

Oral Health Report for Children Under 5 in Brent



April 2018

Contents

- Introduction 2**
- Executive Summary 3**
- Background 5**
 - Data Review – The Local Picture5**
 - Current dental care guidance7**
- Methodology..... 8**
- Analysis and Findings..... 10**
 - Registering with an NHS dentist.....11**
 - Access and utilisation of dental services.....13**
 - Age of first visit to the dentist.....15**
 - Relationship between dentists and parents16**
 - Children’s oral habits.....16**
 - Parents knowledge of dental treatment and dental hygiene.....18**
- Conclusion..... 22**
- Recommendations 22**
- Response from Public Health Brent..... 23**
- Appendix A – Breakdown of the age of respondents’ children 24**
- Appendix B – Breakdown of responses by ethnicities 25**
- Appendix C – Under 5 Dental Survey Questionnaire 28**

Introduction

Healthwatch Brent is an independent local organisation funded by the London Borough of Brent and part of the national network led by Healthwatch England. Healthwatch aims to help local people get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Brent. It is the independent voice for Brent residents using health and social care services.

It was formed in April 2013 in response to the Health and Social Care Act (2012). Healthwatch Brent listens to people's views about Brent health and social care services. We listen to individuals of all ages and from all of Brent's communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch. We listen to what they say about health and social care – the good and the bad. If there are concerns about the quality or safety of services, or there are unmet needs, we feedback patient's experience, to local commissioners and decision makers, in order to improve the service.

Julie Lewin, the Director of Achievers Club was commissioned to carry out the following research on dental hygiene amongst under five years old, by Healthwatch Brent. It is a Brent based tuition Centre. She has over 20 years of local government experience, with over 5 years of experience related to the network management of multiple Children's Centres. As a Children's Centre Network Manager she was the safeguarding lead for the centres and was responsible for the development, and execution of service delivery plans aimed at achieving better outcomes for parents and children. Examples of programmes delivered include midwifery services, baby clinics, healthy eating and dental support programmes which were delivered within the children's centres, schools and nurseries. She has also led a number of parent strategic boards, managed and delivered a number of parenting programmes.

The research was funded through the Healthwatch Brent Community Chest.

Executive Summary

Recently conducted national, regional and local research reports have indicated that Brent children have one of the worst oral health outcomes in England. We are fortunate to have a national programme of standardised dental health surveys as this provides robust, comparable data about levels of dental decay in the child population and a range of other dental related information about various other population groups.

Healthwatch Brent commissioned The Achievers Club, a Brent organisation to undertake a child oral health survey which is funded through the Community Chest.

The objective of this project was to determine the personal and family barriers for parents and carers of under 5s (U5s) in Brent that may contribute to the poor oral hygiene and additionally whether systemic or other barriers also exist.

Good oral health is integral to a child's general health and well-being, and affects how children grow, enjoy life, look, speak, chew, taste food, and socialise. Pain, infection, and tooth loss can cause sleepless nights, poor concentration, time off from school, reduced nutrition and growth, and delays to speech development and school readiness. Psycho-social wellbeing and self-esteem can also be affected by bad breath and the unsightly appearance of decayed or missing teeth.¹

Working with Public Health Brent, a questionnaire was designed to explore the effectiveness of dental services and family barriers to accessing dental information and their services. We collected the views of 284 parents and have presented an analysis and series of recommendations for consideration. The survey sample had an overrepresentation of parents who live in the Wembley area however, we do not believe these skews the perception data gathered.

This report provides vital information on the successes and continuing challenges that Brent faces from an oral health perspective. The data captured a number of factors that will help support and cement any future plans to tackle poor oral health.

The report findings demonstrated that the majority of parents found that it was easy to register their child at a NHS dentist and found their dentist to be child friendly, helpful and a source of advice. However, some parents (13%) found it difficult to obtain a suitable dentist appointments.

The survey did identify areas of concern, in particular 31% of parents had children who were unregistered with a dentist and 11% of parents were unaware that the NHS dentist was free for children. The report highlights concerns around children who did not own a toothbrush and had poor oral practices with respect to the frequency, duration of tooth brushing and rinsing.

The findings confirm that parents in general need more targeted education on dental hygiene for their children. Parents need to understand the importance of taking their children to visit the dentist as soon as their first teeth appear.

¹ Brent Community and Wellbeing Scrutiny Committee Report from the Director of Public - Health 19 July 2017

The recommendations include the need to raise awareness of good dental care practices that can be easily adopted by parents and their children through children's centres and early years' provision. This could be achieved by promoting supervised teeth brushing within all early years and school settings. In addition, a programme is required to educate parents and children on oral best practice including not rinsing their mouth after brushing their teeth, but rather simply spitting out the toothpaste. A dental education campaign would benefit all parents and provide them with an opportunity to learn more or reinforce their existing knowledge of dental oral health and hygiene.

With respect to those areas that are identified as high risk of poor oral health, it would be advantageous to target community fluoride varnish programmes (this involves the application of a fluoride varnish to children's teeth).

In addition, it is recommended that Health Visitors provide advice, support and signposting to dental services within the first year; this should be recorded in their personal child health record (Red Book).

Background

Data Review - The Local Picture

The 2015 PHE National Dental epidemiology survey² indicated that over 31% of Brent 5-year-olds had experience of decay, compared with 27% in London and 24% in England. Although this was an improvement compared to the 2012 results, Brent still has a considerably higher rate of 5 year olds with decayed teeth, compared to the London and England rates.

Brent has one of the highest percentages of children experiencing tooth decay; as summarised in Figure 1, Brent ranks among the poorest authorities in the country in oral health for children under five. In 2012, 45.9% of five-year-olds showed signs of dental decay, which is worse than the England average. It is recognised that a range of factors are associated with poor oral health among children in Brent. These include:

- Lack of frequent brushing
- Poor diet
- Poverty
- No fluoride treatment of tap water

Poor oral health among children under five in Brent presents a number of other associated concerns, which include higher rates of school absence and poor oral health going into adulthood. Furthermore, poor oral health can have other consequences to a child's overall wellbeing, resulting in reduced self-esteem and problems communicating with others. A number of oral diseases may result from poor dental hygiene, including gum disease and oral cancer. Tooth decay is the most common cause of non-urgent admissions to hospital for children in Brent.

² [http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx)

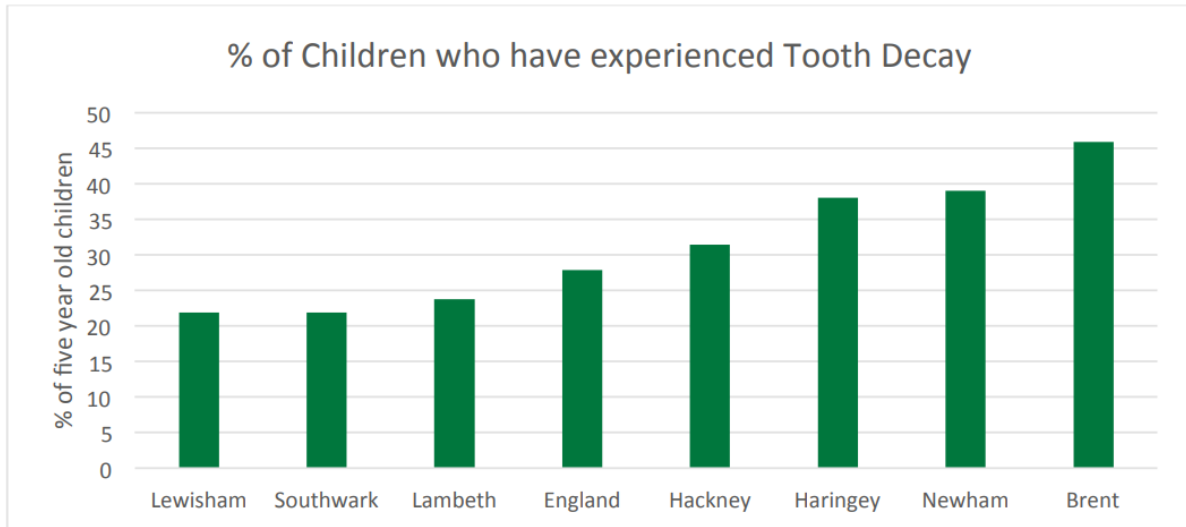


Figure 1 - Percentage of children who have experienced tooth decay in London Boroughs 2012 (Published in the Public Health annual report 2014)

Public Health England carried out a survey during the academic year 2014-15, the population group for scrutiny were five-year olds attending mainstream schools. Surveys of this age group provided an insight into dental health which was published in the Dental Health Profile report 2017. In summary, Brent has levels of decay that are higher than the average for England. The higher levels of decay experience can be found in the Wembley Central and Dudden Hill wards. This indicates that efforts to improve oral health and reduce inequalities should be targeted at these areas. The decay prevalence by local Brent ward is illustrated in Figure 2 below:

