

Guidance for assessing tooth decay risk and making a referral of a child or young person (CYP) from health and social care to a Doncaster Access and Prevention Programme (Flexible Commissioning) dental practice

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1. Health Visitors/Practitioners, Community Nursery Nurses, Child and Family Practitioners

Oral health should be discussed with families at health visitor checks and other routine contacts. Use the questions specific to the review (e.g. 6-8 week, 3-4 month, 6 month, 10-12 month and 2-2 ½ year questions) to assess a child’s risk for developing tooth decay. Circle the answers given.

If 3 or more questions (**including the question, ‘Has the family got a regular NHS dentist’**) results in **red** answers, the child is deemed to be at high risk of developing tooth decay and:

- The parent/carer should be informed and given preventive advice, particularly where red answers have been given (see pages 5-8 for key messages).
- An oral health/dental care pack should be provided if available.
- Check that the parent/carer is using the dental pages in the ‘Red Book’ and that their child is visiting the dentist for preventive advice and treatment.
- The child may be referred to an Access and Prevention (**flexible commissioning dental practice**) for an examination and treatment, by completing a referral form and emailing it to one of the dental practices listed.
- *Remind the parent/carer about the dental pages in the ‘Red Book’ and the importance of regularly visiting the dentist for preventive advice and treatment. Remind them to try to keep any appointments made or contact the dental practice if they need to rearrange/cancel.*

Questions for 6-8 week, 3-4 month, and 6-month review

Has the family got a regular NHS dentist? Y/N

If the child has reached (or almost reached) 6 months, has the child been for their first visit to the dentist yet or got an appointment booked? Y/N

Have the parents/carers required any urgent/emergency dental treatment (including removal of a tooth) in the last 12 months Y/N

If they have other children, have any had teeth removed due to tooth decay? Y/N
Are the parents/carers anxious about receiving dental care? Y/N
Are drinks other than milk and water being given? Y/N
Is sugar/juice added to water or milk in the bottle? Y/N
Is the child being given frequent or long-term medication that contains sugar? Y/N

Questions for 10-12 month, 2-2 ½ year review and over

Has the family got a regular NHS dentist? Y/N
Has the child had a dental check-up in the last 12 months or got one booked? Y/N <i>(NB: children should see the dentist at least every 12 months, and adults at least every 24 months)</i>
Has the child been introduced to using a free-flow cup/open cup for drinks? Y/N
If the child is over 12 months, are they still using a bottle? Y/N
Are drinks other than milk and water being given? Y/N
Is sugar/juice added to water or milk in the bottle? Y/N
Is the child being given anything other than water or milk at night? Y/N
Is the child having sugary drinks or snacks in between feeds/meals? Y/N
Is the child being given frequent or long-term medication that contains sugar? Y/N
Are parents/carers brushing their child's teeth twice a day (last thing at night before bed) and on one other occasion? Y/N
Is fluoride toothpaste with at least 1000 ppm of fluoride being used (check packaging for amount)? Y/N
Are the parents/carers helping their child brush their teeth? Y/N

2. School Nurses

School nurses many use the following questions when talking to parents/carers of school-aged children and young people (CYP) to assess the CYP’s risk for developing tooth decay.

If 3 or more questions (**including the question, ‘Has the family got a regular NHS dentist’**) results in **red** answers, the child is deemed to be at high risk of developing tooth decay and:

- The parent/carer should be informed and given preventive advice, particularly where red answers have been given (see page 5-8 for key messages).
- The child may be referred to an **Access and Prevention programme (flexible commissioning) dental practice** for an examination and any treatment they need, by completing a referral form and emailing it to one of the dental practices listed.
- Remind parents/carer of the importance of regularly visiting the dentist for preventive advice and treatment. Remind them to try to keep any appointments made or contact the dental practice if they need to rearrange/cancel.

