Barriers and Dental Care Pathways for Children Looked After in the UK

K. J. Hurry¹ (k.j.hurry@qmul.ac.uk), L. Ridsdale², J. Davies¹ & V. E. Muirhead¹
1. Institute of Dentistry, Faculty of Medicine and Dentistry, Queen Mary University London. 2. Leeds Dental Institute.

Background and Objective
The number of Children Looked After (CLA) in the UK is increasing¹. CLA have poorer dental health in terms of a higher prevalence of dental caries, periodontal diseases, dental trauma, and dental pain compared to their peers²-³. They have greater dental treatment needs including under general anaesthetic²-³. However, little is known about the barriers to accessing dental services and the dental care pathways available for CLA. The objective of this scoping review was to summarise the evidence on the barriers to dental services for CLA and the current dental care pathways in the UK.

Methods
The scoping review followed PRISMA-ScR guidance, and searched Embase, MEDLINE(R), Scopus, Web of Science, PubMed and CINAHL databases up to February 2022, the grey literature and third sector organisation websites. Included studies were restricted to any study type involving CLA residing in the UK aged 0-18-years-old. No limits were placed on time in care or placement. The Mixed Methods Appraisal Tool assessed the quality of the included studies. Thematic analysis identified key themes related to barriers to access and dental care pathways.

Results
Nineteen articles were identified: 7 publications, 4 poster abstracts, and 8 unpublished reports. Four publications were high quality, 3 medium quality and 1 low quality. These results were not used to exclude studies. Perceived barriers included: (i) the lack of dental care experience of CLA because of their irregular attendance before and during their care placement; (ii) the lack of integrated working between health and social care teams; and (iii) psychological issues (such as dental anxiety) making dental treatment more complicated.

A clinical oral health assessment was rarely part of the initial general health assessment. Few studies collected clinical evaluations and audits of CLAs accessing existing services. For those who do not use these services, little is known about their oral health, possibly suggesting even greater dental need.

Four different dental care pathway models were identified that varied across the UK:

### Dental care pathway models

#### 1. Care Navigation
Supporting contact health professional (e.g. specialist nursing service), and sharing contact information about oral health assessments undertaken by local dentists with social care teams and paediatricians.

#### 2. Facilitated Access
Health and social care agencies can refer patients directly for care to Community Dental Services or General Dental Practices (GDP).

#### 3. Nurse-led oral health Triage and Onward Signposting/Referral
Non-dental health teams undertake a simple ‘mouth check’ as part of their initial health assessment.

(Assessment is supported by the Mini Mouthcare Matters Tool)

CLA is then signposted/referred to appropriate services based on their dental needs.

#### 4. Signposting to local dentists plus multi-agency information sharing
Social care and medical teams refer CLAs to dental hospitals. Information about CLA oral health needs shared with all organisations.

CLA is supported to receive the ongoing dental care they require. Oral health information about CLA recorded by dentist.

Who receive ongoing care until able to see a GDP.

Information about CLA oral health needs shared with all organisations.

Conclusion
There are barriers to access to dental care for CLA suggesting a need for integrated working between dental and social care teams, specialist services and an evaluation of pathways to identify best practice.

References: