

Children and Young People Committee
COH16

Inquiry into Children's Oral Health

Evidence from All Wales Special Interest Group



All Wales Special Interest Group/Special Oral Health Care

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**Welsh Government Children and Young People Committee
Inquiry into Children's Oral Health in Wales**

The All Wales Special Interest Group/Special Oral Health Care (SIG) would like to take the opportunity to respond to the inquiry into Children's Oral Health in Wales.

The group comprises Consultants and specialists in Special Care Dentistry, hospital dentists, senior community dentists and supporting Dental Care Professionals across Wales and is a sub committee of the All Wales Community Dental Services Clinical Director Group. Members of the group are responsible for providing oral health care and treatment for children who require special care dentistry. SIG supports the Designed to Smile Programme (D2S) that have oral health promotion teams with specific training in providing oral hygiene for children in special schools as indicated by the Ministerial letter EH/ML/014/08: *Dental Services for Vulnerable People and the Role of the Community Dental Service* EH/ML/014/08.

Welsh Government has set national dental targets¹ to reduce unacceptable oral health inequities that exist in Wales. An evidence-based oral health programme such as D2S is essential to reduce oral health inequities in Wales. D2S was initially piloted in Cardiff and North Wales and the rest of Wales following national expansion of D2S² towards the end of 2009/10.

¹ Welsh Assembly Government, *Eradicating Child Poverty in Wales- Measuring Success Strategy*, October 2006

² ML/SF-EH-0533-09: *Expansion of Designed to Smile: A National Oral Health Improvement Programme*

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SIG have answered the questions as stated in the consultation document.

1a) the take-up of the supervised toothbrushing scheme for 3-5 year olds

SIG welcomes the targeted D2S programmes that have been set up in the Special Schools and units across Wales. Anecdotal feedback from SIG members have been extremely positive regarding the D2S programmes that have been implemented. Support from more specialised D2S oral health promotion practitioners with experience in oral health cares for children requiring special care dentistry is essential. All SIG members have been impressed by the response of the special schools and units to D2S in their areas.

1b) the promotional programme for 6-11 year olds.

Some LHBs have D2S toothbrushing programmes in place for this age group but not all so SIG would like to see the expansion to all special schools and units in Wales.

2. Has the investment delivered improved health outcomes for the most disadvantaged children and young people?

Designed to Smile is an evidence based oral health programme. Similar to any public health intervention, D2S will need to run for a number of years before a desired outcome of improved dental health for children with special care needs. Future epidemiological studies will hopefully indicate positive outcomes; however, children in special schools are not usually included in national dental epidemiology studies in Wales. SIG applauds the inclusion of children in special schools into the D2S programme that has occurred across Wales.

3. Is the programme operating consistently across Wales in all areas of need?

SIG is aware that the D2S is a national programme and therefore core elements of the programme are same in all areas. A National Forum for Designed to Smile has been set up to standardise the core programme, learn from each other's experience and share the best practice. As several SIG members are involved in the D2S Forum we are able to highlight the need for children in special schools and units to be included as well as those in special needs nurseries and play groups linking in with the multidisciplinary teams and families supporting these children.

4. How effective has the expansion of the programme been particularly in relation to 0-3 year olds?

SIG members have reported that in each LHB in Wales the D2S teams have been attempting to set up links in with the teams and nurseries and play groups that provide support to children with disabilities. Obviously, it is imperative for these links to continue and expand and develop close partnership with health and social care disability teams

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5. Does the programme address the needs of all groups of children and young people?

The programme is a targeted scheme aimed at those children and young people in deprived areas. Its focus is to reduce health inequalities and as such is specific to those at greatest risk. SIG is determined to ensure that the D2S programme includes children with disabilities and in those areas where it is not yet in place that further funding be secured to expand this programme to meet the need of children and young people with disabilities.

6. The extent to which the Designed to Smile programme has been integrated into wider local and national initiatives.

SIG appreciates the need for oral health to be integrated into wider initiatives for holistic health promotion and this integration is apparent in locally working schemes, communication networks, and the All Wales Nation D2S Forum.

The D2S programme has concentrated on linking with Healthy Schools Teams and Flying Start Teams as well as the teams supporting children with disabilities that provide services to special schools and units. Integration of oral health into wider local and national health and wellbeing programmes and policies is a developing area and as time goes on more partnerships and links will be established. Through these partnerships, we aim to establish oral health as an integral part of the activities and programmes in communities, schools and nurseries

7. What are the current and potential implications for paediatric dentistry including reviewing the strengthened role of the Community Dental Service in children's public health?

The D2S programme has raised, and will continue to raise awareness of the importance of good oral health for children with disabilities and has thus given children's specialist dentistry a higher profile. D2S has provided the opportunity for oral health promoters to work with and support parents of children with disabilities in special schools, units and nurseries. This in turn provides parents with a better understanding and communication pathway with the Community Dental Services. Children with disabilities who have experience of toothbrushing not only have improved oral health but also are more able to accept and comply with an oral examination and dental care by the dental teams.

Such a scheme needs time to show positive outcomes and thus continued funding is essential to continue the work that has been started and not to waste what has already been achieved. SIG is very supportive of the Designed to Smile Scheme and is would like to ensure that children with disabilities are able to continue to enjoy being included in the programme.

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