

Understanding the oral health needs of babies and young children with special educational needs and disability



This Good Practice Point aligns to the NMC 2022 Standards of Proficiency for SCPHN Health Visitors, in particular Sphere of Influence D: Population health: enabling, supporting and improving health outcomes of people across the life course. See the [Nursing and Midwifery Council website](#) for more details.

This GPP focuses on understanding the oral health needs of children and young people (CYP) with special educational needs and disability (SEND). It is to be read in conjunction with the Institute of Health Visiting Good Practice Point – Oral Health for Babies and Children (bit.ly/3tCLOF5).

There are 1.49 million CYP with special educational needs (SEN) in the UK¹. The Department for Education (DfE) report “Special educational needs and disability: an analysis and summary of data sources” (bit.ly/3Mnr4ad) provides a combination of analysis and links to the key data sources on children and young people with special educational needs and/or a disability (SEND).

Oral health conditions and oral health inequalities are more prevalent in children with SEND. Poor oral health and, unmet oral and dental needs can cause pain, infection and affect general health and wellbeing with an impact on quality of life.

Whilst there are some essential oral health messages to promote for all children², it is important that health visitors are aware of the specific oral health conditions which may be more prevalent in babies and young children with SEND and offer early intervention, advice and support.

Whilst all dental settings should make reasonable adjustments³, some babies and young children with SEND may require treatment and support in a dental care setting that has been adapted to their specific needs.

Impact of poor oral health:

Poor oral health can have a negative effect on all babies and young children, particularly those with SEND. Poor dental health not only affects the individual’s health, but also their wellbeing and that of their family⁴ and can lead to:

- Oral pain and infection which may affect eating.
- Sleep disturbance which may also negatively impact other family members.
- Concerns about the poor aesthetics of decayed teeth.
- Dental disease complicating or exacerbating other systemic illnesses or medical issues.

- Dental extraction(s) which may necessitate general anaesthesia and cause future problems requiring orthodontics (braces).
- Reduced school attendance due to pain and/or attendance at dental or hospital appointments.
- Parents/carers needing to take time off work to provide care or take their child to appointments.

Dental decay in the baby teeth is also a significant risk factor for disease in the adult teeth.

Poor oral health can be indicative of dental neglect and an alert to associated safeguarding issues⁵.

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For additional resources see www.ihv.org.uk

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Babies and children with SEND are known to have more oral health issues such as:

Poor oral hygiene and periodontal (gum) disease

Contributing factors:

- Limitations in performing self-care activities which may be a result of motor impairment, inhibiting the ability to hold and use a toothbrush effectively.
- Reliance on a parent/carer to brush teeth.
- Oral sensory issues (some babies and young children with SEND and sensory issues may not like the texture of a manual toothbrush or the sensation of an electric toothbrush).
- Certain medications can cause gum overgrowth which may be further aggravated by compromised oral hygiene.
- Individuals with Down syndrome and some immune and connective tissue conditions are predisposed to periodontal disease.
- Those who have limited oral intake have increased levels of plaque and calculus as they do not have the mechanical stimulus of food to remove it.

Dental caries (decay)

Contributing factors:

- Increased frequency and consumption of sugary foods/drinks - may be a result of a restricted or less balanced diet due to sensory issues or eating disorders such as avoidant/restrictive food intake disorder.
- Difficulty in tolerating toothbrushing and fluoride toothpaste (some babies and young children with SEND and sensory issues may not like the taste or texture of toothpaste).
- Dental anomalies - differences in the structure and shape of the teeth may make toothbrushing more difficult and the teeth more prone to decay. Decay risk may be increased during orthodontic treatment due to plaque accumulation around braces.
- Some babies and young children with SEND will be prescribed medications containing sugar or medications may be concealed in sweetened drinks, as well as dietary supplements. Where possible, all medications are recommended to be sugar-free⁶.

Oral trauma

Contributing factors:

- Malocclusion (bite problems) – the position of teeth may be affected by many factors but CYP with developmental problems have a greater chance of misaligned teeth such as proclined incisors or crowding of teeth. This may be due to a lack of oromotor control, delayed tooth eruption or habits such as tongue thrusting. Orthodontics (braces) to correct this can be more challenging for CYP with SEND due to the level of co-operation required and the optimum oral hygiene requirements during orthodontic management.
- Oral habits - clenching or grinding of teeth may increase the risk of toothwear or trauma to teeth or soft tissues. Tongue biting/thrusting, pica (eating non-food substances), self-injurious behaviour (some babies and young children with SEND will engage in behaviours such as picking the gums and lips or tongue biting). This can also result in trauma to the soft tissues of the mouth and possible infection of wounds.
- Mobility/stability issues, visual impairment and neurological conditions such as epilepsy may increase the risk of trips/falls and subsequent dental trauma.

It is important to recognise that babies and young children with SEND are at greater risk of abuse and neglect⁷ - health visitors need to be alert to non-accidental injury resulting in oral trauma.

