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British Society of
Paediatric Dentistry

Looked After Children Oral Health Toolkit

A practical guide for Integrated Care Boards (ICBs)

Contents

Introduction

Oral health is part of general health; it contributes to children's wellbeing and is an essential determinant of school readiness.[1] Advocating for improvements in children's oral health, improving access to high quality dental services and promoting actions that address oral health inequalities in children and young people (CYP) are part of the BSPD mission statement.

While 77% of five-year-old children in England are free of obvious tooth decay, significant regional and socioeconomic inequalities exist.[2] The BSPD mission statement also supports the NHS England CYP Core20PLUS5 [3] framework – a new initiative that prioritises tackling oral health inequalities by including children's oral health as one of the five clinical areas of focus. "PLUS groups" are specific target populations that are at greater risk of poor health because of multiple risk factors and social exclusion; this includes Looked after Children (LAC). LAC often have unmet oral health needs and difficulty completing dental treatment.[4]

This oral health toolkit specifically focuses on LAC to support Integrated Care Boards (ICBs), Integrated Care Systems (ICSs) and key stakeholders in children's oral health to identify the oral health needs, plan and deliver dental services for this identifiable vulnerable group. Personal reflections and case studies embedded in the document provide practical and real examples of activities and programmes that have been implemented in different regions of the UK.

Who are Looked after Children (LAC)?

LAC are defined under the Children's Act 1989 as children and young people (CYP) who have been under the continuous care of a local authority for more than 24 hours. This document uses the term "LAC" in line with CYP Core20PLUS5, – however, LAC are also known as Children in Care (CiC/ChIC) or Children Looked After (CLA).

LAC are placed in care under a court or through voluntary arrangements with their parents/carers. They can remain in care until their 18th birthday or older if they are in full-time education. Care leavers are LAC who have been in the care of the local authority for at least 13 weeks spanning their 16th birthday.[5]

LAC also includes Unaccompanied Asylum-Seeking Children (UASC), a person under 18-years-old or who, in the absence of documentary evidence establishing age, appears to be under that age and is applying for asylum on their own right, is separated from both parents, and is not being cared for by an adult who in law or by custom has responsibility to do so. Importantly, current government policy does not support using dental records or x-rays to assist with age estimations for UASC.[6]

British Society of Paediatric Dentistry

1) Office of Health Improvement and Disparities. Child oral health: applying All Our Health. https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health [accessed 3rd Jan 2023]

2) Public Health England: Inequalities in oral health in England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf [accessed 31st May 2023]

3) NHS England. Core20PLUS5 – An approach to reducing health inequalities for children and young people. https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/#:~:text=and%20young%20people-,Core20PLUS5%20%E2%80%93%20An%20approach%20to%20reducing%20health%20inequalities%20for%20children%20and,both%20national%20and%20system%20level.

4) UK Government. Children Act 1989. 1989. Available at: https://www.legislation.gov.uk/ukpga/1989/41/part/I [Accessed 2nd November 2022]

5) Home Office. Immigration statistics year ending March 2022. [Internet]. 2022. London: Home Office. Available from: https://www.gov.uk/ government/statistics/immigration-statistics-year-ending-march-2022.

6) Home Office. Assessing age. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1140168/Assessing_age_March_2023.pdf

What are the key questions that ICBs should ask about the oral health needs and dental services available for LAC in their area?

The key questions below are examples of questions that ICBs may want to use as a starting point for discussions about planning dental services and oral health improvement activities to support LAC in their area.

1. Who should be involved?

- What key organisations should be involved in identifying the oral health needs and planning and delivering dental services for LAC in your ICB?

Key organisations involved in supporting the oral health of LAC and carers and their roles and responsibilities

2. What are the oral health needs of LAC in your ICB?

- Do you have local data and intelligence about the oral health of LAC?
- Is there an existing oral health needs assessment that includes the oral health needs of LAC?

Understanding the dental needs of LAC in your ICS

Assessing the oral health needs of LAC in your population

Case Study: Assessing the oral health needs of LAC in Tower Hamlets

3. What oral health strategies and wider health policies are there for LAC in your ICB?

- Is there an oral health strategy that includes LAC underpinned by a joint strategic needs assessment or an oral health needs assessment?
- Are LAC included in the planning, commissioning and delivery of services provided?
- Are there opportunities to integrate oral health improvement activities for LAC and care leavers into existing health improvement services, programmes and strategies?

