"They are just baby teeth; they will fall out anyway." Questions Child Protection Services Workers Should Ask If There Is Suspected Dental Neglect

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Abstract

Children with untreated dental disease may routinely go unrecognized. Many non-dentists may not realize that a child's tooth infection can have serious, if not deadly, consequences. In clinical practice, dental neglect through willful intent is already difficult to demonstrate for someone who has dental knowledge. The generic questions asked by child welfare caseworkers regarding concerns for cases of child abuse or neglect may not necessarily address the specific complexities of dental neglect. With all of these nuances in mind, this article presents a list of questions that could be utilized in clinical practice and for child welfare caseworkers receiving reports to critically analyze whether dental neglect is occurring and whether the family has been given adequate accommodations and opportunities for care.

Routinely, children with untreated dental disease go unrecognized. Many people who are not oral health professionals do not understand that a child's tooth infection can be life threatening. Take the case of 12-year-old Deamonte Driver of Maryland, who died in 2008 of complications from an untreated tooth infection that spread to his brain (Otto, 2017). Unlike cases of intentional neglect, Deamonte's family was actively seeking care for their child and had issues with insurance access. However, there are also scenarios in which caregivers are given education, opportunities, and accommodations to present for care for their child, yet they still fail to do so (Otto, 2017).

The American Academy of Pediatric Dentistry (2021) defines *dental neglect* as "willful failure of a parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection (p. 16)."

Aside from pain and infection, unmet dental needs have been associated with issues of nutrition such as failure to thrive, premature tooth loss that can affect a child's ability to bite, speech, missed school, hospitalizations and emergency room visits (Mouradian et al., 2000). In clinical practice, willful intent is already difficult to demonstrate for someone who has dental knowledge. Accordingly, the generic questions asked by child welfare caseworkers

regarding concerns for cases of child abuse or neglect may not necessarily address the specific complexities of dental neglect. Similarly, it is important to parse out in these instances when families could use assistance with social programming and care utilization—such as Deamonte's case—and when families have been given opportunities and accommodations but still fail to follow through with care. These psychosocial barriers to care may include lack of access to care such as issues with transportation or geographic location, financial costs including lack of insurance coverage, and dental anxiety of the caregiver (Freeman, 1999). In these circumstances, the parent or guardian may be well-intended but may not have the tools to follow through with dental care.

A shared societal concern, the well-being and safety of children, is a daily focus of child welfare professionals on a 24-hour per day basis. On a federal level, since the early 1990s, a key training tool for these and other Child Protective Services (CPS) workers has been the Child Abuse and Neglect User Manual Series. Written by the U.S. Department of Health and Human Services (DHHS), Office on Child Abuse and Neglect (OCAN), Children's Bureau of the Administration for Children and Families (ACF), the series is constantly updating best practice in the child protection field. In the latest publication of *Child Protective Services: A Guide for Caseworkers* (2018), dental neglect is passingly mentioned, just twice. This article offers suggestions to help prepare child welfare caseworkers and clinicians to garner appropriate and relevant information to ascertain if a case of dental neglect has occurred (USDHHS & Capacity Building Center for States, 2018).

Only a small number of states have mandated dental screening laws for school entry, and among those states the criteria and guidelines are variable (Fleming, 2019). Even states that have adopted these laws have reported difficulty enforcing them, thus rendering the laws to be voluntary participation (Fleming, 2019). Routine dental exams are not only important to evaluate for signs of dental caries and infection but also allow for evaluation of growth and development and provide opportunities for dental hygiene and nutrition. While primary care providers may be able to identify signs of dental disease, appropriate treatment still must be conducted by a dental provider, which requires families to present to a dental provider and follow through with treatment recommendations. Due to a lack of mandatory requirements for dental screening upon school entry, children may routinely go without dental care without the ability of school-based social workers or educational professionals to intervene. Because there are virtually no checks and balances to ensure that a child is receiving appropriate dental care, dental needs should be routinely incorporated into every case assessment. A referral should be made to an oral health professional for a screening examination to identify otherwise potentially undisclosed treatment needs.

With all of these nuances in mind, this article presents a list of questions that could be utilized in clinical practice and for child welfare caseworkers receiving reports to critically analyze whether dental neglect is occurring and whether the family has been given adequate accommodations and opportunities for care. The questions are not an exhaustive list. They provide a roadmap to obtain background on the following: a timeline of the child's caries progression, the impact of dental health on the child's function and quality of life, opportunities for the family to access care, areas of communication with the family, and barriers to care that may be the underlying cause for poor follow-through. These questions should be asked to an individual calling to file a dental neglect report as well as oral health providers involved in a child's dental care. Often in these cases, families will seek emergency services at multiple locations, and a dental service history may be required from the family or insurance company to obtain a comprehensive history.

Questions dental providers and CPS investigators should ask if they suspect dental neglect:

1. When did the child first present to the dental office? For how long has the child been with untreated or incomplete treatment of dental caries?
2. Has the child's current oral health status led to significant loss of function and/or quality of life, including inability to sleep or difficulty with eating and drinking?
3. Have attempts been made to contact the family to inform them that the child has significant untreated dental caries that require treatment? How many attempts and in what capacity? Was contact made with the family during these attempts?
4. Has the family failed multiple appointments, leaving the child with significant untreated dental caries, after reasonable accommodations have been made to provide access to care? If so, how many appointments?
5. Does the child have a history of odontogenic infection (arising from the teeth) due to untreated caries or lack of follow-up for care, including facial swelling or abscess?
6. To your knowledge, has the child missed school due to pain or other symptoms of untreated or incomplete treatment of dental caries?
7. Are there any specific psychosocial barriers to access to care that have been identified by the family that have led to an inability to follow through with care, and has the dental office done anything to assist in addressing these barriers?

The response of child welfare to these questions relates to the extent and timeframe in which the disease process has progressed with inadequate or inappropriate intervention. Although each case should be evaluated on an individual basis, three overarching principles need to be followed. Primarily, dental disease that poses risk of acute infection or severe pain that affects a child's quality of life or function requires an immediate response by child welfare workers to help connect the family to the appropriate dental health services. Second, if it is identified by the evaluating dental or medical professional reviewing the answers to the preceding questions that the child has significant dental disease, and if reasonable accommodations have been made to assist the family in obtaining care, a child welfare investigation should be opened for dental neglect. Fisher Owens and colleagues (2017), through the official publication of the American Academy of Pediatric Dentistry, stated, "If parents fail to obtain therapy after barriers to care have been addressed, the case should be reported to the appropriate child protective services agency as concerning dental neglect" (p. 281). Third, if psychosocial barriers have not been or were inadequately addressed, the family should be referred to social services to assist with resources to address the barriers to care within a time frame appropriate to the child's state of dental disease as determined by the medical/dental professional evaluating the case report. If the family refuses resources or assistance to address these barriers within the timeframe or does not obtain appropriate care for the child with the given assistance and resources within the timeframe, then a subsequent investigation of child dental neglect should be opened.

The strength of a report of dental neglect relies heavily not only on the appropriate background knowledge given by the provider but also on the information collected by the caseworker, who will need to pass the information to the appropriate reviewers. These questions help to improve protocols and procedures that need to be designed to alert the appropriate authorities that a potential dental neglect situation may be occurring.

The questions in this article aim to help dental providers organize a child's case to determine if barriers and opportunities have been addressed, as well as to assist child welfare caseworkers who may have limited exposure to oral health knowledge.

Each child really is as distinctive and special as their smile.

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Dental Neglect

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