



# Dental - Views of Children & Young People & parents in Blackburn with Darwen

Healthwatch Blackburn with Darwen  
2018/2019





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## About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created under Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services.

Find out more at: [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

### Amplify

Amplify is Healthwatch Blackburn with Darwen's dedicated Young Person's Project, designed and delivered by young people to allow them to share their views and experiences on the things that keep them happy, healthy and feeling good in order to shape local health and social care provision.



### Disclaimer

Please note this report relates to the findings from 77 participants in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of children & parents in Blackburn with Darwen, only an account of what was represented at the time.

### Date of Project

Engagement activity took place **December 2018 - March 2019**

### Acknowledgements

Healthwatch volunteers

- Nancy Kinyanjui



The following organisations for allowing us to engage with their clientele and support on the project:

- Blackburn with Darwen Public Health
- Shadsworth - Big Local
- Blackburn with Darwen Council Young People's Service
- Highercroft - Local Conversations
- Shadsworth Community Hub

Despite providing NHS England Dental services with the opportunity to contribute to this project, they have not actively engaged with us.





## Executive Summary

- Healthwatch Blackburn with Darwen has worked to find out the views and experiences of young people and parents on Oral Health within Blackburn with Darwen, which will allow us to influence local health and social care provision to best meet their needs.
- Using community engagement, questionnaires and focus groups designed by the task group, 77 residents engaged in the project.
- 66% of respondents are parents in Blackburn with Darwen who shared their children's oral/dental habits together with their views and experiences
- 34 % of respondents are children and young people (ages varying from 8-16 years) in Blackburn with Darwen whom shared their oral/dental habits together with their views and experiences

From the findings we found the following themes:

### Key findings:

- 11% of children and young people were not registered at a dentist.
- 12% of respondents (young people and parents) were not aware that NHS dentist is free for under 18's.
- 71% of children and young people had visited the dentist in the last 12 months.
- 63% of children and young people are supervised during brushing time.
- 45% of children and young people had been taken to the dentist before the age of 3 years.



## Introduction

Poor dental health in children is a key priority within Blackburn with Darwen, with statistics in the borough being significantly worse than the average in England.

Between December 2018 and March 2019, Healthwatch Blackburn with Darwen undertook engagement work focusing on children and young people and parents. The aim of the project was to explore the views and experiences of children and young people and parents on their oral health and dental habits within the borough. We have worked with a range of schools and youth organisations, community settings and children settings to consult with children and parents. This project will allow us to influence local health and social care provision to best meet their needs.

This report pulls together the voices and experiences of children and young people and parents in Blackburn with Darwen. It offers a perspective on their experiences of oral health in the Borough as well as recommendations on what works well and what could be improved from a service provision perspective.

The report also highlights good practice from primary care standards by the NHS, together with guidelines from The National Institute for Health and Care Excellence (NICE).

## Aims

To fulfil the aim of the project, we aim to:

- Explore children and young people's dental habits.
- Explore the views and experiences of parents/carers of their Children's oral health and dental habits.
- Identify various sources of support parents are accessing to support them with their Children's oral health
- Gather information on parents' experiences of accessing the dental provision for their children
- Gain an understanding of parents' awareness of good oral health in regard to children and young people.
- Gain a greater understanding of what type of support young people and parents/carers would like to access when it comes to managing their oral health.

