healthwatch Reading

# CORE20PLUS5

## Exploring the oral health of children aged under ten years in Reading; Norcot, Church and Southcote Wards

# Contents

# 1. About us

Healthwatch Reading is the health and social care champion for people who live and work across Reading.

As an independent statutory body, we have the power to make sure local NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services. We also offer information and advice.

We are entirely independent and impartial, and any information shared with us is confidential.

# 2. Acknowledgements

## Thank you from Healthwatch Reading

A special thank you goes to all the families who took part in our interviews and shared their experiences with us to help improve services, our volunteer Community Connectors, and to our Healthwatch Reading Engagement Officers.

We would also like to thank all the people, local organisations including schools, nurseries, children and community centres, and community groups that supported us with this project.

Reading Borough Council's Public Health team, thank you for your advice and supporting us with oral health materials.

# 3. Background

## Children's oral health information from the Office for Health Improvements and Disparities

Tooth decay is the most common oral disease affecting children and young people in England, putting significant pressure on the NHS.

Although oral health is improving in England, the oral health survey of 5-year-old children in 2022, revealed that 29% of 5-year-olds in England have enamel and or/dentinal decay. (National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk))

Significant healthcare inequalities also remain – with children from the most deprived areas having a higher level of decay than those from the least deprived.

Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in at least 60,000 days being missed from school during the year for hospital extractions alone.

Tooth decay is a preventable disease which can be prevented by cutting down on sugar, as well as brushing teeth with fluoride toothpaste. The cost to the NHS of treating oral conditions is about £3.4 billion per year according to data up until 2019.

## Children's oral data insights for Reading

The 2019 Income Deprivation Affecting Children Index (IDACI) shows that 18% of children under the age of 16 in low-income households live in poverty in different areas across the UK. These areas include Reading wards Norcot, Church and Southcote which are in the 10% most deprived areas of the UK.

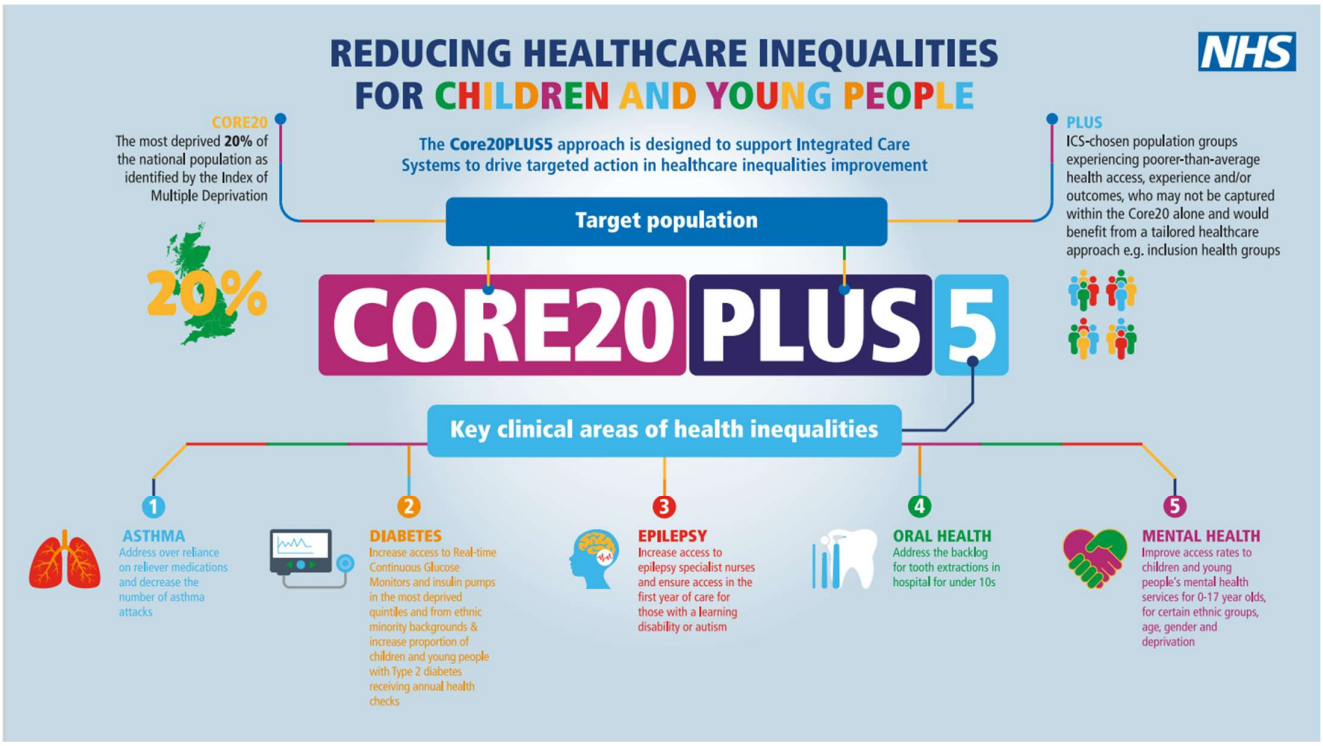
Data from the oral health survey of 5-year-old children in 2022, revealed that 32% of 5-year-olds in Reading have one or more untreated dentally decayed teeth (higher than the national average of 29%), and 2.5% of 5-year-olds in Reading have had one or more teeth extracted due to dental decay. (National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5-year-old children 2022 - GOV.UK (www.gov.uk)

Reading Borough Council also does not currently have an oral health strategy in place for adults, children, or young people.

## NHS England's CORE20PLUS5 Connectors Programme

CORE20PLUS5 is an NHS England approach to reduce health inequalities of adults, children and young people of the most deprived 20% of the population across the UK, in 5 focus areas.

For children and young people these 5 focus areas are asthma, diabetes, epilepsy, oral health and mental health. National data highlights that health outcomes are worst for children and young people living in the most deprived areas in the UK with 1 in 11 children and young people facing severe health outcomes.




Local commissioners (the teams that pay for and run local NHS services) across the UK are working with the CORE20PLUS5 approach to manage, prevent and reduce healthcare inequalities for children and young people.

This includes Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), who in collaboration with us (Healthwatch Reading), Healthwatch Oxfordshire and Healthwatch Buckinghamshire, joined the NHS England's Core20PLUS5 Connectors Programme.

Within this Core20PLUS Connectors Programme, a project was formed to work towards reducing health inequalities in oral health for children and young people in locally deprived areas. This project work was also in line with BOB ICB's Joint Forward Plan (2023) which sets out to deliver plans to improve health outcomes across a person whole lifetime for the whole local population, which includes the plan 'Start Well, helping children achieve the best start in life.'

## Our role in the project

The aim of our project in Reading, through our Engagement Officers (EOs) and volunteer community connectors (CCs), was to understand families (who come from different ethnic backgrounds and have a child/children under the age of 10 years old) experiences of dental care for their child/children who live in 3 of the most deprived areas of Reading; Norcot, Church and Southcote, in the past 2 years.

We wanted to find out what care and treatment children currently receive at home and from the dentist (if any), what is preventing parents/carers from accessing the dental care their children require to stay healthy and well. We also wanted to find out what parents/carers are doing to develop and maintain good oral health and hygiene for their children early in life. We did this by meeting and interviewing 25 families face-to-face.

# 4. What we did

## Community connectors

We recruited 5 volunteer CCs by:

- Reaching out to our own local community networks across Reading.
- Publicising via posters put up in schools and community centres.
- Word of mouth at local community group sessions and centres.

We interviewed people who had strong knowledge of and connection with local communities in Reading, a health and social care background, a passion or lived experience of healthcare services and/or healthcare inequality, and who are multilingual.

The CCs we recruited have backgrounds in pharmacy, general practice, social care and public health which ensured they were able to provide information and advice to the families on dentistry and other health and social care issues that arose during interviews.

