



# Childsmile

## Statement of Dental Remuneration

This booklet provides information about delivering preventive dental services to 0–17-year-olds following the changes to the Statement of Dental Remuneration on 1 February 2022

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Translations



Easy read



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## How this guidance should be used

The purpose of this guidance is to support dental teams to deliver Childsmile preventive interventions to children and young people as described in the Statement of Dental Remuneration (February 2022). It is a reference source and readers are advised to follow the steps below to get the most out of the guidance.

- **Step 1:** familiarise yourself with roles and responsibilities of the wider dental workforce, include Childsmile teams.
- **Step 2:** ensure dental team members are comfortable with key principles and the practice of assessing need, motivation and action planning.
- **Step 3:** select the age and stage appropriate guidance section.
- **Step 4:** consult the **resources section** for a list of electronic and published resources that can be used to support patient discussions and action planning.

## Roles and responsibilities

Childsmile is a national programme designed to improve the oral health of children in Scotland and reduce inequalities, both in dental health and access to dental services. It is funded and supported by the Scottish Government and has three main components:

- Childsmile community and practice
- Childsmile toothbrushing
- Childsmile fluoride varnish.

Childsmile is introduced to families by the health visitor or family nurse. The health visitor or family nurse reinforces key oral health messages and actively

encourages the registration of the child with a dentist as early as possible or refers the child to a dental health support worker (DHSW) who will contact the family when their child is around 3 months old.

Families should be supported to make dental appointments for their children on a regular basis. A programme of Childsmile care, tailored to meet the needs of individual children, should be provided by the dental team in their registered practice. This must be available for all children and young people, aged 0 to 17 years.

**Key components of Childsmile in dental practice are:**

- Registration from birth.
- Children from 6 months of age to attend an appointment at the practice with a member of the dental team.
- Oral health promotion and clinical prevention, tailored to the needs of the child.
- Twice-yearly fluoride varnish application for all children from 2 years of age.
- Regular oral examination with a dentist.

**Childsmile will provide:**

- Toothbrushing packs for dental practices to provide, free of charge, to families with children under 3 years of age at increased risk of caries. These should be distributed every six months from 6 months of age.
- Loose toothbrushes for toothbrushing demonstrations for children under 6 years old.
- Childsmile training, delivered by NHS Education for Scotland (NES) for DHSWs and dental nurses in oral health promotion and fluoride varnish applications.

### **Formal interventions in the dental practice must include:**

- Dietary advice.
- Toothbrushing demonstration and supervision of hands-on brushing for parents and carers of younger children and older children requiring additional assistance, e.g. those with additional support needs (ASN).
- For older children not requiring additional assistance (e.g. ASN), demonstrate appropriate brushing technique.
- Fluoride advice and fluoride varnish application.

In many circumstances, other members of the dental practice team, e.g. hygienists, therapists or dentists, can be involved in providing Childsmile interventions.

Dentists and dental teams are key partners working collaboratively with Childsmile to promote and improve children's oral health.

## **Support roles within Childsmile**

### **Extended duty dental nurse**

The role of the extended duty dental nurse (EDDN) in a dental practice is to provide preventive dental care and caries management tailored to the individual needs of children and the standards expected of the programme.

### **Dental health support workers**

The role of dental health support worker (DHSW) is to:

- contact the parents of 3-month-old children in need of additional support
- assist the family to make the first appointment for the child with a local practice

- provide a central link between dental services, the family and the health visitor (HV) or public health nurse (PHN)
- give additional oral health advice and support to children and families at increased risk of caries
- encourage families with children identified as not currently attending a dentist to register with a local practice
- link families to other community-based services that can provide support to help families engage with dental services and maintain good oral health.

## **Childsmile coordinator**

The role of the Childsmile coordinator is to:

- support the dental team with what is involved and what is expected in relation to Childsmile
- work with practices, sharing examples of good practice
- work with practices to try to resolve any difficulties they are having in delivering Childsmile
- regularly contact practices to offer support, including ongoing dialogue regarding onward referral to other dental services, and provide resources (e.g. toothbrushing packs).

## **Childsmile interventions in dental practice**

All contacts within the practice offer the opportunity for the whole dental team to inform families of the key preventive oral health messages.

