Improving the smiles of children
A toolkit for teaching staff when there is a dental concern.

Supporting the Teeth Tools for Schools & Brushing Buddies programmes

This toolkit has been produced by the Oral Health Promotion Team, Nottinghamshire Healthcare NHS Foundation Trust.

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Introduction

The Oral Health Team worked in conjunction with local teachers and safeguarding teams to create this oral health resource. The toolkit offers additional guidance to support schools with children and families where oral health has become a concern. The concept evolved after the oral health team were approached by several schools where teachers felt unprepared to support families and children to encourage dental attendance and reduce oral health complaints.

This toolkit is about promoting and supporting oral health before it escalates into a larger concern. The focus of this resource is to identify unmet need so that the family can receive the support they need, rather than on apportioning blame.

The purpose of this toolkit is to support teaching staff to identify an individual child’s level of oral health need and to enable the most appropriate intervention.
Rational

When assessing a child’s unmet dental health it is important we do not assume parental neglect as it may be a lack of knowledge. Alternatively dental caries may reflect the possibility of additional concerns. Lack of dental care may occur in isolation or may be indicative of a wider picture of child maltreatment therefore it is always best to record any concerns.

Evidence shows that poor oral health may be suggestive of dental neglect and wider safeguarding issues. Dental neglect is defined as ‘the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development’. Health Matters: Child Dental Health 2017.

The NSPCC state ‘Medical neglect is failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations’ Howarth 2007.

Children have a right to oral health, which forms an integral part of their general health.

To maintain optimal oral health, children need:

- fluoride – supplied by twice daily use of fluoride toothpaste.
- diet – limited frequency of sugary snacks and drinks.
- oral hygiene – resources, supervision and assistance.
- dental visits – regularly to benefit from preventive care and treatment when needed.

### Keeping your mouth healthy is easy.

Follow the 3 simple steps:

1. Eat a healthy balanced diet. Limit sugary food and drinks to mealtimes only.
2. Brush your teeth twice a day with a pea-sized amount of family fluoride toothpaste. Spit out, do not rinse mouth out with water.
3. Visit a dentist regularly to maintain a healthy mouth.
Features for concern

If you have a concern no matter how small, it is always worth discussing with your safeguarding lead as a small matter can link to a bigger concern.

Children may suffer from dental pain, difficulty eating or loss of oral function.

Although it is not possible to set out exact indicators for child dental neglect, there are many signs that may alert us. The British Dental Association summaries key features that give cause for particular concern after dental problems have been pointed out to parents:

- severe untreated dental disease, particularly that which is obvious to a layperson or other non-dental health professional
- dental disease resulting in a significant impact on the child
- parents or carers have access to but persistently fail to obtain treatment for the child, as may be indicated by:
  - irregular attendance and repeated missed appointments
  - failure to complete planned treatment
  - returning in pain at repeated intervals
  - requiring repeated general anaesthesia for dental extractions

In addition the following may be noted:

**Parenting Skills** - Parents with no interest for oral hygiene, unwillingness to support daily oral hygiene, failure to access dental treatment, repeated attendance for emergency dental care and inadequately performed oral hygiene at home.

**Visual Observations** - Visually untreated dental caries that can be easily detected by an individual/non-dental person. Dental disease has an impact on a child which may include: visual decay: blackened teeth, teeth missing, broken teeth, excessive plaque and smelly breath. Please note the child may already be attending a dentist however they may have adopted a ‘watch and wait’ approach.

**Child’s Behaviour** – a complaining child, withdrawn child – unwilling to participate in class activities (that previously would have done), aggressive child – reacts outwardly to incidents, weight loss – may appear gaunt, pale, inappropriate clothing, difficulty eating – child cannot chew and swallow food, may prefer to drink or requests soft food.

If toothbrushing at school, children may appear in pain or discomfort during toothbrushing activities. This may be suggestive of larger oral health concerns.

Supporting resources

Building strong relationships with families is vital, this may take time and experience but perseverance is key. The school Designated Safeguarding Lead (DSL) is there to support both you and the family. The use of the resources in this toolkit can help you feel more confident to discuss oral health issues with parents/carers and also provide you with additional routes for communication. Taking a whole class/school approach for oral health promotion can ensure families feel supported rather than targeted.
This leaflet aims to raise the importance of looking after your child's mouth at home.

