

Childsmile and the Universal Health Visiting Pathway



First year of life assessment Procedure

Establishing and maintaining good oral care and healthy eating habits begins at home and provides the foundation for good oral health for the whole family.

Childsmile can support families to remove barriers that prevent daily, routine, toothbrushing; this can reduce the need risk of tooth decay.

Why refer to a Dental Health Support Worker (DHSW)?

The Dental Health Support Workers (DHSW) will:

- use a person-centred, empathic method to support families to understand the everyday barriers and facilitators to adopting child, oral-health promoting behaviours
- develop tailored practical ideas for parents to support behaviour change
- provide the central link between dental services, the family and the health visitor
- give additional oral health support to children and families most in need

Additional support will be given to children and families most in need through home visits, community initiatives and primary care dental services.

Childsmile Action: (Y Yes / N No / R Refused) ☐

Answers should be based on the Childsmile referral criteria at the time of the visit:

- The child lives in SIMD 1.
- The parent and child's siblings have a history of symptomatic dental care and attendance at services prompted by dental problems or pain.

How to complete the Pre-5 Child Health Programme assessments before the child turns one:

Y = Yes in the Childsmile action field when face-to-face support is required based on criteria

N = No in the Childsmile action field when no further action is required

R = Refused in the Childsmile action field when a referral is recommended but declined/refused.

Provide key oral health messages as per Universal Pathway.

Following the visit if Y=Yes was recorded the health visitor referral should be generated to the DHSW/Childsmile Team using a locally agreed referral process. If unsure of this process, contact your local Childsmile Coordinator.

On receiving the referral, the DHSW will follow local procedures this may involve reviewing the child record on the health visitor patient management system or contacting the health visitor directly before visiting the family, to ensure any further appropriate background information is obtained.



Additional information

What happens after a referral decision is made?

DHSW and HV work together to support a child's dental needs. The amount of additional support required is tailored to a family's needs and all agreed activity will be recorded by the DHSW on the Childsmile HIC system.

The DHSW will deliver the agreed oral health support actions through home visits or at community venues.

In most cases, DHSW activity will be ongoing from 3 months of age at the appropriate level and duration to promote oral health improvement/dental health and facilitate the child's registration with Primary Care Dental Services within the first year of life.

It is important the DHSW informs the child's HV (as the Named Person) of any challenges or concerns. Where a child is referred to a DHSW from a source other than a HV, the DHSW should liaise with HV colleagues to make them aware and provide opportunity for sharing of relevant information.

No identified need for additional face-to-face DHSW support

The Health Visitor reinforces the key oral health improvement/prevention messages as described in the Universal Health Visiting Pathway.

Should circumstances change and the HV subsequently feels that additional support provided by the Dental Health Support Worker would be beneficial a referral can be made at any point. This can be recorded by the HV on an unscheduled CHSP form.

Primary care dental services provide oral health improvement/preventive care for registered children.

- Primary Care Dental Services provide appropriate oral health improvement/preventive care in accordance with Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance.
- Where a parent fails to bring child to a dental practice appointment on more than one occasion the practice should contact the DHSW as per local "was not brought" policies. Where the practice team identify a concern for a child's wellbeing (e.g. repeated non-attendance, emergency pain relief on more than one occasion) they should follow local child protection procedures as per the SDCEP Guidance: Prevention and Management of Dental Caries in Children <https://www.childcaries.sdcep.org.uk/guidance/providing-additional-support/child-protection-guidelines/>

Childsmile and the Universal Health Visiting Pathway



Visits from 13 months onwards

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Childsmile outcome at last review	☐	Registered with Dentist	☐	Ever attended Dentist?	☐
Toothbrushing twice daily (Y/N)	☐	Childsmile Action: (Y Yes / N No / R Refused)	☐		

Understanding pre-populated Childsmile field completion options:

Childsmile outcome at last review should be checked and if the box contains “Y= Yes” the child’s electronic record should be reviewed to see the outcome of the previous referral.

When there is no data in the pre-filled fields relating to dental registration and attendance this means they are not registered and/or attended. This can be a judgement call if the family are likely to seek registration independently they can be referred to the link below or a referral can be raised to Childsmile for additional support. <https://www.nhsinform.scot/scotlands-service-directory/dental-services>

Where a field is blank it is important to note there is no need to complete it. Reviewers need not gather any information in these fields. They are prepopulated to provide information to inform the review.

Answers should be based on the Childsmile referral criteria at the time of the visit:

- Child living at an SIMD 1 postcode who has not previous had Childsmile contact
- The toothbrushing twice daily question was answered “No”
- The parent and child’s siblings have a history of symptomatic dental care and attendance at services prompted by dental problems or pain.
- Child who has never attended the dentist and families is likely to need support to attend???

How to complete the Pre-5 Child Health Programme assessments after the child turns 13 months:



Toothbrushing

Y= in the toothbrushing twice daily field when family confident around brushing child's teeth twice per day with at least 1000ppm fluoride toothpaste

N = in the toothbrushing twice daily field when toothbrushing is not happening twice per day

Childsmile Action

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Additional information

Pre-populated data limitations

There is a time lag between extraction of the data to pre-populate the registration and participation fields, and a child's actual review date. This means there is a possibility that a child may be registered with a dentist and/or attended in the intervening period. It is important this information is used to explore dental registration status and involvement with dental services and is not seen as a definitive position.

Was the child referred to a DHSW at a previous review?

The purpose of this field is to inform the HV carrying out the review of any previous decisions to refer for additional support. This can be used to gauge change in status over time.

Dental Registration Status

The pre-populated entry in the dental registration field will give an indication of whether a child is registered with a dentist. If the child is registered the field entry will be (Y) for yes. Otherwise, the field entry will be (blank) for unknown. Regardless of whether the entry is 'Y' or blank this is an opportunity to discuss dental registration status.

Ever attended a dentist/Attended a dentist in the last 12 months

This field tells the reviewer whether the child being reviewed has been taken by their parents/carers to their dental practice in the 12 months prior to the population of the review form. This field will be pre-populated with Yes (Y) or No (N) for children who are registered. For children with unknown registration status, the field will be blank.

Support for family provided by routine universal services (e.g. Universal HV Pathway, PCDS)

Where a child is registered with a dental practice and has attended for routine treatment there is no further current requirement to take action unless in response to a specific issue raised by the parent. In this scenario the family is engaging with services, and the child is supported as required.