Formal interventions are:

- **Dietary advice:** information on nutrition and drinks to foster good oral health behaviour and prevent decay. This needs to be realistic and achievable.
- **Toothbrushing:** this includes when to brush, types of brush and toothpaste to use, amount of toothpaste to use, methods and demonstrations of brushing and a parent brushing the child's teeth (for younger children) to demonstrate skill acquisition.
- **Fluoride varnish:** applications to the teeth of all children twice yearly from the age of two years. Dentists should review the medical history of the child to ensure there are no contraindications.

The initial appointment may be with the EDDN to determine the level of support required. In some circumstances, the EDDN will continue to see the children and parents on a long-term basis. This may be in conjunction with visits to the dentist for oral examination, depending on the needs of the family.

The information given should take account of the age of the child and circumstances of the family. The dental team member should agree a plan or key action for the parent to focus on until the next session.

## Additional support

Where children require additional support, i.e. they are at increased risk of caries, a more intensive programme of care should be considered. Children and young people residing in the most deprived quintiles (Scottish Index of Multiple Deprivation [SIMD] 1–2) are considered most at risk of caries.

Interventions for families requiring additional support must cover the key components of Childsmile in more depth, either over a longer appointment or with more regular visits to the dental practice. This would usually be delivered by an EDDN.

All children should receive two applications of fluoride varnish in a dental practice each year. Practices should note that some children might receive fluoride varnish twice a year from the targeted component of Childsmile in their nursery or school. It is recommended that children at increased risk of caries have fluoride varnish applied four times per year.

# Parent/carer motivation and ability to take responsibility

## Motivating and action planning

Information gathered during the assessment of the child provides an understanding of the child's current oral health practice, the family's ability and attitude towards maintaining oral health and parental motivation to take responsibility for it.

As knowledge does not readily translate into behaviour change, providing caries prevention advice alone has variable success in influencing patients. However, there is evidence that forming an action plan increases the likelihood that a patient will adopt a behaviour, with a recent study of young adults showing that action planning has a significant effect on compliance with oral care.

### **Consider developing an individual action plan for the child as follows:**

- Identify a convenient time and place for the preventive behaviour to occur (e.g. toothbrushing after breakfast in the morning and last thing at night), a date for starting the task (ideally from the day of the appointment) and who is to carry it out.
- Identify a trigger as a reminder for the child or parent/carer to carry out the preventive behaviour (e.g. when the child gets ready for bed).
- Agree a date to review progress (e.g. assess oral hygiene at the next visit).
- Agree the action plan with the child and parent/carer and write this down for them if necessary, possibly on a food and drink diary or a toothbrushing chart.
- Record the action plan in the child's notes so reference can be made to it at subsequent visits.

- At the next visit, provide encouragement, further advice and revise the action plan if necessary.

While discussing the action plan, assess the parent/carer or child's ability and motivation to comply. If there is doubt about this, discuss collaboration with the HV or school nurse as a source of community or home support for the child, and include this in the action plan.

# Childsmile caries prevention reminder: age less than 1 year

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction early during the child's care (at least once a year).
- Provide advice at least once per year and discuss the following:
  - brush as soon as teeth erupt
  - two minutes twice daily – in the morning and last thing at night
  - toothbrush type
  - positions
  - use a smear of at least 1,000 parts per million (ppm) fluoride toothpaste
  - adult assistance and supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.

## Diet

### Standard prevention for all children

Provide the following advice at least once per year:

- Only breast milk or formula milk should be placed in feeding bottles.
- If formula-fed babies under 6 months need any liquids between feeds, they should only be given cooled boiled tap water. This can be placed in a feeding bottle.
- Introduce a free flow cup at 6 months. Aim to have the baby no longer drinking from a feeding bottle before their first birthday.
- Nothing to eat or drink after brushing at night. If breastfed, aim to brush teeth as close as possible to bedtime and do not wake after a feed to brush.
- Babies do not require any other foods until they are around 6 months old.
- Weaning foods should be homemade with no sugar or salt added.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of action planning.
- Utilise community/home support, e.g. support worker.
- Ensure and encourage responsive feeding patterns.
- Give examples of types of weaning foods and healthy snacks and drinks.
- Discuss Best Start payments and Best Start food prepayment cards.