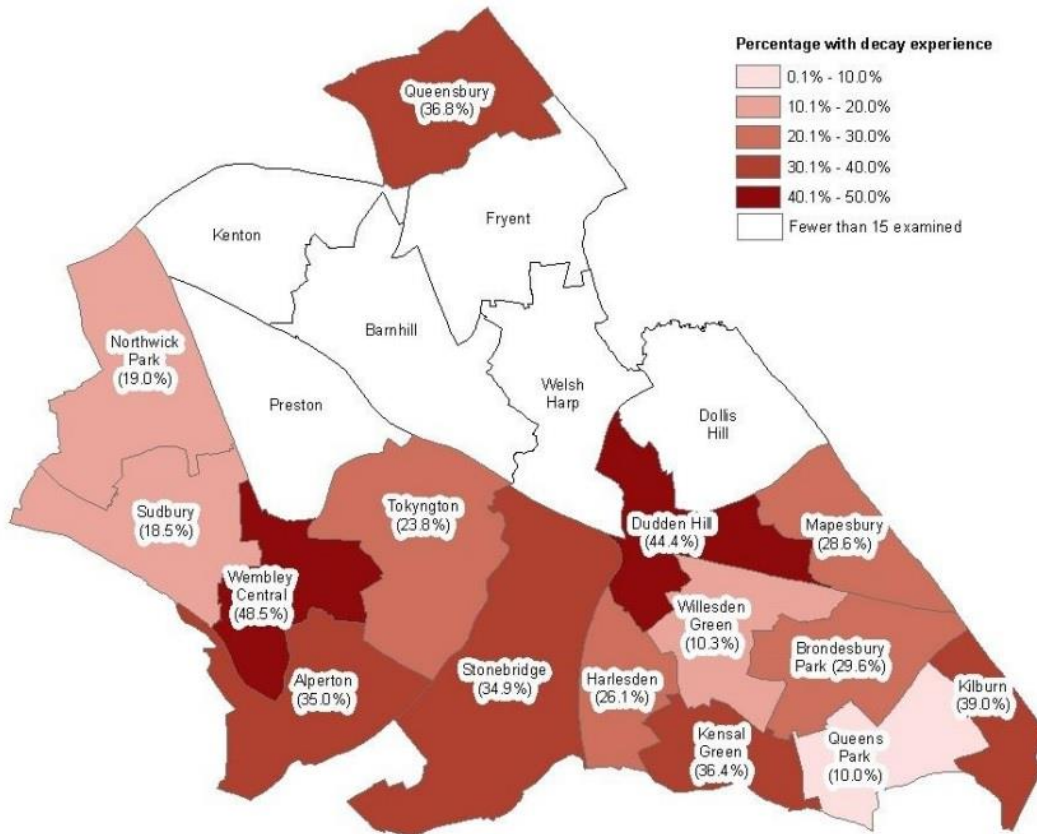


Figure 2 - Decay prevalence by ward in Brent local authority (published in the Dental Health Profile 2017)

Current dental care guidance

The National Institute for Health and Care Excellence (NICE) suggests that local authorities consider supervised tooth-brushing and fluoride varnishing programmes in nurseries and primary schools in areas where children are at a high risk of poor oral health (Oral Health Improvement, NICE, 2016).

NHS Choices guidance recommends that parents start brushing their children's teeth as soon as their first tooth appears, which could be at the age of six months or older (Children's Teeth, NHS Choices, 2015). The guidance specifically advises parents to supervise their children while brushing, as follows:

- To brush children's teeth for two minutes
- To use fluoride toothpaste
- To not rinse with lots of water
- To take their child to the dentist when their first milk teeth appear, and then take the child for dental check-ups as per the dentist's advice
- To use sugar-free medicines and reduce the amount of sugar in food and drinks, particularly for children aged 0-6 years old

This quality standard covers activities undertaken by local authorities and general dental practices to improve oral health. It particularly focuses on people in targeted areas at high risk of poor oral health, or who find it difficult to use dental services. It describes high-quality care in priority areas for improvement:

- To apply fissure sealants (i.e. plastic coating to keep germs and food particles out of the grooves), by a dentist, to the child's back teeth to protect them from decay
- To apply fluoride varnish, by a dentist, to the child's teeth, when they are three years old, to prevent decay

Methodology

The objective of this project was to determine the personal and family barriers for parents and carers of under 5s (U5s) in Brent that may contribute to the poor oral hygiene and additionally whether systemic or other barriers also exist. In addition, we were keen to understand how much parents knew about dental hygiene and to tailor our recommendations so that Public Health Brent would be better able to support them.

Healthwatch Brent and Public Health Brent partners agreed that the best approach was to undertake a survey via Public Health Brent which was conducted in Children's Centres, health clinics, nurseries and schools with Health Visitors. A questionnaire was designed to explore the effectiveness of dental services and family barriers to accessing dental information and their services (see Appendix C).

Healthwatch Brent commissioned The Achievers Club a Brent organisation to capture the views of young parents and families with children under the age of 5 years old, with respect to their experience of accessing dental services and the dental practices undertaken at home.



A survey of 284 residents was conducted between December 2017 and February 2018. All respondents were surveyed face to face. The analysis excludes instances where the respondent did not answer a particular survey question and where incomplete responses prevented a full analysis to be conducted.

The survey comprised of 21 questions aimed at gauging parents' dental habits, their awareness of dental care for their children, and to determine whether these services fulfil the needs of service users.

The survey was structured to ascertain the following on the oral health of children:

- Registering with an NHS dentist
- Access and utilisation of dental services (including age of first visit)
- Relationship between dentist and parents
- Children's oral habits
- Parents knowledge of dental treatment and dental hygiene
- Oral dental health differences between groups in Brent

In addition, the survey sought to explore the effectiveness of dental services, family barriers to accessing dental information and their services and assessing dental practices within family homes.

The survey was also aimed at identifying which areas in Brent saw a lower participation rate in dental services and from which communities. Several methods were used to engage with families and young parents, these included on line survey on Brent Council website, focus groups, one-to-one interviews and follow up Health Visitor appointments.

Analysis and Findings



We obtained 284 survey responses from families located in the areas listed below and a further 30 which arrived after 31st March 2018. There were a minority of eight respondents who came from neighbouring boroughs and one respondent who did not disclose their geographical area.

The geographical breakdown of the 283 respondents (Brent and Out of Borough respondents), is illustrated in Figure 3 below:

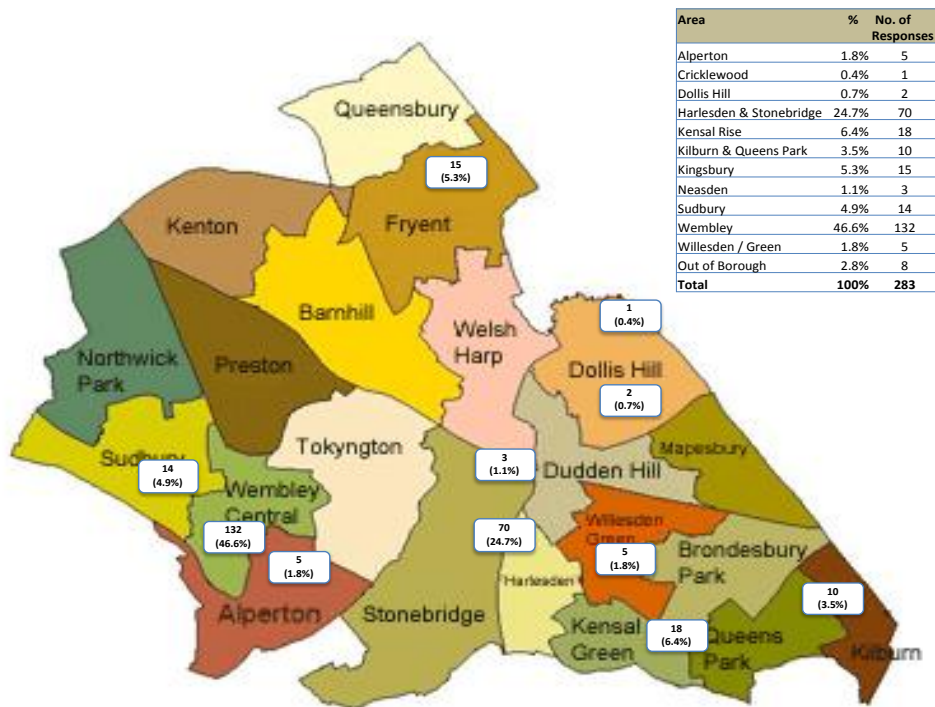


Figure 3 - Summary of survey respondents by Brent locations

The health clinics in the Wembley area are generally well attended, this could be the reason why the majority of respondents were located in Wembley, as 47% of our sample population originated from this area. As a result, the analysis in this report may be geared towards the population make-up of Wembley.

Appendix A provides the breakdown of the ages of the children in this survey. Appendix B provides the ethnicity breakdown of responses received from the survey ethnicity. The survey sample is largely representative of the ethnicity makeup of Brent.

The Brent Diversity Profile in 2012, provides an ethnicities breakdown for Brent which is summarised in Figure 4 below:

Ethnicity	Percentage (%)
White	36.3
Black	18.8
Asian	34.1
Middle-Eastern	3.7
Mixed/Others	7.2
Total	100.0

Figure 4 - Brent ethnicity breakdown 2012

Registering with an NHS dentist

244 of the 284 (86% of parents who were interviewed) said that they were registered with an NHS dentist compared with 40 parents were not registered.

When asked if their child was registered with an NHS dentist, 69% of parents said that their child was registered.