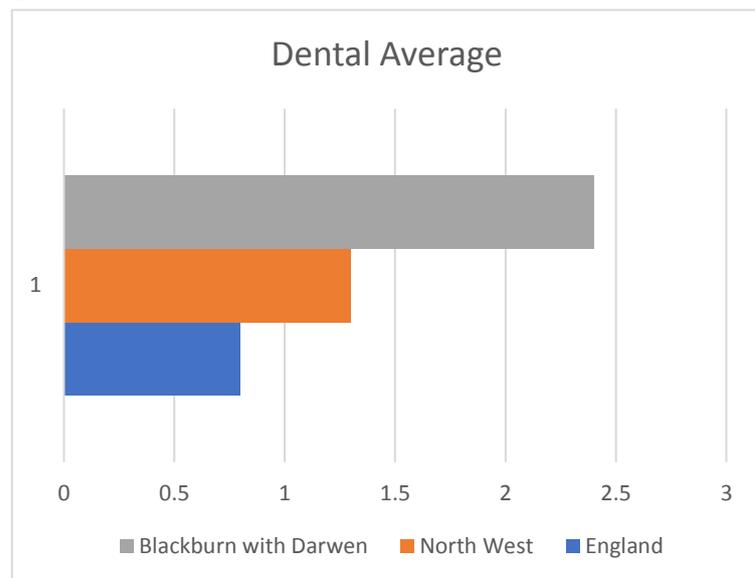


### Oral Health Background

Oral health is an indicator of overall health, wellbeing and quality of life. World Health Organisation (WHO) defines oral health as “a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial well-being.” The two major dental diseases, dental caries and periodontal disease are predominantly preventable. Poor oral health impacts on general health and wellbeing and can affect an individual’s ability to eat, speak and socialise normally.

The graph demonstrates the average number of decayed, extracted or filled teeth (d3mft) and the proportion of children affected by dental decay (% d3mft>0) among five-year-old children in Blackburn with Darwen compared with England and local authorities in the North West region (2015).

As seen on the graph, Blackburn with Darwen is significantly higher than the average in North West and England.





## Research Methods and Design

### Questionnaire

A questionnaire was devised with the support of volunteers.

### Who we spoke to?

We engaged with 77 parents and young people in Blackburn with Darwen over the course of the project.

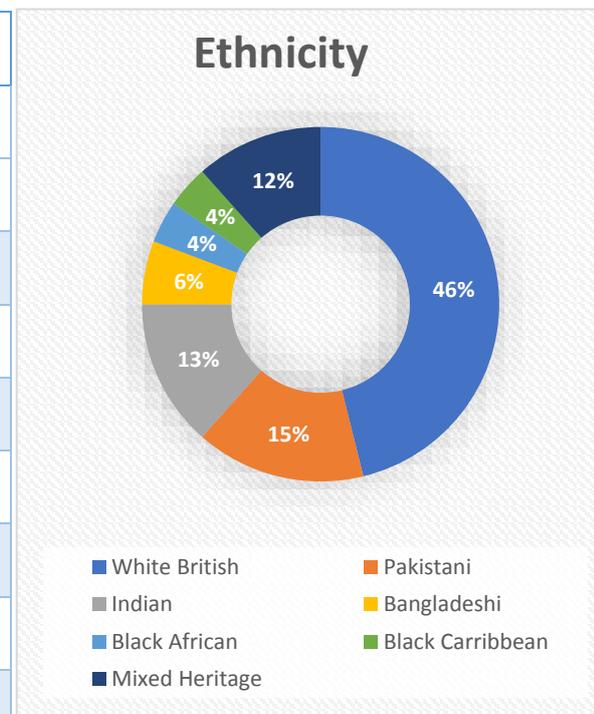
### Community Engagement

The Amplify Champions and staff from Healthwatch BwD gathered the views and experiences of children and young people in various schools and youth organisations. The Amplify champions designed and produced a PowerPoint presentation to show in schools and youth organisations to introduce the topic.

## Demographics

The table and chart below show the locality of the respondents that engaged with the project together with their ethnicity

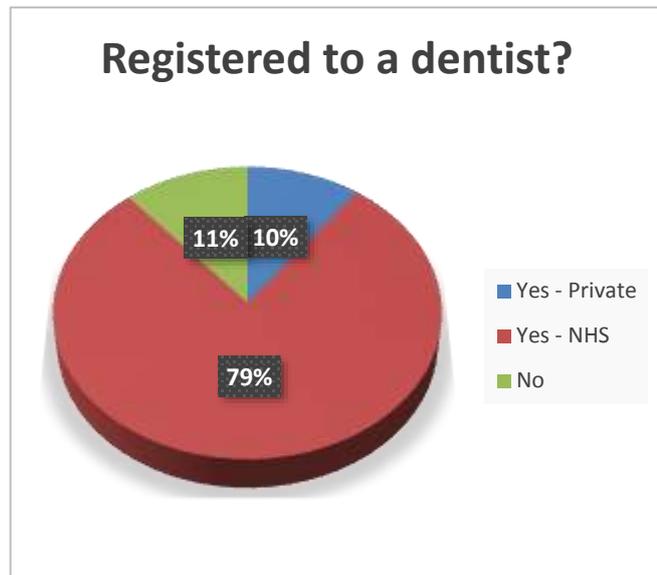
Area	No.
Darwen	12
Bastwell	9
Shear Brow	10
Highercroft	9
Feniscowles	4
Mill Hill	8
Shadsworth/Whitebirk	12
Revidge/Lammack	7
Bank Top	6





### Accessibility?

Participants were at the first instance asked if their children were registered with a dentist. A total of 89% of respondents are registered with a dentist. 79% of whom are with an NHS dentist and 10% with a private dentist.