Being multilingual enabled the CCs to further connect with and support the families they interviewed, especially when families' first language was not English.

Once the CCs were on board with Healthwatch, they registered with the Core20PLUS5 Connectors Programme, and enrolled onto a training programme to become volunteer CCs for our project. Our CCs received the same training as other CCs across Buckinghamshire and Oxfordshire to ensure consistency across projects and the programme itself.

Training included:

- 3 x online research training sessions run by the Scottish Development Centre (SDC).
- Internal training through The Advocacy People, including safeguarding, lone working, GDPR etc.
- 3 x interview training sessions and practice runs, run by Healthwatch Reading EOs.
- Training on using audio equipment for interviews.

They also attended regular meetings with Healthwatch EOs which included meetings to develop a set of interview questions to best capture the voices of local families, based upon headlining questions in the CORE20PLUS5 project proposal:

- Do you have a child/children aged 10 years or under?
- Can you tell us about your experience of helping your child/ children look after their teeth?
- What has been your experience of going to, or trying to go to, a dentist with your child/children in the past two years?

- What support have you had in understanding more about how to keep your child's/children's teeth healthy?

We were assisted by BOB ICB Healthwatch leads and supported by Healthwatch England's research team.

The knowledge and experience of the CCs, including their insights into health inequalities as it impacts their communities, and the expertise of Healthwatch England's Research team, ensured we captured the "Why?" to the headlining questions (above), and to ensure the best possible outcome for the project. The volunteer CCs were recognised for their work and were also reimbursed for their expenses.

**Team meeting with volunteer Community Connectors, Healthwatch Reading team and the Healthwatch Reading Advisory Group Chair.**

# Family participation

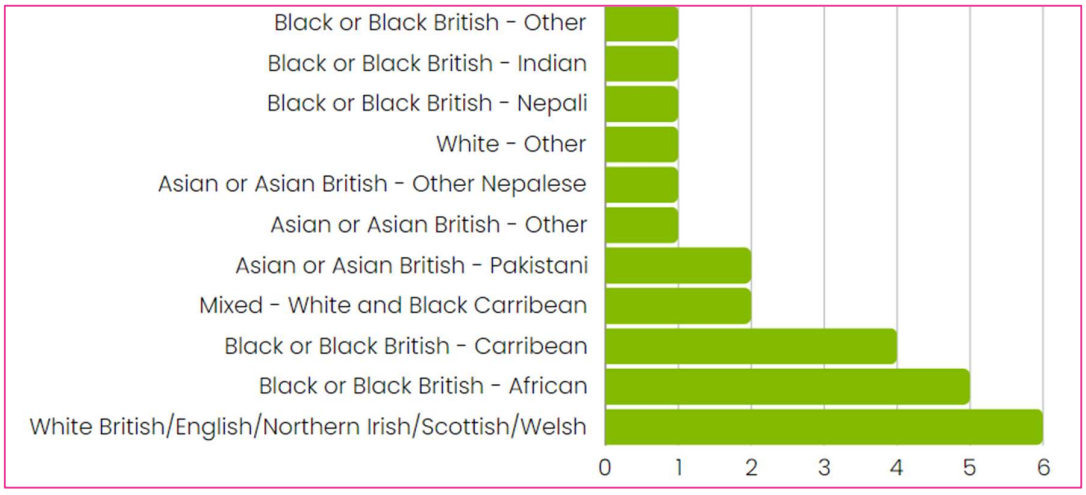
**We recruited 25 families (who consented to be part of the project) from Norcot, Southcote and Church wards, through:**

- Community connectors and their networks within communities across Reading.
- Approaching individuals in the local communities.
- Emailing and speaking to local primary schools, pre-schools, nurseries.
- Emailing and speaking to children centres, community centres and community groups.
- Attending community group events to promote the upcoming project, such as the Tuesday tea and coffee hub at ACRE Oxford Road Community Centre.
- Healthwatch Reading's social media channels and website news posts.

These organizations and local groups helped promote our family recruitment drive through newsletters, email marketing, posters, leaflets, word of mouth, and social media channels, including resharing our Facebook posts.

We also reached out to the Family Information Centre (FIS), Brighter Futures Reading and the Community Development Officers at Reading Borough Council.

We achieved a broad range of diversity in the families that participated which was achieved by ensuring we had families from different ethnic backgrounds who lived in each of the 3 wards involved in the project:




## Other demographic information

- 24 parents/carers identified as female and 1 identified as male.
- 21 parents/carers that took part were aged between 25-49 years old and 4 were between 59-64 years old.
- 23 parents/carers did not state they had a disability, whilst only 1 did.
- 5 parents/carers were living with a long-term health condition.

## Public Health

We engaged with Public Health (Reading Borough Council) over a course of 4 meetings to source information leaflets and posters, and for advice on children's oral health. We also received funding from them to purchase toothbrushes and toothpaste to create goodie bags to give to families once interviews were completed.

## The interviews

Families chose interview days and times convenient for them, with one interview taking place in the family home due to a parent having young children and no childcare. The rest took place at children's or community centres.

CCs received safeguarding training and support. Risk assessments ensured safety of CCs and EOs during interviews at all locations. Each interview lasted between 40-60 minutes with 2 CCs attending each interview with Healthwatch staff supporting if required.

Interviews were audio recorded, supplemented by scribing and note-taking methods. Families could also express their views and experiences through drawings or by writing words on Post-It notes. Interpreters were available for translation, with CCs offering multilingual support in African dialects, Urdu, and Arabic.

After each interview, families received an oral health goodie bag containing a children's oral health poster, information leaflets, Healthwatch Reading details so they could access further local dental services advice, toothbrush and toothpaste, and a £20 gift voucher to be used at a selection of shops.

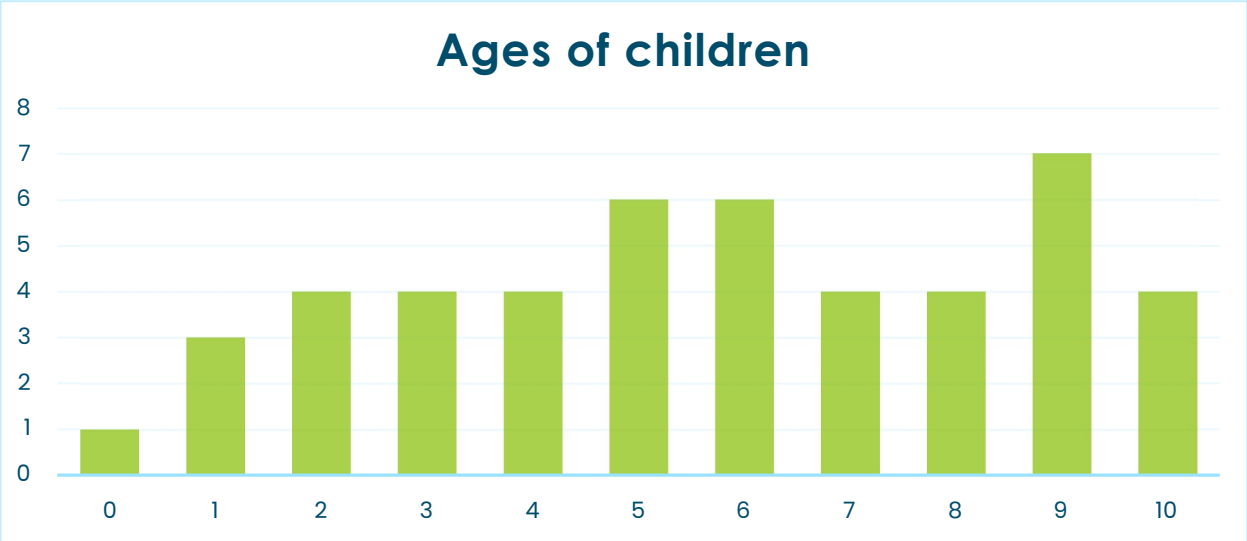
19 hours of audio recordings were transcribed. Data from manual scribing and note taking during the interviews were transferred onto spreadsheets and grouped into topic areas. This data was then analysed for themes, with our findings below.


