



# **Smiles of the Future:** Parent and Carer Perspectives on Children's Oral Health

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**healthwatch**  
Hertfordshire

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# Summary

**853** parents and carers shared the challenges they face in accessing NHS dental care and the information, advice and education that would support them in taking better care of their children's oral health.



**4 in 5 children visit a dental practice, however 1 in 5 do not.** Positively, the majority of children visit a dental practice, and many have good experiences. However, we found that 9% do not attend at all and 12% receive private care. This was because they cannot find an NHS dentist accepting new patients or are on a waiting list which may take several months or years.



**More than 1 in 3 parents and carers experienced barriers in accessing dental care for their children.** Common barriers included time constraints, financial challenges, limited appointment availability, and the environment of dental practices.



**Most of the carers and parents whose children have additional needs (30% of the people we spoke with) do not receive the reasonable adjustments and accommodations they require.** They suggested that the provision of specialist dental care needs to be improved and that dental practices need to have a better understanding of treating children with additional needs.



**4 out of 5 parents and carers wanted more oral health support to be provided within schools.** They also called for more information, education and resources centered on preventative care.



**More than 1 in 3 parents and carers have felt stressed or worried about their children's oral health in the last year.** This is in addition to the 1 in 4 parents and carers who also said they are concerned about their children's teeth and gums.



**Over 40% said that rising costs have affected their ability to purchase healthy foods.** They felt this was having a negative impact on their children's oral health.



**Many NHS dental practices were kind, caring and understanding.** There are examples of good practice across the county as well as areas for improvement, including: better communication, offering continuity of care and making dental practices more child-friendly.

# Recommendations

The findings of this report have highlighted various ways in which children's oral health can be improved. Suggestions provided by respondents have also informed the recommendations listed below.

## **Integrated Care Board (ICB) and local NHS Partners to:**

### **Ensure improved access to NHS dental care for children in Hertfordshire**

- Improving availability of NHS dental practices for children to ensure equal access
- Ensuring the NHS website is up to date in listing dental practices accepting children
- Reducing waiting lists for appointments and acceptance onto NHS dental practice patient lists and waiting lists for specialist dental care for children with additional needs

### **Provide more education, information and resources for parents, carers and children**

- Creating a range of communication resources for parents, carers and children providing education and information in age appropriate formats

## **Dental practices should be encouraged to:**

**Increase the availability of appointments for children** outside of typical school and working hours, including evenings and weekends.

**Ensure dental practices are child-friendly** by encouraging parents and families to bring comfort and entertainment items and with advice on precautionary measures with regards to infection control.

### **Provide additional reasonable adjustments training for dental practice staff and ensure it is implemented**

- Delivering training on how to support children and young people with additional needs, understanding and implementing reasonable adjustments and accommodations, and supporting anxious children
- Ensuring people with physical disabilities can access practices
- Ensuring that where possible, children see the same dentist at each appointment to enable consistency. This is particularly important for nervous/anxious children.

### **Improve communication with parents, carers and children during appointments**

- Interacting directly with parents, carers and children and young people, telling them what they are doing during appointments and enabling enough time for questions or concerns to be answered
- Educating parents, carers and children during appointments about preventative care to support them to take care of their oral hygiene

**Hertfordshire County Council is actively working to support the effective implementation of supervised toothbrushing in schools.**

# 1. About Healthwatch Hertfordshire

Healthwatch Hertfordshire champions the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gather local intelligence to influence service improvement across the county. We work with those who commission, deliver, and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

## 2. Commissioners of this project

The Integrated Care Board (ICB) is an NHS organisation responsible for strategic oversight of how NHS money is spent, with the aim of joining up health and care services, improving health and wellbeing, and reducing health inequalities. The board of the ICB includes representation from NHS trusts and local councils. As part of recent NHS reorganisation, the previous Hertfordshire and West Essex ICB is now part of the Central East ICB, consolidating the ICB's of Hertfordshire (without West Essex), Cambridgeshire and Peterborough, Milton Keynes, Bedfordshire and Luton.

Healthwatch Hertfordshire and Healthwatch Essex were commissioned by the Hertfordshire and West Essex Integrated Care Board's Director of Primary Care Transformation to undertake a series of engagement projects. In this project, they commissioned Healthwatch Hertfordshire and Healthwatch Essex to engage with parents and carers about their views and experiences of dental care for their children. The recommendations in this report continue to be applicable despite local reorganisation of NHS services into the new ICB.

## 3. Hearing patient views

The aims of the engagement projects include:

- Gathering lived experiences to feed directly into the workstream.
- Supporting and enabling the Hertfordshire and West Essex ICS to achieve wider participant engagement.
- Engaging patients and the public on programmes covering key priorities and areas of importance at a regional and local level.
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Transformation Committee so improvements can be implemented.

## 4. Aims and methodology

The aims of this engagement were as follows:

- To explore potential barriers in taking child(ren) to the dentist
- To understand experiences of visiting dental practices to identify good practice and suggestions for improvement
- To understand what information, advice and guidance would best support parents and carers to care for their child(ren)'s oral health

- To make recommendations to the Hertfordshire and West Essex ICB Primary Care Transformation Committee about changes that need to be made to support children’s oral health

We heard from **853** parents and carers through our online survey. The survey was promoted via social media and shared with the NHS and other statutory services, and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector across Hertfordshire to distribute via their networks, contacts, and social media channels.

## 5. Background

Since the NHS was established in 1948, most healthcare has been financed through the public sector, including dental care<sup>1</sup>. However dental care is one of the few NHS services where patients often contribute to the cost of their care<sup>2</sup>. In June 2023, 6.4 million children had been seen by an NHS dentist in the year prior, including 195,747 in Hertfordshire and West Essex<sup>3</sup>.

The COVID-19 pandemic significantly decreased the provision of NHS dental care, and by 2022, 79% of NHS practices were not accepting new paediatric patients<sup>4</sup>. To combat the cost of private dental care, some practices offer subscriptions to spread payments, but cost remains a barrier for many who rely on NHS dental services<sup>5</sup>. This has resulted in parents and carers needing to pay for private dental care, risk long NHS waiting times, or lose access to dental care<sup>5</sup>.