The most common abusive injury to the mouth is a torn upper labial frenum (often referred to as frenulum or phrenum).

For further information please access the Child Protection Evidence Systematic Review on Oral Injuries (bit.ly/3Z3SLfy) published by the Royal College of Paediatrics and Child Health published in 2023.

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Barriers to accessing and providing dental care for babies and young children with SEND:

There may be accessibility, physical, sensory, communication and medical barriers to accessing care for babies and young children with SEND - as well as possible financial implications for parents/carers with time off work and travel to appointments. There may also be training barriers to the dental teams providing care⁹.

Facilitators to improve oral hygiene in children include:

- increased oral health knowledge,
- the adaptation of the social environment to facilitate parental-supervised toothbrushing, and positive attitudes towards oral health^{10,11}.

For more information, please access:

- British Society of Special Care Dentistry - bit.ly/4d1bjAr
- Alamri, H. (2022) Oral Care for Children with Special Healthcare Needs in Dentistry: A Literature Review - bit.ly/4dF4Axe

Referral pathway

Dental services are structured into General Dental Services (GDS), Community Dental Services (CDS) and Hospital Dental Services (HDS)⁸. Babies and young children with SEND should be able to access the appropriate service for their needs.

- **GDS** - directly accessed by the public as 'high street' dental services.
- **CDS** - also known as salaried dental services or Special Care Dental Services and provide care, usually on referral by a healthcare professional, to patients who may have difficulty accessing GDS due to social, medical or dental needs.
- **HDS** - provide specialist dental care such as complex orthodontics, paediatric dentistry, oral and maxillofacial surgery on referral from a medical/dental professional.

Health visitors may refer babies and young children with SEND to the CDS if they are unable to access care with the GDS. For more information about community and special care dental services contact:

- **England:** NHS England on 0300 311 2233 or england.contactus@nhs.net
- **Wales:** NHS Wales 02920 099690 or dental.referrals@wales.nhs.uk
- **Scotland:** Contact Local Childsmile coordinators: <https://www.childsmile.nhs.scot/contact-us/coordinators/>
- **Northern Ireland:** Royal Belfast Hospital Department of Paediatric Dentistry 028 90632048 or paeddentalinfo@belfasttrust.hscni.net

Good Practice Points:

Health visitors and their team have an important role in providing advice and support from the start for babies and young children with SEND. The following good practice points provide key messages that health visitors and their team can utilise when advising parents and carers about their child's oral health:

- Support parents and carers in providing good oral health at home, and support families by connecting them with appropriate resources and practical aids to facilitate this. The Dental Passport (bit.ly/4d2mo4x) is nationally approved and designed to help share important information with dental staff.
- Make every contact count by listening to parents' and carers' concerns, 'lift the lip' (bit.ly/3HkEVtE) if trained and discuss the specific oral health needs of babies and young children with SEND.
- Encourage parents and carers of babies and young children with SEND to prioritise oral health, by supporting babies to see a dentist once the first tooth erupts or at least by one year of age (bit.ly/47WteHA).

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Good Practice Points cont'd

- If the dentist is unable to care for a baby or child based on their SEND needs, ask for a referral to the local community dental services.
- Liaise with other healthcare professionals and the dental teams to ensure that oral healthcare is included in the overall healthcare plan for babies and young children with SEND.

Further resources:

- iHV GPP – Oral health for Babies and Children - (bit.ly/3tCLOF5)
- iHV Parent Tips – Looking after your children’s teeth - (bit.ly/3IW5zJS)
- Child oral health: Applying All Our Health - Office for Health Improvement and Disparities - (bit.ly/3sagM2x)
- Department for Health - Special Educational Needs and Disability Code of practice: 0 to 25 years - (bit.ly/4emjSHp)
- NHS England Clinical standard – oral healthcare for autistic children and young people and/ or those with a learning disability in special educational settings (bit.ly/3yWypdG)
- Designed to Smile: improving children’s dental health - (bit.ly/4cLZkXe)
- Dental referrals Wales - (bit.ly/4fXzceW)
- Belfast Paediatric Dentistry - (bit.ly/47eBnXK)
- Childsmile NHS Scotland Additional Support Needs - (bit.ly/4dHXyhB)
- NICE guideline (NG213) Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education - (bit.ly/3X7Q3D7)
- Oral Health Foundation - (bit.ly/3z1Mzu2)
- Mini Mouth Care Matters - (bit.ly/3yO94Tj)
- Dental check by 1 - (bit.ly/47WteHA)

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Authors:

Haydee Husain BDS MSc

Senior Dental Officer, Solent NHS Trust

Urshla (Oosh) Devalia

Consultant Paediatric Dentist, RNTNE & Eastman Dental Hospital (UCLH) & CDC CiC, East of England; National Lead for Mini Mouth Care Matters, Regional Paediatric Dentistry MCN Chair, East of England, Vice President Designate @BSPDExec

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