**Interview taking place with volunteer CCs and a parent/carer.**

# 5. Findings

## Caring for children's teeth

The ages of children whose parents/carers took place in this study varied. 4 children were older than 10 years old therefore outside the focus of this project.




There was a broad age range of children receiving help with brushing their teeth, ranging from 2-10 years old. Most Parents/carers told CCs that it is up to their own discretion whether their children receive help with brushing or not, reasons included:

- Child's capacity
- Dental health concerns
- Previous experience
- Professional recommendations
- Observation and monitoring

Many parents/carers actively participate in their children's oral hygiene routines, either by directly checking their teeth after brushing, supervising them during the brushing process, or actively brushing their teeth.

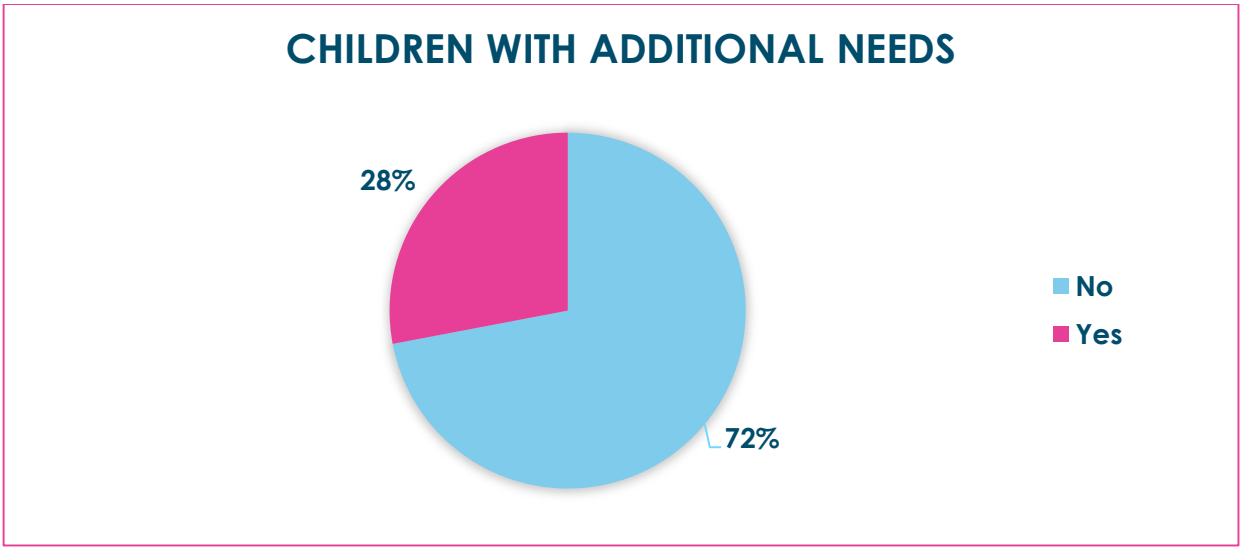
Most parents/carers expressed concerns about their children's oral health, particularly regarding the risk of cavities and tooth decay. They emphasised the importance of thorough brushing to prevent dental problems and actively do their best to help their children understand this as well.

Some parents/carers face challenges ensuring that their children brush their teeth effectively, such as time constraints, difficulty in assessing cleanliness, and the children's tendency to rush through brushing.

Other families mentioned the lack of guidance and support received during childhood and emphasised the importance of oral health education for both children and their families.

## Children with additional needs

Parents/carers of children with additional needs face significant challenges in maintaining their children's oral health at home compared to those without additional needs.




Parents/carers spoke of their experiences such as the physical challenges of getting their children to brush or look after their teeth, struggles with meltdowns and sensory needs, such as overstimulation:

**"My 5-year-old is non-verbal with ASD and an eating disorder called Pica. It affects them badly to the point where my son will self-harm."**

**"If we are going through one of those meltdowns in the evening, it is hard to get him to do things like brush his teeth."**

### Access to dental services

Parents/carers had varied experiences when accessing dental checkups and treatment for their children with additional needs:

- Some families had found specialised dentists.
- Other parents told CCs that their child's disability did not affect their dental care.
- Other families said that their child's disability has made it harder as they need to find a specialist dentist.

One parent expressed their frustration of not knowing where to find a specialised dentist to help care for her child's teeth:

**"I am trying to get in contact with a special needs dentist to see them because at the moment I don't know where to take him or what to do."**

Another spoke about accessing specialised dental care:

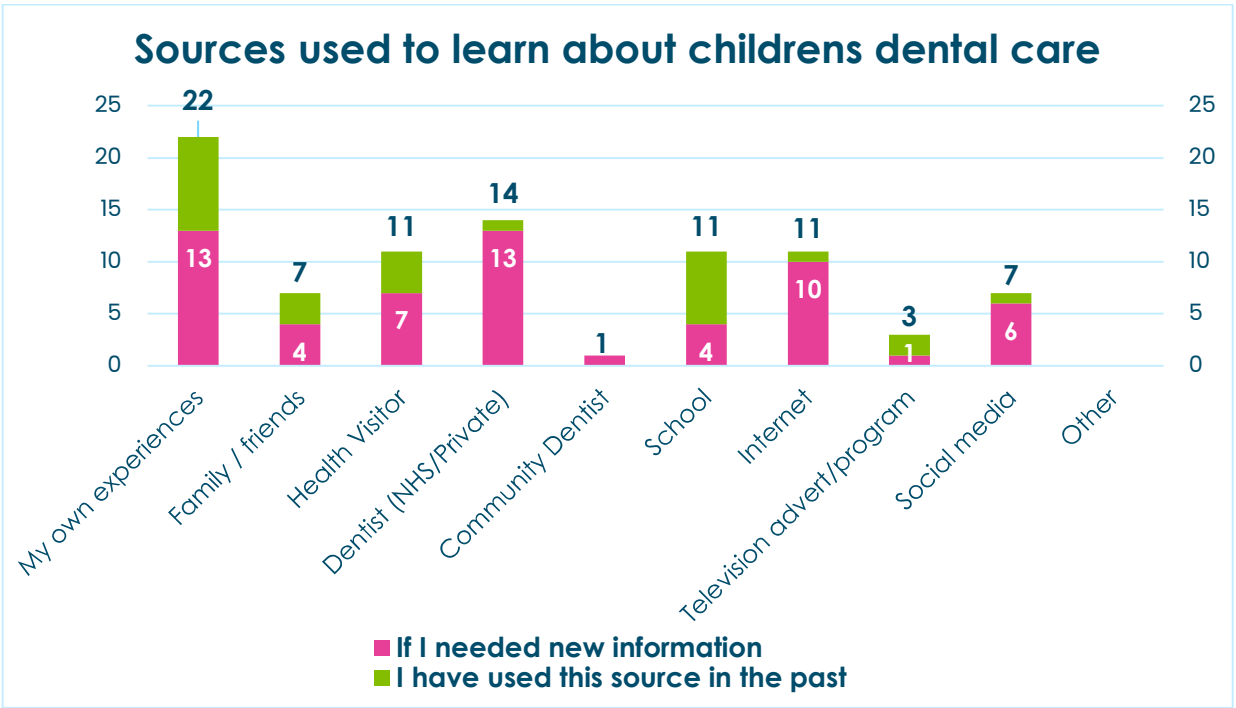
**"We access dental services through the health centre here. I contacted them to ask who dealt with special needs children and that is where he attends."**

Many of the families face challenges in maintaining good oral health and finding appropriate dental care for their children with additional needs - every child has a differing need.