Limited access to NHS dental services has worsened outcomes among paediatric patients. Since 2019, the number of children not seen by an NHS dentist increased by a third, with some waiting over two years for surgery<sup>6</sup>. This has further widened the gap between children in the least and most deprived areas and resulted in poorer oral health outcomes<sup>6</sup>.

Tooth decay is a preventable disease and a public health priority; however, it remains the most common cause of childhood hospital admissions<sup>7</sup>. In 2022, 24% of 5-year-old children had experienced dental decay, and 30,000 children and young people were admitted to hospital as a result<sup>7</sup>. Furthermore, ongoing access issues to NHS dental care mean children are less likely to attend regularly, increasing the risk of anxiety, cancellations, missed appointments, and subsequent refusal of care by their dental practice<sup>8</sup>.

Children with additional needs also face significant barriers to dental care and contribute to poorer outcomes<sup>9</sup>. While many practices treat children with additional needs, accessibility issues may prevent care, and some require additional support and accommodations to maintain good oral health, making

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<sup>1</sup> [NHS dentistry in Britain: A long overdue check-up - Lunt - 2024 - World Medical & Health Policy - Wiley Online Library](#)

<sup>2</sup> [NHS dental care - One Devon](#)

<sup>3</sup> [NHS Dental Statistics 2022-23 Geographical Breakdown](#)

<sup>4</sup> [NHS dentistry at tipping point, BBC reveal extent of crisis](#)

<sup>5</sup> [6.5 million children not seen by an NHS dentist last year - Liberal Democrats](#)

<sup>6</sup> [Oral health of children in England: a call to action! | Archives of Disease in Childhood](#)

<sup>7</sup> [National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022 - GOV.UK](#)

<sup>8</sup> [Children’s access to NHS dentistry ‘very poor’, analysis shows - Dentistry](#)

<sup>9</sup> [Barriers in Access to Dental Services Hindering the Treatment of People with Disabilities: A Systematic Review - PMC](#)

access to consistent care essential<sup>10</sup>. NHS guidance identifies groups that need these specialist services, including children with anxiety, complex treatment needs, disabilities, or those in care. In such cases, a referral to specialised services is recommended<sup>11</sup>.

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<sup>10</sup> [British Society of Paediatric Dentistry: A policy document on dental neglect in children – Ridsdale – 2024 – International Journal of Paediatric Dentistry – Wiley Online Library](#)

<sup>11</sup> [Dental services – NHS](#)

## 6. Demographics

Please note that it was optional for respondents to share their demographic information with us. There was a total of 853 respondents to our survey.

### Areas where respondents live

- Broxbourne: 8% (54)
- Dacorum: 11% (73)
- East Hertfordshire: 10% (66)
- Hertsmere: 5% (31)
- North Hertfordshire: 8% (52)
- St. Albans: 10% (69)
- Stevenage: 3% (22)
- Three Rivers: 13% (87)
- Watford: 14% (95)
- Welwyn Hatfield: 12% (80)

### Age of respondents

- 25-34: 5% (37)
- 35-44: 35% (244)
- 45-54: 48% (333)
- 55-64: 8% (53)
- 65-74: 1% (8)
- Over 75: 1% (6)
- Prefer not to say: 2% (10)

### Ethnicity of respondents

- Asian/Asian British: 7% (52)
- Black/Black British: 3% (19)
- Mixed/multiple ethnic groups: 4% (24)
- White British: 67% (470)
- White Irish: 4% (24)
- White Italian: 1% (4)
- Any other White background: 10% (68)
- Another ethnic background: 1% (9)
- Prefer not to say: 3% (21)

### Age of child

- Baby (0-12 months): 2% (19)
- Toddler (1-3 years): 17% (140)
- Child (4-12 years): 77% (645)
- Teenager (13-18 years): 71% (603)

### Children with additional needs

- Autism: 45% (116)
- ADHD: 42% (108)
- Learning disability: 12% (32)
- SEND: 34% (89)
- Physical/mobility impairment: 4% (11)
- Sensory impairment: 12% (32)
- Mental health condition: 16% (41)
- Long-term condition: 18% (47)
- Other: 16% (42)

### Respondents who are carers, have a disability, or long-term condition

- Carer: 14% (98)
- Disability: 4% (28)
- Long-term condition: 7% (45)
- Prefer not to say: 3% (19)

### Gender of respondents

- Female: 85% (591)
- Male: 12% (86)
- Prefer not to say: 2% (16)



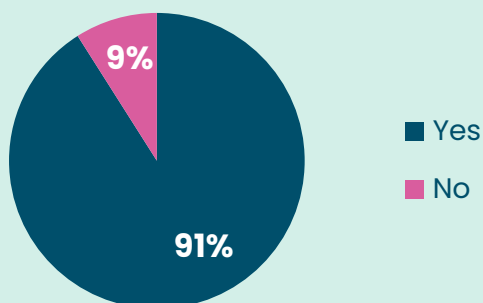
## 7. Key findings

### 7.1. Over 20% do not access an NHS dental practice

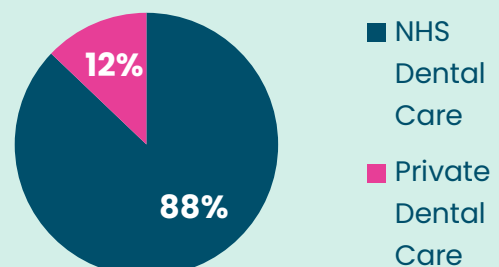
*Positively, the majority of children visit a dental practice. However, we found that 9% do not attend at all, and 12% receive private dental care. The main reasons children do not attend an NHS dental practice is because they cannot find an NHS dental practice accepting new patients, or because they are on a waiting list – which can take several months or years.*

91% (770) of respondents said their child attends a dental practice. Of these respondents, the majority (88% – 567) said their child visits the dentist every six months. This was followed by 14% (95) who visit annually and 4% (31) who attend every three months. Most respondents (62% – 437) said their child was a toddler (one – three years old) when they had their first dental appointment.

Does your child attend a dental practice? (847 responses)



Does your child receive NHS or private dental care? (706 responses)



However, accessing NHS dental care was a challenge for over **20%** of respondents, with **9%** (77) stating their child does not attend a dental practice and **12%** (85) receiving private dental care. The reasons for this are explored in this section.