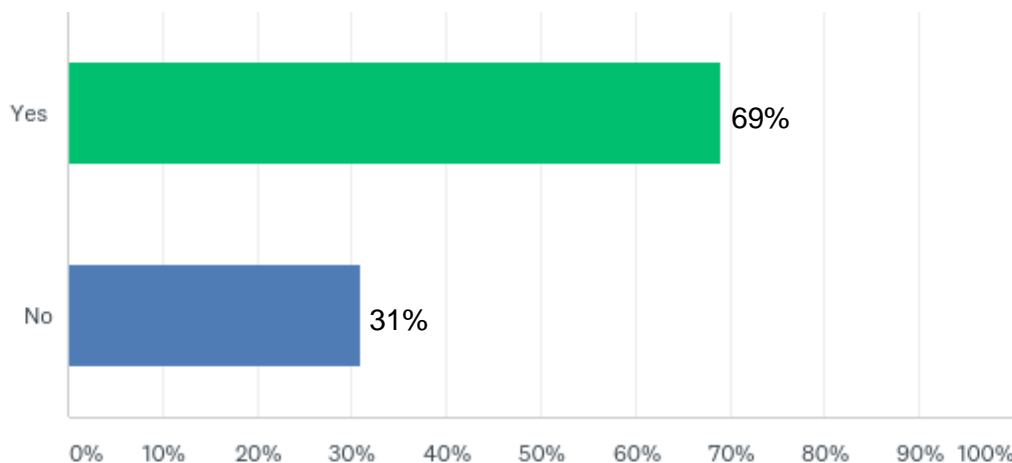


Figure 5 - Percentage of children registered with a NHS dentist

Of the 31% (88 parents) who stated that their child was not registered with an NHS dentist, many of those parents felt that their child was ‘too young’ or had ‘no teeth’ to be seen by a dentist. For many (21 parents) this was because their child had ‘no teeth’, or were too young. 18 of the parents mentioned issues around registering as a barrier to registering. This was either in finding a dentist locally or not knowing how or at what age to register.

“Cannot find one locally”

“Do not know at what age to register”

Other reasons were parents saying they had not found the time to register their child with an NHS dentist.

“Haven’t had a chance to make it a priority”

“Too busy”

“Have not had the time”

Finally, a small minority (seven parents) said that they already had a private dentist. The remainder of the responses were around having not got around to it yet (with one parent saying they would after the Healthwatch engagement) or their child being too afraid to go.

The geographical distribution and age group of unregistered children is summarised in Figures 6 and 7 below:

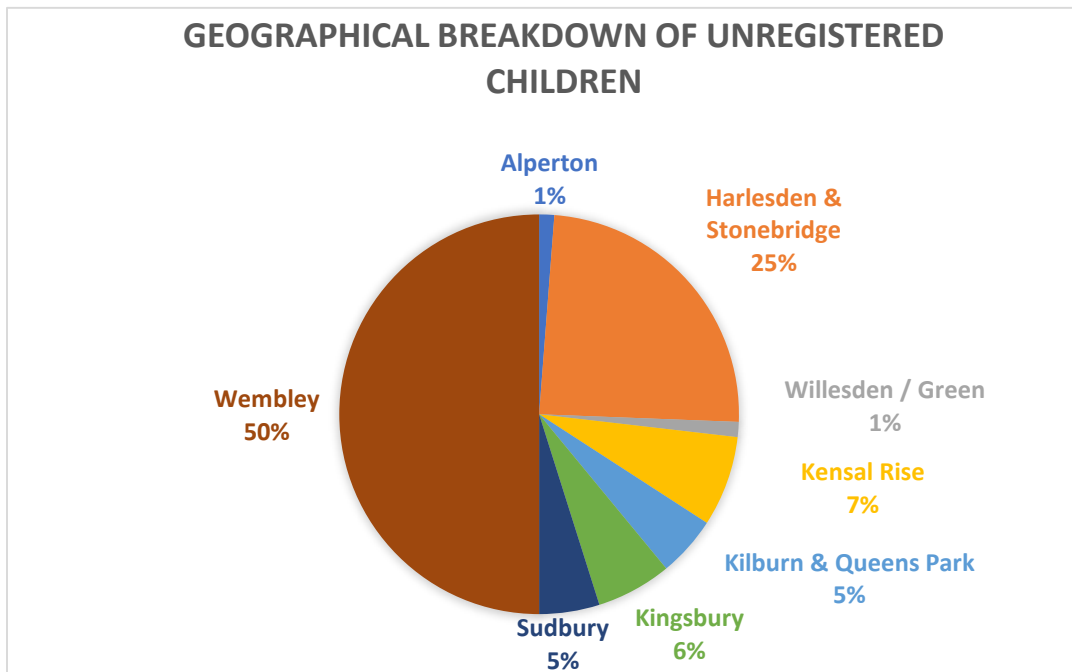


Figure 6 - Geographical breakdown of unregistered children

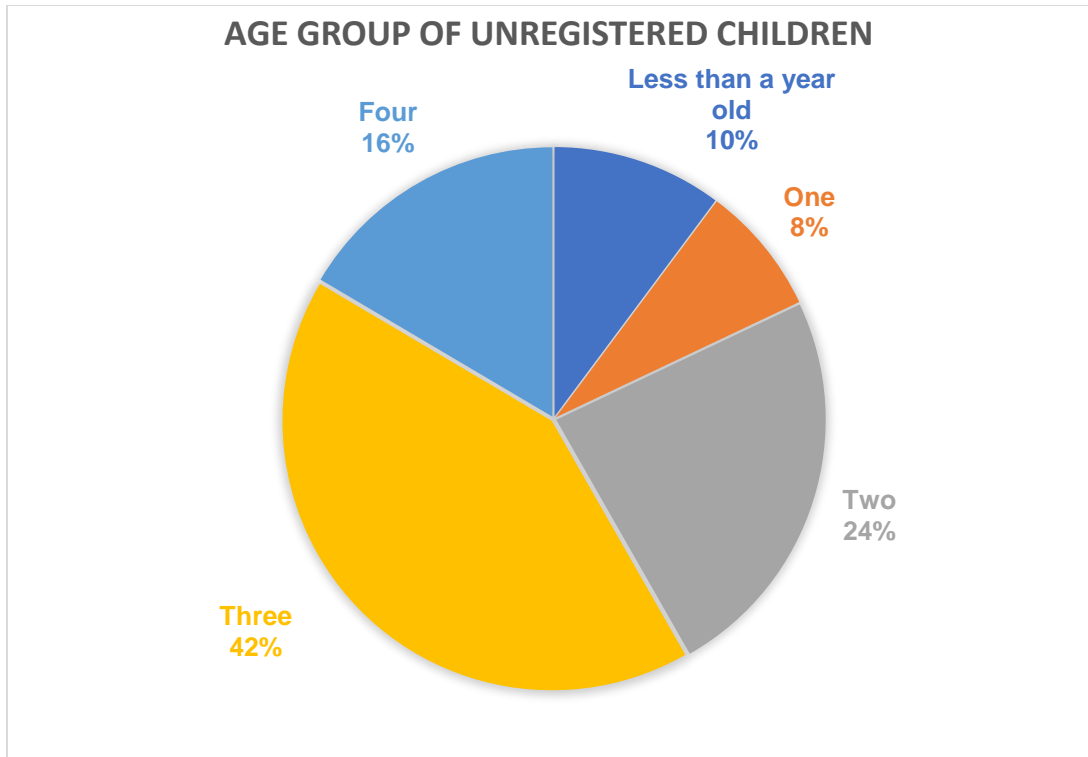


Figure 7- Age group of unregistered children

The analysis of the unregistered children by age indicated that 42% of unregistered children are three years old, followed by 24% of unregistered two year olds. These two ages make up the majority of the unregistered children. Of the 16% unregistered children aged four years old, reasons for the child being unregistered are as follows:

- Child feared going to the dentist and refused to attend
- No issues with their teeth
- Parent unaware that they could register their child

Access and utilisation of dental services

The survey sought to establish how easy it was for parents to register their child at the dentist. 24% of respondents (68 respondents) did not provide a response to this question. Out of those that did respond, 95% said that it was easy whilst a small minority (5%) claimed that it was quite or very difficult, see Figure 8.

Of the parent who found some level of difficulty in registering their child, explanations for this difficulty included their local NHS dentist not taking on any new patients, the dentist was very busy or they could not find a dentist within their catchment area that had satisfactory reviews.

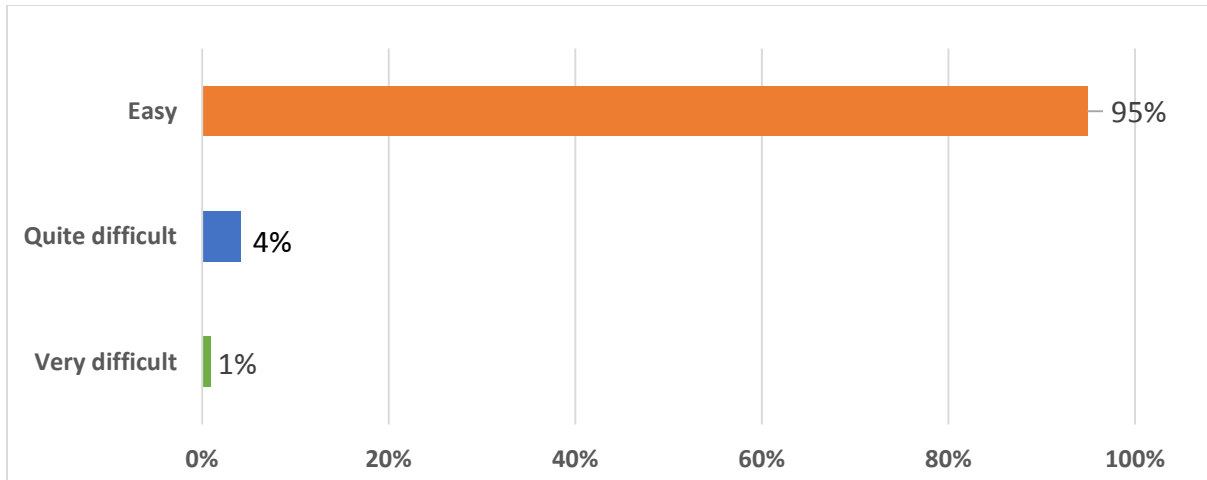


Figure 8 - Ease at registering child at dentist

When parents were asked how easy it was for them to make an appointment with their dentist, of those parents who answered this question, 186 parents stated that it was really easy, whilst 28 parents who responded that it was quite or very difficult and stated the following reasons:

- Difficulty in obtaining an appointment.
- Inability to find a suitable appointment as dentists are always busy and appointments are only offered between 8.30am to 5pm.
- Difficulting in booking an appointment within a week of calling their dentist. One concerned parent said that their dentist often could not offer them an appointment on weekends or during school holidays.

