

Impact of Covid-19 on Jersey School Children

Pre-Covid, children in Jersey already had limited access to dental care with lengthy waits for appointments that did not support the national recommended standard of care. Our charity supported supervised toothbrushing programmes in ALL Jersey primary schools and most private nurseries. Super Smiles had collated good evidence that this was having a positive impact on the Oral Health of our children. Poor oral health impacts not just on the individual's health but also their wellbeing and that of their family.

Access to dental services has been severely impacted for children in Jersey with closures, staff shortages and the need for greater infection control measures within dental surgeries e.g. Fallow time.

Oral Health inequalities are now far greater than before the pandemic. The impact of Covid-19 on Oral health is more severely felt by those who were already likely to have poorer health outcomes raising concerns about the creation and exacerbation of Oral health Inequalities. However, it would be a mistake to only target the low-income families. Risk of disease is not a fixed outcome but is subject to change. Covid-19 has been a catalyst for this change in Dental Health risk for many children from all social economic backgrounds.

Children's dental health has been particularly impacted on as their teeth are more vulnerable to tooth decay. Covid-19 brought many changes to daily routine. An increase in snacking and increased frequency of sugar consumption in the home during lockdown due to the change of routine and added stresses within the family unit during this time has been well documented. Many children report not brushing their teeth as often as before, again due to the negative effect routine change had.

Whilst our toothbrushing programme had to stop during the lockdown period, the UK Government (13th Aug.2020) provided an excellent paper offering guidance to continue delivering such programmes as the benefits far outweigh the risk. All the private nurseries have started brushing again but it has been harder to re-establish the brushing in some schools. This is largely due to the autonomy the schools have, with each Head deciding if it is something they want to support rather than should support and not considering the positive effects on the children's health. Many vulnerable children are missing out on good health opportunities because of poor support for policy implementation by Jersey Government.

All consideration should be given to implementing an Island wide Dental Prevention Plan that will follow a Biopsychosocial model and bring about sustainable change with measurable outcomes. A base level of disease needs to be established urgently. All children should be screened for disease as a matter of priority. Dental disease progresses very quickly in children due to the decreased qualitative and quantitative properties of the enamel. The screening will also help establish areas of greater risk and an increased need for enhanced preventive measures.

All children have the right to enjoy good oral Health and all children should have access to good dental health education from the early years through to secondary school. Teenagers have been severely impacted by Covid with very limited access to dental care experienced across all sectors.

The dental department is currently unable to support any consistent dental care. Children are waiting 7 years for Orthodontic treatment and in the community department over 5,000 children are awaiting a dental appointment, both for routine and restorative dental treatment. There is currently 1 full time dentist and 1 part time dentist working in the community department. The recall system is unable to distinguish between the low-risk children requiring a routine dental check-up and those who have multiple cavities. The current dental system provided by the Government does not support the most vulnerable children, is not prevention focused and does not support the wider community in Jersey. The current situation is not transparent and does not allow parents to make an informed choice to possibly seek private dental health care, thus increasing the burden on the department.

I believe there are several key areas that require immediate attention to help reduce the impact of Covid19 on the oral health of children and reduce the inequalities currently being experienced:

1. Urgent screening of all Primary school children currently eligible for dental care offered by the Government. This should be a Population Census screening and can be designed to identify prevalence and severity of disease currently experienced. Children suffering from dental disease should be offered treatment at the Dental department.
2. The Dental department should consider a temporary change in approach to dental care: Work should be carried out on the prioritised children only. AGP (Aerosol generating Procedures) will be minimised for the foreseeable future, favouring evidence-based techniques which are acceptable and successful for patients e.g., Stainless Steel crowns, Silver Diamine Fluoride, and extractions.
3. Stabilisation Phase: Aim for a stabilisation phase accompanied by enhanced prevention in the lines of "Delivering better Oral Health" (PHE) may help keep a child pain/infection free until the time when AGP and routine dental care can be more widely and efficiently provided.
4. Sustained Prevention Programme. This should be offered to ALL jersey primary children as part of an ongoing concern. Schools identified and requiring enhanced support should be actively encouraged to participate. The positive effect of daily toothbrushing programmes in schools is well evidenced. Providing an oral health education lesson, focused on good Oral health care and healthy food/drink choices should be reinforced annually.

Super Smiles has had very limited engagement with the Health Department and Social Security over the years. We have been funded by charitable foundations for the past 10 years, namely AJC, Bosdet Foundation and One Foundation. We have the capacity with fully trained staff to provide an Oral health Prevention programme to all nursery and primary school children. There is the possibility of expanding to incorporate Oral health lessons as part of PSHE in secondary schools.

Super Smiles will be happy to offer our full support to the committee and to the children of Jersey. If you require any further information or clarity on any of the above points, please do not hesitate to contact us.

Yours sincerely

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PS On a very personal level I am noticing many children who have previously experienced good dental health in their primary dentition, presenting with multiple cavities in their secondary teeth. This is quite unusual. I suspect the causes are multifactorial but a lack of regular routine care and Fluoride application, together with an increase in sugar consumption has contributed to this. Parents are desperate for support and help. The current situation really is unacceptable.