### **7.1.1. Difficulty accessing an NHS dentist**

A large number of respondents said they cannot find an NHS dental practice in their local area which is accepting new NHS patients. Others are on a waiting list in which it could take up to two years for their child to be accepted. For parents and carers this was the main reason for not taking their child to the dentist or for accessing private dental care.

Similarly, those accessing private dental care for their children said that due to long waiting times and/or limited availability within NHS dental practices, they have no choice but to use a private dentist.

Some respondents cited the long-lasting effects of COVID-19 as a barrier in accessing NHS dental care for their children. After the pandemic, some were removed from their dental practice's patient list because they had not booked an appointment.

***"It's taken me 3 years to find a dental practice that accepts NHS children and doesn't have a 5 year plus waiting list."***

***"Dentist kicked family off their list as [we] didn't attend throughout COVID due to... being high risk."***

***"When they stopped taking NHS clients it [became] difficult. [My] children's teeth are so damaged now because the dentists are all asking for payment and... asking that we subscribe and pay monthly."***

Access to NHS dental care was essential for respondents and would help many parents and carers to take their child to the dentist. Suggestions for improving access included increasing availability, circulating a list of NHS dental practices with spaces available, and hiring more dentists to meet the growing demand. A few parents and carers also suggested using family centres to provide dental care and offering walk-in services.

***"List dentist in the area who would be willing to take these children in under NHS."***

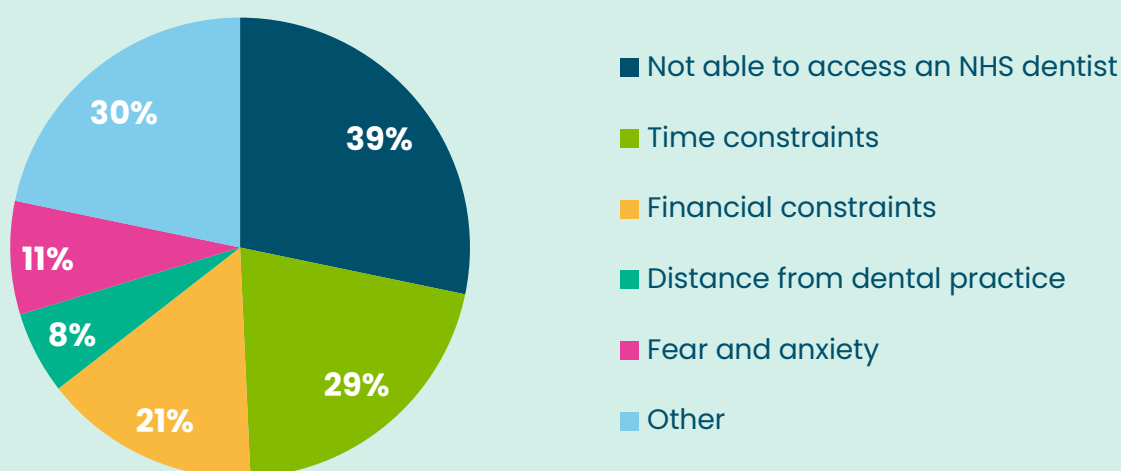
***"Make more NHS spaces as not everyone can afford to pay so much money."***

## 7.2. Over 30% experienced barriers in accessing dental care

**The environment of NHS dental practices, time constraints, financial challenges, and limited appointment availability were the main practical barriers preventing parents and carers from accessing NHS dental care for their children.**

Around **31%** (267) of respondents experienced barriers in accessing dental care. Most were experienced by parents and carers whose children do not attend a dental practice, or by those who receive private dental care. However, we also had respondents whose children do receive NHS dental care share some of the challenges they can face in accessing dentistry for their children.

**If applicable, please share any reasons why you do not take your child to the dentist. Please tick all that apply. (267 responses)**



### 7.2.1. Time constraints

Of the 267 respondents who shared the barriers they face, **29%** (77) mentioned time constraints. The lack of appointment choice and flexibility was challenging for many parents and carers who have to navigate school and work. Parents often had to take time out of work and children had to miss school in order to attend their appointments. In addition, many respondents said their children do not attend an NHS dental practice in their local area, meaning they had to travel many miles, requiring even more time out of work and education.

***“Getting NHS appointments are extremely challenging. We are only able to make appointments during the day and on certain days. As we do not want to take the children out of school, we are very limited on when we can attend. If there is an urgent issue to attend to, this situation is still the same.”***

***“Dentist not open on weekends and last appointment is 4:30 – hard to [attend] with school.”***

Some parents and carers felt that private patients were given more choice in appointment times, and others chose to access private dental care so they could have more flexibility. However, many were unable to pay the additional cost of private care which could widen inequalities surrounding access to dental care.

As such, many wanted increased appointment availability and for dental practices to prioritise providing appointments outside of typical school and working hours. They also suggested providing more NHS appointments during the school holidays which could also make it easier for those who have to travel outside of their local area.

***“NHS appointments... are always in school hours, which I don't like. We take them to private appointments at the weekends as I don't really agree with taking them out of learning time.”***

***“Later sessions for children might help so they don't have to miss school. Often dentists are also on holiday during the school holidays, so you are unable to attend whilst children are off school.”***

## 7.2.2. Financial constraints

21% (56) of respondents cited the cost of dental care as a barrier to taking their children to the dentist. As above, many were unable or unwilling to pay additional fees for private dental care. In some cases, parents and carers sacrificed their own dental appointments to afford private treatment for their children.

For others, the cost of private dental care limited the frequency that they could take their children to dental appointments. Some parents and carers shared that they have started accessing dental care abroad for their children, noting the benefits of reduced costs and better experiences for their children when compared to dental care in the UK.

***“I take my children to the dentist, but I cannot afford to pay for dental care for myself. When they ask me why I'm no longer having a check-up at the same time as them I have to lie.”***

***“There are always long waiting times for NHS dentist appointments which results in us having to pay privately and recently we haven't been able to afford this for both of our sons.”***

***“It's a sad indictment of dental care for children (and adults) that we go to a dentist in the EU. It's cheaper and more convenient to arrange a visit to see family who live there and attend dentist appointments during the same trip. We gave up on using UK-based dentists due to the costs for the family and the impossibility of getting appointments.”***

As a result of the financial challenges faced, many respondents felt that more funding was needed for the provision of NHS dental practices and that children should always have access to free dental care. Others wanted the cost of private dental treatment to be reduced which would enable more choice over their children's care and to opt for private treatment at their discretion.

