

Submission
No 224

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: NSW Commission for Children & Young People
Name: Ms Gillian Calvert
Position: Commissioner
Telephone:
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Theme:

Summary



nsw commission for
children & young people

The Hon Jan Burnswood, MLC
Acting Chair
Standing Committee on Social Issues
Parliament House
Macquarie St
SYDNEY NSW 2000

Jan

Dear Ms ~~B~~ Burnswood

I am pleased to enclose the NSW Commission for Children and Young People's submission to the Inquiry into Dental Services in NSW.

With the Committee's approval, I would like to place a copy of the submission on the Commission's website. Making work such as this publicly available is one mechanism I use to be accountable to the children and young people and Parliament of New South Wales. I would appreciate your consideration of this request at an appropriate time.

If you require any further information, please contact the Commission's Director, Policy, Mr Stephen Robertson, on 9286 7270 or at stephen.robertson@kids.nsw.gov.au.

Yours sincerely

Gillian Calvert

Gillian Calvert
Commissioner
1 July 2005

Encl.

**SUBMISSION BY THE
NSW COMMISSION FOR CHILDREN AND
YOUNG PEOPLE**

**TO THE INQUIRY INTO DENTAL SERVICES IN
NSW**

July 2005

Contact: Stephen Robertson, Director, Policy

Phone: (02) 9286 7270

Fax: (02) 9286 7267

Email: kids@kids.nsw.gov.au

**SUBMISSION BY THE
NSW COMMISSION FOR CHILDREN AND YOUNG PEOPLE
TO THE INQUIRY INTO DENTAL SERVICES IN NSW**

July 2005

1. THE COMMISSION FOR CHILDREN AND YOUNG PEOPLE

- 1.1 The NSW Commission for Children and Young People ('the Commission') promotes the safety, welfare and well-being of children and young people in NSW.
- 1.2 The Commission was established by the *Commission for Children and Young People Act 1998* (NSW) ('the Act'). Section 10 of the Commission's Act lays down three statutory principles which govern the work of the Commission:
- a) the safety, welfare and well-being of children are the paramount considerations;
 - b) the views of children are to be given serious consideration and taken into account; and
 - c) a co-operative relationship between children and their families and community is important to the safety, welfare and well-being of children.
- 1.3 Section 12 of the Commission's Act requires the Commission to give priority to the interests and needs of vulnerable children. Children are defined in the Act as all people under the age of 18 years.
- 1.4 Section 11(d) of the Act provides that one of the principal functions of the Commission is to make recommendations to government and non-government agencies on legislation, policies, practices and services affecting children.

2. GENERAL COMMENTS

- 2.1 The Commission is pleased to provide a submission to the Inquiry into Dental Services in NSW.
- 2.2 This submission focuses on issues for children and young people in NSW in regards to oral health and dental services.
- 2.3 Oral health is an important for all children and young people. Most children and young people both learn about oral self care and gain access to dental visit through their families.

- 2.4 Public access to dental health services for children is essential for the prevention, detection and treatment of oral conditions.
- 2.5 Ongoing commitment to prevention and education strategies is important for assisting children and young people to develop the appropriate skills to for oral self care.
- 2.6 Many of the skills required for oral self care are developed in early childhood. Parents and carers are important partners in making this occur.
- 2.7 Whilst parents are primarily responsible for regular dental visiting by most children and young people, it should be recognised that there are barriers for access to services for many populations.

3. OVERVIEW

- 3.1 Oral health is an important indicator of child and youth health and wellbeing. The ability to eat, communicate and socialise are all directly affected by oral health.
- 3.2 Poor oral health in childhood predicts poor oral health in older age.
- 3.3 According to the 2004 Report of the Chief Health Officer the oral health of NSW children has improved over recent decades and there has been a dramatic decline in dental caries (decay) experience.
- 3.4 Most children in NSW enjoy good oral health. However one third of children in NSW have some evidence of tooth decay, less than one half have a dental check up each year and hospitalisations for the removal or restorations of teeth have increased in recent years (NSW Health, 2004).
- 3.4 Oral health problems can affect the quality of some children's lives. While children generally have relatively good oral health status, some aspects of their quality of life can be adversely affected by oral health problems.
- 3.5 Children with decayed teeth, whether treated or untreated, are conscious of having lower levels of oral health than children without, which may contribute to their levels of social and physical functioning (Chen and Hunter 1996 cited in NCOSS 2002).
- 3.6 Early childhood caries is a lifestyle disease with biological, behavioural and social determinants. If left untreated, the decay of primary teeth rapidly affects secondary teeth and leads to more complex oral, social and financial complications (NCOSS, 2002).
- 3.7 Tooth decay and caries are preventable diseases. It is important to recognise the importance of prevention strategies that aim to educate

and promote dental self care to children. These activities occur in a range of settings including home, child care settings and schools as well as in primary health care setting such as general practice.