Appendix 1: Policy drivers and wider NHS initiatives

Case Study: Inclusion of LAC and care leavers in an oral health needs assessment

Case Study: Care experienced CYP perspectives on oral health and dental care

4. Do LAC and care leavers have access to NHS dental services and oral health promotion initiatives?

- Are there dental care and/or referral pathways that enable LAC have to regular dental check-ups and follow-up dental appointments?
- Are there monitoring processes or key performance indicators to review and evaluate dental services and oral health improvement initiatives for LAC?
- What plans are there in the ICB to enable LAC to smoothly transition from child to adult NHS dental services in the local area?
- What oral health promotion and support to access NHS dental services is available for care leavers within the local offer?

Ensuring equitable access to NHS dental services for LAC

Case Study: Care navigation via local dental referral services

Case Study: Facilitated access via flexible commissioning

Case Study: Extended access to dental care for care leavers

5. What processes are in place to support and integrate multi-agency working and information sharing about the oral health of LAC?

- Are there systems for record sharing and health and social care communication between multiagency teams?
- Is the ICB linked to relevant Local Dental Networks and dental Managed Clinical Networks?
- Is the ICB linked with relevant professionals in health and social care teams and professional organisations to ensure effective multiagency working to support oral health planning and delivery?

Case Study: Round table multi-agency working to support dental pathway development

Case Study: Non-Dental Professional Led Oral Health Triage and Signposting/referral

Case Study: Signposting to local dentists plus multiagency information sharing

6. What support and resources are available for foster carers and LAC?

- What training and resources are available to help LAC and foster carers manage their own oral health needs to promote self-care?

Support and resources available for professionals, foster carers and LAC

What can key organisations and partners do to support the oral health of LAC?

Table 1 provides some examples of the key organisations that could work together to support the oral health of LAC and care leavers across health and social care agencies.

Integrated Care Boards (ICBs)

- Commission accessible dental services for LAC close to where LAC live and supporting continuity of care if and when LAC change foster placements.
- Monitor relevant indicators on access to dental services and oral health outcomes for LAC and care leavers.
- Support LAC health teams and Managed Clinical Networks to develop dental pathways locally with support from specialist health services if and where required.
- Ensure mechanisms are in place to allow referrals into primary and secondary dental care services from health and social care providers, as appropriate.
- Review transition into adult services to maintain care leavers' access to dental services.
- Involve LAC, care leavers and foster carers in the design and delivery of services to ensure that their oral health needs are identified in broader commissioning processes.
- Understand the oral health needs of LAC by commissioning oral health needs assessments and/or supporting local authorities if they are undertaking any relevant oral health needs assessments.

Integrated Care Partnerships (ICPs)

Work with local authorities to:

- Identify and understand the oral health needs of LAC and care leavers within oral health needs assessments, with support from Consultants in Dental Public Health.
- Understand and utilise existing services to support access to dental care and oral health promotion for LAC via a multi-agency approach.
- Create and support oral health networks to promote the oral health of LAC to non-dental professionals and support information sharing and integrated care.
- Support linkages between dental managed clinical networks and local dental networks with relevant professionals in health and social care teams to provide multiagency care including oral health.

Managed Clinical Networks

- Support ICBs and ICPs to understand current oral health needs of LAC within the area.
- Identify LAC in local referral protocols between dental services and into secondary care to support timely access to care.
- Develop an integrated approach with health and social care teams to develop pathways for dental care for LAC and care leavers.
- Work towards timely access to primary and specialist paediatric dental services for LAC, regardless of geography.
- Share information about existing dental pathways and relevant resources for LAC via national and regional networks.

Local Dental Networks

- Support ICBs and ICPs to plan and design local care pathways, dental services, and oral health strategies.
- Work with local managed clinical network(s) to understand specialist services and local dental pathways for LAC and care leavers.
- Provide guidance to general dental practitioners on local and national guidance for LAC and access to updates and training.

Professional Dental Organisations

- To advocate for improvements in oral health and reducing health inequalities for LAC and care leavers.
- To support the development of high quality, accessible oral health care for LAC and care leavers by promoting and sharing existing good practice examples, training and resources.
- Developing high quality evidence-based resources for LAC, care leavers and their carers and signposting to support oral health promotion.
- Working with the dental profession and collaborating with national and local stakeholders to raise awareness of oral health and health inequalities for LAC and support oral health improvement for this cohort.
- Working with health and social care professional bodies to increase the awareness of oral health for LAC and care leavers and supporting oral health as being integral to general health.

NHS England Regional Teams

- Support ICBs to assess and assure performance of dental services for LAC, based on relevant oral health needs assessments.
- Cultivate local partnerships and stakeholder relationships to support multiagency working for LAC within systems.
- Share best practice examples and support the development of any regional improvement work.

Office of Health Improvement and Disparities (OHID)

- Identify LAC in oral health surveys to understand oral health needs assessment for LAC.
- Provide health improvement support for local authorities and NHS England for LAC.
- Inform and developing national oral health policies for LAC.
- Support collaborative commissioning of targeted oral health improvement programmes to address health inequalities for LAC.