***“The pricing should be more family friendly in my opinion, even with private dentists. Should be more affordable for children at least!”***

***“They need to be accessible! ... I really think every dentist should be obliged to see children for free, otherwise parents can't afford it and the kids will suffer.”***

### 7.2.3. Travel and location

As highlighted, the distance some respondents had to travel to receive dental care was a key barrier. Several parents and carers said they were satisfied with the level of care their children received, but the location of the dental practice was too far away. Many were also unable to find local practices that were accepting NHS paediatric patients, which forced them to travel further afield. A few parents and carers said they have now changed dental practice despite moving home as they cannot find an NHS dental practice in the local area.

Others observed that there seemed to be plenty of local private dental practices which added to their frustrations and concerns about lack of NHS provision. As such, many respondents suggested that local access to and availability of NHS dental practices should be improved and felt this would reduce the inconvenience of travelling and additional time and potential transport costs to get to and from appointments.

***“Our dental practice is excellent, but it would be nice to have such good quality provision closer to home.”***

***“We have remained with the same dental practice despite moving further away in order to retain NHS patient status and continuity of care.”***

***“It was very difficult to find [an] NHS dentist in the local area and we have to drive for 20 minutes to get to one. This is despite loads of private dentists within 2 miles.”***

### 7.2.4. Environment of dental practices

Over a third of respondents (**34%** - 198) stated that the environment of their dental practice was unsatisfactory for families and children. This was the second most common area respondents felt needed improving, following access to NHS dental care.

Most respondents felt more could be done to improve the experience of visiting the dentist for children. Provisions including toys and books were highly suggested to make waiting rooms more welcoming and comfortable. Others called for larger, child-friendly appointment rooms to accommodate families, and distractions and entertainment such as music and images within treatment rooms to make children feel more relaxed while receiving treatment.

A large number of parents and carers also said they have to wait a long time for their children to be called in for their appointments which often made the waiting room become crowded which was problematic particularly for children with additional needs.

***“The actual environment is [very] clinical with absolutely no concession or adaptation made for children at all bar giving them a sticker afterwards. It makes it quite hard to encourage repeat visits. Staff are already wearing masks and full overalls when you go in so seem quite intimidating and scary.”***

***“No toys or wooden bead plaything or little bookshelf or even just some pictures on the wall or ‘busy board’ to [play] with. Rooms have nothing child friendly in at all - no pictures/on the ceiling or anything.”***

### 7.2.5. Waiting times

Waiting times was mentioned over **10%** (90) of parents and carers. Many struggled to access timely appointments and often had to wait several months until their children could be seen by a dentist which in some cases caused delays to treatment and preventative care. As a result, some parents and carers had to access private dental care for their children in order to receive immediate treatment.

Some parents and carers said the funding or quota for appointments had been reached at their dental practice, meaning appointments were rescheduled or cancelled. This caused significant delays to treatment, with many respondents having to wait several months for another appointment for their children.

***“We [are] experiencing difficulties as [my child] needed [a] few teeth extraction[s]... [it’s been] more than 18 months now and only [just] received appt for next week.”***

***“My son’s last dentist appointment was cancelled due to a lack of NHS funding, therefore we have to wait 5 months for his next appointment.”***

Over **5%** (51) of parents and carers also cited issues accessing orthodontic care for their children which was often due to long waiting lists for referrals, and/or after referrals were made. We explored children and young people’s experiences of accessing orthodontic care and made recommendations for how it could be improved. You can read the report [here](#).

## 7.3. Positive experiences are important for encouraging children to regularly visit the dentist

**Most parents and carers said their children have a positive experience of visiting the dentist, largely due to dental staff being kind and patient. However, key areas for improvement included providing better support for children with additional needs, improving communication, and offering continuity of care.**

### 7.3.1. Communication and staff attitudes

Staff attitudes were seen as crucial in ensuring children have positive experiences for children. This is evident as many parents and carers mentioned their children were fearful or anxious about visiting the dentist, and some said this was a barrier which made taking their child to the dentist more challenging.

While only a quarter of respondents (169 out of 675 or **25%**) reported that their children had a kind and understanding dentist, they praised dental staff for their patience and empathy – qualities that contributed to positive experiences during dental appointments.

Despite the large number of parents and carers who complimented staff for their positive attitudes and approach, some were dissatisfied with the quality of care and treatment their children received. Several said negative assumptions were made about their children's oral health and they felt unfairly judged as a result. For others, the negative attitudes of dental staff made their children more fearful of visiting the dentist.

***“They have been fine, a little nervous, but the dentist is fantastic with him.”***

***“My oldest daughter was afraid for the first few visits, but the dentist never forced her to do anything [and] just said to come again so that she has a positive experience of the dentist.”***

***“The nurses are very good but the dentist was horrible, telling my five year old not to cry. She said, ‘You will scare other children.’ She didn’t want to help at all and [told] me and my son off, [and is] constantly telling us all that other patients are waiting. My son is only 5 and it was the worst experience he [has] had.”***

In addition, parents and carers had varied experiences of communication. Some said their child's dentist is good at explaining what they are doing and putting their child at ease during appointments, while other said their dentist does not communicate with their child directly and felt that the appointments were rushed.

***“The dentist explained every step to my child of what they were going to do and why and what the equipment was.”***

***“Disappointing as there was no interaction [from] the dentist. [They] just checked her teeth, did not ask the child anything, did add something white on her teeth and said do not eat for 2 hours.”***

As a result, some respondent stressed the importance of dental staff being empathetic and mindful of how to speak to and engage with children and young people, and suggested dental practices could receive more training in this regard. They also suggested that dental staff should communicate directly

with children during the appointment, explain the procedures they are doing, and appointments are not rushed to enable education and time for the child to relax and feel comfortable.

***“Training for staff on working with children... empathy and understanding, general kindness should be part of training, with regular refreshers/reminders.”***

***“Clear explanations to all involved – not just the parents, even if children are very young.”***

***“I think that dental practices could [take] more time to teach them to practice their hygiene. Most of the time they were in a rush without plenty of time to explain properly.”***

### 7.3.2. Understanding of additional needs

Around **3 in 10** (260) of parents and carers shared that their children has additional needs and many said their children find visits to the dentist challenging.