The majority of parents (91%) as illustrated in Figure 9 agreed that their dentist provided a child friendly practice. The reasons for this assessment stated that the dentist / practice:

- Was very friendly, calm, patient, comfortable and /or gentle and clearly explained how to take care of their teeth
- Accommodating and adaptive to kids. Offered stickers as reward, props and / or toys to ease their child.
- Lounge and waiting area is nice and friendly

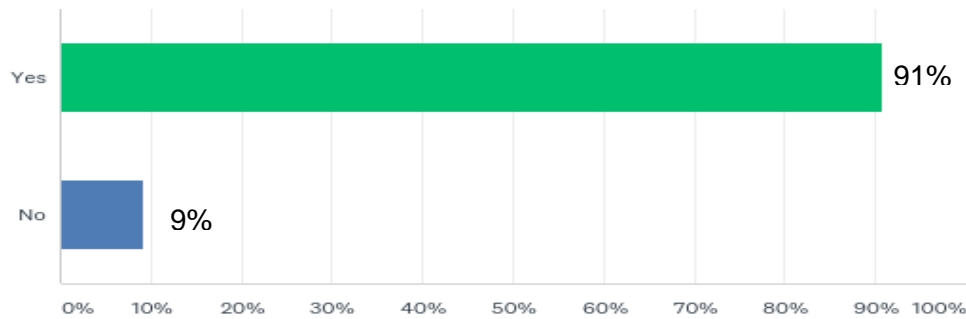


Figure 9 - Parents responses on whether their dentist practice is child friendly

A small minority of parents (9%) who answered this question were of the opinion that their dental practice was not child friendly. The reason for this response included the chairs being too big or high for their children, a lack of toys and an environment that was not conducive to ease a child.

Age of first visit to the dentist

When asked when parents initially start to take their children to the dentist, 6% parents did not provide a response. Of the 268 parents who did respond, the results are illustrated below:

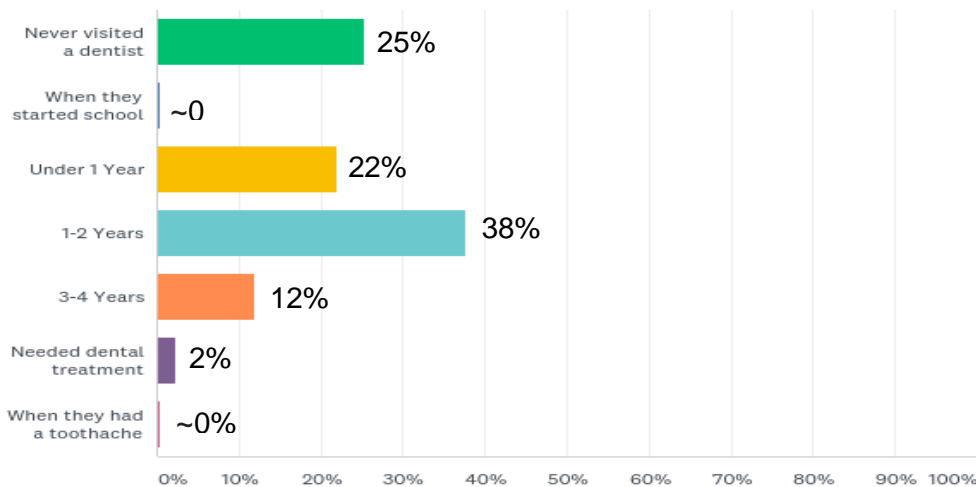


Figure 10 - Age at first visit to the dentist

We observed that most children (38%) started seeing the dentist as young as one to two years old. A small number of parents explained why they visited a dentist at that stage. The reasons provided included a general check up as a sibling or family member was having their teeth examined. Some parents were advised to take their child to the dentist. One child had a mouth ulcer which prompted them to visit their dentist.

When asked what the dentist’s advice was in relation to the timing of a follow up appointment for their child, the parents responses are detailed below:

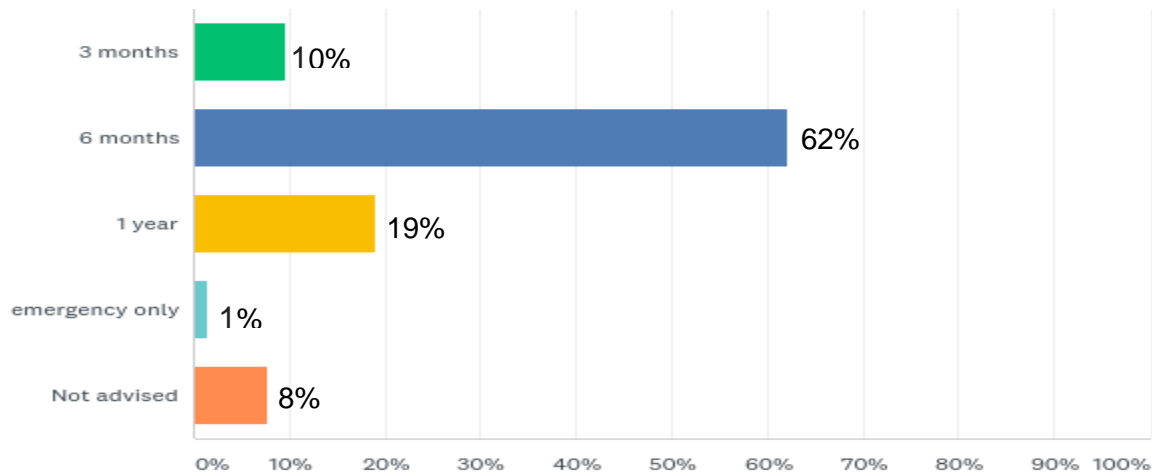


Figure 11 - Timing of follow up appointments

The majority of parents (62%) were advised to make another appointment after 6 months whilst 8% of parents were not advised to make a follow up appointment by their dentist.

Relationship between dentists and parents

94% of parents stated that their dentist was helpful in providing advice on their child’s dental health. This helpfulness was expressed by parents as their dentist providing help in the following areas:

- Strategies on how to brush their child’s teeth
- Recommendation of toothpastes brands
- Regularity of tooth-brushing
- Advice on not drinking milk at night
- Use of a cup instead of a bottle
- Eating habits
- Providing very informative and helpful leaflets

A small minority of parents (6%) who felt that their dentist was helpful, said that they only received average information from their dentist.

Children’s oral habits

8% of parents advised that their child did not have their own toothbrush. As illustrated in Figure 12 below, that in total there were 21 children who did not have their own tooth brush, 7 children were aged two or three (33%). The chart also illustrates that two children (10%) aged one did not have own a toothbrush and 12 children (57%) who were less than a year old did not have a toothbrush. This is primarily due to the fact that some of these children did not have any teeth as they were babies.

All children aged four or above had their own toothbrush.

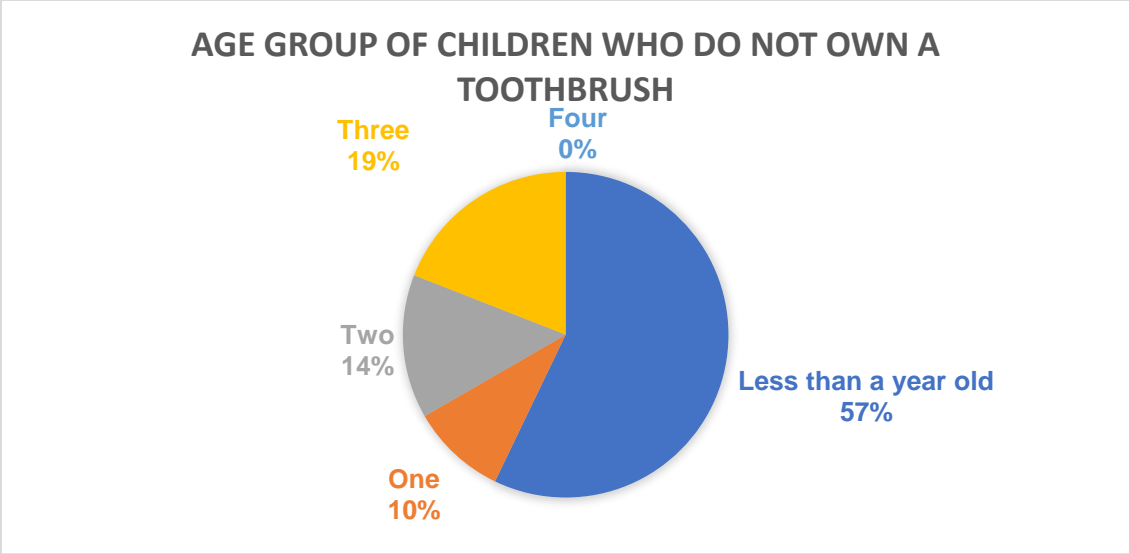


Figure 12 - Age differential of children who do not own a toothbrush

When asked if their children were happy to brush their teeth, parents responded as follows 71% of the children were happy to brush their teeth, whilst only a small minority of 8% were unhappy.

