

I have not used any AI in my work.

Presentation

[Health, Well-being and Lifestyle](#)

Dental Health

My name is Samantha Morgan and my student number is 2405439. The module code for this assignment is ECEY5009. During this presentation I will be discussing dental health within early years and the importance of it along with the negative impact it has and is having on children and their futures. Dental health is not only about maintaining healthy teeth but is also linked to other health aspects such as nutrition, self-esteem, confidence and social well-being. Harvard University (2022) states ensuring that all children have a healthy start to life includes many factors, positive early life experiences create a foundation for strong brain architecture supporting development along with life skills.

Dental health is a fundamental aspect of an individual's overall well-being, World Health Organisation (2023) states from infancy through to adult oral health changes and has a big impact on a person's future along with their health and well-being. Oral health refers to the health of the teeth, gums and mouth. Proper oral hygiene is essential in order to prevent the build-up of plaque and bacteria which can lead to more serious problems such as tooth decay, infections and loss of teeth. Oral health has been a significant public health concern, particularly amongst young children. According to Public Health Wales (2024) dental decay is one of the most common chronic diseases among children in Wales, In 2022/2023 32.4% of children aged 5 to 6 years had an experience of tooth decay at some point during their life. This percentage being a decrease from 47.6% in 2007/2008.

However, this improvement is not consistent in all communities. The rate in more deprived areas is 43.4% compared to 20.7% in the less deprived areas. Brocklehurst (2024) consultant in dental health at Public Health Wales supports this by saying it is encouraging to see the numbers and rates dropping however it is still concerning to see children in less advantaged areas are more likely to suffer and experience higher levels of decay and disease.

Parents/carers play a vital role in the oral health of young children. Positive reinforcement, modelling healthy behaviours and regular trips to the dentist helps encourage good oral hygiene habits from an early age. The AAPD (AAPD, 2020) recommends that children have their first dental visit from the age of one, or within the first six months of the first tooth. This can allow for early detection of any problems while also educating the parents/carers and family of the appropriate guidance on how to maintain their child's dental health.

Moreover, Gilbert et al (2019) supports this by stating healthcare providers should educate parents/carers on the importance of regular oral hygiene and how it is connected to overall health. Establishing dental hygiene routines early on in a child's life is the most effective way to prevent tooth decay and dental issues. The Centers for Disease Control and Prevention (2021) state parents should begin cleaning their baby's gums with a soft cloth twice a day before the first tooth emerges this helps with getting the baby used to the feeling and begins the daily routines. As soon as the first tooth erupts through the gum brushing with a soft bristle brush twice daily with just water. For children younger than 2 years old consult with a doctor or dentist regarding fluoride toothpaste. For children over 2 years using fluoride toothpaste is crucial twice a day, a child under 6 years old should always be observed until

they have good brushing skills. Tap water also contains fluoride so ensuring tap water is a part of your child's diet will reduce tooth decay along with regular oral hygiene. This is because studies including those by Fisher et al. (2018) show fluoride significantly reduces the occurrence of cavities in both baby and adult teeth.

A report by Davies et al. (2020) found that 35% of 5 year olds in the most deprived areas had decayed, missing teeth or fillings this percentage is a lot higher than the 13% of children that are in the less deprived areas. Contributing factors include limited access to dental services, poor parental knowledge, lack of consistency and unhealthy eating and drinking habits. Dental problems such as tooth decay can lead to pain, infection all of which can impact a child's ability to eat, sleep and concentrate. Tooth decay is also associated with speech difficulties and low self-esteem due to the pain and embarrassment. (Watt et al. 2019).

At Rachael's Playhouse, I am trained in the Designed to smile initiative and we actively contribute to promoting children's oral health. Through daily routines we encourage children to brush their teeth with fluoride toothpaste under supervision offering a helping hand if needed. We also ensure to provide a range of healthy snacks to reduce sugar intake. Additionally we work with children's families/carers to educate all and encourage oral hygiene at home. We do this with Together Times that include healthy snacks, such as fruit kebab making, a session where Designed to Smile attends and speaks to the parents and children about the importance of oral health while answering any questions they have. We have incorporated these practices into our daily activities with the hope to instil lifelong habits with the children.

