

# **Parental response to requests for consent for a school-based fluoride varnish programme in a North London borough, and their associated demographic characteristics.**

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**Introduction:** The Health and Social Care Information Centre has reported that having dental caries was the most common reason children aged between five and nine years old were admitted to hospital Accident and Emergency units (2013). To help reduce this number community wide fluoride varnish programmes that take place in schools have been implemented across the country. For children to participate, parents must provide their written opt-in consent (General Dental Council, 2013), but there appears to be a significant proportion of parents who do not respond to consent requests (Hardman et al, 2007). The result is that these children are excluded from these evidence-based prevention programmes because a non-response by the parents is treated in the same way as an active refusal of consent. In addition overall low uptake of these programmes put them at risk of being de-commissioned. To date little research has looked at the issue of parental non-response to consent requests for school-based dental health initiatives.

**Aims:** The aims of this study were to describe the patterns of parental response to consent requests for children's participation in a school-based Fluoride Varnish Programme (FVP) in North London at a school-based level and ward-based level, and to explore these associated school-based and area-based demographic characteristics to see if they provide some potential explanation for the differences observed.

**Methods:** This study was an analysis of secondary data from 22 schools in the London Borough of Enfield and routinely available socio-demographic data at school and ward level. All schools participate in the FVP. Descriptive statistics were used to explore parental responses, which was the primary outcome for this research and to explore any other distinguishing demographic characteristics. Calculations were performed using SPSS and Excel.

**Results:** The data here show that the patterns of responses to a consent request for fluoride varnish are complex. The response aggregate data from Edmonton Green, Upper Edmonton, Southbury and Ponders End shows that the way in which parents respond to a consent request is similar in all four wards but when viewed at school level differences are evident between and within wards. For example, the school with the highest consent response rate (school A) is located geographically close to the school with the lowest (school P). Both schools operate in the same social and community context, ward and postcode district. The lack of distinct association between community level demographic variables and response type point towards some other reason why parents respond differently.

**Conclusion:** Comparison of parental characteristics or demographic variables has failed to show any patterns or association between these and parental consent responses. Further more detailed research into parental responses would be of benefit to better understand why some parents do not respond.