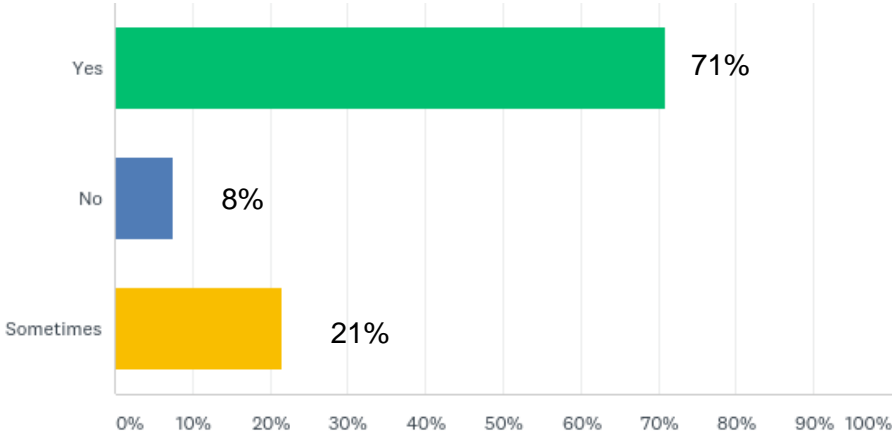


Figure 13 – Children’s readiness to brush teeth

The responses from parents when asked if they supervise their children brushing their teeth, is shown below:

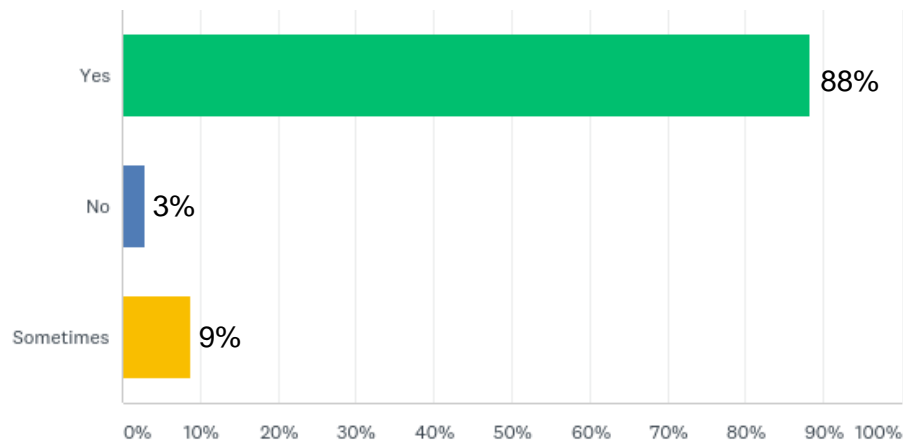


Figure 14 - Supervision of children's tooth brushing by parents

Only 3% of children were left unsupervised while they brushed their teeth, whilst the remaining children had full or at least some supervision when brushing.

Parents knowledge of dental treatment and dental hygiene

When asked the length of time their child should brush their teeth, parents responded as detailed in Figure . Most parents (62%) believe that 2 minutes was the ideal duration for their child to brush their teeth

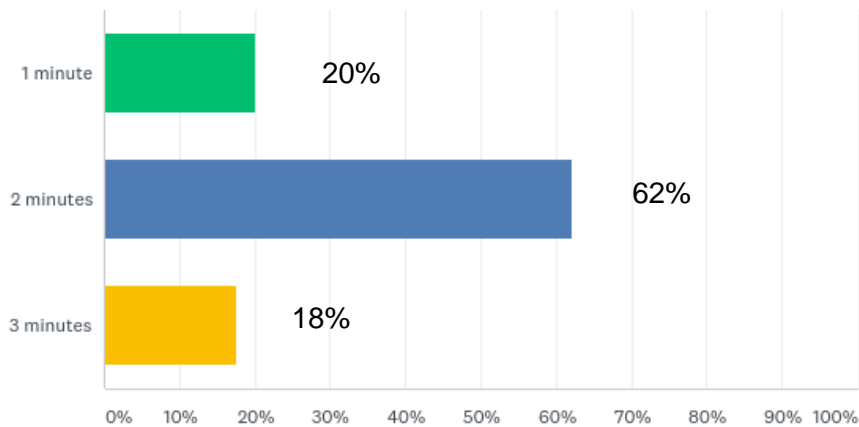


Figure 15 – Parents perception of duration for tooth brushing

When parents were asked how many times their child brush their teeth in a single day. Quite concerning is the fact that a considerable number of parents (56 parents) or 20% of those parents that answered this question thought that it was acceptable for the child to only brush their teeth once a day.

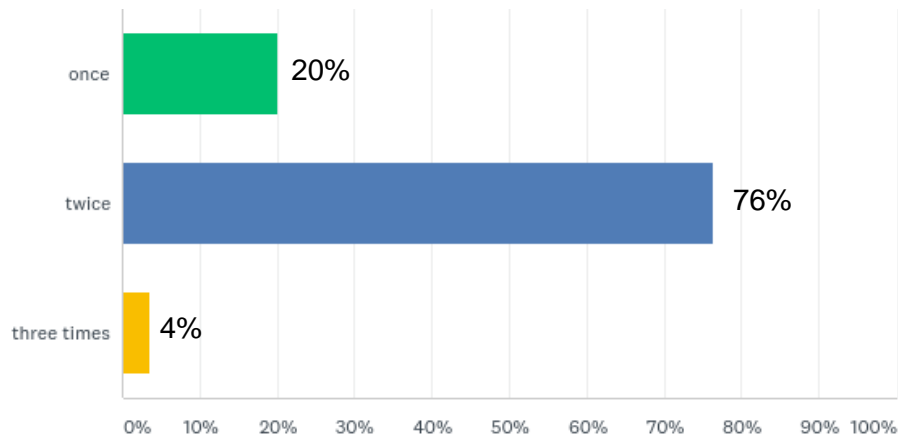


Figure 16 - Frequency of tooth brushing by children

Figure 17 provides a breakdown of the age of the children who brush their teeth only once a day.

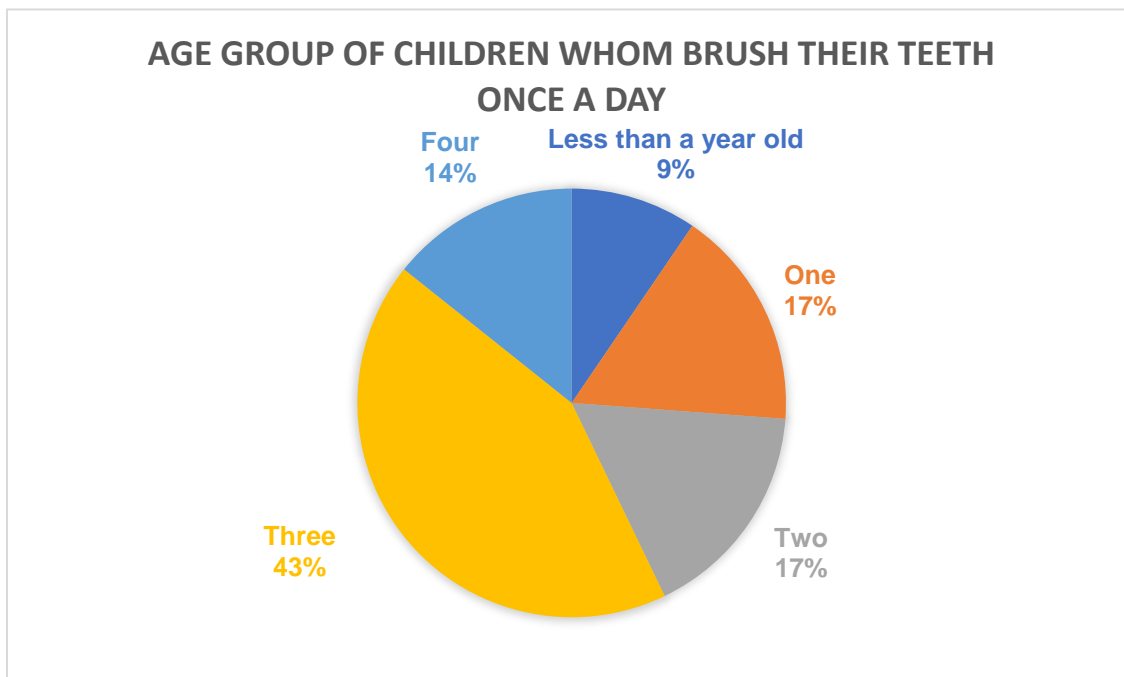


Figure 17 - Breakdown by age of children who brush their teeth daily

As we can see, the majority (43%) of children who brush their teeth only once a day are aged three years old, followed by 34% of children who are aged one and two combined.

The response to this question identifies a key area that needs to be focused on with the support from our key partners. Parents who think that it is acceptable to brush their teeth once a day need to be educated that children should be brushing their teeth at least twice a day for a duration of two minutes.

Figure 18 details the responses received when parents were asked if their child should rinse their mouth after brushing or spit the toothpaste out without rinsing.