Only **five** of the 260 respondents whose children have additional needs reported positive experiences, likely due to attending specialist practices which were equipped to support them. These parents and carers felt listened to and supported by dental staff, with some noting that flagging their child’s needs ensured appropriate care was received. Others praised staff patience and understanding, however some felt their child’s experience was dependent largely on the dentist’s ability to understand and accommodate their needs.

***“They listened to what I flagged up about my children’s needs prior to appointments & tried to adopt an accessible approach so that my children felt comfortable.”***

***“We attend a special needs dental service as both of my children are... autistic. The experience is always a positive one, with the staff being very patient and understanding.”***

***“Dentists can be great with SEND kids but can also be very off-putting. You have to find the right people (and hope your kid hasn’t been traumatised before then)!”***

Unfortunately, the majority had negative experiences, which were often due to a lack of understanding or adequate support and accommodations in place. Some parents and carers have found it difficult to access specialist dental care due to availability and waiting times, while others were refused access.

***“The dentist’s lack of SEND provision and understanding does not accommodate my children.”***

***“Both my children are autistic. I have asked countless times for them to be referred to a specialist dentist... but the practice refuse. My dentist has now struck my 11 year old off as I was unable to get him out of the car for his appointment and they are now saying I have to pay private fees for them to see him!”***

***“I have a SEN child who could not cope with going to an average dentist due to various issues (sensory, smell, touch, masks, gloves, strangers, anxiety) [and] he had to be referred to a SEN dentist which was a very long wait.”***

Respondents also faced physical barriers to accessing their child’s dental practice. This included issues with parking and difficulties using stairs to access the dental practice and/or appointment rooms.

***“Currently my little one can’t see the dentist as I’m disabled and they can’t provide access, she’s too young to go alone, she’s due now but not sure what I’m going to do.”***

It would be beneficial for many children and young people with additional needs to see a specialist dentist, however due to long waiting times and lack of availability, this may not be possible. Parents and carers suggested that providing training for dental practices could help ensure that dental staff have a better understanding of treating patients with additional needs and making reasonable adjustments.

Other improvements included the ability to flag any adjustments or requirements ahead of appointments, allowing more time, and providing a quiet area to wait. It is important to note that many of these adjustments would benefit all patients, not just those with additional needs.

Regarding practical accessibility, respondents wanted dental practices to ensure it is accessible for people with mobility issues and pushchairs.

***“We need dentists who understand SEND [and] who are prepared to take the time and make the effort to consider a child’s individual needs and ensure the appointment and procedures are accessible for them.”***

***“A quick form for access arrangements for SEND or nervous patients would be great, e.g. I could tick no small talk, declarative language, warn before touching, needs things explained or prefers to just get it over with, please mentioning needing to clean teeth or please DON’T mention it because child is demand avoidant.”***

***“Wheelchair accessible - one of our children is in a wheelchair. Parking available.”***

### 7.3.3. Continuity of care

A small number of respondents expressed that it was important for their children to have a consistent person? at the dentist, particularly for younger and/or anxious children and those with additional needs. Seeing the same dentist helped their children to build a rapport with dental staff and made them feel more confident in attending appointments.

However, other respondents said their children’s dental practice has high staff turnover which in some cases disrupted continuity of care. Parents and carers were keen for their children to have regular appointments with the same dentist to ensure they had a consistent experience and to reduce potential fear and anxiety.

***“Both are comfortable and the practice is wonderful for them. We’ve had the same dentist over the years and they recognise and remember us and our family.”***

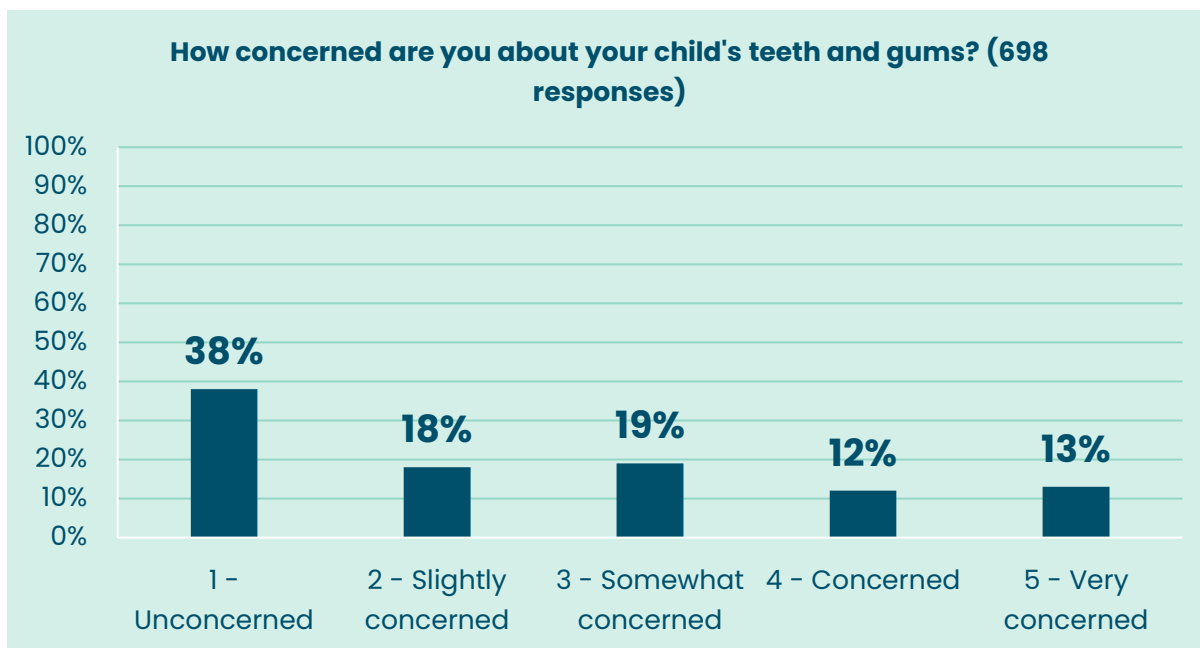
***“There is a rather high turnover at dentists at the practice we attend (it’s unusual to see the same dentist more than twice, I’d say).”***