Local Authorities – Public Health

- Commission and undertake relevant oral health surveys and oral health needs assessments (to include LAC) to assess and monitor oral health needs of this cohort.
- Plan, commission and evaluate oral health improvement programmes and dental pathways for LAC.
- Lead scrutiny of delivery of NHS dental services to local populations – to include LAC and care leavers.
- Evaluate the existing dental care pathways to inform the development of national or regional dental care pathways.

Local Health Watch

- Provide information and advice to LAC, care leavers and foster carers about accessing dental services.
- Support young people leaving care to be able to continue to obtain health advice and services and know how to do so.
- Engage and collecting the views of LAC, care leavers and foster carers about dental access and the quality of services to inform commissioning.
- Use the views of LAC, care leavers and their carers, to inform, influence and shape service provision.

Local Authority and Social Care Teams

- Receive supervision, training, guidance, and support for oral health promotion for teams and foster carers.
- Work with dental teams within the ICS to promote information sharing and integrated care and be aware of local dental services.
- Support dental teams in obtaining consent, including delegated authority, to prevent treatment delays.
- Share LAC's oral health plans and relevant information on oral health and dental care when moving placements or moving back home.

LAC Health Teams

- Support LAC to access universal dental services as well as targeted and specialist dental services.
- Receive supervision, training, guidance and support for oral health promotion to incorporate Making Every Contact Count (MECC) into the initial and review health assessments.
- Work with dental teams within the ICS to promote information sharing and integrated care and be aware of local dental services.
- Direct referral to a specialist service, where applicable, with information on local services readily available for LAC with SEN.
- Include oral health and a dental record in care leaver passports.

Understanding your LAC population

The Department for Education produces annual statistics on LAC. In 2022, there were 82,170 LAC in England, an increase of 2% since 2021[7] . This is a national rate of 70 LAC per 10,000 children. The rate of LAC varies across regions with the highest rate in the Northeast (110 per 10,000 children) and the lowest in East of England (50 per 10,000 children).

In 2022, 39% of LAC in England were aged between 10 to 15 years of age - while 25% were aged 16+ years. Children from "Black", "Mixed" and "Other" ethnic groups were over-represented in the numbers of children in care when compared to overall national child population. Children may be looked after for various reasons: the most common reasons for care placements are physical abuse, neglect, or absent parenting (66%)[7].

Unaccompanied Asylum-Seeking Children (UASC) have the same rights as other LAC. UASC currently represent around 7% of all LAC; the majority are male (95%). Only 13% were aged under 16 years. A mandated national transfer scheme is in place to support UASC to have access to services and to enable the safe transfer of unaccompanied children between local authorities across the country. Kent, Hillingdon, and Manchester looked after the largest number of UASC in 2022[8].

Placements for LAC

Most children are placed in foster placements, where an approved carer looks after the child (70% in 2022). Alternatively, children may be placed with a family member, privately fostered, in secure units, children's homes or semi-independent living accommodation. The number of LAC in foster placements with a relative or friend has increased by 29% since 2018, and now represents 15% of all LAC[9]. In 2022, 72% of LAC were placed within 20 miles of their home. LAC frequently move placements.

One in 10 children experienced high instability (3 or more placements) within a 1-year period. Placement instability is higher for children who have been in care for less than 12 months (12%) compared to children who had been in care for more than 12 months (9%)[9]. Poorer outcomes are associated with frequent changes of placement, or out-of-local-authority placements[10]. This is important to consider when planning health and social care services for this cohort. When a local authority arranges accommodation for a LAC in the region of another local authority/ICS, the "originating ICS" remains responsible for the services that ICSs provide for LAC.

Understanding the dental needs of LAC in your ICS

Local authorities have a statutory duty to arrange an initial health assessment for LAC within 20 working days of a child being taken into care.[11] Review health assessments occur at 6 months (for children under 5 years) and 1 year (for children aged 5 years and above). This statutory duty also extends to dental check-ups which are monitored, and national data published annually for each authority. A breakdown of the figures is available per local authority. Despite monitoring, only those children who have been in care continuously for at least 12 months are included and for very young children the examination does not have to be undertaken by a dentist. Those children who decline to have their teeth checked are recorded as not having received a dental check.[12]

There is limited evidence on the actual oral health needs of LAC, which has meant that commissioners have had to rely on information about dental visits rather than actual oral health needs. National epidemiological oral health surveys also do not specifically identify LAC. Only one study in Scotland has used population linkage data to compare the oral health of an entire cohort LAC and their child counterparts.[13] The 2021 Public Health England Oral Health Inequalities report noted the paucity of evidence about the oral health needs of LAC, only including evidence from three peer-reviewed publications in the report. However, a recent scoping review collated evidence from wider sources on the oral health needs and dental care pathways for LAC in the UK from peer-reviewed publications, unpublished (grey literature) reports and local oral health needs assessments.[14]

