

INTRODUCTION

Inequalities exist for Children Looked After (CLA) in terms of **unmet dental needs** and **access to dental services**. ¹ There is a statutory requirement for CLA to have a minimum of **one oral health assessment annually**. ² There are approximately 10,000 CLA in London ³ and the COVID-19 pandemic had significant impacts on accessing dental services.

OBJECTIVES

Co-development and evaluation of a pilot with CLA teams and carers to enhance access to dental services and promote oral health.

METHODS

The pilot was co-developed with CLA and dental teams which included a **dedicated pan-London clinical care pathway** consisting of **17 volunteer NHS dental practices** and a **triage referral service**. Training of dental teams and CLA teams was undertaken. The pilot was promoted via CYP Networks, London Councils, Greater London Authority, Association of Directors of Public Health London, safeguarding networks and carer's networks. Peer-reviewed resources were co-developed for carers and CLA teams.

An **evaluation framework** has been developed to assess:

- **Accessibility** of the pilot, dental **activity** and **uptake** of oral health assessments
- **Acceptability** among carers, CLA teams and dental teams by conducting focus groups and semi-structured interviews
- **Costs** of the pilot including workforce requirements and financial costs
- **Sustainability** of the pilot in terms of utilisation, costs and accessibility

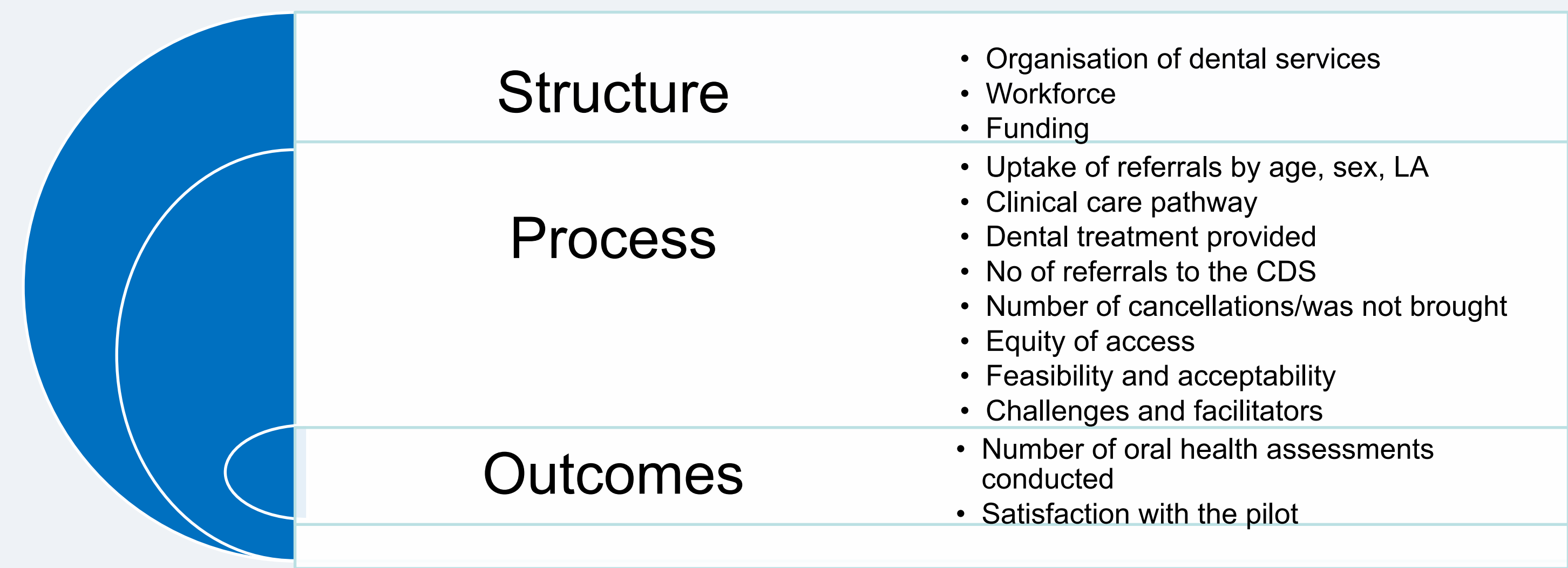


Figure 1: Evaluation Framework based on Donabedian Model ⁴

Ethics approval was given from QMUL (QMWEC22.226).