Questions for parents/carers of school-aged CYP

Has the family got a regular NHS dentist? **Y/N**

Has the child had a dental check-up in the last 12 months or got one booked? **Y/N**
(NB: children should see the dentist at least every 12 months, and adults at least every 24 months)

Is the child having a lot of sugary drinks or snacks in between meals? **Y/N**

Is the child being given frequent or long-term medication that contains sugar? **Y/N**

Is the child brushing their teeth twice a day (last thing at night before bed) and on one other occasion with fluoride toothpaste? **Y/N**

Have any of the CYP’s siblings had teeth extracted under general anaesthetic at the hospital?
Y/N

3. Children Looked After

A ‘Child Looked After’, previously referred to as a Looked After Child’ (LAC) or care leaver (up to age 25), will be automatically deemed to be at higher risk of developing tooth decay. Any Child Looked After should ideally be taken to the dentist which their foster family attends. However, if this isn’t

possible, they can be referred to an Access and Prevention (flexible commissioning) practice by a health visitor, community nursery nurse, school nurse or member of the LAC team, by completing the referral form and emailing it to one of the dental practices listed. Care leavers may also be referred.

4. Children with Special Needs

Children with special needs may find it difficult to attend an Access and Prevention programme (flexible commissioning) general dental practice. They may need the more specialist care provided by the Doncaster Community Dental Service instead. If you would like to enquire about making a referral to them, please email them at: rgh-tr.doncastercommunity.dentalservice@nhs.net

5. Key messages to give to CYP and families for good oral health

Why is good oral health important?

- Good oral health is important for good general health. Mouthcare is an important part of personal care. Keep teeth and gums healthy to prevent tooth decay and gum disease.
- Tooth decay can cause pain, infection, sleepless nights, time off nursery/school and time off work for parents/carers.
- Small children often need a general anaesthetic to have decayed teeth removed, which can be an unpleasant experience and is not without risk.
- A child's first teeth (baby/deciduous teeth) are just as important as the adult teeth.
- Baby (deciduous) teeth are important to guide the adult teeth into the right position. If they are lost early, the spaces for the adult teeth can be lost, and they may come through crooked.

Teething

- The first teeth (baby or milk teeth) to appear are usually the bottom front teeth (incisors) around 5-7 months, followed by the top front teeth. After that come the other incisors, first molars, canines and second molars.
- Children should have 20 baby teeth by the time they are about two and a half years old.
- Baby teeth sometimes come through with no pain or discomfort at all. At other times, you may notice:
 - your baby's gum is sore and red
 - one cheek is flushed
 - they are rubbing their ear
 - your baby is dribbling more than usual
 - they are gnawing and chewing on things a lot
 - they are more fretful than usual
- Some people think that teething causes other symptoms, such as diarrhoea and fever, but there's no evidence to support this. Please arrange for your baby to see a doctor if they seem unwell whilst their baby teeth are coming through.
- Babies may find it a relief to chew on something e.g. a teething ring. Teething gels don't usually help, but if you decide to try one, make sure it is suitable for a baby and sugar-free. Sugar-free paracetamol or ibuprofen can be given to relieve teething symptoms in babies and young children aged 3 months or older.

Toothbrushing: to prevent tooth decay and gum disease

- Start brushing as soon as the first tooth starts to come through, using a brush with a small head. The easiest way to brush a baby's teeth is to sit them on your knee, with their head resting against your chest.
- Teeth should be brushed for at least 2 minutes with a **fluoride** toothpaste, last thing at night and on at least one other occasion. Build in brushing in the morning and last thing at night into the daily routine.
- Fluoride strengthens teeth and prevents tooth decay.
- Brushing at bedtime ensures that the fluoride continues protecting the teeth while children sleep.
- For 0-6 year olds, use a toothpaste containing at least 1000ppm fluoride (listed in ingredients on packaging).
- For maximum protection from tooth decay in 0-6 year olds and older CYP, use a toothpaste containing 1350 to 1500ppm of fluoride. Most 'own brand' toothpastes are suitable and more affordable.
- Children under 3 years old should use a smear of toothpaste, and children aged 3-6 years no more than a pea-sized amount.
- Parents/carers should brush or supervise tooth brushing until at least 7 years of age.
- Use a small-headed brush with medium-texture bristles.
- Make sure all the surfaces of the teeth get brushed, and where the gum meets the tooth (gumline).
- Don't rinse with water after brushing teeth as this would rinse off the fluoride protection from the teeth: 'Spit don't rinse'.

