'Improving dental care and access for this group is essential'

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Children are our future. We invest so much time, money and energy into their wellbeing and development, and it's heart-breaking when there are high-profile examples of people who do not invest in our future.

Poor oral health may straddle the neglect/abuse boundary, but too often it's an area of a child's development that is overlooked. *BDJ In Practice* spoke to joint British Society of Paediatric Dentistry Outstanding Innovation Award winners **Jemma Facenfield** and **Lucy Ridsdale** about their innovations and how they are helping children and looked after children.

Generally speaking, what are levels of children's oral health like in your regions?

JF The Southwest is quite a large area, however there is a significant amount of deprivation – and health inequalities – in areas of Cornwall and Devon with some areas having higher than the national average for tooth decay.

The long waiting times in Cornwall and Devon are well publicised, but I am excited that there is a reform plan in place and things are set to improve. Until recently there has been limited provision for specialist paediatric care which saw some patients needing to travel to see a specialist. But we now have a consultant based in Plymouth who is in post so that should make a difference.

LR I work in Yorkshire and the Humber where both the prevalence and severity of tooth decay is higher than the national average, The region has the second highest prevalence of dental decay in 5-year olds in England with more than 28% having decay experience.

Has the pandemic necessitated more innovative ways to care for – and improve – children's oral health?

LR As we are all aware, access to dental care was significantly reduced during the pandemic. Looked after children are known to have higher dental needs than the general population and therefore ensuring continued access to dentistry for this group is vital. Implementation of a dental pathway for looked after children, supported by general dental practices and flexible commissioning practices in Yorkshire and the Humber, helped to ensure these children could access the care they needed. Although the pandemic brought many challenges, one significant area of opportunity was that of virtual collaboration, which meant meeting with organisations across a wide geographical area could be done with ease, facilitating and supporting 'joined up' working. We were also able to develop online resources for general dental practitioners to support provision of dental care for looked after children.

JF Definitely, it has made it really tricky, especially to care for highly anxious children. I think the most difficult thing has been all the PPE. It has made dentistry even more scary when a child can't see a reassuring smile and all the nice toys have been taken away from the waiting room. At PDSE the oral health team came up with an anxiety kit and fidget boxes – and all toys are easily cleanable.

My student group last year also created fantastic books to help children desensitise when they see PPE - and also gave oral health and wellbeing and mindfulness tips to try. We also created remote OH appointments which worked well to try and engage larger numbers – both safely and remotely. I am

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now very happy that I can have my bubble machine back though as it's a firm favourite with children and staff!

You were joint winners of the Outstanding Innovation Award, and both projects focused on improving the wellbeing of vulnerable children and young people. Why these cohorts of patients?

JF I have professional and personal reasons for focusing on this cohort of patients.

I have friends and family who have had experience of care or been classed as vulnerable and for me this area is one which really needs special care and attention and it's an area I wanted to try to improve.

In one of my roles is as a Safeguarding Lead, I used to find it really frustrating when sending safeguarding referrals that oral health didn't really seem to be an area of concern. After carrying out a training session with social services regarding oral health and the importance in relation to safeguarding I asked why we received so few referrals for 'Looked-after children' with regards to the initial care assessment. That's when I learned that there was no real defined pathway – and that the referral forms were complex and not user friendly for non-dental professionals. That's when I set out to try and improve care for this cohort of children and why am I delighted that it has been recognised as a priority area.

LR As a paediatric dentistry specialty trainee, I often see vulnerable children, including looked after children, for their dental care. These children face inequalities in all areas of health and living arrangements can change frequently, which means accessing health services may also be difficult. Improving dental care and access for this group is essential and something I feel very passionate about.

Both of your projects also focused on integrated care with healthcare touchpoints outside of dentistry. How important is it for areas with oral health inequalities – through projects like yours – to be able to improve integrated care pathways?

LR Integrated care is essential if we are to improve inequalities and ensure high quality care for looked after children. For this patient group in particular there are a large number of organisations and people involved in supporting them. Working collaboratively enables a collective understanding of the challenges that are present and enables development of a co-ordinated approach to address these. Sharing knowledge, experience and resources is vital to ensure the best patient-centred outcomes.

JF I hope the work undertaken by the LAC and vulnerable children's clinic has highlighted the importance of having joined up trauma informed care with other services. In addition, having good links with other professionals and services with simplified referral pathways provides a more holistic and patient-centred approach to the care of these vulnerable children, especially ones who don't quite meet the threshold for a multi-agency response or the statutory framework.

When reading about your projects I was surprised at how simple and effective they are. Shouldn't it be for the State to implement these ideas to look after patients and not have to rely upon – and then applaud – others for doing their work for them?

JF Yes, it should however I think sometimes the best ideas come from people who do the job, day in and day out as they can see what works well and what doesn't, rather than implementing something that hasn't actually been tried and tested.

Hopefully it is something that can now be rolled out on larger footprint. I will be looking to implement some of Lucy's ideas as part of a newly formed managed clinical network in paediatric dentistry.

LR Support at a national level for initiatives to improve patient care is essential, but in many cases, these initiatives may benefit from being introduced and implemented on a smaller scale in the first instance, with support from Local Dental Networks, Local Dental Committees and Managed Clinical Networks. This allows for learning and development which can be widely shared with the option for national implementation as appropriate.

What can paediatric dentistry learn from the work you've undertaken?

LR In establishing this pathway in Yorkshire and the Humber, I was overwhelmed by the support from organisations across the whole of health and social care and the enthusiasm of teams to work with dentists to try to ensure the best outcomes for children. I think the importance of dental and oral health is now more widely recognised than ever, which means the opportunity for collaborative working to improve care for our patients has never been better.

JF One of the best things I think was the creation of the oral health passports to be used in a child's red book which was something that came out of an inter-professional engagement module by undergraduates. Quite often children in care will move from one placement to another which can sometimes be out of their county. Unlike GPs, we as dentists don't have access to patient records and this was a really simplified way of being able to record information that can be accessed by other dental professionals. ◆

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Jemma Facenfield is a Paediatric Dentist working for Peninsula Dental Social Enterprise, Paediatric and Adult Safeguarding Lead and Chair of Safeguarding committee. She is Clinical and Academic Supervisor for undergraduates at Peninsula Dental school whilst also studying for a MSc in Paediatric Dentistry from UCL.

Lucy Ridsdale is a Specialist in Paediatric Dentistry and is currently undertaking post-CCST training in Leeds and Wakefield. She undertook the work looking at dental care pathways for looked after children whilst working as a Leadership Fellow for Health Education England Yorkshire and the Humber.

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