This review summarised the evidence from 28 articles (nine publications, 11 poster abstracts and eight grey literature) . Figure 1 highlights the key themes from this scoping review. Most of the evidence in this review came from service evaluations and audits of LAC using dental services, which excluded LAC who were not using dental services. LAC had poor oral health outcomes and unmet needs: the consequence of possibly entering care with untreated dental diseases and the lack of established oral health routines such as toothbrushing (Figure 1). These needs included untreated tooth decay, gum diseases, trauma to their front teeth, toothache, and crooked teeth.

Assessing the oral health needs of LAC in your population

Identifying the population and understanding the oral health needs for LAC within the ICS supports the provision of relevant dental services. The following could be utilised to evaluate the oral health needs of LAC population:

- Commissioning a specific oral health survey for LAC in your ICS or collecting information about LAC in oral health surveys that include all children.
- Completing an oral health needs assessment for LAC NHS England – Paediatric dentistry clinical standard
- Inclusion of LAC and care leavers in an oral health strategy underpinned by a joint strategic/oral health needs assessment.

CASE STUDY

Assessing the oral health needs of LAC in Tower Hamlets.

The "Let's talk about teeth" oral health survey assessed the dental health needs of looked after children in Tower Hamlets. 36% of 5 to 11-year-olds had experienced tooth decay in their primary (baby) teeth and 19% of 12 to 15-year-olds had had one or more untreated decayed permanent tooth, higher than the national average. They also found that teenage LAC had high plaque and calculus levels and 46% of 12 to 15-year-olds had a definite need for orthodontic treatment – a higher rate than for (all) 12-year-olds in Tower Hamlets in 2008/9. In addition, 32% of 12 to 15-year-olds felt that a dental problem had affected their daily lives in the preceding three months. Healthy futures: supporting and promoting the health needs of looked after children | Local Government Association

7) UK, Government, 2021. Children looked after in England including adoptions. Children looked after in England including adoptions, Reporting year 2022 – Explore education statistics – GOV. UK (explore-education-statistics.service.gov.uk)

8) Refugee and unaccompanied asylum-seeking children and young people - guidance for paediatricians. [Internet]. 2022. London: RCPCH. Available from: Refugee and asylum-seeking children and young people - guidance for paediatricians | RCPCH

9) UK, Government, 2021. Children looked after in England including adoptions. Children looked after in England including adoptions, Reporting year 2022 – Explore education statistics – GOV. UK (explore-education-statistics.service.gov.uk)

10) Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

11) UK Government. The Care Planning, Placement and Case Review (England) Regulations 2010. 2010. Available at: https://www.legislation.gov.uk/uksi/2010/959/contents [Accessed 20th October 2022].

12) Leicester City Council. Oral health needs assessment 2022. Available at: https://www.leicester.gov.uk/media/1ucbbapq/oral-health-needs-assessment-2022.pdf [Accessed 6th September 2023].

13) McMahon AD, Elliott L, Macpherson LM, Sharpe KH, Connelly G, Milligan I, Wilson P, Clark D, King A, Wood R, Conway DI. Inequalities in the dental health needs and access to dental services among looked after children in Scotland: a population data linkage study. Arch Dis Child. 2018 Jan;103(1):39-43. doi: 10.1136/archdischild-2016-312389. Epub 2017 Aug 30. PMID: 28855231.

14) Hurry KJ, Ridsdale L, Davies J, Muirhead VE. The Dental Health of Looked After Children in the UK and Dental Care Pathways: A Scoping Review. Community Dent Health. 2023 Aug 31;40(3):154-161. doi: 10.1922/CDH_00252Hurry08. PMID: 37162290.

CASE STUDY

Inclusion of LAC and care leavers in an oral health needs assessment.

Leicester City Council highlighted in their oral health needs assessment in 2022 the need for all children, regardless of age, to have an oral assessment and be signposted or referred into dental services based on their immediate dental need. Difficulties for children and carers in seeking and attending dental appointments are discussed. The needs assessment includes outcomes from a local record keeping audit to understand current unmet needs. Some early evidence has highlighted the difficulties that LAC still face in accessing dentistry with acknowledgement that further work needs to be done to understand any discrepancies. Including this key information in the oral health needs assessment will help to support public health local authority teams in understanding and addressing inequalities this cohort may experience.

The document is available here: https://www.leicester.gov.uk/media/1ucbbapq/oral-health-needs-assessment-2022.pdf

CASE STUDY

Care experienced CYP perspectives on oral health and dental care.