- 3.8 Clinical and public health research has shown that a number of individual, professional and community preventive measures are effective in preventing most oral diseases (Petersen, 2005).
- 3.9 There are particular issues for disadvantaged children and young people and population groups such as Aboriginal and Torres Strait Islander children and young people, children and young people with disabilities and children and young people with specific diseases such as diabetes. These groups may have limited access to dental services and also lack the supports needed to develop skills in oral self care.
- 3.10 Oral disease is not evenly distributed across the community. Those at highest risk of oral disease are children living in areas of low socioeconomic status, in rural areas, those with physical or mental health problems and children of migrants or refugees. (NSW Health Department, 2001).
- 3.11 There is evidence of differential access to dental services according to country of birth, language spoken at home, indigenous status, insurance status, and mother's educational status (AIHW, 2000).
- 3.12 Some children with disabilities may have difficulties in developing the skills necessary for oral self care as well as difficulties in accessing appropriate dental services.
- 3.13 International research has noted that a significant proportion of dental trauma relates to sports, unsafe playgrounds or schools, road accidents or violence. Experiences from industrialized countries show that the costs of immediate and follow-up care for dental trauma patients are high (Peterson, 2005).

4. IMPLICATIONS

- 4.1 A review of the evidence base on oral health and dental services for children and young people suggests a number of priority areas for investment and further activity:
 - sustaining and enhancing universal preventive dental treatments
 - promotion of oral health and education on dental self care in childhood
 - access to dental visiting for children and young people
 - children and young people with special needs
 - culturally appropriate services for children and young people

Each of these areas is outlined in more detail below.

5. UNIVERSAL PREVENTIVE DENTAL TREATMENTS

- 5.1 Fluoride augmentation of domestic water supplies reduces the risk of dental caries in children and in later life (AIHW, 2005). Access to fluorinated water is an internationally recognised preventive health approach to this issue. In NSW access to fluorinated water is not available for all children and young people, particular those living in remote areas, including many remote indigenous communities.
- 5.2 Good nutrition is essential to health, including oral health. Existing health promotion messages about breastfeeding and healthy eating are relevant for the prevention of caries in young children. An integrated approach to health recognises the importance of oral health as part of general health promotion activities.
- 5.3 As for many other successful health promotion strategies, a population-based approach to oral hygiene practices and self oral care is important in improving the oral health of children and young people. Within a broad population approach, non-stigmatising oral health promotion strategies can target families and communities, especially those who have difficulty in accessing dental services.
- 5.4 Smoking is a modifiable risk factor for oral disease. Young people who smoke may be at risk of dental and oral diseases as adults. Programs that emphasise healthy lifestyles and discourage young people from smoking will contribute to improved oral health.
- 5.5 There is scope for reinforcing messages about oral health to providers of health, disability, community, child care and education services.

6. PROMOTION OF ORAL HEALTH AND EDUCATION ON DENTAL SELF CARE IN CHILDHOOD

- 6.1 Childhood caries are preventable. Oral health promotion and prevention activities are important to reducing the need for treatment and the demand on dental services. This is particularly important for populations that have problems accessing dental visiting.
- 6.2 Many of the skills required for oral self care are developed in early childhood. Parents are important partners in ensuring that this occurs.
- 6.3 Most oral care occurs in settings other than the dental surgery. Parents, general practitioners and allied health workers can provide information to children and young people to assist them to gain skills in and take responsibility for protecting their oral health.
- 6.4 Health, child care and education services all have a role to play in promoting the importance of oral care in children to their parents.

- 6.5 Many children in NSW spend significant time in formal child care. It is important that children's services have policies and procedures to assist in reducing the incidence of dental caries in children and also to facilitate the prevention and management of dental trauma in children (CCCH 2004). Dental and oral health is addressed as a policy and practice issue in the *Health and Safety in Children's Centres Model policies and practices* (CCCH, 2003).
- 6.6 Ongoing investment is needed in oral health promotion activities that target children and young people, their families and general service providers as well as health professionals.
- 6.7 A combination of universal and targeted approaches is most likely to assist all children and young people are able to maintain oral health.