However, results showed 11 % of respondents were not registered at a dentist.

Reasons for not being registered were:

“I can’t afford treatments or check-ups” (*participant was not aware under 18’s is free under the NHS*)

“There is nothing wrong with my children’s teeth.”

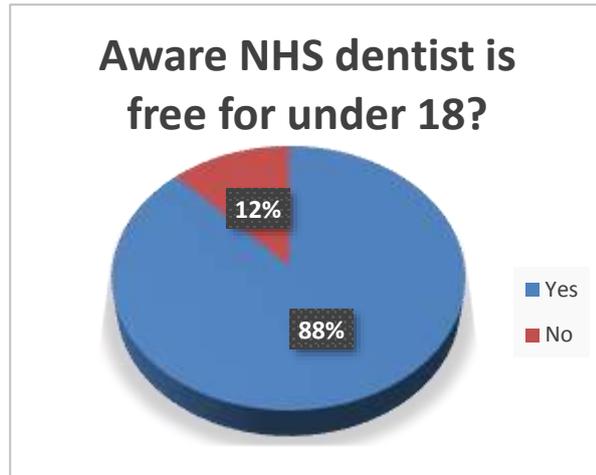
“The appointments are not flexible around my work and school”

Participants in the project shared that there doesn’t seem to be the previous issue of finding a dentist and NHS funded places are more readily available, especially for children. However, parents did share that they struggle with the flexibility of appointments around their work commitments but also around the children’s school. Schools are reluctant to grant leave from school especially if it is regular appointments for planned treatment. A small number of parents also shared that the whole family is not at the same dentist as some do not take NHS adults, which makes attendance at appointments hard to fit in.

Only 2 of my children are at the same one they didn't have space for my youngest and myself and my husband.



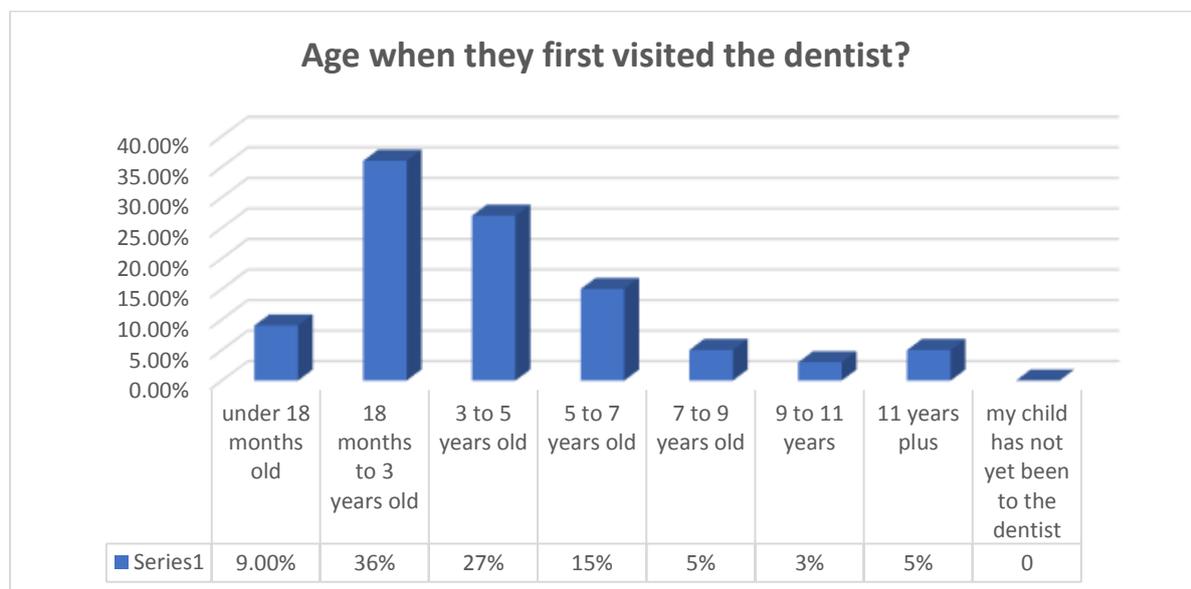
88% of respondents shared that they were aware under 18's received free NHS dental care, however 12% of respondents were not aware they received free NHS dental care. Those that chose to go private for their children's dental care shared they have done this due to not being aware it is free for under 18's and had registered their children at their own dental practice. Other respondents chose to go private as they have a family health care plan where dental care is also covered.