# Childsmile caries prevention reminder: age 1 year

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction at least once a year.
- Provide advice at least once per year:
  - brush as soon as teeth erupt
  - two minutes twice daily – in the morning and last thing at night
  - toothbrush type
  - use a smear of at least 1,000 ppm fluoride toothpaste
  - adult assistance and supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - foods containing sugar should be kept to a minimum and are best given at mealtimes
  - drink only water or full-fat milk between meals
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of types of healthy snacks and drinks.
- [www.parentclub.scot/topics/food-eating](http://www.parentclub.scot/topics/food-eating)
- Discuss Best Start payments and Best Start food prepayment cards.

# Childsmile caries prevention reminder: age 2 years

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction at least once a year.
- Provide advice at least once per year:
  - two minutes twice daily – in the morning and last thing at night
  - toothbrush type
  - use a smear of at least 1,000 ppm fluoride toothpaste
  - spit, do not rinse.
- Adult assistance and supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.
- Consider the use of toothbrushing charts.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - foods containing sugar should be kept to a minimum and are best given at mealtimes
  - drink only water or milk between meals (may now drink semi-skimmed milk, as long as they are eating a varied diet)
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food and medicines
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of healthy snacks and drinks.
- [www.parentclub.scot/topics/food-eating](http://www.parentclub.scot/topics/food-eating)
- Discuss Best Start payments and Best Start food prepayment cards.

## Topical fluorides

### **Standard prevention for all children**

- Apply fluoride varnish twice per year.

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Apply fluoride varnish an additional 1–2 times per year, unless child has received fluoride varnish treatment at a Childsmile nursery or school.

# Childsmile caries prevention reminder: age 3 years

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction at least once a year.
- Provide advice at least once per year:
  - two minutes twice daily – in the morning and last thing at night
  - use a pea-sized amount of at least 1,000 ppm fluoride toothpaste
  - spit, do not rinse
  - adult assistance and supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.
- Consider the use of toothbrushing charts.
- Consider recommending 1,350–1,500 ppm fluoride toothpaste and explain the differences.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - foods containing sugar should be kept to a minimum and are best given at mealtimes
  - drink only water or milk between meals (may now drink semi-skimmed milk as long as they are eating a varied diet)
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food and medicines
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of healthy snacks and drinks.
- [www.parentclub.scot/topics/food-eating](http://www.parentclub.scot/topics/food-eating)
- Discuss Best Start payments and Best Start food prepayment cards.

## Topical fluorides

### **Standard prevention for all children**

- Apply fluoride varnish twice per year.

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Apply fluoride varnish an additional 1–2 times per year, unless child has received fluoride varnish treatment at a Childsmile nursery or school.

# Childsmile caries prevention reminder: age 4 years

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction at least once a year.
- Provide advice at least once per year:
  - two minutes twice daily – in the morning and last thing at night
  - use a pea-sized amount of at least 1,000 ppm fluoride toothpaste
  - spit, do not rinse
  - adult assistance and supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.
- Consider the use of toothbrushing charts.
- Consider disclosing.
- Consider recommending 1,350–1,500 ppm fluoride toothpaste and explain the differences.
- Consider advising parent or carer to floss DE contacts.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - foods containing sugar should be kept to a minimum and are best given at mealtimes
  - drink only water or milk between meals (may now drink semi-skimmed milk as long as they are eating a varied diet)
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of healthy snacks and drinks.
- [www.parentclub.scot/topics/food-eating](http://www.parentclub.scot/topics/food-eating)

## Topical fluorides

### **Standard prevention for all children**

- Apply fluoride varnish twice per year.

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Apply fluoride varnish an additional 1–2 times per year, unless child has received fluoride varnish treatment at a Childsmile nursery or school.

## Fissure sealants

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Consider fissure-sealing Es if cooperative.
- Monitor existing sealants and top up if indicated.

