gum disease

As a result of the above my daughter is going to need extensive dental treatment

## **8. Emotional and Social wellbeing**

False teeth could have an effect on her self-confidence