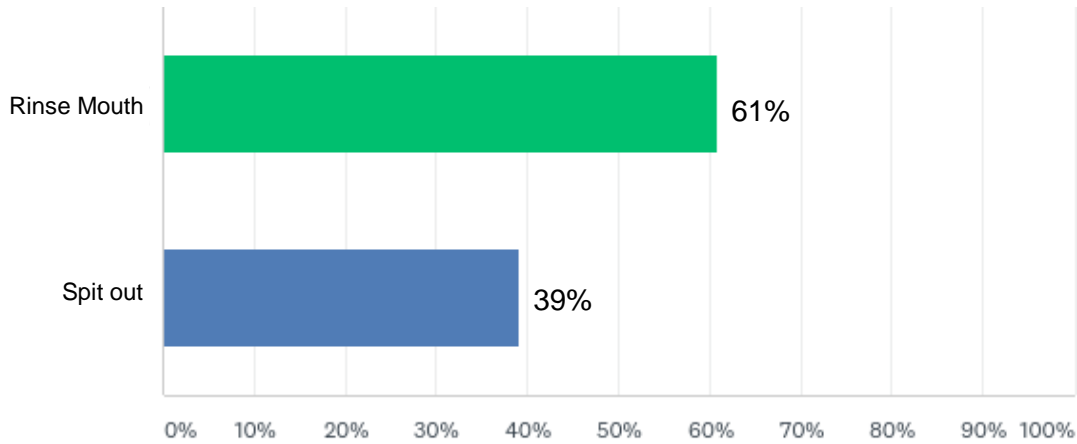


Figure 18 - After brushing behaviour

A more divided response was received in relation to the question as to whether parents believe their child should rinse after brushing. 61% of respondents said that their child should rinse their mouth whilst 39% of parents thought their child should spit out the toothpaste.

This is an area which needs to be addressed within early years and school settings.

When asked if parents knew that dental treatment was free for their child, 11% of parents said 'No':

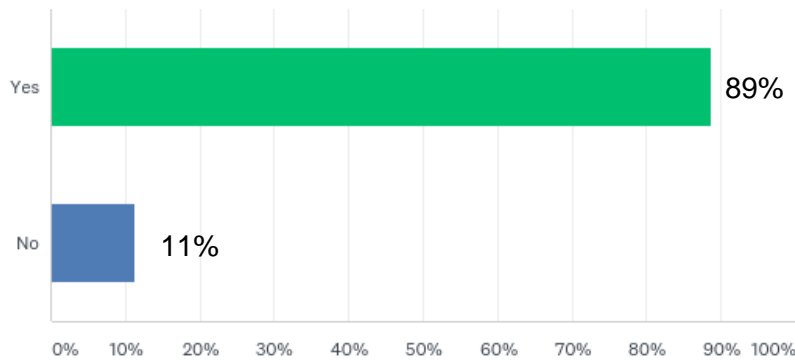


Figure 19- Parents awareness of free dental care

This figure below shows the geographical location of parents who did not know that dental treatment is free for their child.

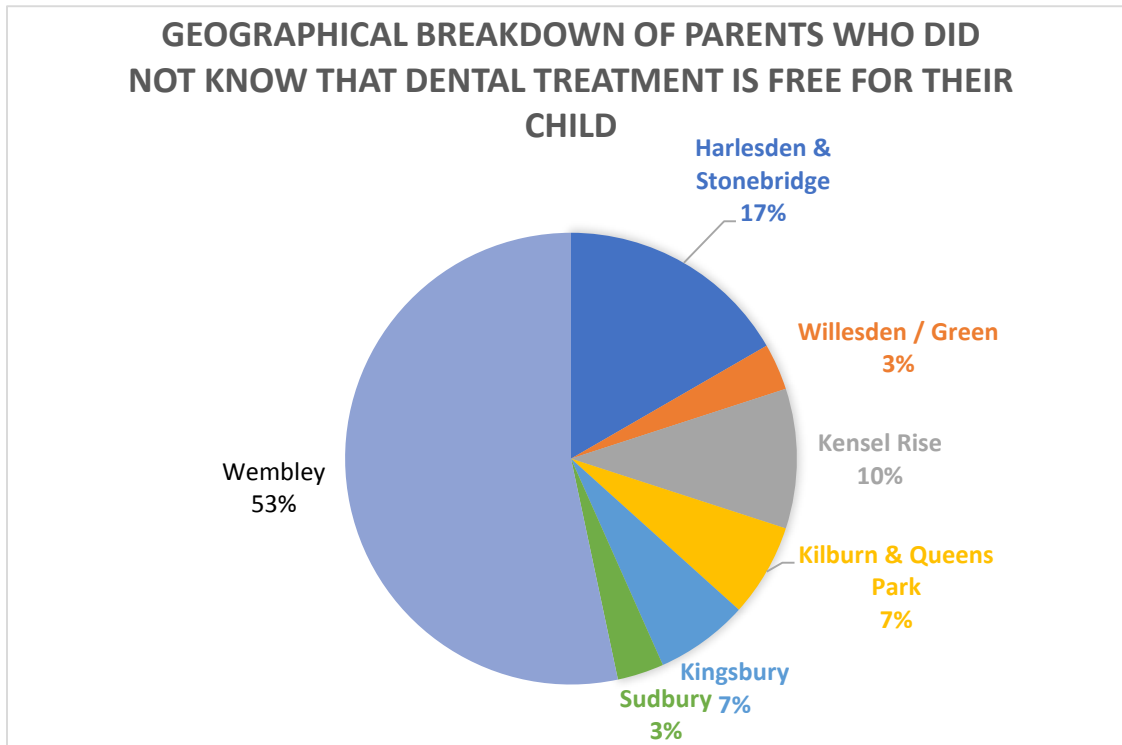


Figure 20 - Parents awareness of free dental care by location

32 parents were not aware that their child was entitled to free dental care. The majority of parents who did not know that dental treatment was free (53%), live in the Wembley area followed by 27% of families from Stonebridge & Harlesden (including Kensal Rise). It may be the case that there is a general lack of awareness amongst parents living in in these areas.

When asked if parents would like support from their nursery/school on tooth brushing, 63% of parents said yes. Other comments included:

“There should be posters saying when you should visit the dentist or health visitor should let us know”

“Need publication to say that it is free”

“I think there needs to be more advertisements reminding parents to take their children to dentists”

“More appointment times should be available with text message reminder. Also I was told I should brush my children's teeth until they are 10yrs old. Perhaps children should be educated at nursery to thoroughly clean their teeth and give them more encouragement to be independent”

Conclusion

The questionnaire was a small snapshot of children living in Brent. The majority of the questionnaire responses received were predominately from the Wembley area, which contributed to the distorted representation of ethnicities in this report. The report does however provide vital information on the successes and continuing challenges that Brent faces from an oral health perspective.

The findings from the survey highlight that:

- Most parents understand that they should visit the dentist at least every 6 months and that regular brushing of teeth will encourage positive dental habits.
- Most parents believe that children should rinse after brushing their teeth, which is contrary to dental best practice.
- Most dental practices are child friendly, however, there is still room for improvement from some dental practices.
- More publicity is required to better inform parents that dental treatment is free for children.

In essence, the findings confirm that parents need more education on dental hygiene for their children. Parents need to understand the importance of taking their children to visit the dentist as soon as their first teeth appear; so that regular checkups take place, preventing tooth decay and the need for any other serious dental treatment. A dental education campaign would benefit all parents and provide them with an opportunity to learn more or reinforce their existing knowledge of dental health and hygiene.

The majority of parents found that it was easy to register their child at a dentist and found their dentist to be child friendly, helpful and a source of advice. The survey did identify the difficulty that parents have in making a suitable dental appointment and the need for parental support on tooth brushing.

Recommendations

A number of recommendations have been made on the basis of the insight gathered from the survey. For ease, we have categorised them into areas we believe would be most relevant, however we recognise that some cross-cutting themes may occur for both Public Health Brent and the Local Dental Committee.

Public Health Brent:

1. Build on the current awareness programme to promote good dental care practices that can be easily adopted by parents and their children through children's centres and early years' provision. Through a roadshow promoting supervised teeth brushing within all early years and school settings.
2. Using the Brent Council's relationship with schools – designing a promotion campaign in collaboration with other local care providers to engage with parents to register their children at their local dentist as part of the school registration process.
3. Drawing on Public Health's commitment to community fluoride varnish programmes (this involves the application of a fluoride varnish to children's teeth) for those areas that are

identified as high risk of poor oral health we would recommend promoting this programme more intensely as part of the dental hygiene roadshow.

Local Dental Committee

4. We would like the Local Dental Committee to explore how to make NHS dental services more visible and accessible amongst families from minority communities who are unfamiliar with NHS dental services and identify potential engagement opportunities with parents through schools and early years' settings.
5. Explore opportunities to engage with dental providers and dentists to appear more welcoming to children and their families using low-cost inducements such as stickers, free samples and create child-welcoming surroundings using posters, toys and colouring opportunities.

Other Suggestions

6. Health Visitors to signpost parents to register their children to dental practices as part of their 0-5 support which could be recorded in their personal child health record (Red Book).
7. To run an awareness campaign with local health providers to educate parents and children that they should not rinse their mouth after brushing their teeth, but rather simply spit out the toothpaste which may be different to the advice they received as children and may appear counter-intuitive.

Response from Public Health Brent

Following the Children's Trust meeting, Public health Brent's response to the recommendations from the report is as follows:

1. Consultant in Public health will meet to discuss the findings with NHS England and the Local Dental Committee.
2. Public health will raise awareness about informing parents that visiting the dentist is free with the oral health promotion team, midwives, health visitors, early years' staff, nurseries and children centre staff.
3. Public health will produce more publicity to better inform parents that dental treatment is free for children and when you should visit the dentist
4. Supervised tooth brushing will be implemented into the schools and nurseries in the Kingsbury area (second highest area of tooth extraction)
5. Will liaise with CYP department to engage with parents to register their children at their local dentist as part of the school registration process.