Care experienced CYP often have disrupted and disjointed experiences that intersect with their oral health and changes in care givers and oral health practitioners can lead to gaps in education for children in how best to care for their dental health. There are often assumptions about what CYP already know about oral hygiene and some reluctance from parents/carers to directly support toothbrushing. Childhood experiences and journeys through the care system can have long-term impacts on oral health into adulthood, and can lead to anxiety, shame about their oral health and low levels of confidence in accessing treatment. Maintaining relationships with dental professionals, scheduling appointments to minimise lost schooling, educating CYP and carers and supporting dental access for care experienced CYP who may have missed out on regular oral health care throughout their childhood can support this cohort in prioritising and maintaining their oral health.

Lorna Stabler, Research Associate at Children's Social Care Research and Development Centre (CASCADE), Cardiff University.

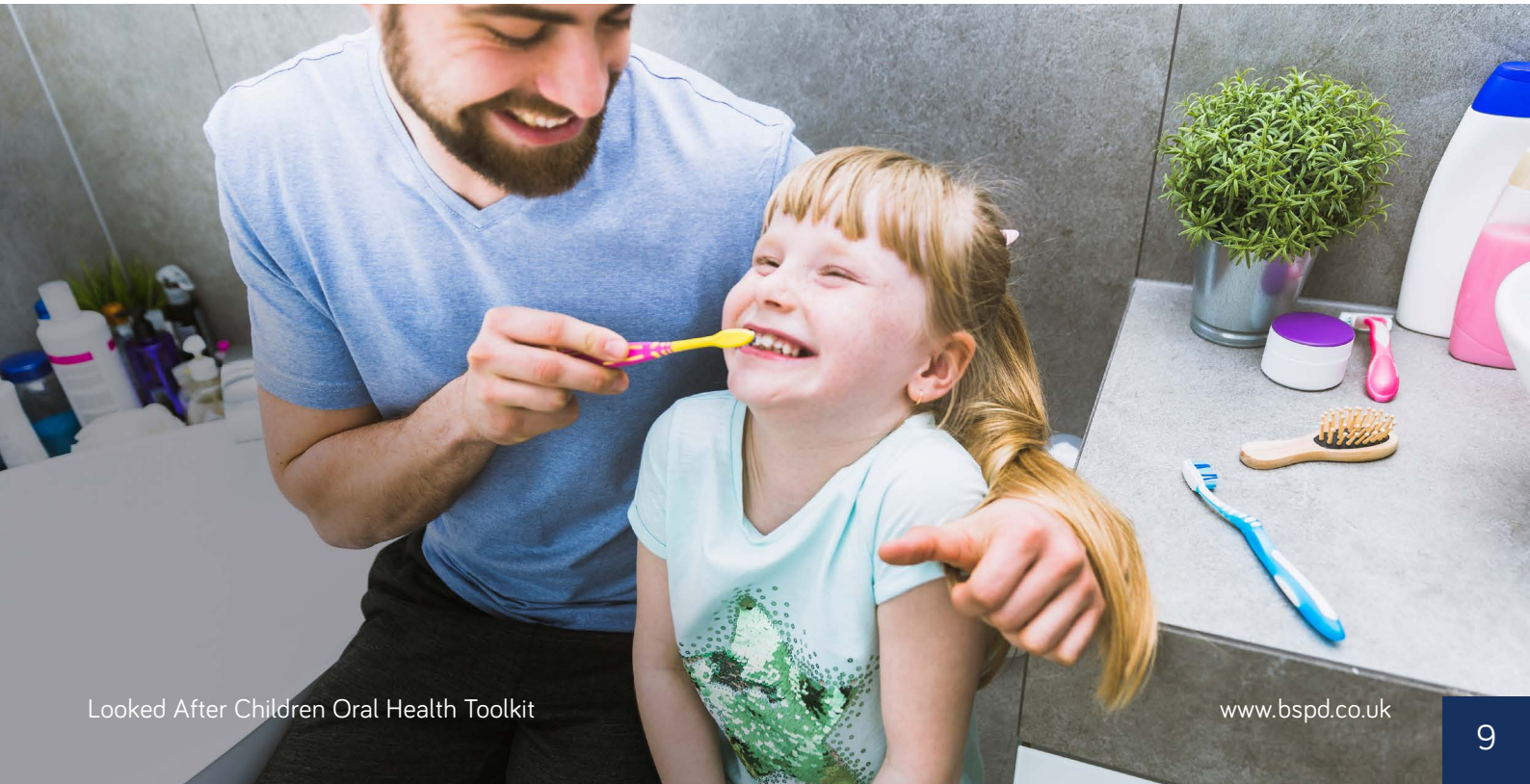
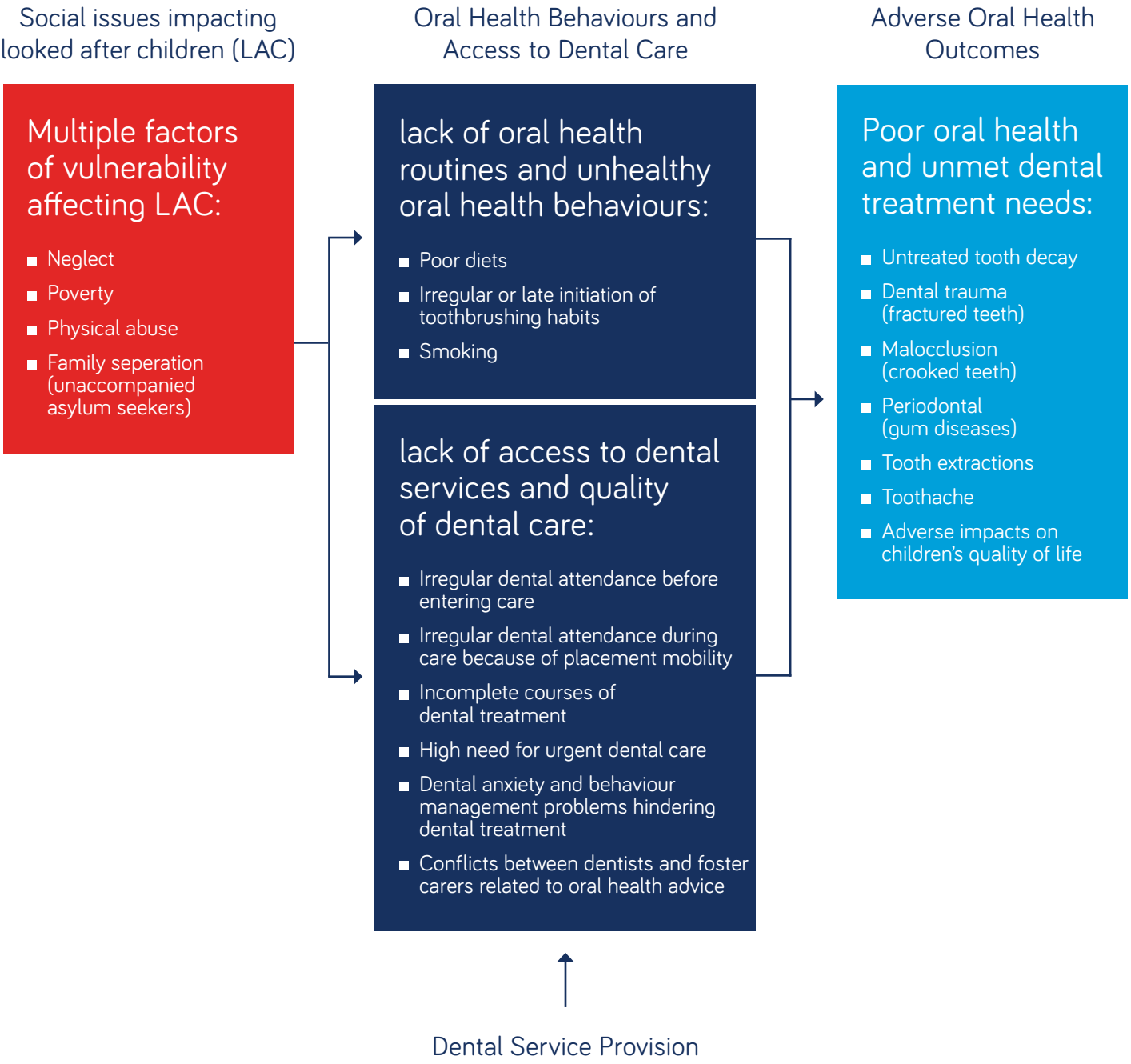