# Childsmile caries prevention reminder: age 5 years

## Toothbrushing

### Standard prevention for all children

- Demonstrate and observe hands-on brushing instruction at least once a year.
- Provide advice at least once per year:
  - two minutes twice daily – in the morning and last thing at night
  - use a pea-sized amount of at least 1,000 ppm fluoride toothpaste
  - spit, do not rinse
  - adult supervision.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Provide hands-on instruction at each recall visit.
- Utilise any community/home support available, e.g. support worker.
- Consider free toothbrush and toothpaste.
- Consider the use of toothbrushing charts.
- Consider disclosing.
- Consider recommending 1,350–1,500 ppm fluoride toothpaste and explain the differences.
- Consider advising parent/carer to floss DE and 6E contacts.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - foods containing sugar should be kept to a minimum and are best given at mealtimes
  - drink only water or milk (preferably semi-skimmed or skimmed) between meals
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of healthy snacks and drinks.
- [www.parentclub.scot/topics/food-eating](http://www.parentclub.scot/topics/food-eating)

## Topical fluorides

### **Standard prevention for all children**

- Apply fluoride varnish twice per year.

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Apply fluoride varnish an additional 1–2 times per year, unless child has received fluoride varnish treatment at a Childsmile nursery or school.

## Fissure sealants

### **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Fissure-seal all pits and fissures of 6s.
- Monitor existing sealants and top up if indicated.
- Consider temporary glass ionomer cement (GIC) sealants for partially erupted 6s.

# Childsmile caries prevention reminder: ages 6–17 years

## Toothbrushing

### Standard prevention for all children

- Demonstrate appropriate brushing technique.
- Provide advice at least once per year:
  - two minutes twice daily – in the morning and last thing at night
  - use a pea-sized amount of at least 1,000 ppm fluoride paste (1,350–1,500 ppm from the age of seven)
  - spit, do not rinse
  - adult supervision until the age of eight.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Consider the use of toothbrushing charts.
- Consider disclosing.
- Consider prescribing 2,800 ppm fluoride paste from the age of 10 and explain the differences.
- Give age-appropriate flossing advice.

## Diet

### Standard prevention for all children

- Provide advice at least once per year:
  - restrict sugar to no more than four times per day
  - drink only water or milk (preferably semi-skimmed or skimmed) between meals
  - sugar-free snacks only
  - nothing to eat or drink after brushing at night
  - be aware of hidden sugars in food
  - be aware of the acid content of drinks.

### Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention

- Provide standard prevention advice at each recall.
- Motivate and be positive and supportive.
- Consider the use of diet diaries.
- Consider the use of action planning.
- Give examples of healthy snacks and drinks.

## Topical fluorides

### Standard prevention for all children

- Apply fluoride varnish twice per year.

## **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Apply fluoride varnish an additional 1–2 times per year.

## **Fissure sealants**

## **Enhanced prevention for children assessed as having increased caries risk, in addition to standard prevention**

- Fissure-seal pits and fissures of all permanent teeth.
- Monitor existing sealants and top up if indicated.
- Consider temporary GIC sealants for partially erupted 6s.

## Fluoride varnish

The SIGN Guideline 138 (2014) found fluoride varnish to be effective in the prevention of decay and recommended that it should be applied to the teeth at least twice yearly for all children.

The fluoride preventive measure used in Childsmile is the fluoride varnish Duraphat®. It is the only fluoride varnish licensed for caries reduction and is recommended by Childsmile.

## Fluoride varnish application

Practices are expected to provide fluoride varnish application to the teeth of all children twice yearly, from the age of two (provided an appropriate medical history is available and deemed satisfactory). This is recommended by the Scottish Dental Clinical Effectiveness Programme (SDCEP) Prevention and Management of Dental Caries in Children guidance:

[www.sdcep.org.uk/media/2zbkrdbg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf](http://www.sdcep.org.uk/media/2zbkrdbg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf)

It is important that:

- the dentist reviews the medical history of the child to ensure that there are no contraindications to fluoride varnish application
- thereafter, the EDDN should ensure that the medical history form is up to date on each occasion that fluoride varnish is applied.

Although a child might additionally receive fluoride varnish twice a year from the targeted component of Childsmile in nursery or school, it is acceptable for children to have fluoride varnish applied four times per year.

## Childsmile training

The full Childsmile training is a self-directed blended learning course. It is delivered by NHS Education for Scotland Reducing Inequalities Team using digitally enhanced learning methods to meet the outcomes.

The training course is for dental health support workers and General Dental Council registered dental nurses. It incorporates a community development approach throughout all the modules and promotes an ethos of working in partnership with families.

