Young peoples’ involvement in paediatric dentistry

One of the main areas of concern in paediatric dentistry is the management of the first permanent molar. It is a tooth that may be poorly formed or become decayed, and can affect one in four children in the UK. At present it is not known whether it is better to fill these teeth with a conventional filling or to extract and allow this space to naturally close. The purpose of this Patient and Public Involvement (PPI) work was to help establish the content and design of the questionnaire and find out what the impact these particular teeth actually have on patients and parents.

Greig Taylor, NIHR ACF/StR in Paediatric Dentistry and Ollie Waterhouse, YPAGne member.

How did you go about involving young people in the research?

Greig: We have a group in the north east, which is NIHR funded, called YPAGne (Young Person’s Advisory Group North England). I approached them to help with designing age-specific questionnaires for children of different age groups to help me obtain the impact from the children themselves rather than from their parents.

Ollie, what did you think you could bring to this particular piece of research?

Ollie: As with quite a few other projects that we get at YPAGne, it is helping with questionnaires and exactly how to ask young people. Obviously, being a group of young people ourselves, we know what we would like to see.

Tell us a bit more about developing the questionnaire?

Greig: I really wanted to find out four main things: One, what content should be included in the questionnaire? Two, which age groups should I ask? Three, what was the best way to ask each of these age groups. Four, where was the best place to ask them?

I went to YPAGne and said what things would you want to be asked if you had a tooth that was giving you problems? And some of the children had experience of having dental problems, others hadn’t, so that gave it a bit of a nice dynamic – and they came up with the four key themes of pain, eating, sleeping and the effect these teeth have on daily activities.

With regards to the age groups, I initially thought to ask ages 6-12 and 12-16s but the YPAGne members quite promptly told me that that probably wasn’t a good idea and to break that down into 6-9, 9-12 and 12-16, particularly due to the maturity of the children, because in these age groups you probably want to ask things in different ways.

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Greig: The group then really helped me to develop the questions. I asked, should we use sentences, should we use simple words, should we use pictures? They felt that simple words were appropriate for the 6-9 year olds, the younger group, but then sentences were absolutely sufficient for 9 and above because that is the sort of thing they would be expected to do in class.

How to answer the questions sparked a bit of debate amongst the young people, which ended up in quite a bit of discussion around the table. The eventual outcome was that we should use smiley faces – from sad to really happy – for the younger children and get them to either circle them or colour them in. We had a scale of zero to ten with discrete markers for the 9-12 group because that gave them a bit of a range; a little bit more complex than just smiley faces to reflect their maturity. Then for the 12-16 year olds actually give them a yes or no answer, with room for further informal opinion.

The last issue was where we should ask them. I gave the young people four areas that I proposed to do the questionnaire which was: before the clinics sitting in the waiting room; in the dental chair; after the dental chair and on their way to the X-ray department; once they had actually finished the consultation. It was very much the young people that gave me the answer.

Ollie: As a collective we decided that answering the questionnaire before a clinic and before an X-ray wouldn’t be the best time. Obviously, there are parents nearby who could influence decisions but also before you go into a clinic or an X-ray, you could be anxious about a procedure; you might not have had anything like that done before and you might not be sure of what might happen. And after clinic, being a child around these ages, you are going to be really busy after school with extra-curricular activities and things like that so doing this after a clinic children might not have enough time to complete the questionnaire in full. So, we decided to advise carrying out the questionnaire whilst in the dental chair with the knowledge that it is being discussed. It’s fresh, usually there wouldn’t be any parents there to influence decisions that the children are making; it makes it easier for the children to answer the questions.

So overall how did this impact on the research?

Greig: Overall, this helped justify further research to actually work out why and how to manage these teeth as we found that in all age groups, pain, eating, sleep loss and daily activities significantly impacted these children.

Finding out how to manage these teeth is of high importance, as we know that they affect children but the evidence base is limited. It therefore makes sense to work out how to improve the care that we provide but also to almost alleviate any confusion that patients, parents and professionals may have. This will help make sure the most effective pathway is established whilst bearing in mind the most cost effective pathway in terms of the NHS and other stakeholder involvement.

What would you say to other people wanting to get involved in research?

Greig: From my point of view I am quite biased. I love doing research and I think it is a great opportunity to make a real difference, particularly in the field of children’s oral health because it is quite an under researched area. These children completely ripped up my idea of the proposed questionnaire and helped me start again. I think if I had used my initial version I wouldn’t have got the same results had I not included the expertise and opinion of the young people from YPAGne.

Ollie: I think that everyone at YPAGne really, really enjoys it, so I think all of us would advise on getting into this sort of thing. It is just eye opening as to what might happen in the future.

For more information about the research visit:
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