### First dental visit

The British Society of Paediatric Dentistry (British Society of Paediatric Society, 2016) recommends a child's first trip to the dentist should be when the "child gets their first teeth and certainly by their first birthday, so they become familiar with the experience".

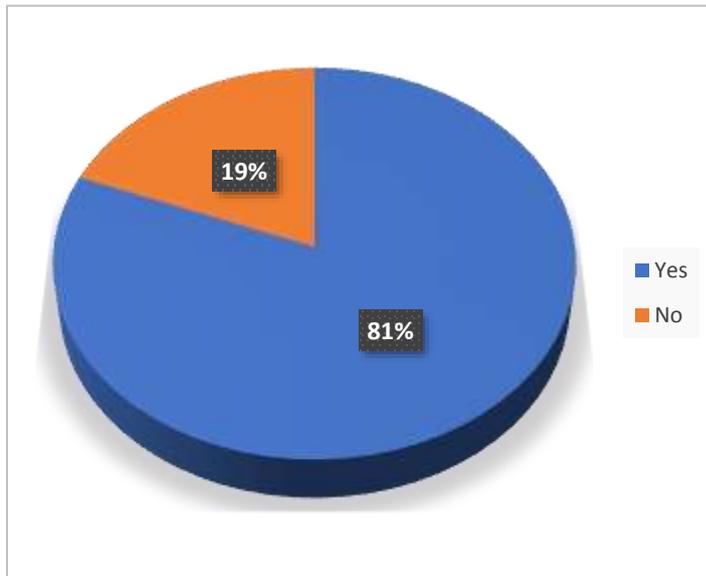
The important thing is they get used to being in a dental practice while you have time to ask the dental team for advice on caring for your child's teeth.



Parent participants were asked the age of their children when they first visited the dentist. Young people were also asked the age when they first visited the dentist. Results show 45% of participants visited the dentist before their child was 3 years old, with the remaining participants (collectively 55%) first visiting the dentist between the age of 3 and 11 years plus.



In the last 12 months, has your child been to the dentist?



Participants were asked if they have visited a dentist in the last 12 months. Results showed 81% of participants had visited the dentist at least once in the last year. However, 19% had not visited a dentist in the last 12 months.

Those that had not been in the last 12 months, stated that they had not been in the last 12 months as there is nothing wrong with their children's teeth.

Participants were asked the reason of their last dental visit.

67% Check-up

11% Planned treatment

16% Problem with teeth

0% To ask for advise

6% Referred by GP/nurse

0% My child has never been to a dentist

**“YOUR CHILD SHOULD SEE A DENTIST REGULARLY. UNTIL THEIR 18TH BIRTHDAY, THE TIME BETWEEN APPOINTMENTS SHOULD NEVER BE MORE THAN 12 MONTHS” (British Society of Paediatric Society, 2016)**

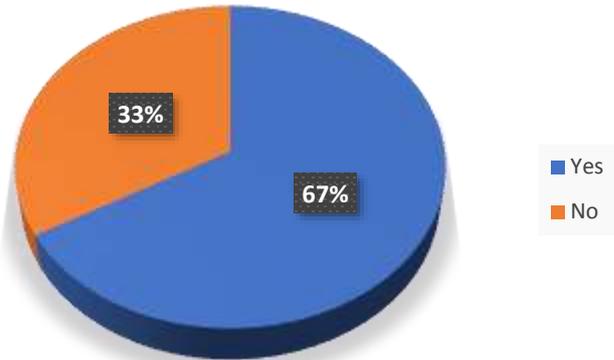


### Supervised brushing

Parent participants were asked if they supervised their children whilst brushing their teeth. Responses show that 63% of parents supervised their child's brushing with 37% responding that they did not.