Figure 1: Key themes identified from the scoping review of oral health needs and dental care pathway for Looked After Children in England, 2022



Four different types of existing dental care pathways identified in England:

- Care navigation – health and social care staff shared information with foster carers to help them find a dentist for their LAC
- Facilitated access – health and social care teams actively worked with carers to access dental service to an established and/or commissioned dental care referral pathway or directly with a community dentist or a high street dentist
- Non-dental professional led oral health triage and onward signposting/referral – LAC were triaged and signposted by a LAC nurse after having a simple 'mouth check' in their initial assessment
- Signposting to local dentists plus multi-agency information sharing – integrated approach where multiple health and social care teams worked together to facilitate access for LAC to local dentists, arrange follow-up visits to compete dental treatment and share health records about LAC's oral health status

Ensuring equitable access to NHS dental services for LAC

All children in England are entitled to free NHS dentistry under the age of 18, or under 19 and in full-time education.[10] However, the main barriers and challenges for LAC accessing dental services identified in the scoping review by Hurry, et al. were irregular dental visits and the lack of continuing dental care, which was made more difficult by placement instability.[15] A factor contributing to LAC having outstanding unmet dental needs was the lack of integrated working between health and social care teams. This often meant that LAC were not followed up to ensure that they completed their dental treatment.