RESULTS

Process Evaluation

1. Uptake of referrals

There were **505 referrals** over 10 months across 33 London boroughs. There was variation in referrals by local authority; the majority being from NE London: Redbridge (22.8%), Tower Hamlets (13.3%), Havering (6.5%) and Barking & Dagenham (5.0%). (Figure 2)

Sources of referrals into the pilot were as follows:

- 38.0% Social Workers
- 23.8% Nurses
- 12.5% Key Workers
- 11.5 % Carers
- 4.2% Support Workers
- 2.4% Doctors
- 2.0 % Managers
- 2.0% CLA teams
- 1.8% Unknown
- 1.6% Local Authority
- 0.4% Practitioners

(Figure 3)

2. Dental access and treatment provided

Collection of dental activity has been challenging.

Data collected by practices over the first 6 months showed there was a small proportion of children who did not attend their appointments:

- Out of **206 booked** appointments:
 - **13 patients cancelled** (6%),
 - **32 patients "Were Not Brought"** (16%)

• **Dental activity** data collected by practices from the first 6 months of the pilot:

74 fillings, 54 advice, 26 other, 13 fluoride varnish, 11 simple extractions, 10 sealants, 9 extirpation of pulp, 9 antibiotics, 5 stainless steel crowns. (Figure 4)

3. Informal Feedback

Feedback from carers and CLA teams has been positive and evaluation is currently ongoing.

Quotes from CLA teams on feedback from carers and teams:

- *"Verbal feedback from Social workers and Carers was good, stating it was great they could arrange dental appointments for CYP this way that otherwise would not have been possible due to the long dental W/Ls. They appreciated the service."*
- *"Wish this [service] was around years ago"*
- *"[Carers are] very pleased to have access to dental care"*