There is a gap in parents' knowledge of the local help they are entitled to receive, such as the community dentist service for their children with additional needs. Awareness of and access to community dental services is crucial for families.

Providing families with guidance on dental care options such as the community dentist service and offering support (i.e. different techniques to use at home, different style toothbrushes and toothpastes available for children with sensory needs etc.) from this service and/or via other local resources on how to develop and maintain oral hygiene at home, will ensure better oral health outcomes.

## How parents/carers learned how to look after children's teeth



## My own experiences:

- Parents/carers who relied on their own experiences felt confident in their knowledge and abilities.
- They believed in the effectiveness of their methods, often passed down through generations or learned through personal trial and error.
- There was a sense of trust in their own judgment and practices.

## Family/friends:

- Parents/carers appreciated the advice and support from family and friends.
- They often turned to loved ones for guidance, especially during challenging times or when seeking relatable experiences.
- Trust in the advice received from close relationships was evident.

## Health visitor:

- Some parents/carers expressed frustration with the lack of information or support provided by health visitors.
- Others found the guidance from health visitors helpful, especially during early childhood development stages.
- There were concerns about inconsistent access to health visitor services, particularly during the COVID-19 pandemic.

## Dentist (NHS/Private):

- Parents trusted and valued the advice received from dentists, whether through NHS or private practices.
- They appreciated the expertise of dental professionals and relied on their recommendations for maintaining their child's oral health.
- However, some faced challenges in accessing dental services, leading to frustration.

## Community dentist:

- There was limited mention of community dentists, with some parents unaware of their existence.
- Those who had knowledge of community dentists expressed interest in using their services but had not done so for several reasons, such as lack of information or accessibility issues.

## School:

- Parents appreciated when schools provided information or resources related to oral health.
- However, there were mixed feelings about the effectiveness of school-based education, with some feeling that it was not comprehensive enough.
- Some parents mentioned receiving toothbrushes and toothpaste from schools, indicating some level of support for oral hygiene education.

## Internet:

- Parents recognised the convenience of accessing information online but expressed concerns about the reliability of sources.
- There was a sense of caution regarding the credibility of information found on the internet and social media platforms.
- Despite reservations, some parents found online tips and techniques helpful for improving oral care routines.

## Television advert/programmes:

- There were mixed opinions about the usefulness of television adverts or programs for dental health education.
- While some parents found them helpful for learning about toothbrushes and toothpaste, others felt that they did not provide sufficient information.

## Social media:

- Some parents mentioned obtaining tips and techniques from social media platforms like TikTok.
- There were also concerns about the trustworthiness of information found on social media, leading to cautious use of these platforms for dental health advice.

# Oral care at home - what works

## Use of child focused dental products

Parents/carers emphasised the importance of finding toothpaste flavours and toothbrush designs that their children liked. They mentioned preferences for products like flavoured toothpaste, colourful toothbrushes with flashing lights or songs.

## Routine establishment and reinforcement

Establishing a routine for dental hygiene from an early age was seen as crucial by some families. Parents/carers mentioned using strategies such as brushing together as a family, using timers, and incorporating brushing into daily routines like bath time or bedtime stories.

## Modelling and mimicry

Children were encouraged by families to mimic the behaviour of their parents or older siblings when it came to oral hygiene. Parents/carers found that by demonstrating good brushing habits themselves, their children were more likely to follow suit.

## Education and awareness

Families expressed the importance of educating their children about the reasons behind good oral hygiene practices. This included explaining the consequences of not brushing properly, such as tooth decay or tooth loss, and utilising resources like videos.

## Incentivisation

Some families used incentives such as points systems or rewards to encourage regular brushing, while others emphasised the importance of avoiding sugary treats to maintain dental health.

# Oral care at home - the challenges

Parents/carers stated that there are difficulties experienced when trying to care for their children's teeth. Some of these key areas are:

## Resistance to toothbrushing

Many parents/carers expressed difficulty in convincing their children to brush their teeth, especially at night. Children resist due to stubbornness, dislike of the toothbrushing process, or distractions from other activities such as watching TV.

## Sensory issues

Some children experience sensory overload or discomfort during toothbrushing, particularly those with sensory needs or children with autism. These sensory needs make the experience unpleasant or overwhelming for the children.

## Difficulty with accessing dental care

Parents/carers highlighted challenges in accessing dental appointments due to long wait times and cancelled appointments. This lack of timely access to dental care can lead to concerns about maintaining their children's oral health and addressing dental issues promptly.

## Education and awareness

Families identified the need for education and awareness about oral health, particularly around diet - managing sugary foods and drinks which can harm teeth. They also spoke about the importance of early habit development and consistent dental care routines.

## Challenges with consistency

Some parents/carers faced challenges in maintaining consistent oral hygiene routines for their children, especially when their children visited other caregivers who may not enforce the same habits.

## Information and support

Parents/carers expressed a desire for more accessible and definitive information on oral health care, particularly during early childhood stages when baby teeth are coming in.

These findings indicate a complex challenge in promoting good oral health to children due to behavioural, sensory, accessibility, and educational factors. Some of the actions that could be taken to combat these include:

### Behavioural Interventions

Providing strategies and resources to help parents manage resistance to toothbrushing, such as using visual aids, setting routines, or introducing fun toothbrushing activities.

### Sensory-Friendly Approaches

Developing sensory-friendly dental care tools and techniques to accommodate children with sensory sensitivities, along with training dental professionals in providing sensitive care.

### Improving Access to Dental Care

Implementing measures to reduce wait times for dental appointments and ensuring consistent access to dental services, particularly for preventive care and early intervention.

### Education and Awareness

Launching educational campaigns targeting parents and children to raise awareness about the importance of oral hygiene, healthy dietary habits, and regular dental check-ups.

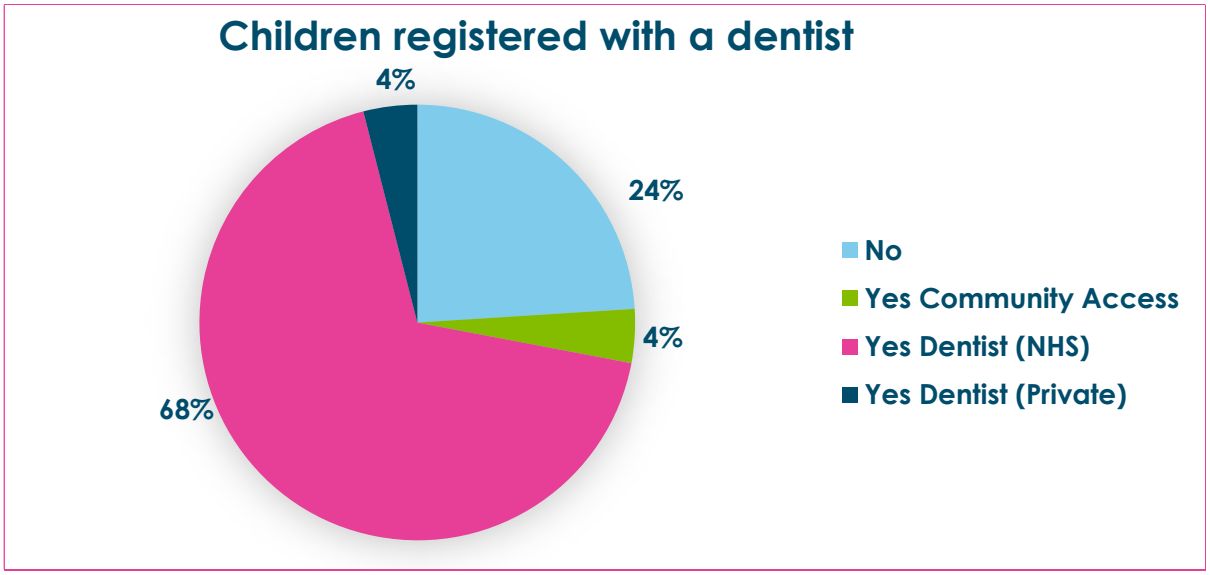
### Parental Support and Guidance

Providing parents with resources, information, and support networks to enhance their confidence and ability to promote good oral health habits in their children.