Make your child's smile a priority!

Support your child to brush their teeth.

Brush teeth for 2 minutes.

Brush teeth in the morning and especially at bedtime.

The Oral Health Promotion Team

TOOTH BRUSHING CHART
Toothbrushing

Children should always be supervised whilst toothbrushing. Never let them walk around with the toothbrush in their mouth.

When brushing your child’s teeth you only need to use a pea size amount of fluoride toothpaste*.

The toothbrush should have a small head and soft bristles.

No water is needed as this will just wash away the fluoride.

The fluoride is what strengthens the teeth (enamel) and prevents tooth decay; which could cause pain, discomfort and the need for the tooth to be repaired or removed.

*Toothpaste for 3 – 6 year olds should contain between 1,350ppm-1,500ppm of Fluoride, check

Motivating toothbrushing

Most children will go through a phase of not wanting to have their teeth brushed, try some of these ideas to make toothbrushing more enjoyable:

• Toothbrush in the bath or use a mirror.
• Listen to music or sing a song.
• Toothbrush at the same time and let the child brush your teeth.
• Brush the teeth of a doll or teddy.
• Practise counting when toothbrushing.

Healthy Eating

Try to encourage your child to drink plenty of water.

Visiting the Dentist

Children should visit the dentist at least every 6 months.

To find an NHS Dentist either:

• call 111
• visit www.nhs.uk

All about Teeth

There are 2 sets of teeth; primary (milk/baby) and permanent (adult).

Primary teeth: most children will have developed 20 teeth by the time they turn 3 years old.

Permanent teeth: primary teeth normally start to ‘wobble’ out from when the child is 5 years old. Up to 32 adult teeth will replace the baby teeth.
Healthy Mouths

Brush twice a day, morning and especially at night, for two
minutes with a fluoride toothpaste.

Use a small headed toothbrush with
soft-medium bristles and a pea-sized
amount of toothpaste.

Do not lick, eat or swallow
toothpaste.

After brushing, just spit, don’t rinse.

To Find Your
Local NHS Dentist:
Go to: www.nhs.uk
Call: NHS Direct

Visit the dentist!

Children under 18 receive
FREE NHS dental care

Diet

Eat a healthy balanced diet.

Sugary foods and
drinks should be kept to
mealtimes only.

Toothbrushing Chart

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Date:

Re: Oral Health Concern

Dear INSERT PARENT DETAILS,

Whilst working with your child: INSERT CHILDS NAME in school, they have complained of toothache several times. This pain and discomfort is now effecting their behaviour and concentration in school.

I would recommend that INSERT CHILDS NAME visited a dentist as soon as possible. If you do not have a family dentist, I am happy to support you in finding a local dental practice. Alternatively here are the details if you wish to source your own:

Call 111

Visit www.nhs.uk.com

Should you require any further assistance or support, please feel free to come and chat to me in school.

Kind regards

CLASS TEACHER

NAME OF SCHOOL
Conversation Prompts

Example A

Thomas has been complaining of tooth ache in class today.

Just wondering if you have a dentist?

If yes – Perhaps you could give them a call and see if they could squeeze him in?

If not - Would you like me to help you to find one?

Consider using resource the Parent Leaflet.

Example B

Did you manage to get an appointment for Thomas at the dentist?

If yes – that’s brilliant!

If not – Would you like me to ring a dental practice today for you?

Consider using the toothbrushing chart.

Example C

Teacher - Did you manage to take Thomas to the dentist?

Parent – No I don’t know how to find one. Refer to resource – How to find a dentist

Parent – No we have one in a few weeks’ time. Refer to resource – Parent leaflet

Parent – No Thomas refused to go and kicked off last time. Consider using the Parent leaflet and consider a referral to the Salaried Dental Service

Parent – No way I hate the dentist! Consider saying “Is there someone else who can take them?” For example: family member or family support worker?
Date

Re: Oral Health Concerns

Dear Practice Manager,

I am a class teacher at [INSERT NAME OF SCHOOL].