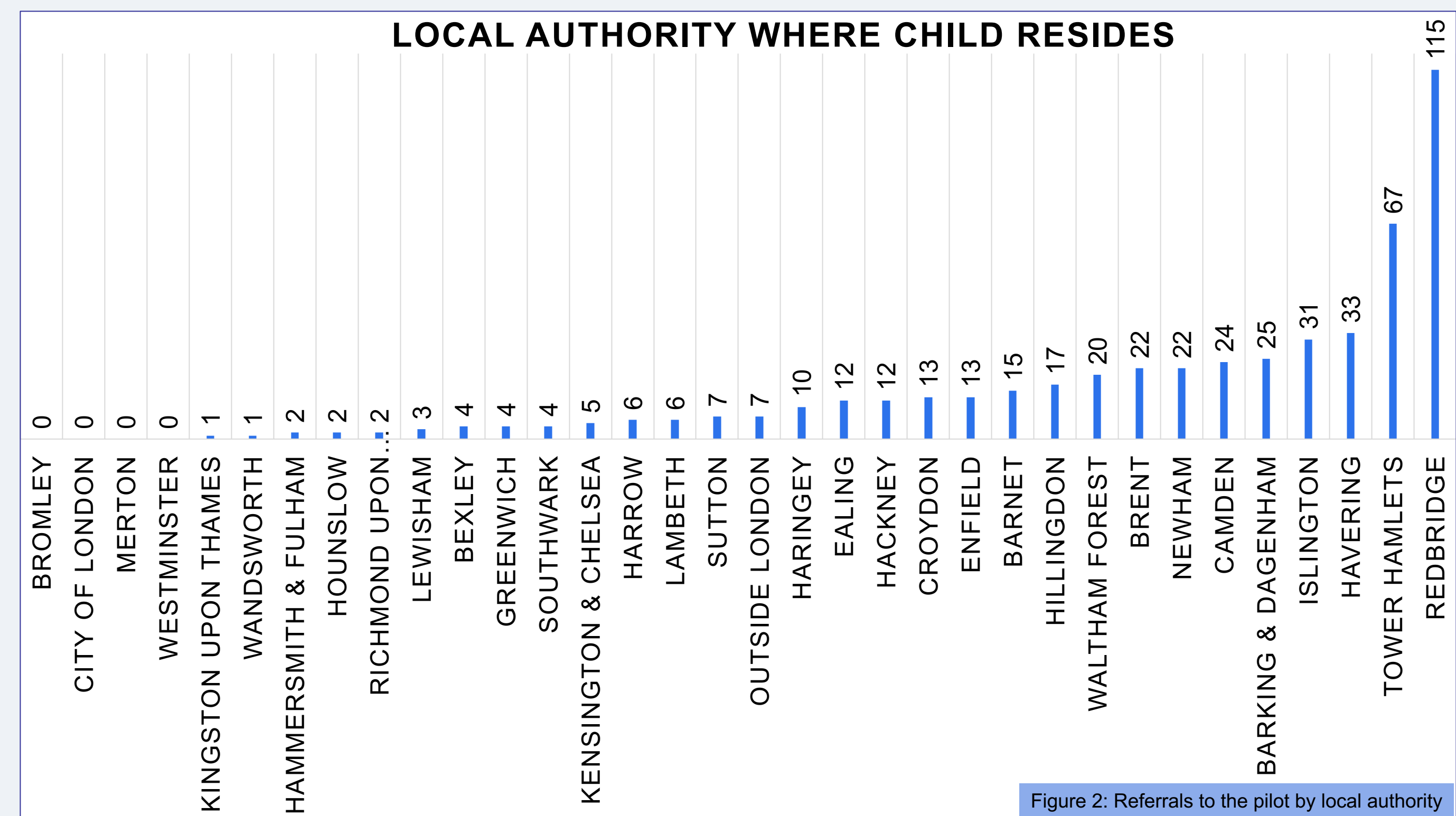


Figure 2: Referrals to the pilot by local authority

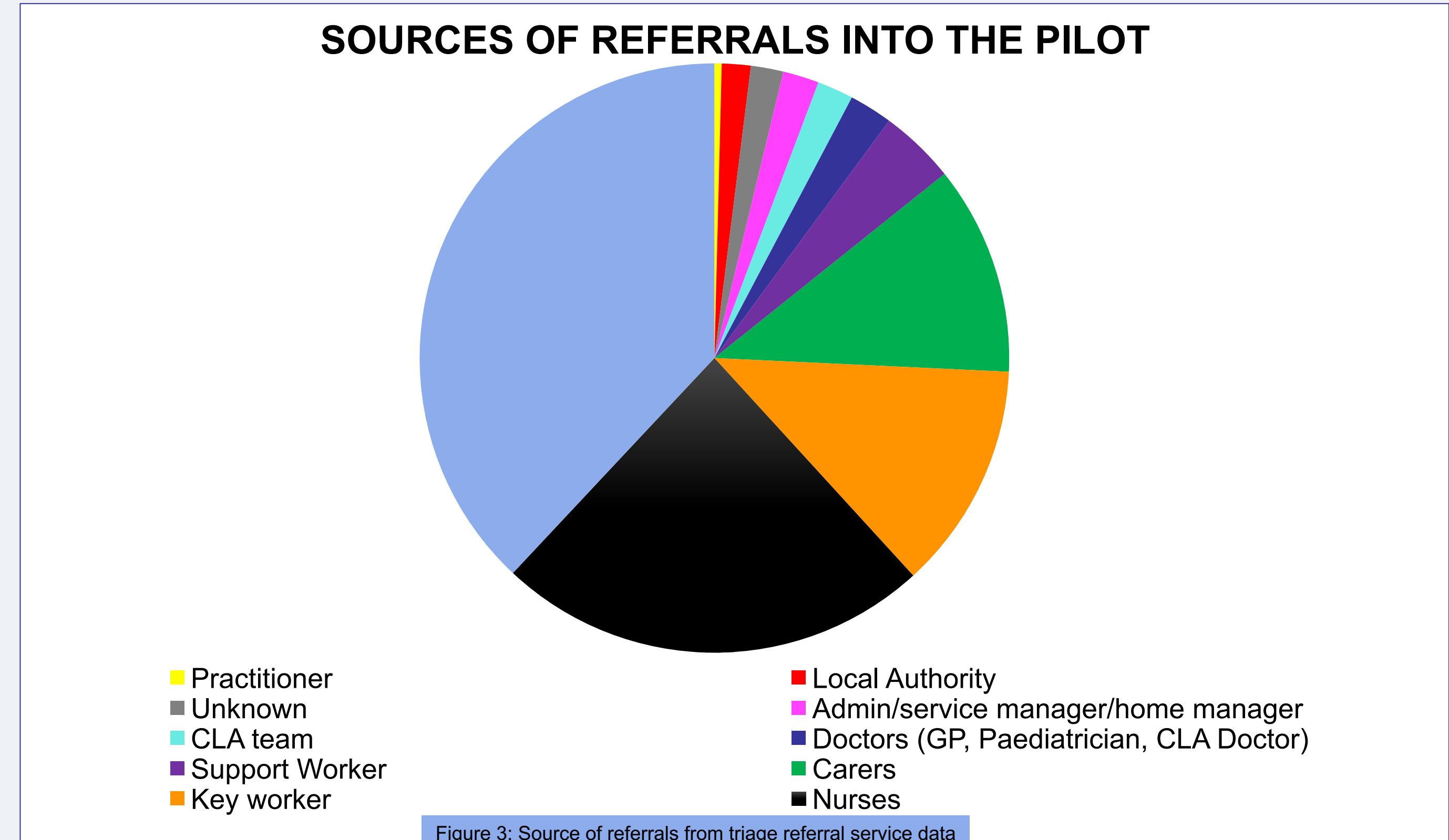


Figure 3: Source of referrals from triage referral service data

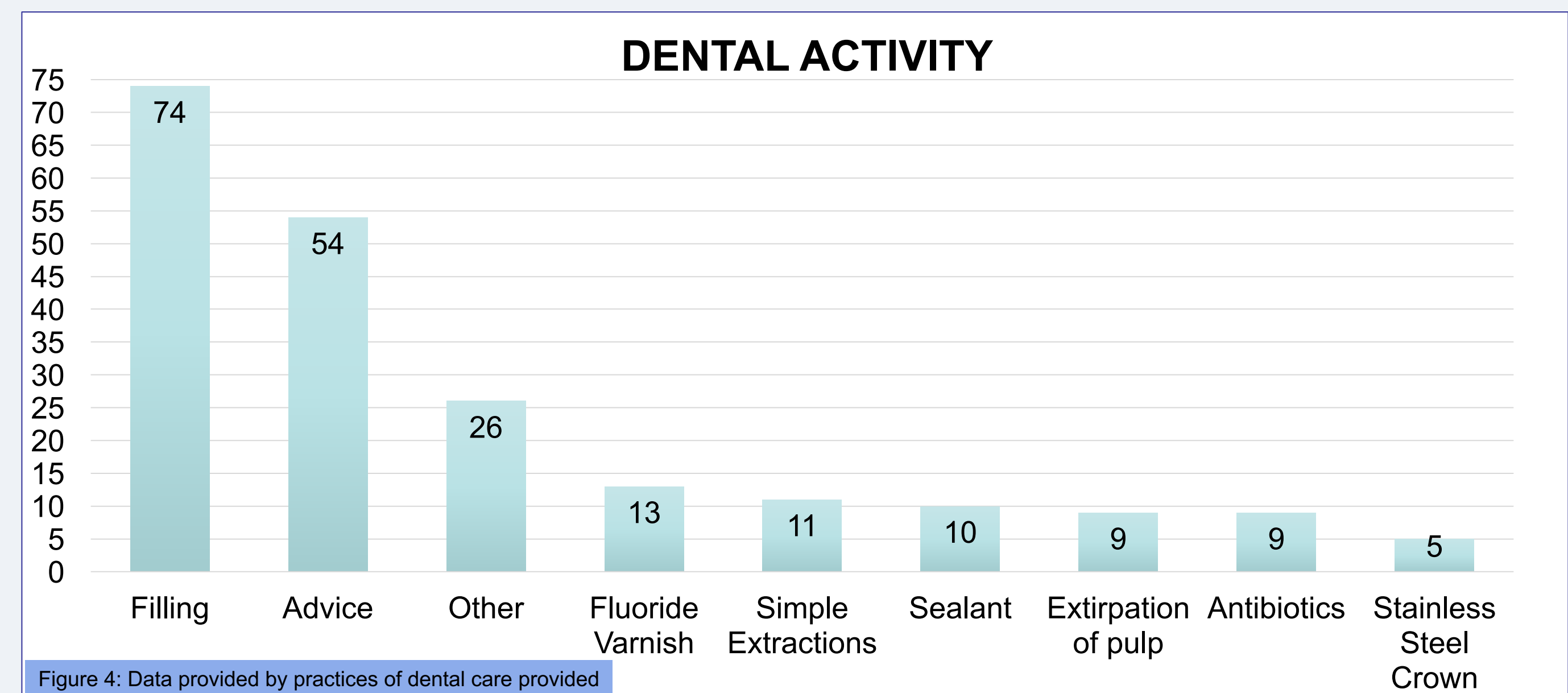


Figure 4: Data provided by practices of dental care provided

CONCLUSIONS

- The pilot has been extended to further enable children to be referred into the pilot as referral numbers have been relatively low.
- The pilot may be amended to include care leavers.
- Evaluation of the pilot is currently being conducted and lessons learnt will be shared across children and young people's networks.

REFERENCES

1. PHE 2021, Inequalities in Oral Health in England, Public Health England 19 March 2021.
2. Department of Health, March 2015. Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England
3. Department for Education. (2020) Children looked after in England including adoption: 2018 to 2019.
4. Donabedian, A. (1988). "The quality of care: How can it be assessed?". JAMA. 260 (12): 1743-8. doi:10.1001/jama.1988.03410120089033. PMID 3045356

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