***“Having the same dentist and nurse so there is some familiarity and the children know who they are seeing.”***

## 7.4. Parents and carers want more information on how to take care of children’s oral health

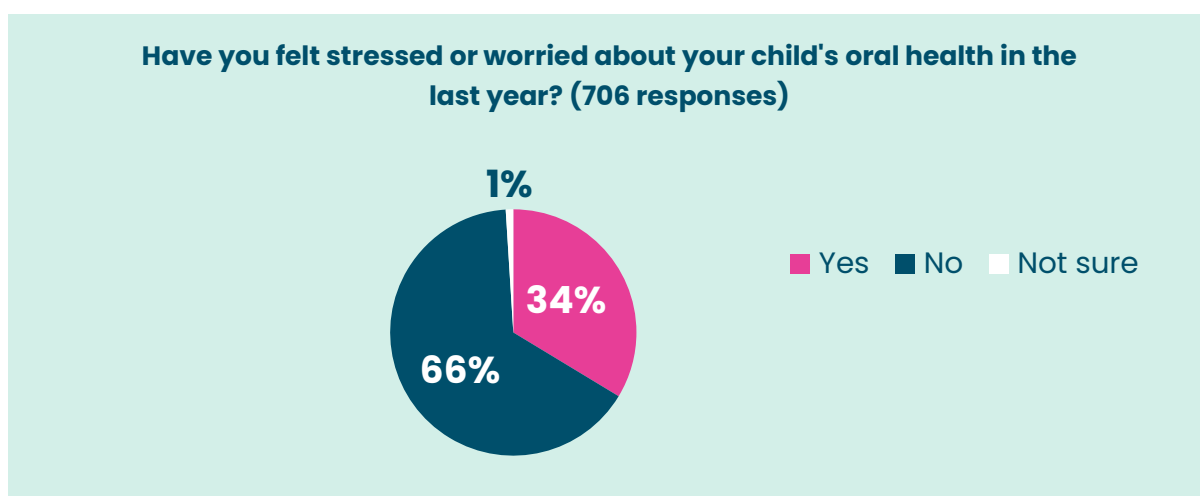
***Information and education for parents, carers and children and young people was important and the majority (79%) said they would like to see more oral health support provided within schools.***

Most parents and carers **56%** (394) were not concerned about their teeth and gums, however **25%** (174) said they were somewhat or very concerned.



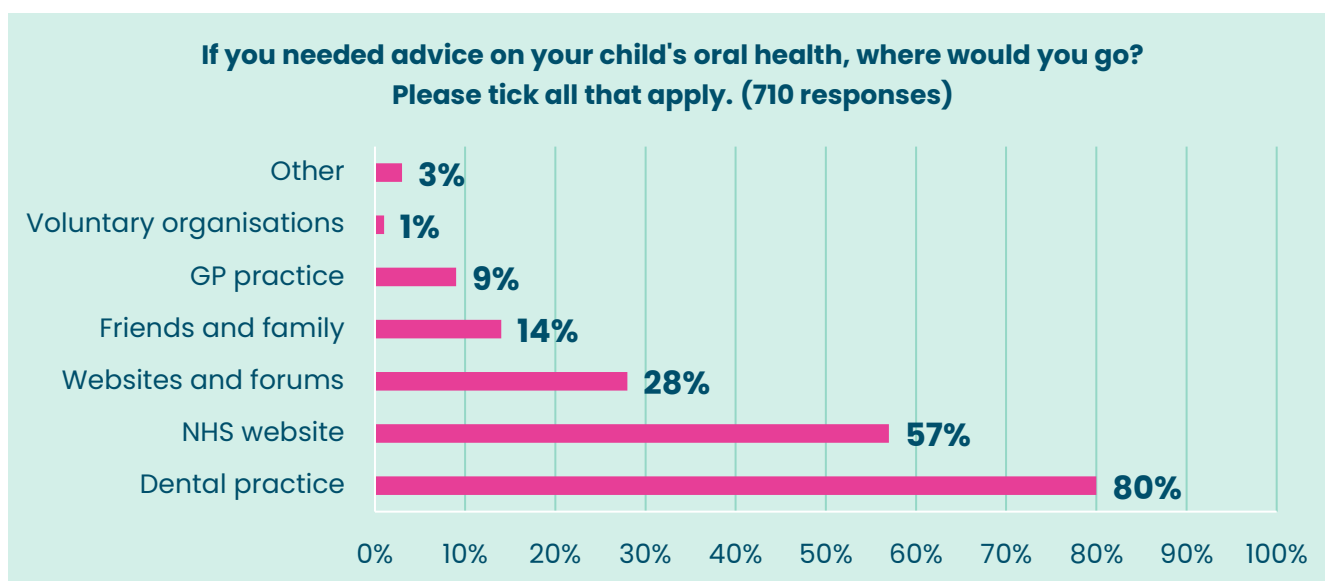
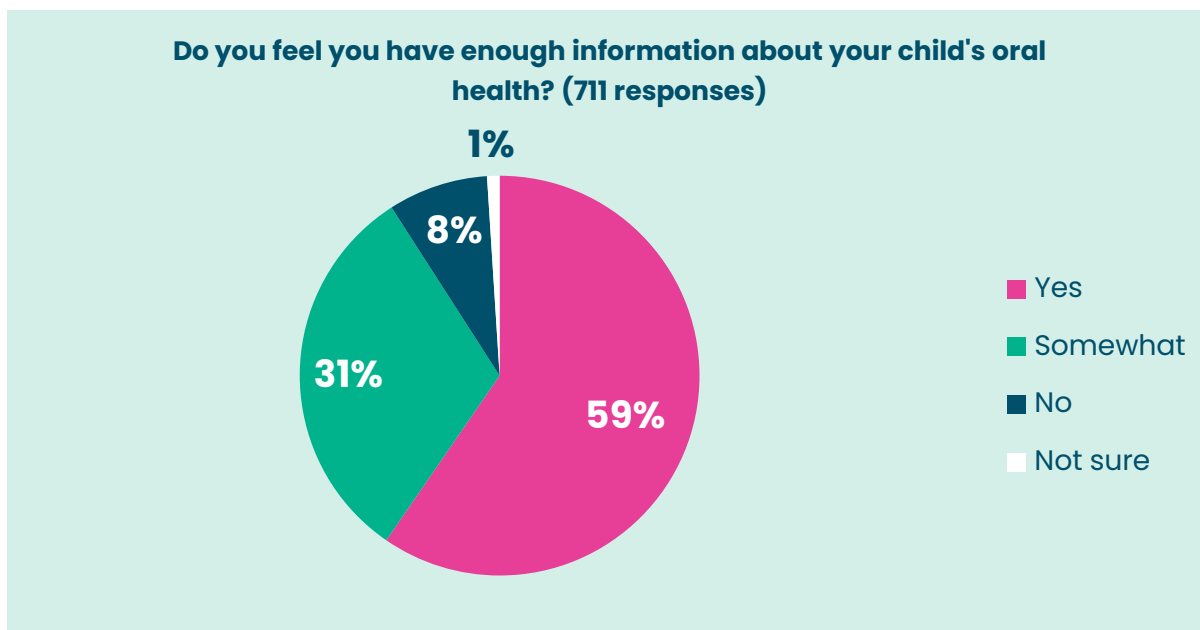
In addition, the majority (**65%** - 461) said they have not felt stressed or worried about their children's teeth and/or gums in the last year, yet over a third (**34%** - 237) said they were.