### Quality Assurance in Dental Care

Ensuring that dental practitioners adhere to evidence-based practices and ethical standards, thereby minimising the risk of unnecessary treatments and negative experiences.

## Experience at the dentist



When asked why children were not registered with a dentist, parents/carers stated many barriers including:

- difficulty finding available space with local dentists (which was the most common reason)
- lack of awareness about free dental services provided by the NHS, as well as some parents/carers reporting not receiving guidance on how to register with a dentist.

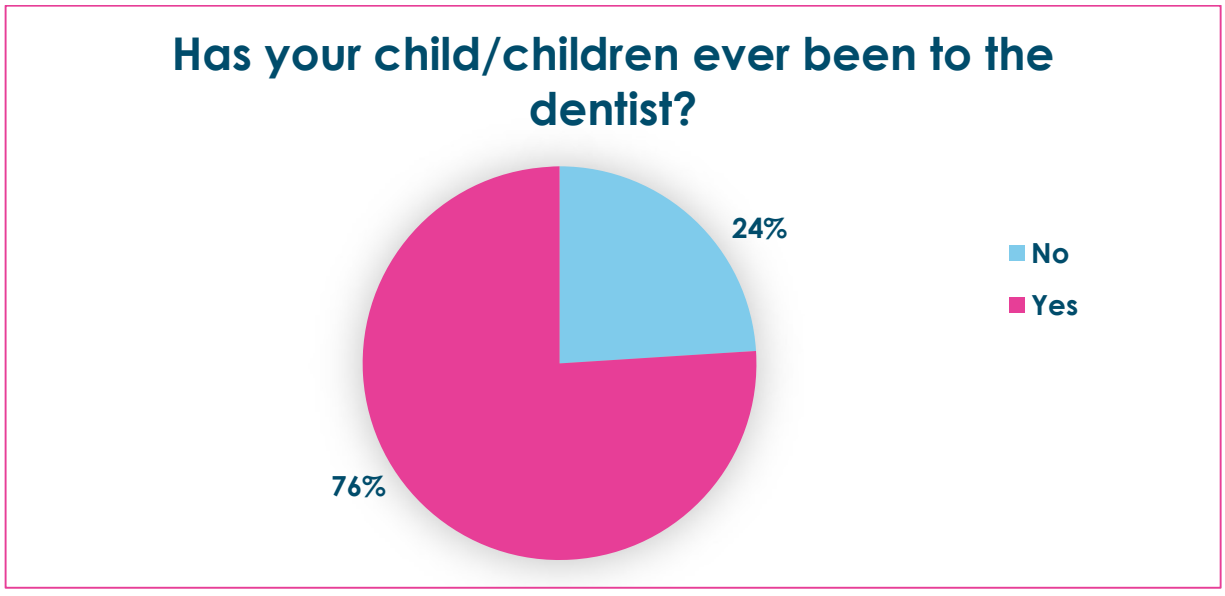
Only 2 parents who took part in the interview informed us that they went to a community or private dentist. The child who is registered at the community dentist has an additional need, whereas the child who was registered at a private dentist had a few issues with previous dentists, and the private practice has a particularly good reputation.

When asked about their experience at the dentist in the last 2 years, parents/carers highlighted significant challenges in accessing dental care for their children.

A predominant theme emerged around the difficulty in securing dental appointments, exacerbated by long wait lists and limited availability, especially during the COVID-19 pandemic. Parents/carers expressed frustration with the process; some reporting unsuccessful attempts to find NHS dentists willing to accept new patients, service quality inconsistencies, with some parents/carers praising their child's dentists, while others encountered difficulties and a perceived decline in healthcare standards.

Personal circumstances, such as pregnancy or relocation also impacted access to dental care. These findings underscore the existence of significant barriers hindering timely and adequate dental care for children in Reading leading to adverse oral health outcomes.

Families also felt dentists need more training on children as patients and having more time available within their appointment slots to help them better understand how to care for their children's oral hygiene.




The parents/carers had very varied experiences when taking their children to the dentist with many of them stating that they had a good experience but even when this was the case, they did have suggestions that would make their experience better:

## Longer appointments

Appointments not to be rushed, and parents also having an opportunity to ask the dentist questions.

## Child focused dentists

Dentists having more training around dealing with children as patients and some of the quirks that might arise from them, i.e. moving around if sitting in the dentist chair too long.

## More time slots

Parents found it difficult to book appointments due to a lack of time slots especially in hours that are outside of school/work.

## Reminder text/letter/email

Some form of reminder that allows parents to easily know when they need to book their child's next appointment.

## Availability

Many times, if the child had yet to visit a dentist, it is due to lack of NHS availability in their area.

## Communication

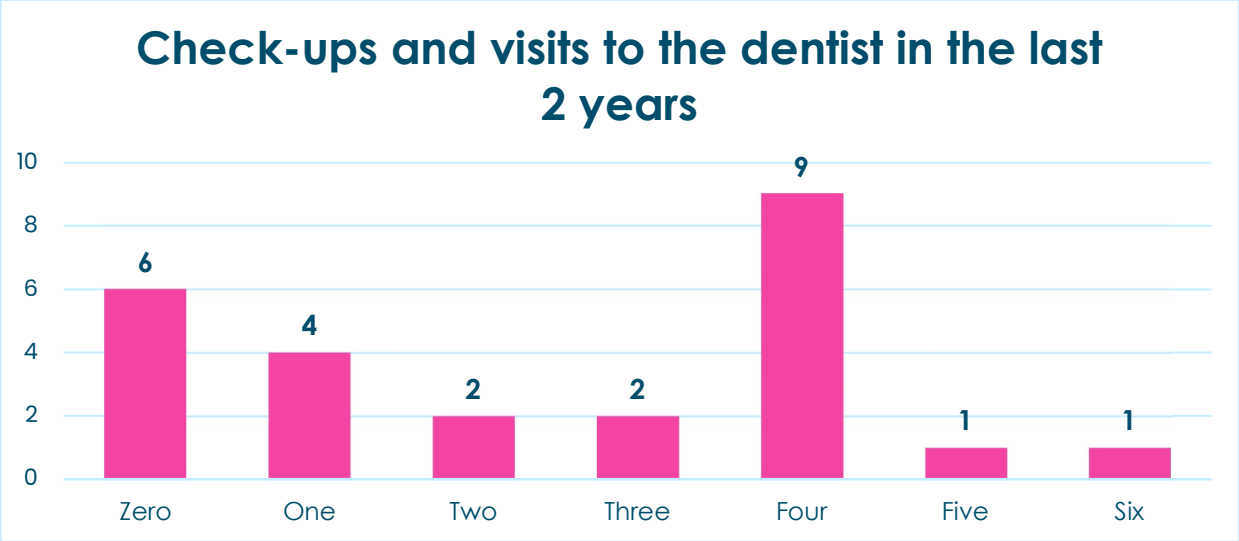
When children were on waiting lists there was little communication around how long the lists were. In some cases, they were mistakenly put on a private dentist waiting list rather than the NHS waiting list.

## Easier registration process

Parents/carers found the current process used by some dental practices confusing and hard to navigate.