7. ACCESS TO DENTAL VISITING FOR CHILDREN AND YOUNG PEOPLE

- 7.1 Most children access dental services through their parents or carers. Barriers to access experienced by adults in the family are also barriers to the child.
- 7.2 The 2004 Report of the Chief Health Officer identifies that children in rural areas are less likely to access preventative dental treatment than children in metropolitan areas. They are also less likely to have received orthodontic treatment. Equity in access to preventive dental services for children in rural areas is a priority.
- 7.3 Indigenous people have poorer rates of access to dental services. As children and young people access services through their families, improving the access of indigenous adults to services is important for improving access for children and young people. Improvements in oral health of Aboriginal children and young people need to occur in the context of overall improved access to health services for their families and communities.
- 7.4 Aboriginal families and communities need support and resources to promote and model oral self care to their children and young people.
- 7.5 School dental services can be expanded as a component of improving access to dental services for children, as they are utilised more by children who are less advantaged (AIHW, 2002).
- 7.6 Family financial hardship and poverty is a significant barrier to dental visiting access.
- 7.7 These barriers that some children and young people face in accessing dental services are a further argument for an ongoing and increased

commitment to preventing or reducing oral disease and the demand for dental treatment.

8. CHILDREN AND YOUNG PEOPLE WITH SPECIAL NEEDS

- 8.1 The capacity of children and young people with disabilities to undertake oral self care varies with their disability. Some have few problems in maintaining oral health, but others will have difficulties both with oral self care and in accessing dental services and treatment.
- 8.2 The NSW Refugee Health Service has identified that refugee children can have dental health problems arising from poor nutrition and access to substandard dental care and hygiene. Their families may also lack information on how to care for their children's teeth and how to access dental services.
- 8.3 While there has been no recent research into the oral health of children and young people in out of home care in NSW, it is known that overall they have poorer health and education outcomes than other children and young people (CREATE Foundation 2004), so it is likely that their oral health is also of concern.
- 8.4 Targeted interventions are needed to support these children and their families to have access to dental services and to develop the skills they need to maintain oral self care.

9. APPROPRIATE SERVICES FOR CHILDREN AND YOUNG PEOPLE

- 9.1 The Commission has spoken with children and young people about their experiences with health professionals.
- 9.2 Children and young people have ideas about the information they need to help them make informed choices. They know how they like to be treated by health professionals. In particular, they dislike having professional talk to their parents about them, if they don't also talk to them directly.
- 9.3 Encouraging the participation of children and young people in health service planning and delivery as well as the development of information resources and strategies would promote a child- and young people-focussed approach to health care, and is likely to improve outcomes.
- 9.4 Many young people begin to visit health professionals without their parents between the ages of 14 and 17 years. They will be more likely to rely on direct communication from the practitioner. It is important that the practitioner has the skills and attitudes to necessary to engage

young people during these years. Parents can offer support by checking that their children understand the practitioner's instructions.

- 9.5 From our consultations, it is evident that young people want health professionals such as Doctors and Dentists to:
- Be happy, friendly, 'normal' people who treat them as equals and make them feel comfortable.
 - Establish a personal rapport with young people and their families, to help build trust and enable effective treatment of their conditions.
 - Speak clearly and simply and avoid using medical terminology so that young people fully understand their condition and the treatment required.
 - Learn more about talking to young people. This is a serious issue for consideration in pre-service continuing professional development.
 - Talk both to young people, and to their parents when discussing their condition and proposed treatment.
 - Offer and explain all available treatment options, including 'non-drug treatments' and invite young people to play a part in deciding their preferred course of treatment.
 - Write prescriptions in very clear, legible handwriting (or provide computer print-outs) so that young people get the correct medication.
 - Check up on young people after they finish a course of medication.
 - Have a checklist for talking to young people and a checklist for doctors to give to young people summarising the doctors instructions or how best to take medications.

10. CONCLUDING COMMENTS

- 10.1 Oral health is an important component of child and youth health and wellbeing. The ability to eat, communicate and socialise are all directly affected by oral health.
- 10.2 Whilst most children in NSW enjoy good oral health there are some children who have difficulty in accessing services and to developing the skills required to undertake oral self care.
- 10.3 Fluorinated drinking water should be available for all children and young people.
- 10.4 In addition to improving health, effective prevention programs reduce later demand for treatment services. This is particularly true for oral and dental health as many conditions for which treatment is sought, for example caries, are preventable.
- 10.5 A combination of targeted and universal strategies is needed to improve the oral health of children and young people. Targeted strategies for oral health promotion, prevention and treatment are needed for children and young people with disabilities, and indigenous

and refugee children.

- 10.6 Most children live in families within communities. Approaches that recognise this and target families and communities will support children and young people in improving oral health. This is particularly important for populations where adults cannot or do not access dental services.
- 10.7 Services for children and young people are of limited effectiveness if they are not child and young person friendly. Encouraging the participation of children and young people in health service planning, delivery and evaluation is one way to make services are more appropriate to the needs of children and young people.
- 10.8 Existing approaches that aim to improve the health and wellbeing of children and young people in NSW, such as nurse home visiting and school based dental programs can be expanded and utilised to improve oral health.

11. NOTES AND REFERENCES

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