I am promoting Oral Health in school and would like to deliver some focused oral health activities to the children and families. Therefore, I would really appreciate some support and direction from a local dental practitioner to ensure my key messages are current and productive.

I have some concerns about the oral health and dental attendance of some of the children in my class and would like to signpost families to your dental practice. I would like your consent to add your practice details onto a dental advice slip which I will provide to all children in my class, see below:

[Image: Invite School Name, invite you to take your child for a Free NHS Mouth Check. This voucher can be used at [INSERT LOCAL DENTAL PRACTICE NAME AND CONTACT NUMBER]. Don’t delay call today! Please use this voucher by [INSERT DATE].]

I would value the opportunity to discuss this further. Please feel free to contact me on:

School Telephone Number:

Email:

Kind regards,

[Signature]

Your Name

Your School
# Tooth Brushing Chart

*Please tick when your child has brushed their teeth*

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**Brushing Buddies**

**Looking after our children’s teeth is as simple as 1, 2, 3**

1. **Brush teeth twice a day for 2 minutes with fluoride toothpaste** this will help protect teeth and encourage a healthy smile.

2. **Eat a healthy balanced diet**. Limit sugary food and drink to mealtimes only.

3. **Visit the dentist regularly** to help prevent poorly teeth.

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**Wash Hands**  **Toothbrush**  **Toothpaste**  **Brush**  **Spit**  **Rinse**  **Hand Back**
Colouring Fun

Looking after your mouth is really important and easy to do. Use this activity book to help guide you through. Share with your family what you can do. They can join in and have fun too! Colour in the pictures in section 2.

1. Eat healthy food.

- Vegetables
- Fruits
- Carrots

2. Brush your teeth twice a day with a pea-sized amount of fluoride toothpaste. Spit, don’t rinse your mouth.

3. Visit a dentist.

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SPOT THE DIFFERENCE

Remember... Spit, don't rinse your mouth after toothbrushing.

Circle the 5 differences.

Grown-ups: Supervise toothbrushing until your child is 7 years old.

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WORD SEARCH

Can you find the following words?

APPOINTMENT
DENTIST
FAIRY
FLOSS
FLUORIDE

HEALTHY
MOUTH
TEETH
TOOTHBRUSH
TOOTHPASTE

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Make Your Own Tooth Fairy Card

Many children like to place their ‘wobbled out’ tooth under their pillow at night expecting a visit from the "Tooth Fairy".

It is a nice idea to leave a little note behind for your child to find from the tooth fairy – this also motivates children to keep looking after their teeth.

Below are a few examples for you to cut out and use if you wish.

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Keep cleaning your lovely teeth!

Thank you for your lovely tooth.

From The Tooth Fairy
Eruption Chart

This is a guide only, do not worry if your child’s teeth erupt at different times. Consult your dentist if you are concerned.
Testimonials

“I think this looks great and from my experience exactly what schools are looking for re concerns with pupil Oral Health. I think the referral pathway, prompts and parent letters are really useful for staff in schools.” Catherine Edwards, PSHE/Healthy Schools Consultant

“It looks great and certainly needed now we no longer have a school dentist. It is informative and useful for both staff and parent/carers. It is something we could use to promote oral Health Hygiene.” Bev Murray ADSL, RLT Woodlands Academy.

“I’ve had a look through - it seems to do what it says on the tin. In a simple, but informative way it gives guidance, ideas and resources to promote oral hygiene and discussing concerns with parents.” Jodie Round, Early Years Centre Manager and DSL Team, Crabtree Farm Primary School

“I have had a look at the resources and think they are all really good, I like the conversation prompts and I suppose you would hope over time you may be able to build on those with insight from schools on what has worked. But essentially it would be really good if teachers attempt to understand what is getting in the way of the parent taking the child and then what support can be provided around this.” Lucy Hawkin, Schools Health Hub Coordinator
The Oral Health Promotion Team

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www.nottinghamoralhealth.com
@OHPtoothfairies
Nottingham Toothfairies

Partner Agencies

Safeguarding Partnerships - Nottingham City Council
School Health Hub – Nottinghamshire County Council
Nottinghamshire Safeguarding Children Board– Nottinghamshire County Council

Thank you to all the schools and teaching staff who supported the development of this toolkit.

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