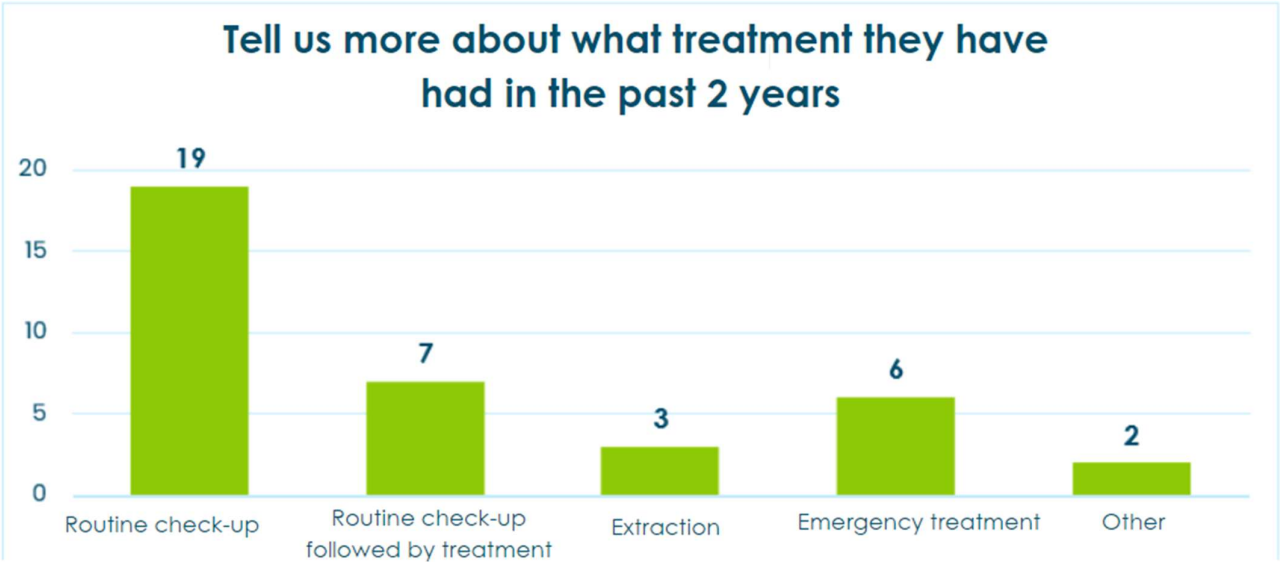
## More information

A large focus for many families was the information provided to them about caring for their children's teeth, around diet and the increased risk of tooth decay, along with methods to help prevent their children from having dental issues in the future.




Parents/carers were asked how many check-ups their child/children have had within the last 2 years.

Many waited until they received notification that a check-up was due, these varied between 6-monthly and yearly. Children who had previous issues with their teeth visited the dentist more frequently.




Parents/carers were asked about the treatments their child/children have had within the last 2 years.

Most of them report that their children have received routine check-ups, with 7 confirming that routine check-ups were followed by some sort of treatment. A further 6 parents/carers reported that their children needed emergency treatment and 3 reported that their child has had an extraction because of tooth decay. One parent who reported that a child had an extraction mentioned that it was suggested that the child needed 10 teeth extracted and she only agreed for 3 to be extracted.

# Parents/Carers notes/recommendations

Parent/Carers were asked what would make a significant difference to taking care of their children's oral health.

## Making a difference to your children's oral health

### Information and Education

- Ensure families are provided with information about access to oral health services and how to care for child's oral hygiene at the earliest contact with health service professionals such as a health visitor.
- Improve access to oral health education through school, nursery, and pre-school settings from an early age.
- Ensure that families are educated about the importance of oral health and how to teach and support their children effectively.
- Emphasise the importance of establishing a firm routine for oral hygiene in both morning and evening.
- Provide real-life stories and experiences to highlight the significance of dental care.

### Diet

- Encourage healthy eating habits to reduce sugar intake.
- Provide alternatives to sugary snacks in schools to support parents' efforts in promoting oral health.

### Access to dental care

- Make NHS dental practice registration easier and more efficient.
- Increase the availability of NHS dental appointments to reduce waiting times and ensure timely care for children.
- Consider community dentists visiting schools regularly to improve accessibility to dental care.

### Child friendly approach

- Create child-friendly dental environments to alleviate fears and make dental visits more enjoyable for children.
- Utilise creative methods such as timers, music, and interactive tools like mouthwash to make oral hygiene fun and engaging for children.

### Responsibility and support/prevention and early intervention

- Start oral hygiene practices early to familiarise children with dental care routines.
- Reduce the period between dental appointments to ensure regular check-ups and early detection of any issues.

# 6. Family case studies

## 1. Dental care and special needs: a parent's perspective

### Background

Parent A is a mother to a 7-year-old child with special needs, including a visual impairment. She assists her child with daily tasks such as feeding and toileting.

### Oral care at home

Parent A talked about her son requiring assistance with teeth brushing for at least the next 5 years, and how he now thankfully cooperates with her. Initially, her child would resist brushing; biting down on his toothbrush making it difficult to brush his teeth. However, they found success with a routine where her child leans against her chest while she holds his head up and brushes his teeth.

**He likes it. He is used to it, and he lets me brush his teeth."**

Parent A gets support and guidance on helping her child with oral hygiene from a family friend who also has a child with special needs.

### Access to dental services

Both parent and child are registered with a local NHS dentist, but her child now receives dental care from the community dental service due to special needs.

Although accessing regular check-ups was initially challenging, her child now sits calmly during appointments, with Parent A attributing this to the supportive environment that the community dental service offers compared to general dental practices.

Despite knowing the importance of early dental visits, Parent A did not start routine check-ups for her child until he was 3 years old. This was due to her belief that her child did not need to because he did not eat solids until he was 15 months old.

Parent A has seen the dentist 3 times in the last 2 years for routine check-ups. She feels the lack of appointment reminders contributes to irregular dental visits as she only books them herself when she remembers.

**Parent A recalled a hospital visit due to her child having tooth decay. Her child was anaesthetised ready for tooth extraction but at closer inspection, it turned out to be discolouration. They polished her child's teeth instead.**

## Suggestions for improvement to children's oral health

Parent A emphasised the need for education on diet and easy access to NHS dental services for children's oral health success.

> **[It's about] what they eat and what they drink, mainly because that can decay the teeth. So healthy eating. Plenty of water and regular checkups [are what is needed.]"**

## Conclusion

Parent A's experience highlights the importance of tailored dental care for children with additional needs. There needs to be greater awareness and access to the local community dental service, along with further guidance and support for families on maintaining good oral health.

## 2. Caring for children's oral health: a parent's perspective

## Background

Parent B has two children aged 2 and 6 years old. Both do not have any health conditions or special needs. Parent B shares her experiences and challenges in maintaining her children's oral health.

## Oral care at home

Both children brush their teeth independently, with Parent B supervising. She encourages them to brush for two minutes, though this can be challenging as her eldest child rushes and does not brush his teeth well. Despite not always following the recommended brushing time, Parent B is not overly concerned as her child brushes his teeth three times a day.

As a medical professional, Parent B uses her knowledge, information and resources from the internet and television programmes to educate her children about oral hygiene. She constantly reminds her children about the importance of brushing, although they do not fully understand its significance, and it can be hard to explain. For example, she mentions that her eldest child's teeth are changing, and her child told her:

> **Mum don't be worried they will grow up and then another one will fall out, and then another one will grow in its place."**

## Access to dental services

Parent B and her oldest child are both registered with a local Reading NHS dentist however her youngest child is not due to the practice not taking on any new NHS patients. Parent B believes in keeping the family together under one dentist for easy management.

Parent B and her family regularly attend routine check-ups, and the dentist has suggested potential braces for her eldest child, in the future.

Parent B has had both positive and challenging experiences with dental care in the last two years, including a hospital referral for tooth extraction for her eldest child who loves eating sweets as his tooth broke and became painful.

## Hospital experience

**Parent B tells us of a bad experience when a dentist at the local hospital advised extracting 10 of her son's teeth, at the age of 4. Parent B was in shock and concerned about what that would mean for her child particularly when eating without 10 teeth.**

She was told by the dentist **"Oh don't worry, how do babies eat – you are making the food in the blender."**

Parent B told the dentist **"No thank you, you can remove three teeth which are critical – but the other teeth which have started to be broken are not critical teeth."**

In the end the dentist removed 3 teeth only.

