



## Risk Assessment

### Case Study

#### **Case Study: The National Child Oral Health Improvement Programme in Scotland**

Childsmile is a community based program that was instituted in 2005 by the National Health Service in Scotland in order to improve the oral health of children in Scotland and reduce the inequalities in dental health and access to dental care.<sup>1</sup> It emphasizes prevention and in addition to community-wide fluoride toothpaste distribution elements, targets high risk preschool children in home as well as in Nursery/School settings.

The program adopted a Caries Risk Assessment protocol that identifies groups of children at increased risk of developing dental caries. Priority is defined as the 20% of nursery and primary schools with the highest proportion of children living in the most disadvantaged postcode areas, identified by the Scottish Index of Multiple Deprivation (SIMD)<sup>2</sup>.

The aims of this community based program are to:

- Improve the oral health of children aged three years and over who would benefit most from preventative dental care.
- Facilitate further dental care for children deemed in need.
- Promote awareness about sound oral health (within families and the community.)

The program links primary dental care services and the public health/home health visiting service. All dental practices within the target areas were invited to join the programme, and those accepting were offered central support in the form of guidance, training, and finance. The programme promotes the coordinating of multiple care



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providers in a team approach, using health visitors for home health promotion,<sup>3</sup> clinical prevention within primary dental care,<sup>4</sup> and community development based initiatives.<sup>5,6</sup>

The administration of the Childsmile program has four functions:

- Management, including workforce planning and training.
- Data collection services by area to inform program development
- Payment to general dental practices.
- Evaluation of the extent to which oral health inequalities have been addressed and reduced.

Family involvement is initiated by health visitors completing a caries risk assessment (CRA) during home visits. Families identified by the CRA could access local Childsmile services which focus on clinical preventive care appropriate for each child's needs. Initial evaluations show that some degree of targeting has been achieved based on referrals and involvement.<sup>ii</sup> However, successful implementation is inconsistent across all areas-which is now being addressed. It is expected that Childsmile will increasingly become an integral part of the overall child health services in Scotland.

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