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| Level 1 | Level 2 | Level 3 | Level 4 |
| **Dental**  It needs to be  acknowledged that there  are current difficulties  in accessing a NHS  dentist; complications  of addressing oral health  needs in relation to  special educational  needs (self-restrictive  diets and oral aversion);  children who have  additional vulnerabilities  such as children in care;  and developmental  defects of teeth and/or  oral health  Child(ren) have good  oral health. Child(ren) is  registered with a dentist  and/or have access to  dental treatment when  they need it. They have  frequent dental checkups.  Parents are aware of  the impact of high sugar  food and drink, and  move away from the use  of bottles to free flow  cups at the appropriate  age. | Oral health routines  inconsistent e.g.  frequency of tooth  brushing twice daily  is not routinely  followed; parents use  inappropriate bottles  with teats.  Diet mainly consisting  of processed food/ high  sugar content.  Registered with a dentist  and/or taken only when  treatment is needed. | Parent/carer does  not meet the oral  health/dental needs  of child(ren) despite  support from early help  support services.  Delay in addressing oral  health needs impacting  child’s health and  wellbeing e.g. pain,  infection, impact on  eating, sleeping and  play/education.  Child(ren) have poor  oral health and are not  registered or taken  to the dentist when  required e.g. dental  treatment is delayed if  needed.  Child(ren) referred to  special care dental  service and parent/  carers refuse or  persistently cancel /  do not take child(ren)  to appointments/follow  plan or advice. | Parent/carer persistently  unable to meet  child(ren)’s oral health/  dental needs, which  has serious impairment  on the child’s health,  wellbeing, development  and activities of  daily living e.g. pain,  infection, impact on  eating, sleeping and  play/education.  Child(ren)’s teeth are  decayed, they have or  are at risk of infection  due to parental refusal  or non-engagement to  support good oral health.  Child(ren) require  multiple teeth extracted  due to persistent  dental decay due to  parental refusal or nonengagement  to support  good oral health.  Wilful delay in accessing  care for dental trauma  (no attempt made to  access dental care for  dental injuries) and  inconsistency in history  and pattern of injury.  No medical/dental  care is sought by the  parents/caregiver where  there is oral health  issues, to include dental  trauma and repeated  occurrences of pain/  infection.  No change to poor  oral health despite  professional support and  interventions. |