Apart of that experience, she does not have any issues accessing dental services, and her child's teeth are okay. However, Parent B feels dental appointments could be more child-friendly compared to her experiences of dentistry in her homeland.

Parent B also registered with a dentist within 3 months of arriving in the UK 2.5 years ago due to her son's toothache at the time, when he was 3 years old.

However, her youngest child is still awaiting NHS registration due to the family dental practice not taking on any new patients.

## Suggestions for improvement to children's oral health

Parent B suggests shorter waiting times for NHS registration.

**"I don't know why registration for NHS patient is so long. It takes so long to register as an NHS patient. I don't understand the politics of this country. They take private patients but not NHS. What do we do if we have pain? If you have money – okay, you can fix your teeth…"**

Parent B also emphasised the importance of prioritizing children's dentistry with longer appointment times.

**“But I know that time is money…. but still, they need time with children.”** Parent B fears neglecting children's dental needs, and if they are not given the priority, could lead to widespread oral health issues in the future:

> **[…] in about 20 years, we could have a nation full of adults with broken and decaying teeth.”**

### Conclusion

Parent B’s experiences highlight the need to improve access to dental care especially for children and young people. Streamlining NHS dental registration and investing more resources into children’s dentistry will significantly improve children's oral health outcomes. Additionally, involving health visitors, pre-schools, nurseries, and primary schools in spreading awareness and promoting good oral health during early childhood is crucial.

## 3. The impact of covid; a difference in dental access for siblings

### Background

Parent C is a mother of two children aged 10 and 4 years old. She supports and supervises her youngest child to look after their teeth and gums.

### Access to dental services

Parent C expressed frustration over the difference in dental access for her children. Her 10-year-old is registered with an NHS dentist, while her youngest, born during the COVID lockdown, hasn't seen a dentist due to NHS dental practices not taking on new NHS patients. She believes this disparity is due to limited NHS access post-lockdown.

Parent C recalls the importance of young children visiting the dentist. She first took her eldest child to the dentist at the age of 2 years old, and though he initially resisted (would not open his mouth), he became comfortable with regular visits.

Her son also learned about dental care at nursery school. Parent C recalls a helpful resource pack she received for her eldest child called ‘Start for Life’ which included baby books at her local health centre.

**"When child 1 was born, we got a lot of booklets and advice from the health centre. But the booklets you get from the health centre you don't get now since covid…Whereas, with child 2 I had none, but for child 1 I got all the advice."**

Parent C believes her youngest son's crooked teeth result from not being able to register with an NHS dentist and missing out on vital dental advice. However, she also suspects it may be due to his use of a dummy when he was younger, which she calls "dummy teeth."

**"His teeth have all gone funny from his dummy but there is no one to advise me on what is best for his dummy teeth. Like he's got no bite, but he's not gone to see a dentist."**

Parent C also spoke of repeated cancellations of dentist visits for her eldest child. When she was eventually offered a new appointment after a cancellation but could not make it, the family were deregistered – herself and her oldest child. She was not told this had happened at the time of turning down the appointment. It was only when she called her dental practice to rebook that she became aware.

**"They've cancelled twice, so he's got no dentist appointment now. So now I'm having to ring around to find another dentist because I can't keep going back…**

**For reasons, we have to cancel on the 13th, so I called and rebooked to the 15th. "Hi, really sorry but for things out of our control, we have to cancel your appointment on the 15th."**

**Then I got a letter saying 'our records show that x is due a teeth check' but in 6 months they've cancelled twice. So, we only had a dentist for my oldest child. But now they have cancelled twice we have to find a new one for him as well. So, I now need to find an NHS dentist, to try and get all 3 of us in there, because I'm not in there either… because I haven't been since Covid, they've rubbed me off."**

Parent C remains concerned that if there was a dental emergency with her youngest in the future, as he will have not experienced going to the dentist before. Post-lockdown she reports that her son is not good with new situations and people, including working with new staff at his nursery.

## Suggestions for improvement to children's oral health

As a result of Parent C's experience with the NHS dental service post-covid, Parent C has made the following recommendations:

- Have access to an NHS dental practice that accepts herself and her children as a family unit.

- Strategies are needed to address the long waiting list for new registration and appointments.
- Address the repeated cancellations to show parents dental practices care about children's teeth.
- Appointments should be flexible in offering alternative days and times due to children's school hours and parents' availability due to work commitments.
- There is a need for more child friendly dentists and more provision to be provided at school i.e. dental visits to schools.

**"There is peace of mind for mums like they've come home with a little sticker from the dentist."**

- Develop a family friendly dental centre for children or areas in dental practices.

**"You can picture it. Nice and bright and colourful – just to make it an experience. Not too daunting for kids."**

## Conclusion

Parent C's experience highlights the need for an overhaul to the appointment process, including improving dental access for families. Additionally, making dental practices more child friendly and involving primary schools in spreading awareness and promoting good oral health during early childhood.

# 7. Recommendations

1) **Implement community-based oral health education programmes to raise awareness about oral hygiene practices and good oral health. These could involve local healthcare providers, educators, and community organisations to broaden the programmes' reach.**

   For example, review the success of Anyone Can Cook! Feeding Your Baby sessions that took place in Wiltshire in November 2022, and consider running something similar within the top 3 deprived wards of Reading, with a view to potentially expand across Reading in the future.

   "The ABC Cook mission is to encourage families and children to make healthy choices by developing a passion for cooking, infusing memories of food and food preparation that are both positive and fun. The Feeding Your Baby Sessions aim to demonstrate how quick, simple and fun weaning and cooking and eating together as a family can be. Promotion of good oral health, primarily in young children, but within families to reduce the number of children suffering from dental decay and requiring extractions under general anaesthetics."

   (Feeding your baby sessions to deliver oral health messages – Anyone Can Cook! (Nov 2022))

2) **Initiatives directly involving education settings and collaborating with them to integrate oral health education into the curriculum/learning.**

   - The Early Years Foundation Stage (EYFS) statutory framework states that Early Years providers must promote good oral health of children who attend their settings; we suggest reviewing what schools, pre-schools and nursery settings are currently doing to promote good oral health, and if that can be improved upon – screenings, workshops and resources for children and parents etc.
   - Consider implementing an oral health initiative in Reading similar to Scotland's Child Smile and Wales' Designed to Smile. Both incorporate a targeted approach by focusing on pre-schools, nurseries, and schools in the 3 most deprived areas of each country. The programmes they have created include:
     - supervised tooth brushing in school or nursery/pre-school for 3-5 years old
     - oral health promotion for key groups of children and their parents, and teaching professionals.
     - promoting oral health from birth (0-3 years)

3) **Access to dental services that offer quality dental care for children and young people; create child-friendly dental environments to alleviate fears and make dental visits more enjoyable (timers, music, interactive tools to make oral hygiene fun and engaging), offer subsidies for**

**regular check-ups, allow longer appointment slots so parents/carers can ask questions and receive oral health advice and resources for the home, and organise dental health fairs.**

4) **Greater awareness and accessibility for families with children with additional needs to attend Thames Valley Community Dental Service.**

   - For example, parents/carers of children and young people on Reading Borough Council's SEND register could be directly informed and given information about the community dentistry service, and advice on tailored strategies to help with oral health at home, i.e. using different style toothbrushes and toothpastes for children with sensory needs etc. This will ensure parents/carers are aware of this service and given guidance as soon as possible given the extremely difficult challenges many families can face at home and at high street dental practices with children who have additional needs.

5) **Specialist training for dental professionals, including reception staff, at high street dental practices, to understand the needs of children with additional needs, and the specific challenges these children and their families face with oral health and hygiene.**

   - We suggest taking guidance from charities such as the National Autism Society, i.e. ensuring there are questions on dental medical questionnaires where parents/carers of children/young people with autism can ask for adjustments to be made to make their visit to the dentist a better experience. Children with additional needs to be booked into a double slot for their routine checkups etc.

