RESPONSE TO CONSULTATION ON 'SCOTLAND'S ORAL HEALTH PLAN'

December 2016

CELCIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Taking a multi-agency, collaborative approach towards making lasting change, CELCIS works alongside leaders, managers and practitioners to break down barriers and forge new paths in order to change thinking and ways of working with everyone whose work touches the lives of vulnerable children and families. We welcome this opportunity to highlight the oral health needs of looked after children and care leavers, and to contribute to the consultation on Scotland's Oral Health Plan.

Looked after children and oral health

There are approximately 15,500 looked after children in Scotland.[1] Looked after children are not a homogenous group; they are individuals with their own views, needs, strengths and vulnerabilities. They live in a variety of circumstances; approximately 10% of looked after children live in residential homes or schools, 35% live with foster carers, 27% live in a kinship care setting, and 25% live at home with one or both of their birth parents. Children and young people who are looked after have experienced difficulties in their lives. A significant number will have experienced a range of adversity, including suffering neglect, abuse, trauma and loss. Looked after children and care leavers face many barriers in life, and taken as a group, their outcomes are poor across a range of indicators. Evidence from research and practice shows that looked after children and care leavers are more likely to experience health problems than young people in the general population, including problems with their oral health.[2]

There is recognition that the dental health of looked after children requires particular attention. A 2015 review of research findings regarding the physical health, mental health and health behaviours of looked after children found dental problems were consistently observed issues for looked after children.[3] An abstract presented at the European Association of Dental Public Health in September 2016 showed looked after children in Scotland are more likely to have dental problems and less likely to access dental services than their peers, after adjustment for age, sex and socioeconomic status. The study used data relating to more than 630,000 children in Scotland, and found that looked after children were more likely than children who were not looked after to have dental decay at both five-years of age (23% vs 10%), and at 11-years (75% vs 58%). Looked after children were less likely to attend a dentist regularly, (51% vs 63%), and more likely to have teeth extracted, (9% vs 5%). The study also revealed differences in oral health for children in different placement types. Dental decay was more prevalent among those looked after at home, and this group also attended dental services less frequently.[4]

In addition to the need to understand and improve the oral health of looked after children, there is a vital role for professionals within dental services in recognising and tackling child neglect. There is an established relationship between oral health and child maltreatment, and untreated dental decay may be one of the first signs of neglect. Studies of the prevalence of injuries to the head, face and neck of physically abused children show between 50% and 75% had signs of abuse which would be obvious to a dental practitioner.[5] Currently, 94% of children in Scotland are registered with an NHS dentist, with there being no difference in the registration rates when socioeconomic disadvantage (as measured by SIMD postcode) is accounted for.[6] A large proportion of the child population will therefore have contact with dental professionals, who will hold important information about how and whether children's needs are being met. Dental professionals must be included in discussions, and consult with other professionals, where there are concerns relating the child abuse and neglect.

Scotland's Oral Health Plan

Due to the level of need and vulnerability of looked after children, young people, and care leavers, and the state's responsibilities to safeguard their rights and promote their wellbeing, Part 9: Corporate Parenting of the Children and Young

People (Scotland) Act 2014, (and associated statutory guidance), requires Health Boards, Scottish Ministers, local authorities and a range of other public sector bodies to uphold particular responsibilities in all areas of their work. Corporate parents must assess the needs and promote the interests of looked after children and care leavers, and enable them to make use of supports and services they provide. As such, Scotland's oral health plan must address and meet the needs of these children and young people, with services being accessible to them.

The explicit focus of Scotland's Oral Health Plan on prevention and reducing health inequalities is warmly welcomed, though how these aims can be achieved for looked after children requires careful consideration. The success of the Childsmile Programme in improving children's oral health is acknowledged, however given the operation under SIMD postcode areas, there are concerns that the targeted elements of the programme are not always reaching looked after children. Although many looked after children have experienced socioeconomic disadvantage, they are also often subject to multiple placement moves and changes of address, and may not fully benefit from the programme as a result. The proposal to extend the supervised toothbrushing element of the programme to reach two year old children with nursery placements could have a positive impact on the oral health of looked after children as they are a group eligible for early learning and childcare provision. However, the rate of provision of these hours for looked after children is not known, and if the hours are provided, this may not be within a nursery setting.

Additional planning is required regarding how best to meet the prevention and oral health inequality needs for looked after children. Under the Looked after children (Scotland) Regulations 2009, and in line with Scottish Government guidance issued in 2014 , all looked after children will undergo a comprehensive health assessment within 4 weeks of the health board receiving notification that they have become looked after, of which dental health assessment forms an important part. Children, young people, their families and carers should be supported and encouraged to meaningfully engage in this process, and any dental health needs (and the response to these) should form an integral part of their child's plan.

The proposal to introduce an oral health risk assessment (OHRA) for all patients at the age of 18 requires particular consideration for young people who are looked after, or are care leavers. We fully support the principal that young people should be engaged in their dental health and have a full and clear understanding of the risks to their personal oral health, and receive tailored oral health information in relation to such risks. However, given the vulnerabilities of this group, the OHRA must take place in a format which supports and enables the individual young person to understand and participate. Looked after children, young people and care leavers can face particular challenges to participation, and it is the responsibility of corporate parents to ensure these are overcome. For some children and young people understanding complex information and expressing their views can be very difficult. There is a vital role for communication which meets the needs of the individual, to empower and enable looked after young people and care leavers to fully participate in important discussions which affect their lives.

In considering proposals regarding different costings and remuneration pathways when patients require treatment over and above what is viewed as 'preventative', we would urge caution that looked after children, young people and care leavers are not subject to disadvantage. As discussed, the oral health needs of looked after children are greater than those of non-looked after children and it is therefore less likely that their treatment will remain on a preventative pathway. If this ultimately will lead to looked after children, young people or care leavers as adults experiencing higher or more complicated costs for their dental treatment, or being a less 'attractive' patient to dentists, we would be concerned that services would be less accessible to them and they would experience discrimination of a kind that corporate parenting legislation is designed to avoid.

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

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