

Healthy Smiles for Children Looked After

What can we do?

A RESOURCE FOR LOOKED AFTER CHILDREN'S TEAMS



This booklet has been co-developed with Children Looked After (CLA) Teams;
it aims to provide an overview on:

- 1) The dental health of children looked-after
- 2) The importance of maintaining good dental health in children looked-after
- 3) Dental neglect
- 4) Safeguarding
- 5) Oral Health needs assessment: a statutory requirement
- 6) How to promote good dental health?
- 7) Answers to commonly asked questions including:
 - ❖ How to identify common problems?
 - ❖ Emergencies and dental trauma?
 - ❖ How to find a dentist and when to visit?
 - ❖ What children are entitled to on the NHS?
 - ❖ Consent for treatment
 - ❖ Orthodontics (braces)
 - ❖ Helping children with additional needs
 - ❖ Where to go for more information?

Dental health of Children Looked-After

Children Looked-After (CLA) have greater dental health needs and are less likely to use dental services than their peers.

Some children may not have seen a dentist before and others may have no tooth brushing habits.

CLA's dental health are negatively affected by:

- ❖ Increased risk of tooth decay
- ❖ Poor dental hygiene
- ❖ Prolonged use of bottles
- ❖ Increased risk of unhealthy behaviours including irregular tooth brushing and unhealthy diets:

Importance of dental health in children looked-after

Good dental health is essential to children's physical, social, educational and psychological wellbeing.

Tooth decay is caused by a combination of plaque (bacteria) on the teeth and frequent intake of sugary food and drinks. Plaque is a thin, sticky film that keeps forming on teeth and contains many types of bacteria. Over time the plaque acids dissolve away the tooth structure causing holes to form.

Tooth decay in children is largely preventable. It is therefore important to:

- reduce the intake of sugary food and drinks
- brush teeth twice a day with a fluoride toothpaste
- visit the dentist

Therefore, **prevention** of tooth decay is important.



Dental Neglect

Dental neglect is defined as:

Consider neglect if parents or carers have access to but persistently fail to obtain treatment for their child's dental caries (tooth decay).

Poor dental health can be an indicator of neglect, with neglect being the most common reason for children being looked-after in England at 48%.

Children looked-after are more likely to suffer dental neglect.



Safeguarding

Children looked after are vulnerable to safeguarding, with many being looked after due to abuse and neglect concerns.



These experiences can leave CLA with complex mental health and emotional needs, increasing the risk of further abuse.

Regular contact with a variety of health professionals increases the likelihood that these concerns will be picked up in a timely manner, improving outcomes for these children.

Statutory Oral Health Assessment

The Local Authority under which the child is looked-after has a statutory obligation to promote the welfare of children looked-after.

All children looked-after must have a health needs assessment at least once a year. This includes an oral health assessment by a dentist. The initial overall health assessment must be conducted within 28 days of a child first becoming looked-after:

- ❖ For under 5s this must be done every 6 months
- ❖ For 5+ this must be done annually

Health assessments will lead to identification of any dental treatment needs, which must then be addressed and children are required to attend a dentist at least once per year.

It is important that foster carers and residential care staff know it is their responsibility to make sure a child attends their health assessment and all other medical, dental and optical appointments, and facilitate any required treatment regimes.

How to promote good dental health in children?