### Do you supervise brushing?



My child just kicks off when it's time to brush his teeth. Morning and night time routines are difficult. Sometimes I give in."

"I hardly brush my teeth twice a day! Even though my mum tells me my teeth will fall out"

"I brush in the morning but can't be bothered at night time, I'm too tired"

NICE public health guidance 55 (2014)

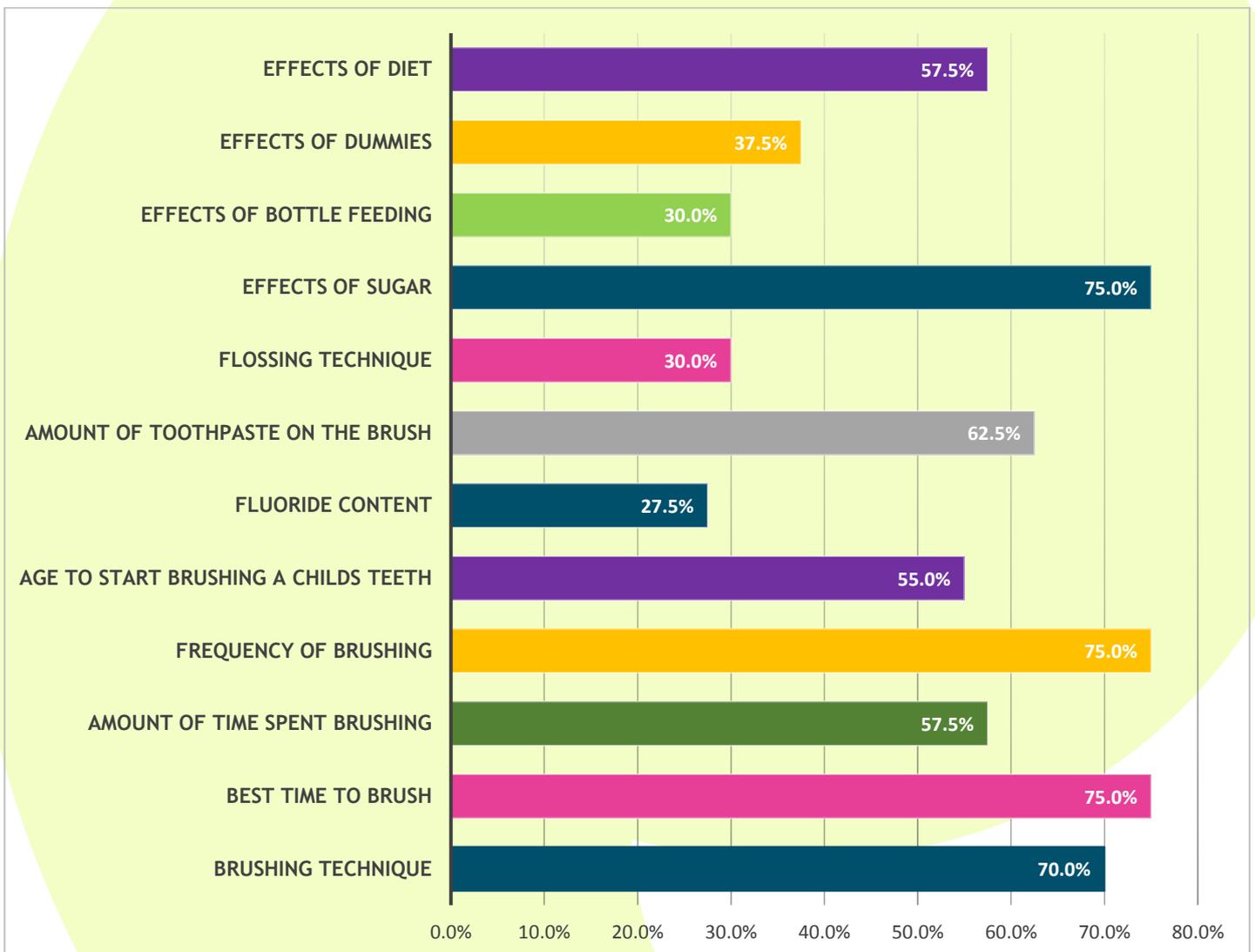
**Recommendation 15** - Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health



### Oral Health Improvement Education

Education is the key to improving oral health, particularly in areas of social deprivation where rates of tooth decay are highest. Promoting good oral health in childhood will also help to ensure these lessons are continued into adulthood, thereby reducing the risk of decay in permanent adult teeth.