The psychological trauma experienced by LAC prior to entering care and the long-term psychological consequences of neglect often made LAC more challenging for dentists to treat because of issues including dental anxiety. Treating LAC required more complex behavioural management techniques including sedation, which are often inaccessible to high street dentists. This required referral of LAC to specialist dentists and locally commissioned Community Dental Services. Finally, little is known about the oral health behaviours of LAC at home such as toothbrushing and dietary behaviours, or the support and advice that is needed.[16] There was little oral health promotion or involvement of foster carers.

ICBs may encounter these issues in their areas and may need to take action to address these challenges by developing specific dental care pathways and referral processes to connect LAC with local dentists or Community Dental Services.

15) Who is entitled to free NHS dental treatment in England? NHS England. https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/ [accessed 4th Jan 2023].

16) Muirhead, V., Subramanian, S-K., Wright, D., and Wong, F.S.L. (2017): How do foster carers manage the oral health of children in foster care? A qualitative study. Community Dentistry and Oral Epidemiology. 45, 529–537.

Existing Dental Care Pathways for LAC

The scoping review identified four different types of dental care pathways currently being used across the UK. However, none of these existing dental care pathways had been fully evaluated. ICBs that commission dental services and dental pathways may want to consider how best to evaluate their programmes using a range of key performance indicators including LAC and carer reported measures, access to dental care, treatment completion and quality indicators with examples included in the Paediatric Dentistry Clinical Standard.

CASE STUDY

Extended access to dental care for care leavers.

Plymouth's Peninsula Dental Social Enterprise (PDSE) developed a 'Children in Care Clinic', supporting children and young people in the care system. The clinic extended its age criteria to 21 years, so that care leavers, for whom access to dental services can be challenging, can benefit from the clinic. Liaising with teams supporting care leavers and providing flexibility with missed appointments has allowed the continuation of dental care for this vulnerable group of young adults. Further information is available here.

CASE STUDY

Round table multi-agency working to support dental pathway development.

Difficulty in accessing dental care for LAC was raised at the Routine Dentistry Managed Clinical Network Kent Surrey and Sussex. This prompted a virtual round table involving patient representatives, health & social care, and dental stakeholders. The GROW model for change was used to develop a report for further discussion for pathway development with stakeholders and ICBs.

The case studies below provide examples of different dental pathways for LAC that currently exist across England.

CASE STUDY

Care navigation via local dental referral services.

The Healthy Smiles Pilot in London created a dedicated dental referral service for LAC in which referrals are accepted from the local authority, health and social care teams and foster carers. Children are then assigned to the appropriate dental service, providing access for children regardless of distance and placement. In Greater Manchester, an e-Referral system is used to allow for the local authorities to refer LAC without a dentist, providing direct referral into general practice.

CASE STUDY

Facilitated access via flexible commissioning.

The Yorkshire and Humber Flexible Commissioning programme supported dental access for LAC and other vulnerable groups by facilitating direct referrals from health and social care teams into designated local dental practices. This approach uses the existing contractual framework, substituting a percentage of a practice's contract value to deliver additional services instead of units of dental activity (UDAs) or by funding programmes with additional financial resource. As a result, dental access was provided for 3,500 children referred by health visitor and social care teams. Of the 1,100 referrals from social care teams a significant proportion were LAC. More information is available here.

CASE STUDY

Non-Dental Professional Led Oral Health Triage and Signposting/referral.

Schemes in the East of England, East Midlands and Buckinghamshire have utilised the oral examination within the child's health assessment and developed pathways to support health and social care professionals in signposting or referring to the appropriate dental service using a RAG (Red-Amber-Green) rating. A Mini Mouthcare Matters (Mini MCM) incentive in the East of England tackled dental access for LAC, via a two-pronged approach to 1) streamline the pathway to access NHS dental care and 2) empower non-dental health and social care teams to feel more confident with oral health. A dental access guide supported signposting to a network of volunteer dental practices and community dental service providers and tailored oral health training was provided to non-dental professionals, using the "Making Every Contact Count" (MECC) model as a focus for health and social care professionals to provide oral health promotion.

CASE STUDY

Signposting to local dentists plus multiagency information sharing.