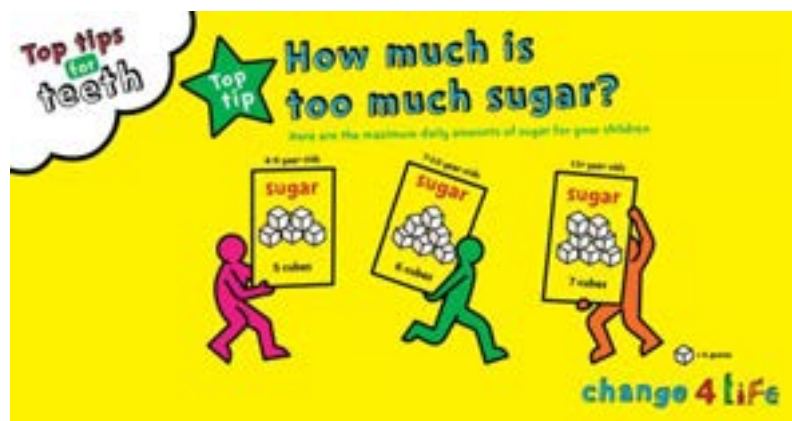
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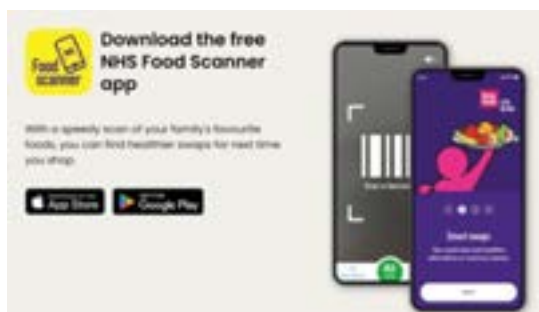
- ❖ Breastfeeding exclusively for the first 6 months is recommended
- ❖ First formula milk is the only suitable alternative to breast milk
- ❖ Bottle fed babies should be introduced to drinking from a free-flow cup from the age of 6 months and bottle feeding should be discouraged from 12 months
- ❖ Milk and water are the only suitable drinks for infants
- ❖ Gradually introduce a wide variety of solid foods from around the age of 6 months

Be Sugar Smart!

- ❖ Eat a well-balanced diet which includes 5 portions of fruit and vegetables daily
- ❖ Reduce amount and frequency of foods and drinks that contain sugar



- ❖ Limit the amount of fruit juice and smoothies (contains sugars) a child drinks to a maximum of 150ml (1 portion) in total per day and drink it with meals
- ❖ Always ask for sugar free medicines
- ❖ Use the NHS Food Scanner App to see how much sugar, fat and salt there is in your supermarket basket. It is free to download on your mobile phone



Advice for teenagers and young adults on other drinks

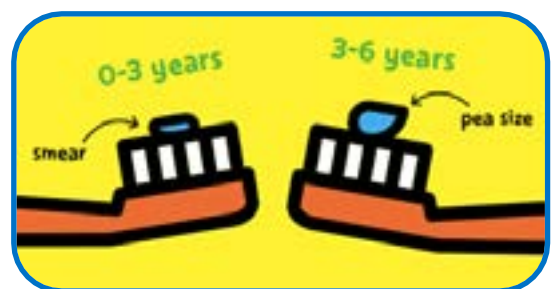
- ❖ The government has banned the sale of energy drinks (e.g. Redbull, Monster and Lucozade etc) to children under the age of 16. Energy drinks are soft drinks that typically have higher caffeine and more sugar than other regular soft drinks.
- ❖ Fizzy drinks and energy drinks are often acidic. Acid in fizzy drinks can cause cavities in teeth and teeth to become worn if consumed regularly.
- ❖ It is helpful to swap to fizzy or energy drinks containing free sugars for water, lower fat milk or sugar-free alternative.

Toothbrushing

- ❖ Brush children's teeth as soon as they come through
- ❖ Brush teeth twice daily: last thing at night and at least on one other occasion with fluoride toothpaste
- ❖ The amount of fluoride in the toothpaste will be recommended by the dentist and is usually between 1000-1500ppm depending on the child's age and oral health risk, generally:

Children under 3 should use:

- toothpaste containing at least 1000ppm fluoride
- using only a smear of toothpaste
- It is advised that children under the age of 7 should be assisted and supervised with brushing.



Children aged 3 plus should use:

- Toothpaste containing at least 1000ppm fluoride
- Using a pea sized amount
- Children should spit and not rinse after brushing
- Children over the age of 7 with additional needs may still require help brushing.
- Small headed and medium textured toothbrushes should be used and changed when bristles are splayed

Smoking

Advice for teenagers and young adults on smoking

- ❖ Smoking should be discouraged. If a child is smoking, please contact your local Stop Smoking team or speak to the GP for advice. **To find your local stop smoking service go to: Stop Smoking London**

To find your local stop smoking service

- ❖ Smoking is illegal to those under 18 years old
- ❖ Smoking is harmful for the body and mouth
- ❖ Talk to children early on about smoking
- ❖ Vaping and e-cigarettes is illegal for under 18s and should be discouraged in children
- ❖ Second hand smoke is dangerous for children



Alcohol

Advice for teenagers and young adults on alcohol

- ❖ Children and young people are advised not to drink alcohol before the age of 18
- ❖ Alcohol use during the teenage years is related to a wide range of health and social problems.
- ❖ Alcohol consumption to those who are 18 and over should be limited to a maximum of 14 units per week
 - ❖ 1 unit of alcohol is approximately half a pint of normal-strength beer or a single measure (25ml) of spirits. A small glass of wine equals 1.5-2 units of alcohol
- ❖ Aim for at least 2 alcohol free days a week



Frequently asked questions

How do carers and guardians find a local NHS dentist for CLA?

When advising carers or guardians here are some tips that may help:

- ❖ There is no need to register with a dentist in the same way as with a GP because patients are not bound to a catchment area. Simply find a dental surgery that's convenient and phone them to see if any appointments are available.



- ❖ Information on where to find an NHS dentist can be found on this [site](#)

- ❖ Some children require referral to a specialist service known as the Community Dental Service. The social worker or the CLA team will determine which service is suitable for the looked after child.

What is the referral criteria to CLA for Community Dental Service (CDS)?

The Community Dental Service provide dental care for people who are unable to access care from a general dental practitioner due to their specific needs.

Referral criteria for CDS:

- ❖ Uncooperative child
- ❖ Physical or learning disability
- ❖ Behaviour management required
- ❖ Severe dental anxiety
- ❖ Complex medical history
- ❖ Asylum seekers (depending on vulnerability, age & maturity of child)

What is the cost of NHS dental care for children?

- ❖ NHS dental care is free for children who are under 18 years old
 - ❖ Courses of treatment that are started before their 18th birthday and completed afterwards are free
- ❖ If children are still in full-time education, then NHS dental care is free up until the age of 19 years old
 - ❖ Courses of treatment that are started before their 19th birthday and completed afterwards are free



What treatment can be expected on the NHS for children?



- ❖ All dental treatment that is required to secure good dental health according to the dentist
- ❖ Prevention advice will be included at dental visits
- ❖ Children over the age of three can get their teeth coated with fluoride varnish at least twice a year to help prevent tooth decay
- ❖ Children who are thought to be of higher risk of decay (e.g. they already have some decay in their teeth, or who have already had fillings) may be offered other types of prevention on the NHS.

What signs should you look for if a child has dental problems?

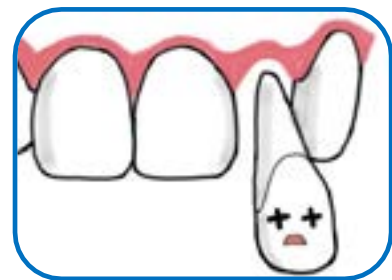
- ❖ Pain that lasts more than 2 days
- ❖ Swelling or redness around and/or inside the mouth
- ❖ Bad breath, ulcers, 'gumboils'
- ❖ Red/swollen gums, bleeding gums during brushing
- ❖ Crowded teeth or front teeth that stick out



What arrangements are there for children requiring urgent NHS dental care?

The following are dental emergencies, which need quick action:

- ❖ A knocked out or knocked out of place tooth
- ❖ A broken tooth
- ❖ Swelling in the mouth and/or face
- ❖ Dental pain affecting eating, drinking and sleeping



Go to A&E only if the eye or neck is swollen, or if swelling in the mouth or neck causes difficulties in breathing, swallowing or speaking.

Check the following website for specific [dental trauma management](#)

If a child requires urgent dental care, you can either:

- ❖ **Call the child's dentist** in the first instance.
- ❖ If they don't have a dentist, then they can **call NHS 111** who will pass the child/carer/guardian on to the Dental Triage team, who will provide the appropriate advice and offer an appointment in a dental practice nearby

When should babies and infants first visit a dentist?



- ❖ Take children to the dentist when their teeth first come through (usually at around 6 months old) or by the age of 1 at the latest
- ❖ Children that regularly attend the dentist from 6 months will have a healthy start and get them accustomed to dental practice visits from an early age
- ❖ Dentists will give crucial advice regarding infant feeding, tooth brushing and diet

How often should a child or young person see a dentist?



- ❖ It is recommended that children see a dentist at least once a year
- ❖ CLA under 5 years old should be taken to the dentist at least every 6 months and those aged over 5 years old should be taken at least once annually for their dental health assessments
- ❖ The dentist will give guidance on whether children and young people need to see them more regularly; commonly this can be around every 3-6 months, depending on their oral health risk

How can children access orthodontic care (braces) they are entitled to?



- ❖ They need to attend the dentist who will assess their need for orthodontic care and refer them to the orthodontist if necessary
- ❖ Not all children are entitled to orthodontic treatment on the NHS, the dentist and orthodontist will use an assessment rating system which will help them decide.
- ❖ The Index of Treatment Need (IOTN) is used to assess who is entitled to have braces on the NHS and who cannot.

Can a child change orthodontist if they are moved to another region?

- ❖ A child can change their orthodontist if they are no longer residing in the same area. A child would be expected to attend appointments regularly and therefore finding an orthodontist near their home might be best.
- ❖ A request should be made to the current orthodontist to write a referral letter detailing the treatment plan as well as information on the treatment so far
- ❖ Where possible study models and X-rays should also be sent or given to you to take to the new orthodontist
- ❖ The new orthodontist can then take the child on to continue their treatment

What arrangements for specialist dental services in London, and which children are eligible?

- ❖ The regular dentist usually accesses other specialist care through referrals to the local specialist dental services including Paediatrics, Community and Special Care.
- ❖ Children with additional needs can be referred to these service via the regular dentist. These services can provide other modalities to help with cooperation including sedation and general anaesthesia

How does consent work for children?

- ❖ Consent for children under 16 is driven primarily by their ability to understand the proposed health intervention and give consent for it. For those under 16 years old Fraser guidelines are used to establish if the child is mature enough to consent (Gillick competence). In any case it is important to quickly establish who is able to consent for the child for all other health needs e.g. their carer or local authority, which will cover dentistry as well.
- ❖ For children with no parental responsibility e.g unaccompanied asylum seeking children, the local authority looking after the child should be consulted
- ❖ **Please ask carers to bring documentation with them for the looked after child when visiting the dentist**





FURTHER INFORMATION

For more information about **NHS dental treatment**:

- ❖ Contact an NHS dentist
- ❖ Access an NHS dentist by calling NHS 111
- ❖ For Community Dental Services (referral only), the referral criteria are:
 - ❖ Uncooperative child
 - ❖ Physical or learning disability
 - ❖ Behaviour management required
 - ❖ Severe dental anxiety
 - ❖ Complex medical history
 - ❖ Asylum seekers (depending on vulnerability, age & maturity of child)

Name of service provider	LA covered	email	Telephone number
Whittington Community Dental Service	Barnet Brent Camden Ealing Enfield Haringey Harrow Hounslow Hillingdon Islington	dentalreferral.whitthealth@nhs.net	020 3316 8353
Kent Community Dental Service	Barking and Dagenham City and Hackney Havering Newham Redbridge Tower Hamlets Waltham Forest	kcht.communitydentalservice@nhs.net	0300 7900 158
CLCH	Hammersmith and Fulham Kensington and Chelsea Westminster	Clcht.dental@nhs.net	020 7354 6524
Bromley Community Dental Service	Bexley Bromley Greenwich	BROMH.dentaladmin@nhs.net	01689 806859
Kings Community Dental Service	Croydon Kingston Lambeth Lewisham Merton Richmond Southwark Sutton Wandsworth	Kch-tr.cdsreferrals@nhs.net	0203 299 3480

For more information on **dental health**:

- ❖ [Better Health](#) Advice on healthy living
- ❖ [Management of dental trauma/injury to mouth](#)

❖ **Smoking**

To find your [local stop smoking service](#)

❖ **Alcohol**

[NHS alcohol advice](#)
[Drinkaware advice](#)

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<https://safeguarding.network/safeguarding-resources/children-care-others/looked-after-children/>

Image 1 taken from NHS Hertfordshire Community: <https://www.hct.nhs.uk/children-and-families/dental-health/> and Images 2-6 :Photographic images taken from i-stock

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If you have any feedback on the resource, please email Consultant in Dental Public Health huda.yusuf@nhs.net