Looked-after children and introducing a WNB pathway to support their care

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Looked-after children (LAC or CLA) are a specific group of children and young people that will require dental care but who will need dental teams to have a clear understanding about them and their situation to be able to deliver the care they need.

Broadly speaking that's children who are under Local Authority care (approx. 96,500 across the UK) for more than 24 hours. Types of care include foster care, kinship care (grandparents/relatives/friends) and children's homes. In Scotland foster care is the most common type of care, around 33% of cases in 2019.¹

There are many reasons why a child may enter the care system; physical/emotional abuse, neglect, parental illness/death or abandonment. Whatever the reason the child cannot be looked after any longer in the parents' direct care.

Each UK country has a slightly different definition so if your practice/clinic treats these children, or you think it might be, then best to check the relevant definition and requirements. Looked-after children can also include unaccompanied asylum-seeking children (UASC) but it does not usually include adoption. In Scotland a looked after child includes those living at home under a supervision requirement order. Usually a child on a child protection plan/register (CPP) is usually at risk from serious harm but still lives at home.

In 2009 the BSPD defined dental neglect 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.'² Dental neglect may be an indicator of a wider pattern of neglect and a persistent failure to seek treatment for

caries is defined by NICE as neglect.³ Since 2016 neglect has been the reason for 48% of children being looked after in England and therefore professional curiosity is key.

The role of the dentist

The role of the dentist in these young lives may be fleeting but it is vital to make every contact count. In England, within the first 20 days of being in care, each child should have a general health assessment which must include identifying arrangements for routine dental care.

Many children in care have mental ill-health or special educational needs and it's generally understood that while they 'have the same issues as their peers, the extent of these is often greater because of their past experiences'.⁴ Therefore, they face significantly poorer health and educational outcomes. Making sure that if the practice/clinic is seeing a looked after child, being aware of their needs, and allowing them to participate in decisions about their care is important (age appropriate).

Practices should do what they can to allow these children to receive their care conveniently which may mean close to their foster home or attending with the rest of the family. Only refer to specialist services if necessary but if doing so, make sure it happens.

Using the was not brought approach

Looked after children⁵ are covered in safeguarding training because of the different issues of parental responsibility, corporate parenting and consent. Uniting the training with the reality of life for these children is the responsibility of the dental professionals delivering care.

Often these children (or those on a CPP) can be invisible to dentists. Understanding the status of a child, who can consent to treatment and who has parental or corporate responsibility is significant. The transactional or episodic nature of dental care added to the chaotic lifestyle of short or longer stays in local authority care means that not all these children

and young people will be in a position for a continuing care relationship in the same place.

Once this link is established between the child and a practice/clinic, the challenge is then recognising and responding when that child is no longer brought and using the was not brought approach.^{6,7} A new pink pathway has been specifically developed for looked after children and those who are at risk and on a CPP.

For further information visit www.bda.org/advice/Pages/safeguarding. ♦

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