Reducing dietary sugars to prevent tooth decay

- Plaque bacteria in the mouth feed on sugar making acid which attacks teeth and causes tooth decay (holes).
- The amount and frequency of consumption of sugary foods and drinks should be minimised to prevent this.
- You may see sugar written on food packaging using different words. Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch, invert sugar, syrup, honey, raw sugar, brown sugar, cane sugar, muscovado sugar and concentrated fruit juices are all sugars. Even if it is marketed as 'natural' or 'organic' sugar, it will still be harmful to teeth.
- Sugar should not be added to weaning foods or drinks, including those given in bottles.
- A bottle should not be given as a sleep aid or left with child unsupervised. Pooling of milk sugars on the teeth for prolonged periods can cause tooth decay.
- Only give sweet food, including dried fruit at mealtimes. Keep snacks as low sugar as possible.
- Remember cordials, squashes, fresh fruit juices, smoothies and milkshakes are high in sugar. Milk and water are the safest drinks for teeth.
- Avoid foods and drinks containing sugar at bedtime.

- Sugar-free medicine should be used where possible.
- Breastfeeding provides the best nutrition for babies
 - o Breast milk is the only food or drink babies need for around the first six months of their life.
 - o Breast feeding up to 12 months is associated with a decreased risk of tooth decay.
 - o Formula milk is the only suitable alternative to breast milk.
 - o After 6 months babies can be introduced to solid foods alongside breastmilk.
 - o Only breast or formula milk or cooled, boiled water should be given in bottles
 - o Only milk or water should be drunk between meals
 - o From six months of age infants should be introduced to drinking water/milk from a free flow cup (non-valved).
 - o From the age of one, drinking from a bottle should be discouraged.

Visiting the dentist

- Children should start going to the dentist for regular check-ups along with the rest of the family as soon as the first tooth erupts, and definitely before age 1. This helps children get used to the environment of the dentist. The dentist can provide give advice on diet, brushing etc., and apply fluoride varnish to teeth to prevent tooth decay.
- Babies and small children will usually sit on their parent/carers' lap for their examination.
- NHS dental care is free for children, pregnant mothers and up to 12 months after birth and for some people receiving benefits. <https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/>
- Adults should have a check-up at least once every 2 years, and children at least once a year.
- Put your postcode into this website to find a regular dentist <https://www.nhs.uk/service-search/find-a-dentist>
- If your family need urgent dental care, contact your own dentist or another local dental practice. If you cannot get an appointment, ring NHS111 or go online at <https://111.nhs.uk/> Urgent dental care is for those who need treatment at a dental practice within 24 hours so things don't get even worse e.g. toothache/facial pain not controlled by over-the-counter painkillers; or dental infection/swelling (which is not rapidly increasing around the throat or eye).
- If your family have a dental emergency, you need to go straight to a hospital accident and emergency department. A dental emergency is something which is serious or life threatening and needs treatment straight away. For example: bleeding that cannot be stopped following tooth extraction; rapidly increasing swelling around the throat or eye; injury to the mouth/face.

Dummies and thumb-sucking

- It's fine to give your baby a dummy *but* avoid using them after 12 months of age. Using dummies or thumb-sucking can cause the top and bottom front teeth to move to make space for the dummy/thumb, making a gap. Your child's speech development can also be affected.
- Discourage your child from running around, talking or making sounds with a dummy or their thumb in their mouth.
- Don't dip dummies in anything sweet, such as sugar or jam, as this will cause tooth decay.
- Never suck your baby's dummy to 'clean' it as this will spread germs between you and your baby. Keep plenty of spares instead.

Useful resources:

Delivering Better Oral Health: an evidence-based toolkit for prevention:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

SYB Healthier Together oral health pages with embedded resources and videos with key messages for parents/carers of babies, children and young people :

<https://sybhealthiertogether.nhs.uk/parentscarers/general-wellbeing/oral-health>

NHS webpages on baby's teeth:

<https://www.nhs.uk/conditions/baby/babys-development/teething/looking-after-your-babys-teeth/>

<https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>

<https://www.nhs.uk/conditions/baby/babys-development/teething/tips-for-helping-your-teething-baby/>