#### Which of these do you feel fully informed about?





## The views and experiences of children & their parents on Oral Health

The findings demonstrate that most parents and young people were aware of the effects of sugar/diet and brushing techniques/frequency. However, the graph shows the lack of awareness on fluoride content, flossing, effects of dummies and bottle feeding and time spent brushing. Some young people shared that they did not like the taste of adult toothpaste and continue to use children's' toothpaste at least to the age of 9 years.

Many parents stated that they wished they had more information around certain issues such as giving children juice in bottles and coating dummies in honey which would have avoided their children having teeth extracted at a young age.

Fluoride content was also a surprise to many parents and admitted they had never heard of the lack of fluoridated water within the borough or even the importance of fluoride on healthy teeth and mouth.

"I will definitely be checking the fluoride content in the tooth paste I buy and tell other mums about it"

"as a mum and a teacher, I would like to see more engagement with schools and children to raise awareness"

The NICE guidance suggests that local authorities in England should ensure all early years services provide oral health information and advice. This builds on the important guidance in *Delivering Better Oral Health*<sup>15</sup> and includes recommendations for supervised toothbrushing and fluoride varnishing programmes in nurseries and primary schools in areas where children are at high risk of poor oral health. Due to the limited resources available for local authorities it is crucial to lobby to government to go further and invest in a national oral health programme to drive improvements in children's oral health in England.

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### Quality standard [QS139]

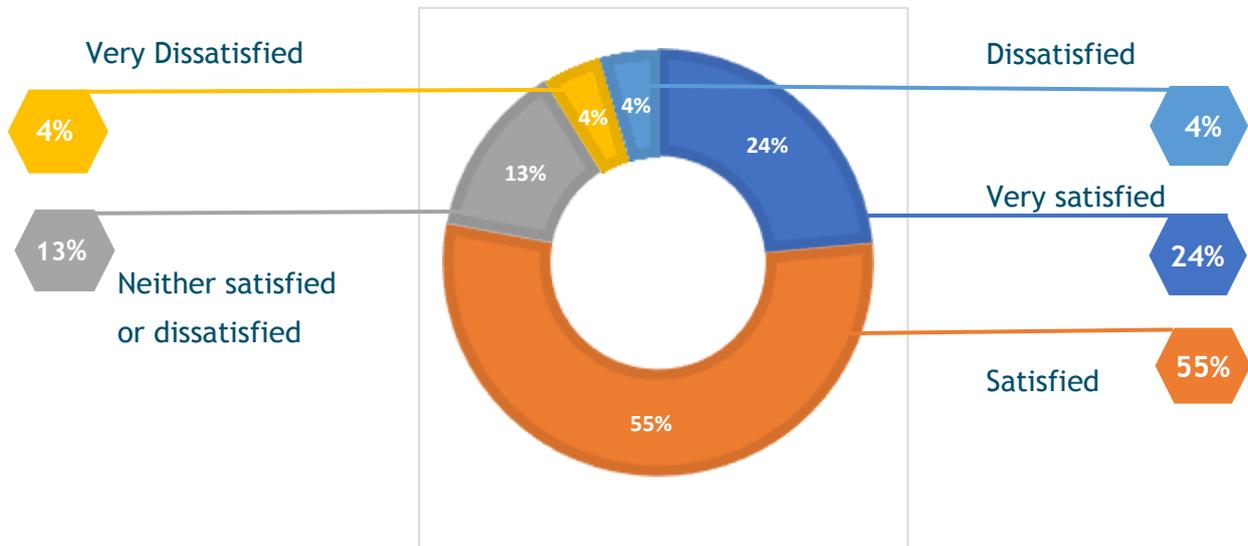
#### Statement 2

Local authorities provide oral health improvement programmes in early years services and schools in areas where children and young people are at high risk of poor oral health.

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### Satisfaction rates



Parent and young people participants were asked how satisfied they were with their overall experiences of the dentist. Majority of participants were either satisfied or very satisfied with the dental services. 13% shared they neither satisfied or dissatisfied.