It aims to enhance knowledge and develop core practice skills in relation to the following topics:

- Introduction to the Childsmile programme
- Dental public health
- Data collection
- Health and safety and infection control
- Professionalism and ethics
- Caries development
- Key oral health messages
- Toothbrushing and fluoride
- Application of fluoride varnish
- Childhood nutrition from birth to five years, including the importance of breastfeeding and weaning
- Child protection and supporting child wellbeing
- Working with children in the clinical or community setting

- Supporting families to change behaviour
- Recognising when to signpost families to services
- Health inequalities and the impact of poverty on children's health and wellbeing
- The importance of working with the community to improve children's oral health.

Elements of the course include:

- Pre-course reading or e-learning to complete
- Attendance of six online sessions using Microsoft Teams platform
- Online formative assessment, completion of open book assignment and professional discussion
- Workplace learning activity with submission of reflective writing material
- The completion of summative assessment in the form of a portfolio of evidence to be submitted to the [childsmile@nes.scot.nhs.uk](mailto:childsmile@nes.scot.nhs.uk) 12 weeks from the first day of starting the course.

A learning guide handbook will be provided and ongoing tutor support offered where necessary.

On completion of all elements, participants will receive a certificate and 45 hours verifiable CPD and a SCQF Level 7 qualification for theory element or Level 8 for theory and practical application of fluoride varnish element from NES and Scottish Qualification Association (SQA).

To book training:

- Complete an application form using Turas to apply for a place on the Childsmile six module course.

- If you do not have an account, please use the link below to register for an account at: <https://learn.nes.nhs.scot/>
- You may then be required to verify your account via your email address.

If you have any questions, please contact: [childsmile@nes.scot.nhs.uk](mailto:childsmile@nes.scot.nhs.uk)

## Oral health and dietary resources

Links in this section will provide you with resources to support delivery of oral health and dietary advice to families.

- **First Steps Nutrition Trust: Eating Well – The First Year.** Key information and advice to support feeding from birth and throughout the first 12 months of life.
- **Parent Club: Weaning and first foods.** This part of the Parent Club website covers a range of topics associated with weaning including:
  - weaning tips
  - what food can be offered
  - milk and other drinks
  - when introducing food is not going to plan
  - tips on safety and choking.
- **Parent Club: Recipes.** Contains recipes, cook-along videos, meal planners and tips on fussy eating, sugars and snacking.
- **Delivering better oral health: an evidence-based toolkit for prevention (fourth edition) – Summary guidance tables for dental teams.** An evidence-based toolkit to support dental teams in improving their patients' oral and general health. This section summarises the guidance for dental teams.
- **Delivering for better oral health – healthier eating.** Evidence-based toolkit to support dental teams in improving their patient's oral and general health. This section links to healthier eating advice.
- **Best Start Grant and Best Start Foods – How it works.** Best Start Grant and Best Start Foods are payments that help towards the costs of being pregnant or looking after a child.

- The Best Start Grant comes in three payments – a pregnancy and baby payment (24 weeks pregnant to 6 months old); an early learning payment (2 years to 3 year and 6 months); and a school age payment (in the year your child starts school).
  - Best Start Foods is a pre-payment card that can help you buy healthy foods like vegetables or fruit. Cards can be used in shops and online.
- **First teeth, healthy teeth: a guide for health professionals, parents and carers.** A practical guide for health professionals and others to provide clear, up-to-date information about oral health to parents and carers of children up to the age of five years. Contact your local **Childsmile Coordinator** for a copy.
  - **Drinks for babies and young children.** A leaflet for parents/carers about tooth-friendly drinks.
  - **Food and drinks diary.** A resource to help the dental team promote healthy food and drinks to parents and carers of young children.
  - **My toothbrushing diary.** A resource for the child and parent or carer to record each time the child's teeth are brushed, as a reminder about brushing frequency and as a tool to focus discussion with professionals.
  - **Fluoride varnish for children.** A leaflet for parents and carers providing up-to-date, accurate and reassuring information on fluoride varnishing in nurseries, schools and dental practices.
  - **Fun first foods: An easy guide to introducing solid foods.** Provides information on the different stages of weaning, offering tips, advice and recipes.

## References

Scottish Dental Clinical Effectiveness Programme (SDCEP), Prevention and Management of Dental Caries in Children:

<https://www.sdcep.org.uk/media/2zbkrdbg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf>

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