Appendix A - Breakdown of the age of respondents' children

The age breakdown of the respondents' children is detailed below

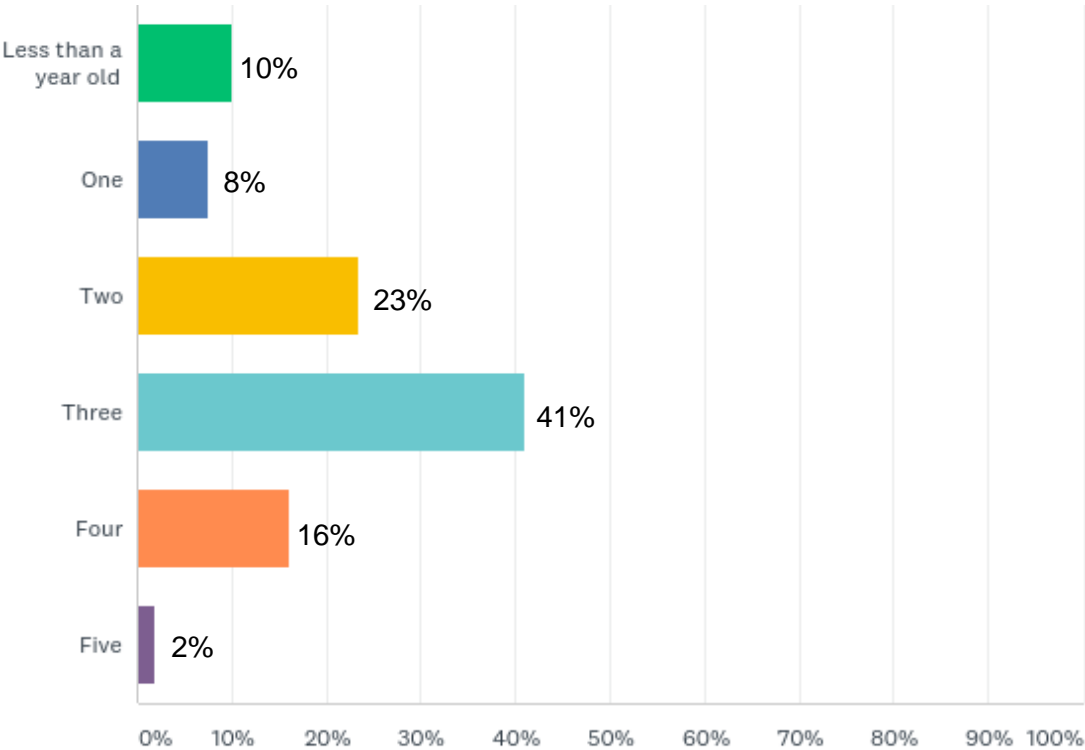


Figure 21 - Breakdown by age of respondents' children

The age breakdown illustrated that most of our respondents are parents of children aged 2 and 3 years old, which is roughly the median of the age range that we observed.

Appendix B – Breakdown of responses by ethnicities

The following figures provide the breakdowns by ethnicities for responses provided by parents.

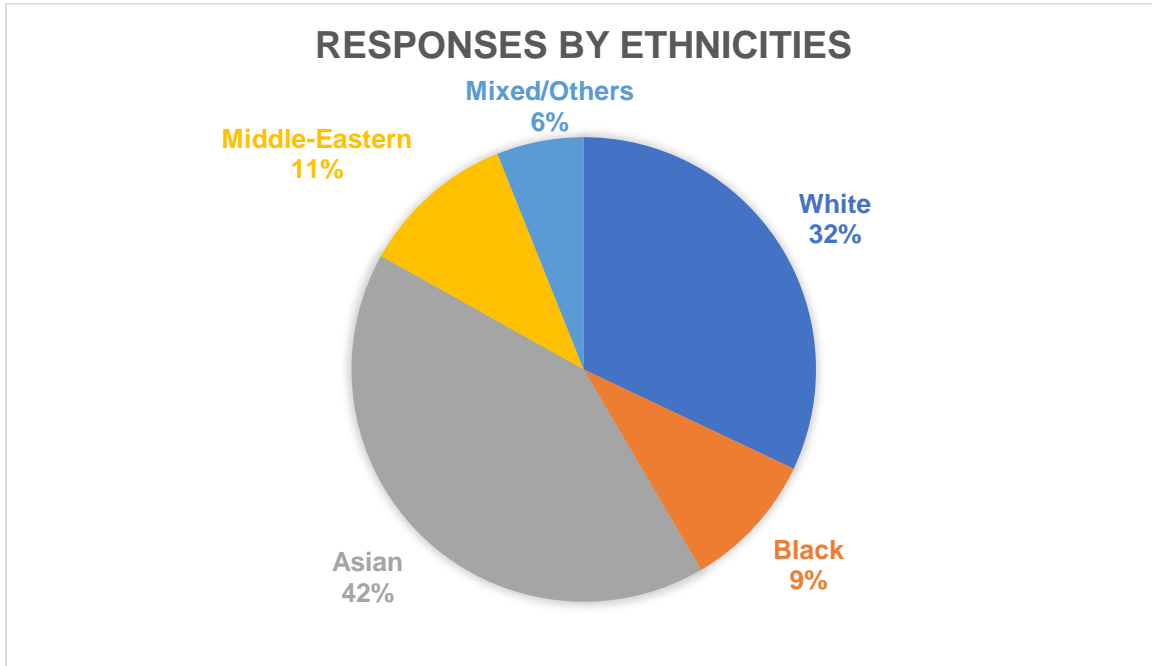


Figure 22 – Breakdown of respondents to the survey by ethnicities

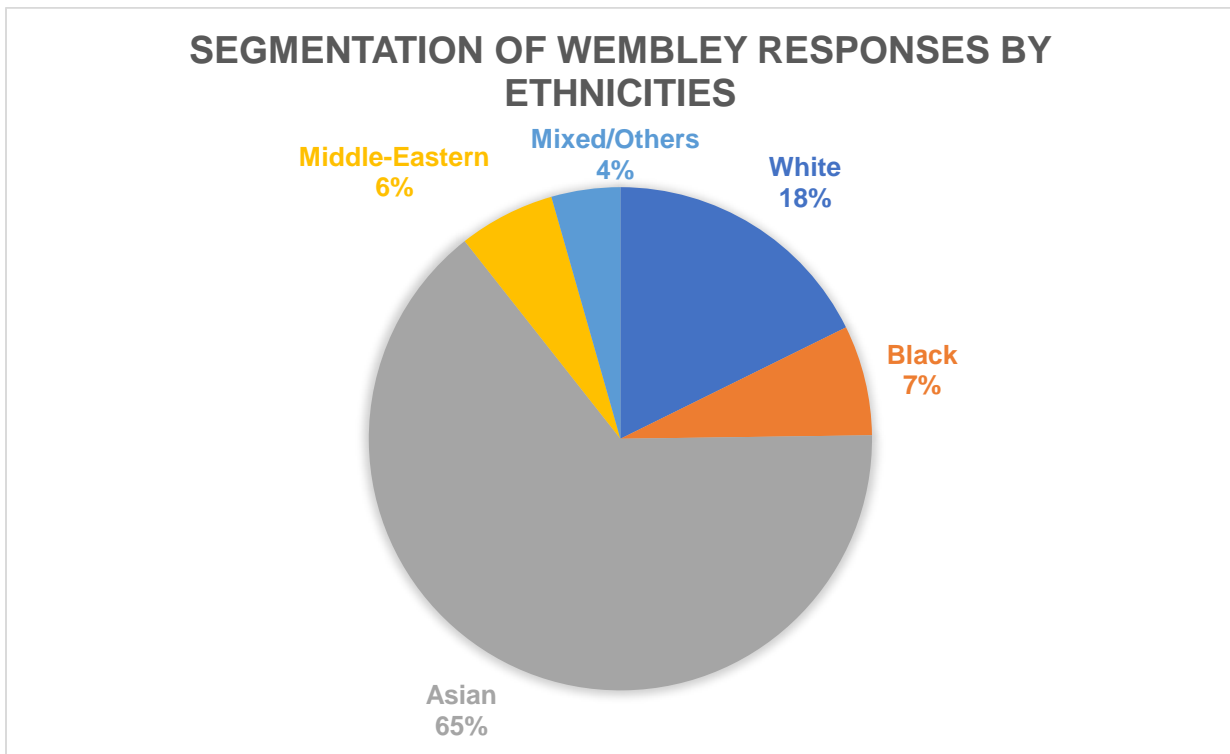


Figure 23 - Segmentation of Wembley responses by ethnicities

The results confirm that the disproportionate number of responses from Wembley also contributes to the skewed representation of ethnicities.