6) **Creating culturally tailored resources such as developing culturally sensitive oral health resources and materials as different communities have differing needs, and to tailor any oral health programmes to their requirements.**

7) **Cultural sensitivity is crucial for families from non-UK backgrounds who may be unfamiliar with the UK health system and other local support services. Language barriers can hinder communication and understanding, so offering interpreting services is essential for non-English speakers to express their oral health needs and to access dental care.**

# 8. How we made a difference

## Increased awareness

Families told us that they learned more than expected about looking after their child/children's oral health, leading to what we hope will be improved oral hygiene habits for all family members going forward.

These families also now have greater awareness of how local NHS dentistry services work, and other local related services too, as we provided them with information and advice.

For example, some parents told us they do not have access to an NHS dentist due to not knowing how to access one in the first instance or they were not sure whether they were eligible to use the service.

"Most parents we interviewed were not aware of the local community dentist service in their area."
**Volunteer Community Connector**

"Some parents did not know they do not have to pay for NHS services, such as GPs and dentists."
**Volunteer Community Connector**

Some families learned how to get urgent dental treatment through the additional hours scheme – something they had not known prior to their interview.

## "They take private patients but not NHS. What do we do if we have pain?"

Families also have a greater awareness of the work of Healthwatch Reading (not all families had heard of us prior to the interviews) and how their voices, through this project, will help improve services for everyone across Reading.

Families responded well to our work and services, appreciative of what we do. They told CCs they would contact Healthwatch Reading in the future and keep any eye on our website for advice and information.

## Empowerment

Parents/carers felt empowered to take control of their own and their families' oral hygiene and overall dental care having gained more health knowledge and awareness during the interviews. All interviews ended positively with families thanking us for our time, and for the information and advice we provided to help them going forward.

For example, the goodie bags were well received by parents/carers who welcomed the information and items as a way of being able to reinforce good oral health habits. The poster and leaflets parents told us they would use as a visual aid to educate themselves and their child/children further, on good oral health practice at home.

"One of the participants came with her daughter to collect their [goodie] pack later. The child's excitement was obvious because of their own gift of toothpaste, brush, and very colourful posters."
**Volunteer Community Connector**

## Community Engagement

This project enabled Healthwatch Reading and the CCs to not only engage and make new connections through increased visibility, but to also strengthen relationships within the communities of Reading. This includes the family participants, local organisations and community groups. Community centres appreciated our visits and the project overall.

There was a strong sense trust and community through collaborating and the support we received throughout the project. Some community connections have now flourished and grown further since the project ended.

The CCs have gained a huge level of confidence and experience in initiating meaningful conversations about local community. They reported that they have learned so much, from the start of the project through to the end. They also feel more respected within the communities of Reading, as they are now seen as community champions.

Healthwatch Reading also now gets regular visits from members of different communities at our office at Oxford Road Community Centre.

The CCs have all expressed interest and shown enthusiasm in wanting to support future Healthwatch Reading projects to help us improve services. Many of which have the underlining theme of health inequalities.

"The project was an amazing opportunity for us Community Connectors to connect with people in our community and build up a good relationship with them."
**Community Connector**

"Participating in such projects was a good experience and the knowledge gained will help me participate in more projects in the future."
**Community Connector**

# 9. Key learning points

## Access to families

The greatest challenge faced was in recruiting a diverse ethnic group of families to the project. This was evident when trying to engage with white British parents. The CCs felt this was because there was an issue of trust and individual attitudes towards them.

> "If you are known as a community figure this might have been different."
> **Community Connector**

The CCs (women with a Muslim background) felt judged by their appearance and clothing. This influenced parents' willingness to engage with them initially.

They visited schools, children's centres, and community centres (that were previously contacted by Healthwatch EOs to introduce the project) intending to facilitate access to families. However, the CCs encountered immediate challenges which included one parent being dismissive simply stating, "Sorry, I don't have time."

The CCS also felt that their affiliation with Healthwatch Reading was not clear to people – they were not recognised or identifiable as volunteers for Healthwatch Reading, except from their small ID badges/lanyards when visiting schools, children's centres, and community groups.

> "There was a lack of trust about who we were even though we had ID badges. This lost us valuable time."
> **Community Connector**

Healthwatch Reading will now explore providing T-shirts with large logos for Healthwatch staff and volunteers which will enhance visibility and trust.

Some families without internet access or mobile phones were grateful to see the posters in community areas about the project. Therefore, it's essential that posters continue to be part of our future project campaigns to ensure that digitally excluded people are included and informed about our project work.

## Community engagement

- This project highlighted the need to develop our own CC programme to focus on fostering strong, equal, and trusting partnerships between the NHS, residents, and communities. There's evidence from our CCs suggesting that communities in Reading feel unheard/not listened to.
- We need to develop and expand partnerships and relationships with community organisations and groups including schools, children's centres, and faith-based

groups, with the support of our CCs. This will broaden our community network and ensure engagement with a diverse range of ethnicities, so that their voices are heard and form part of our projects.

- We are now aiming to diversify our CCs team to ensure there is representation from a wider range of communities across Reading.
- More targeted community engagement activities are needed in these 3 deprived wards, as well as other wards across Reading to raise awareness about our work and to look deeper into health and social care issues, and around the themes in our new workplan for 2024/2025.

## Interpreter services

Challenges with access to reliable and accessible interpreter services is a community sector wide issue across Berkshire West and beyond. This is an issue that will be at the core of our event "Thinking together: a conversation about interpreting" taking place later in 2024.

We had challenges with translating during 2 interviews and then translating some of the 19 hours of audio recordings which is an area for review for future projects.

## Project interviews

- Confirming interview days and times proved challenging as some parents agreed but later cancelled or didn't show up, affecting CCs' availability. Healthwatch Reading staff had to step in to support interviews so that they took place.
- The CCs, many of whom are parents, used their shared parenting experiences as an icebreaker to establish a rapport with families at the start of interviews. This helped families feel at ease and to connect with the CCs.
- There was background noise at times when interviews took place which presented challenges with translating 19 hours of audio recordings. For the future, we need to ensure that space for face-to-face interviews or discussions has very little or no background noise. This will also ensure confidentiality. On some days, the community centres in which we conducted these interviews had no rooms available at the time allocated for interviews, so we worked the best we could, with what we had.

# 10. Next steps

We will support and advise Reading Borough Council Public Health on an oral health strategy that is urgently required for all residents of all ages across Reading.

We will share our findings with the families that participated in the project and in 6 months' time they will be invited to a focus group with the CCs to discuss what is happening with their child/children's oral health since their interviews.

Our findings will be presented to:

- Local Health and Wellbeing Board
- Health Scrutiny Board (ACE)
- Reading Integrated Board

As this project is part of the wider CORE20PLUS5 Connectors Programme with Healthwatch Buckinghamshire and Healthwatch Oxfordshire also completing projects in their areas, we will be collaborating on a joint report about all our projects and findings. The joint report will then be presented to BOB ICB Health Inequalities Board.

# 11. References


- National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
- NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
- NHS England » Core20PLUS5 Community Connectors
- Feeding your baby sessions to deliver oral health messages – Anyone Can Cook! (Nov 2022)
- The Income Deprivation Affecting Children Index (IDACI) (2019)
- BOB ICB's Joint Forward Plan (2023)

# 12. Contact us.

If you have any questions, need information or advice on health and social care services across Reading, you can call us or get in contact via our website. Our details follow below:

**Address:** Oxford Road Community Centre, 344 Oxford Road, Reading, RG30 1AF

**Phone:** 0118 214 5579

**Email:** info@healthwatchreading.co.uk

**Website:** www.healthwatchreading.co.uk

If you require this report in an alternative format, please contact us using the details above.

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