We found that some groups were more likely to have concerns and to feel stressed about their children's oral hygiene. Compared to the 34% average, this included: parents and carers whose children do not visit a dental practice at **59%** (36), respondents living in North Hertfordshire at **49%** (25), respondents affected by rising costs at **44%** (134) and ethnically diverse communities at **42%** (87). In contrast parents and carers living in Three Rivers and East Hertfordshire were less likely to have worries at **24%** (21) and **25%** (48) respectively.



### 7.4.1. Information for parents and carers

More than half (**59%** - 421) of parents and carers said they had enough information about their children's oral health. The majority (**80%** - 567) said if they needed information or support they would seek advice from their dental practice if needed, followed by the NHS website (**57%** - 407). **25%** (181) would look at websites and forums, **13%** (95) would speak to friends and family and just **8%** (60) would visit their GP practice. This is displayed in the graphs below.



However, almost a third (**31%** - 220) said they wanted more education and resources. This percentage was higher for some groups. Compared to the 31% average, this included: parents and carers whose children do not attend a dental practice at **74%** (16), respondents living in Broxbourne at **48%** (26) and respondents living in Stevenage at **45%** (10). Those affected by rising costs were anted more information at **48%** (149). Although parents and carers residing in Three Rivers were more likely to feel they had enough information at 71% (62) compared to the 59% average.

The information parents and carers wanted centred around preventative care, with many seeing the value in prioritising and instilling good dental hygiene habits from a young age to prevent complications in the future.

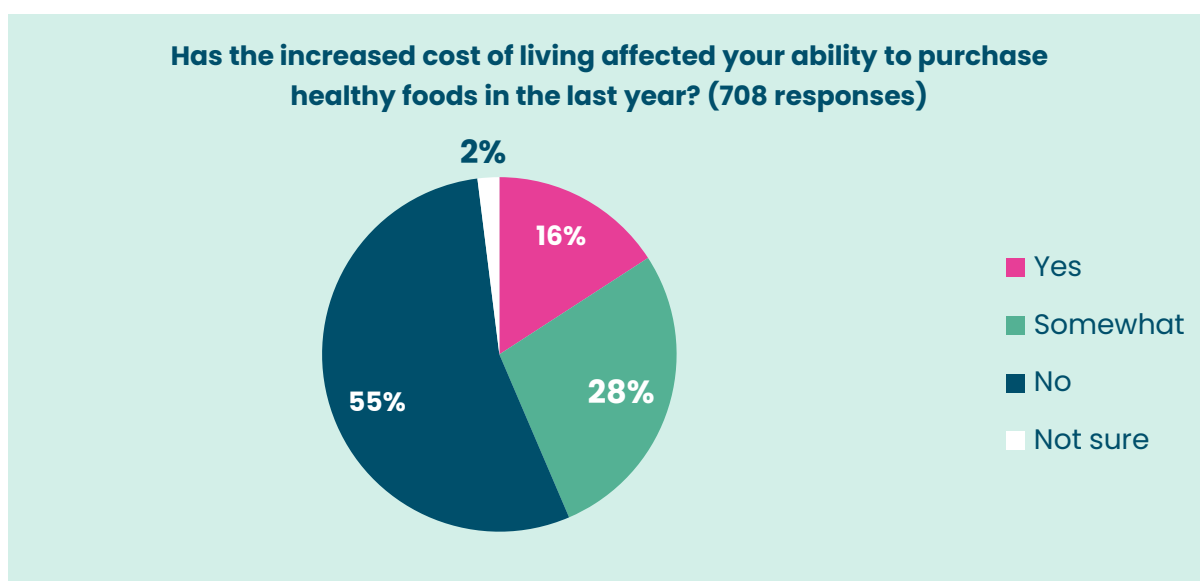
***“Information (pamphlets, videos and leaflets) about preventative care i.e. daily flossing and brushing... teeth twice a day.”***

***“More information on how different foods and drinks impact children’s dental health would be useful. A simple guide on tooth-friendly snacks and drinks, along with tips for reducing sugar intake would help parents make better choices... resources on when children should start visiting the dentist, what to expect at different stages, and how to spot early signs of dental problems would be helpful.”***

***“I think early intervention of visiting [the dentist and] good practices of teeth brushing.”***

Other suggestions included advice on brushing teeth, the impact of sugary foods and drinks, and guidance on healthy foods. This seemed particularly important given that **44%** (310) of parents and carers said that rising costs has impacted their ability to purchase healthy foods in the last year.

Some groups were more likely to have been affected by rising costs. Compared to the 44% average this included: parents and carers whose children do not attend a dental practice at **63%** (39), ethnically diverse groups at **53%** (109), residents living in Broxbourne at **52%** (28) and residents living in Stevenage at **50%** (11). Parents and carers residing in Three Rivers were less likely to have been impacted by increased costs at **34%** (30).



#### 7.4.2. Information for children

Positively, many respondents said the education and guidance their children received from their dentist helped them to develop good oral hygiene habits. This was particularly the case for children whose dentists were more personable and spoke to them directly, as mentioned earlier. However, other parents and carers described the information their children received as limited.

Parents and carers were keen for dental practices to give more guidance to their children during appointments, and others felt information could be made to be more child friendly as this would incentivise children to take a more proactive role in taking care of their oral health.