### Other Feedback/Improvements

-  Dentist need to listen to the needs of the patient 
-  Lack of appointments and attitude of staff leave a lot to be desired 
-  Would be great if all my family could be at one practice 
-  Dentist need to be young person friendly to put my child at ease. 
-  Dentists are too rough with my children 
-  Dentist should make children at ease 
-  I'm not bothered about going 
-  I was once kicked off because I didn't go to my check-up 
-  We get reminders for check-ups 
-  appointments not flexible, schools don't like us going out for appointments 
-  my dentist has appointments for after school 
-  I'm scared to go to the dentist 
-  it's very tense in the dentist's room 
-  very clinical looking 
-  things to keep us occupied, young person magazines 
-  I've got an aquarium in my dentist, I love looking at that whilst I'm waiting, it keeps me calm 
-  tv or radio on 
-  I can't be bothered brushing my teeth 
-  I hate going to the dentist when I know I'm having treatment done 



## The views and experiences of children & their parents on Oral Health

 toys for young children & reading for adults and teenagers 

 parents definitely need more awareness and education around this 

 when I'm waiting, I can hear the drill in the rooms, it makes me nervous and anxious 

 as a mum and a teacher, I would like to see more engagement with schools and children to raise awareness 



Recommendations

Issue identified	Recommendations	Response
<p>Majority of parents were aware of the effects of sugar and brushing techniques/frequency however they were many that were not fully informed on the effects of other preventable risk factors.</p>	<p>Public Health as part of their responsibility to promote oral health in children and young people, in particular those that are deemed as 'vulnerable' should incorporate their oral health campaign with a specific focus of education on these risk factors.</p>	<p>See responses below re oral health campaign</p>
<p>Only 38% of children visited the dentist between 18 months to 3 years.</p>	<p>Education for new parents on when to take their child to the dentist, delivered by health visitors and volunteers, e.g. Homestart.</p>	<p>Naomi Quinn (Darwen with Rural Team) at Lancashire Care Foundation Trust responded as below: -</p> <p>The health visitors routinely discuss oral health at the 8 month and 2-year development review. At the 8 month we also provide a toothbrush, toothpaste and sippy cup.</p> <p>We also try to stick dental stickers in the red books which include 5 key messages for good oral health and the NHS dentist helpline.</p> <p>We have been linking in with local dentists in the area who have been attending the child health clinic/baby weighing once a month and promoting</p>



		registration by the age of 1.
Education around effects of sugar and diet on teeth.	Joint working with Eat Well, Move More, Shape Up strategy with regards to the effect of diet/sugar on oral health. e.g effects of certain juices and bottle/dummies use.	This report will be shared with the Start Well Dental Health working group/ The group will consist of health visitors, public health and dentists, with the aim to improve oral health outcomes within the borough.
Target key dental health messages to residents.	Public Health to develop an effective communication strategy/campaign with the support of parents and professionals to best target children and parents on ways to achieve good oral health.	The dental health campaign launched during national smile week
Lack of oral health programmes in schools	A clear oral health programme which is accessible, creative and highly promoted to all children through schools and early years settings, especially targeting children at risk of poor health.  Training and support for schools and early year settings to deliver their own oral health program.	This would need to be a commission, and with the cuts to the PH grant, insufficient funds for 19/20. Mindful the H&SC Act 2012 says LAs are responsible for commissioning an oral health improvement programme, it is only as far as the LA deems fit (but it is mandated)
Flexibility of appointments needed for parents to be consistent with dental check ups	NHS England dental services to champion evening and weekend appointment facility for working parents.	
Fear of dentists and treatment.	Feedback for dentist to do more to make children and parents at	



<p>Feedback - “dentists are too rough.”</p>	<p>ease during a dental visit. e.g waiting experience, more age appropriate magazines, toy area etc.</p> <p>Dentist to be conscious of childrens’ fear of the dentist, talk them through the visit, with request for dentist to be gentler.</p>	
<p>All parents did not supervise their child’s brushing, with some parents struggling to encourage their children to brush their teeth.</p>	<p>Develop toolkits for parents to support them to make brushing fun.</p> <p>Supervised brushing scheme delivered in schools and early years settings.</p>	<p>Understand this is recommended as NICE best practice, but we will need to train all primary (reception) staff to do this.</p>

The project highlighted education and information can play a big part in targeting poor dental health within the borough. Joint working with Public Health’s Eat Well strategy group to ensure effects of sugar and diet is incorporated in their campaigns.