One pathway that began in the Midlands and was also developed further in Yorkshire and Humber (Y&H) includes a dental assessment form which, (following completion by the child's dentist) is shared with health and social care teams, becoming a part of the child's overall healthcare plan. This multiagency approach allows for information sharing between health and social care and dental teams and ensures that a CYP's oral health needs are continuously monitored. This was funded through a flexible commissioning model to support access to local dental services in Y&H. Further information is available at: https://www.bda.org/advice/patient-care-and-safety/safeguarding

Support and resources available for professionals, foster carers, and LAC

Mini Mouth Care Matters (Mini MCM):

Developed initially to address the poor oral health and urgent dental needs of inpatients, Mini MCM has since been further developed into a range of resources to enable quality improvement for children's oral health in a range of settings. Via training and resources Mini MCM promotes Making Every Contact Count (MECC) across healthcare.

The ChiC Mini MCM incentive in the East of England aims to empower non-dental health and social care teams to feel more confident with oral health via tailored training and resources. Resources including the Mouth Check Tool and Mouth Care Guide and the e-learning package are available here: LINK – when launched.

Oral Health Promotion and learning:

A dental health promotion module is available on e-learning for health.

British Society of Paediatric Dentistry (BSPD):

The BSPD provides guides to oral health for CYP and their parents/carers in various languages. They are available to download here: www.bspd.co.uk/Patients/PatientInfo

10 key questions for foster carers:

The 'Ten key questions for foster carers,' resource was produced to answer the questions most frequently raised by foster carers during the 'Let's talk about teeth' project.

https://acrobat.adobe.com/link/review?uri=urn%3Aaaid%3Ascds%3AUS%3A117d9a4a-ce81-48d5-88df-f453330ec4a1

The research explored foster carers' dental health attitudes, knowledge, behaviours, and experiences of looking after children's dental health and care.

Additional resources:

- Applying corporate parenting principles to looked-after children and care leavers Statutory guidance for local authorities
- The Care Planning, Placement and Case Review (England)
- Promoting the health and well-being of looked-after children
- Looked after Children: roles and competencies of healthcare staff
- Nice guideline [NG205] 2021 – Looked-after children and young people

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Appendix: 1) Policy drivers and NHS initiatives

Existing initiatives and policy drivers that ICBs can utilise to promote and support the oral health and dental access for LAC.

LEAD ORGANISATION	TARGET GROUPS	MAIN OBJECTIVES	EXPECTED OUTCOMES
Core20PLUS5 CYP			
NHS England	Core20: 20% most deprived of the national population as identified by the national Index of multiple deprivation (IMD). PLUS: population groups experiencing poorer than average health access, experience and/or outcomes and would benefit from a tailored healthcare approach. This includes LAC and care leavers.	To support reduction of health inequalities at national and system levels. Areas requiring accelerated improvement include reducing the backlog of children waiting for dental extractions.	Local teams to establish pathways for Looked After Children (LAC) that are known and understood throughout the system so that this cohort can access dental care.
Dental Check by One			
British Society of Paediatric Dentistry (BSPD)	Infants and young children.	To ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest.	Raise awareness for LAC to be taken to the dentist prior to age 1.
All Our Health			
Office for Health Improvement and Disparities (OHID)	All health and social care professionals, stakeholders and charities working with, and providing services for children.	To improve the health of all children and reduce the oral health gap for disadvantaged children.	To support front-line health and care staff to promote the benefits of good oral health for children. Embed children's oral health in all children's services, at strategic and operational levels.
The Healthy Child Programme (HCP)			
Department of Health Department for children, schools, and families	Children and young people aged 0-19-years-old. Looked after children are included as a sub-population in the community who are known to have particularly poor health outcomes, and the HCP needs to take account of their specific needs.	The main universal health service for improving the health and wellbeing of children. Underpinned by a systematic assessment of population needs that provides a basis for configuring services and allocating resources.	Services for children and families being fully integrated, with partnership working between different agencies on local service development. Practical action for Team Leaders and Managers to embed oral health in all children's services at a strategic and operational level.
Improving oral health: an evidence-informed toolkit for local authorities			
Office for Health Improvement and Disparities (OHID) via Gov.uk	Children and young people aged 0-19-years-old.	To improve the oral health of children and reduce the oral health gap for disadvantaged children.	Local authorities responsible for commissioning public health services for children and young people which provides an opportunity for councils to further develop relationships with key partners, including dental teams and provision of care for LAC.
Local Authorities Improving oral health: Commissioning Better Oral Health for CYP			
Office for Health Improvement and Disparities (OHID) via Gov.uk	Children and young people aged 0-19-years-old.	To ensure all children services have integrated oral health improvement, adding value at little cost. Review and commissioning of new or existing OH improvement programmes.	Utilise or develop existing services to improve oral health outcomes for LAC and care leavers to reduce oral health inequalities for this cohort.

For further information, please visit our website:

www.bspd.co.uk

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