By holding Together Time sessions this ensures staff have strong relationships with the parents/carers and families as well as outside agencies. Gasper (2010) supports this by saying when ensuring positive relationships are made with multi agency working significantly improves the outcomes for the children, allowing the children to receive the right support. NSPCC (2019) supports this by stating multi-agency working is important to safeguarding and child protection, throughout a child's life they will have contact with other services and it is key that practitioners work together with them services to gain a full insight and understanding of that child and their needs with the full information the right support is then able to be given allowing the child the best possible outcome in the future.

We also have a food donation stall that provides our families with healthy fruits and vegetables along with essentials such as bread, these are all readily available and replenished outside our setting each week for parents/carers to help themselves to. As well as this we have our own sustainable garden where we plant and grow our own produce including strawberries, green beans, carrots and many others. Once they are grown and ready to be cooked or eaten we give out to the community and our families. NHS Wales (2024) state that all organisations and communities need to work together to with parents/carers and families to ensure they have enough food and drinks that are low in sugar without them worrying about the cost.

The Designed to Smile program (The Welsh Government 2017) is a national initiative in Wales in hopes to improve children's oral health. The program targets children aged 0 to 7 and provides supervised tooth brushing in nurseries and schools and includes fluoride applications along with gifting families toothbrushes and toothpastes. This program is funded by the Welsh Government and was launched in 2009 to address the decline in oral health particularly in the deprived areas. Fluoride is a key element in maintaining strong and healthy teeth. Studies have shown that fluoride reduces cavities while also strengthening the enamel of teeth, which is important for children who are more vulnerable to decay. (Fisher et al., 2018).

Bennett and Sizmur (2020) argue that just primarily focusing on treating the issue rather than trying to prevent it may be the flaw in the Designed to Smile programme, although the fluoride varnish are implemented the long term effectiveness remains debatable. Some studies state that such programs do not help with improving children's oral hygiene or long term reduction in cavities or decay.

However, Cardiff University (no date) states although the Designed to Smile is a positive programme with many benefits, some schools across Wales have declined the programme due to lack of time or staff refusing to do the relevant training. Along with this before any toothbrushing is carried out at the settings/schools parents/carers are required to give consent by completing permission slips therefore some children could miss out on the opportunity to receive the fluoride or supervised tooth brushing routines daily resulting in bacteria build up and lack of experience and knowledge. In addition to this, Browne et al. (2017) states that the success of initiatives like Designed to Smile rely on long term funding and political support. Therefore if funding is reduced the impact may become limited and oral health could decline.

In the UN Convention on the rights of the child Article 24 it states every child has the right to good health services, nutritious food, water, a warm clean environment and education on health and well-being, this is to be provided from the government. (United Nations Children Fund UNICEF 1992).

Another big factor for oral health is diet and eating habits, Public Health Wales (2015) explains the importance of promoting a healthy well balanced diet. It is important settings provide a range of healthy snacks and meals for the children within their care as during a child's first years of their life dietary patterns and behaviours are established and learned.

It is essential for parents/carers to be aware of their child's diet and the impact it can have on their oral health. The consumption of sugary drinks and foods especially regularly in the first few years of children's lives can increase the chances of cavities and decay. It is important for parents/carers and families to make informed decisions about the foods they offer their children ensuring they prioritise foods that aid and support healthy teeth and gums these include dairy products, vegetables and fruit. (Kaste et al., 2019). Furthermore the argument for better public health education about diet and nutrition is often overlooked, excessive sugar intake is a main risk factor for dental decay. However some public health campaigns have not stated the link between sugary diets and dental health.

Conclusion

Dental health in the early years is a critical factor for lifelong health and well-being. Early intervention, preventive care and oral health education are all essential in reducing the rates of tooth decay while promoting positive oral hygiene habits. Designed to Smile have made significant efforts in improving children's oral health in Wales however there are still challenges to overcome. In order to ensure all children regardless of their background, and any other factors can access the care they need a joint effort involving healthcare professionals, communities and policymakers is essential in making a difference. With improved access to dental care, better education on the subject and preventative measures children's oral health can be significantly improved.

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