***“Lovely. We go regularly. Children know what to expect and the dentist shows them what is wrong or what is needed.”***

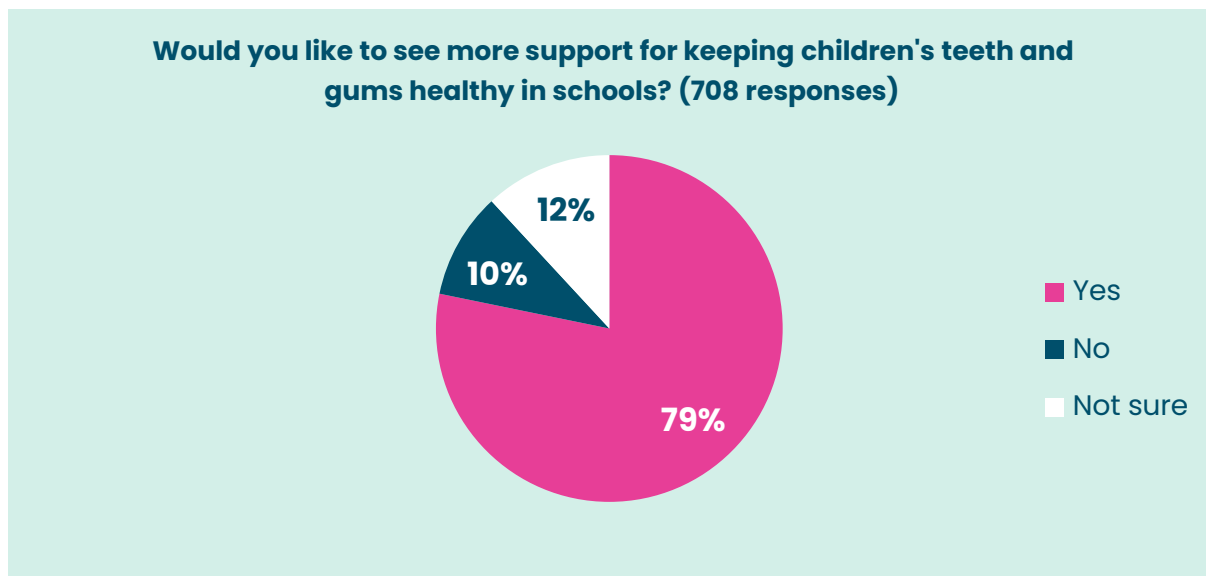
***“Always gone to a paediatric private dentist when they were very young who was able to educate and offer a pleasant experience for a young child. The NHS check-ups have been terrible, [and] the dentist spends literally no more than 2 minutes with him.”***

***“For me, what it comes down to is establishing a good relationship and telling children... about prevention/options and listening to any concerns they have. Not being alarmist... I would just suggest that if... a decision does not need to be made there and then, that dentists should give all info and recommend going away and thinking about things.”***

***“Interactive questions or games for children to answer... to go through brushing and make it fun.”***

### 7.4.3. Dental education in schools

The majority of respondents (79% - 556) said they would like to see more support for keeping children’s teeth and gums healthy in schools, including dentists and/or dental nurses visiting schools to do check-ups, providing education, and applying fluoride varnish if required.



A small number suggested that dentists could go into schools and provide age appropriate information which would be particularly beneficial for those who are anxious and/or struggle to access dental care. These parents and carers felt that this education could help children become more independent and understand the importance of maintaining oral health and taking care of their teeth and gums.

Some parents and carers felt that older children may need to be educated about oral health differently compared to younger children, and alternative methods may need to be used to encourage good oral hygiene habits.

Other respondents wanted their children to have the opportunity to brush their teeth at school and felt this could normalise and encourage taking care of their oral health more proactively.

***“I think it would be helpful to have posters in classrooms or the canteen... reminding children how to brush their teeth.”***

***“More support in primary school would be good – for example more education around sugary drinks as well as sweets and also brushing classes would have been useful.”***

***“Information for teenagers about looking after their teeth and how their diet affects their teeth that reaches them e.g. on social media.”***

***“More information about brushing teeth [and] maybe encouraged to brush their teeth after lunch once a day.”***

However, some respondents felt that dental care should not be the responsibility of schools and suggested that parents and guardians should be responsible for supporting and encouraging their children to take care of their teeth and gums.

Various forms of child-friendly resources were suggested to complement the information their children received from the dentists. Recommendations included the use of apps and digital tools that remind children to brush their teeth and teach them about brushing techniques and providing posters in schools and community settings.

***“Age-appropriate visuals and literature [showing the] consequences of not brushing teeth regularly and poor diet, and how this can affect their teeth.”***

***“An app that visually shows how to brush teeth with an electric toothbrush. All focus [is] on time spent, rather than technique.”***

## 8. Conclusion

This research aimed to hear from parents and carers in Hertfordshire about their experiences of taking their children to the dentist. Positively, over 90% of children attend a dental practice and 88% visit an NHS dentist. However it is clear that accessing an NHS dentist is still problematic, with over 20% of children either not visiting a dentist at all or receiving private care instead. This was because parents and carers could not find an NHS dental practice accepting new patients, or because of long waiting lists of several months or even years. This lack of access forced some parents and carers to have no choice but to access private dental care despite difficulties in affording this.

Other barriers in accessing NHS dental care included time constraints, with appointments often only available during school and working hours, financial challenges, travel and location, and long waiting times for appointments. These factors also either meant parents and carers could not access NHS dental care or were forced to receive private dentistry as they offered greater flexibility.

Generally, children had positive experiences of visiting dental practices, commenting that the dental staff are kind, patient, compassionate and understanding. However, respondents suggested that dental practices could be improved by being more child-friendly, offering continuity of care, and communicating directly with children as well as parents and carers during appointments. 30% of respondents have a child with additional needs and these children were far more likely to have poorer experiences of visiting the dentist, with many not having accommodations or reasonable adjustments in place, and are not able to access specialist dental care.

The provision of more information, education and resources was also important to parents and carers. With over 30% feeling worried about their children's teeth and gums, many wanted more guidance on how they can take care of their children's oral hygiene. Almost 80% wanted to see oral health support provided within schools, and other suggestions included providing more communication materials for parents, carers and children, particularly focusing on preventative care.