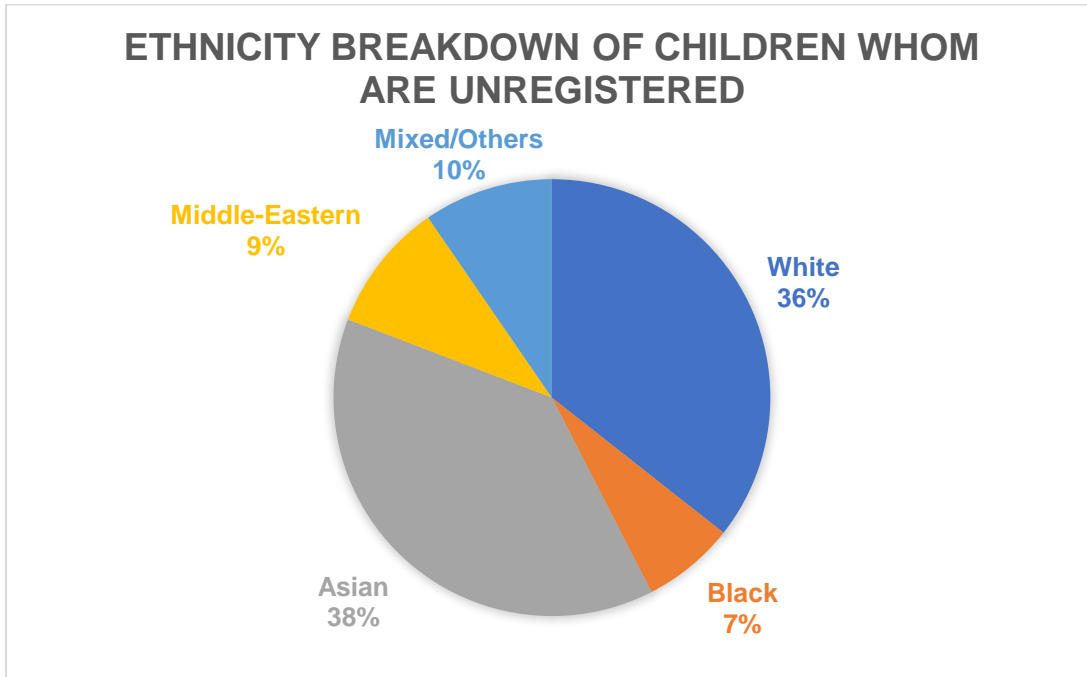


Figure 24 – Ethnicity breakdown of children who were unregistered with a dentist

The ethnicity breakdown of those who responded ‘that their child did not own their own toothbrush is illustrated in figure 22

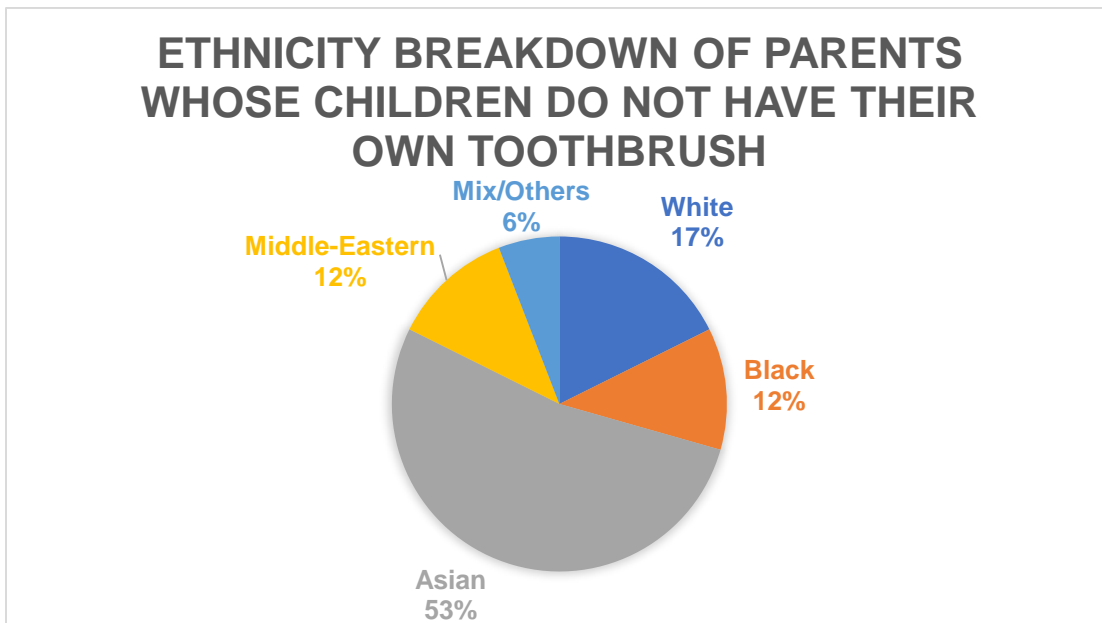


Figure 25 – Ethnicity breakdown of children who do not own a toothbrush

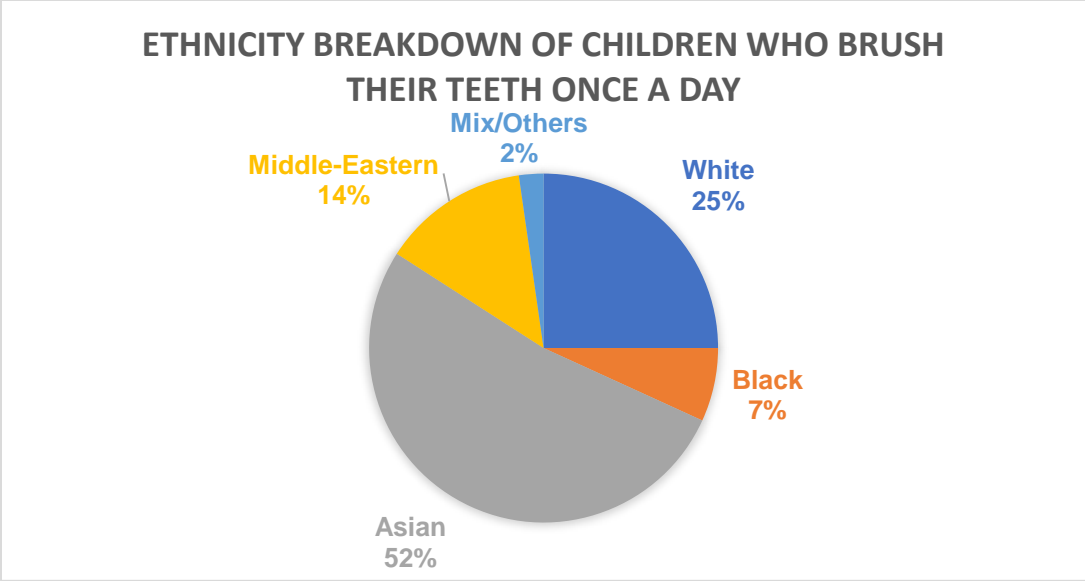


Figure 26 - Breakdown by ethnicity of children who brush their teeth daily

The ethnicity breakdown of children who brush their teeth only once a day indicated that 23 were Asian (52%), 6 Middle-Eastern (14%), 1 was mixed/other (2%), 11 were white (25%) and 3 were black (7%). 12 respondents did not provide details of their ethnicity. Unsurprisingly (given the ethnic breakdown of the sample group), most parents who said, 'once a day' were from Asian families.

Appendix C – Under 5 Dental Survey Questionnaire

UNDER 5 DENTAL SURVEY

This survey is to find out if there are any personal/family and system barriers to good oral hygiene in under 5s in Brent.

As the local NHS survey found that nearly half of five year old children in Brent in 2012 had experienced tooth decay- one of the worst in the country. Healthwatch Brent wanted to find out why this is and what can be done to improve children’s dental health.

Parent’s Name:	
Child’s Name:	Child’s Age

Where do you live in Brent?

Sudbury	Alperton	Wembley	Kingsbury	Harlesden & Stonebridge	Kensal Rise	Kilburn & Queens Park

About your dentist

	Yes	No	
1. Are you registered with an NHS dentist (parent/carer)?			
If No, what are the reasons for this?			
2. Is your child registered with an NHS dentist?			
If No, what are the reasons for this?			
	Easy	Quite difficult	Very difficult

3. How easy was it to register your child with a dentist?			
Please tell us more about this			
4. How easy is it for you to make an appointment for your child?			
Please tell us more about this			

5. At what age did you first take your child to the dentist?			
Never visited a dentist		When they started school	
Under 1 Year		Needed dental treatment	
1-2 Years		When they had a toothache	
3-4 Years		Why at that time?	

	3 months	6 months	1 year	Emergency only	Not advised
6. How often were you advised by the dentist to make an appointment for your child?					
7. When did your child last visit the dentist?					

	Yes	No
8. Do you think that your dental practice is child friendly?		

Please tell us more about this	
--------------------------------	--

	Yes	No
9. Is your dentist helpful in giving you advice about your child's dental health?		
Please tell us more about this		
10. Does your dentist do a thorough examination of your child's mouth, teeth and gums?		
11. Does your dentist explain your child's treatment options?		
12. Does your dentist give you with a written treatment plan before carrying out any dental treatment?		

About your child's teeth brushing

13. Does your child have their own tooth brush?	Yes	No	
14. Is your child happy to brush their teeth?	Yes	Sometimes	No
15. Do you supervise your child brushing their teeth?			
16. Do you know how long your child should brush their teeth?	1 min	2 min	3 min

17.How many times does your child brush their teeth each day?	Once	Twice	Three Times
18.Do you think that your child should rinse their mouth after brushing or spit the toothpaste out without rinsing?	Rinse after brushing	Spit the toothpaste out without rinsing	

	Yes	No
19.Would you like support from your nursery or school on tooth brushing?		
20.Did you know that dental treatment is free for your child?		
21.Is there anything else you want to say about dentists?		

Ethnicity

How would you describe your ethnicity		
Is English your first language?	Yes	No

If you would like to receive the report about the survey outcome, please provide your email address:

If you would like to receive a regular newsletter from Healthwatch, please provide your email address: