



Taking care of your smile

Children and young people's oral health

YouthWatch
our voice counts
Leeds

Your
healthwatch
Leeds



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please contact Healthwatch Leeds.**

Examples of other formats are large print, a plain
text document, easy read, audio or other languages
including British Sign Language.

Summary



Introduction

YouthWatch Leeds is a group of 13 to 25-year-old Healthwatch Leeds volunteers. They make sure that children and young people’s voices are heard in health and social care services.



‘Taking care of your smile’ is a volunteer-led project, focusing on the oral health of children and young people in Leeds. We spoke to children, young people, parents and carers about their experiences with dental care and what could be better. We gathered feedback through focus groups and surveys, completed in person and online..

We gave feedback to the Children and Young People’s Health Board, West Yorkshire Integrated Care Board (ICB) and Local Authority Public Health Department regularly throughout this project. This influenced investment in services and improved oral health information for families.

In May 2023, local Healthwatch across West Yorkshire shared [people’s experiences of NHS dentistry](#) at a West Yorkshire ICB meeting. This project adds to the general experiences, giving the ICB and dental services more detail about the experiences of children and young people in Leeds.

Key findings

The things we heard the most are:

1. Struggling to find a dentist –

Many dental practices are not taking new NHS patients. Those that are, have long waiting lists.



2. Money worries –

The cost of dental care impacts how those with financial difficulties look after their teeth.

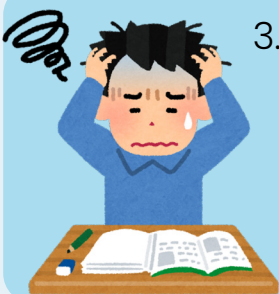


7. **Language barriers** – Not all families are given access to translators when visiting the dentist. Written information is also not always available in other languages.



3. Anxiety and distress –

Some children and young people are experiencing anxiety, distress and poor school outcomes because of poor oral health.



4. Poor communication –

Some dentists do not explain things well, increasing young people’s fear of visiting the dentist and leading them to avoid visiting the dentist.



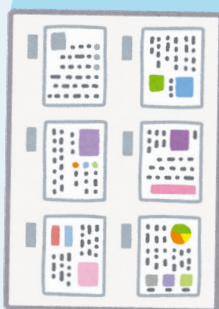
8. Complicated system –

For those newly arrived in the UK, access to dental care is not a clear process. Many struggle to know where they can access support.

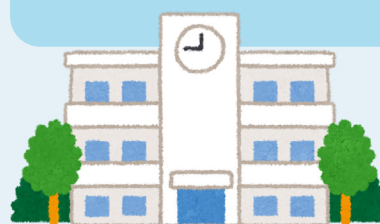


5. Adapting care –

Some dentists support people as an individual, for example, using storyboards to support autistic children.



9. **Schools stepping in** – School staff have supported families to access dental services.



What needs to change?

Key recommendations



1

Simple search

Make it easier to find an NHS dentist.

2

Knowledge

Provide help and education in schools.

3

Access

Improve children and young people’s access to NHS dentists, targeting families in low-income neighbourhoods.

4

Promote

Increase oral health promotion, particularly for those from low-income neighbourhoods.

5

Adapt

Improve children and young people’s experience of appointments to reduce anxiety and meet specific needs.

6

Translate

Provide translators and information in other languages.

7

Act

Listen to children and young people to make decisions about dental services and future planning.

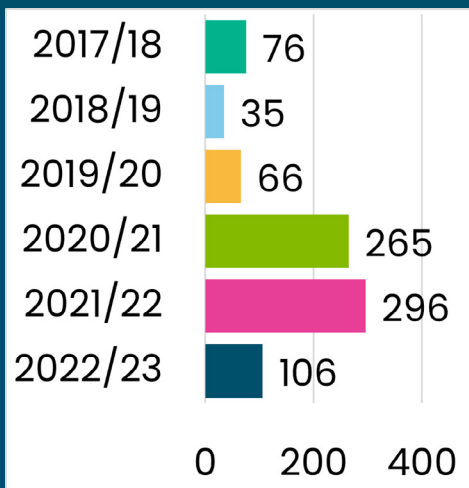




Background

Why we did it

Many families contacted our advice and signposting service for help with finding an NHS dentist.



100%
of NHS dental
practices in Leeds
were not accepting
new patients.

A BBC report in August 2022 showed the '[Full extent of NHS dentistry shortage](#)'. It showed that across the UK, only 1 in 10 NHS dental practices were accepting new patients, and only 2 in 10 were taking children, but 100% of dental practices in Leeds were not accepting any new patients.

In 2022, we made [a dental advice webpage](#) to help. It was visited **4,440** times in 2022/23, showing that lots of people needed information.



In 2022, a news article was published where a Leeds school asked a dental charity to treat the many students who were struggling with their oral health.



‘Child of the North’ in partnership with ‘Centre for Young Lives’ wrote a report giving [‘An evidence-based plan for improving children’s oral health with and through education settings’](#). The report said poor access to dentistry harms children and young people’s health and wellbeing. It found that tooth decay is the main reason children aged 5 to 9 go to the hospital. The report suggests:

- Taxing sugary drinks more.
- Banning energy drink sales to under-16s.
- Helping schools teach teeth brushing.



Schools in poorer areas of Leeds told Public Health they were worried because:

- Some children missed school due to tooth pain.
- Children were not sleeping well.
- Tooth pain made it hard to concentrate in class.
- Poor dental health affects mental health.



The NHS says children’s oral health is one of its top five health priorities, as shown in the [National guidance on child oral health](#) (March 2022). We wanted to understand what was happening in Leeds.



Please feel free
to add anything
to the board

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to life

YouthWatch volunteer meeting

What we did



February

YouthWatch volunteers agreed that oral health is an important issue for young people.



April

Our volunteers made two surveys – one for children and young people and one for parents and carers. We also planned fun workshops to teach children about oral health while collecting feedback.



June and July

We visited youth groups, primary schools, Leeds City College, parent and carer forums, and community events.



August

We closed the survey and looked at what we found. We gave feedback to health and care leaders to improve services.



March

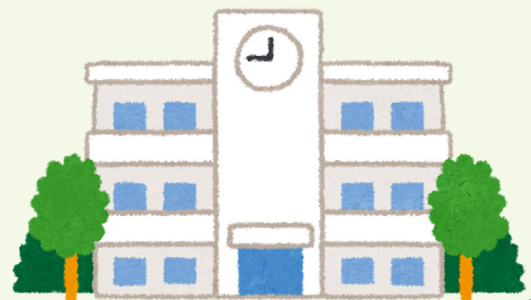
We looked at the 'My Health, My School Survey' (Appendix 4). It only asked how often children brushed their teeth and went to the dentist. It did not ask why some people could not go. We decided to speak to children, young people and families, especially in low-income areas.



May

We launched the surveys. We asked young people, parents and carers to test them first.

The surveys were shared online, on social media and through organisations such as Leeds Public Health Team, Local Care Partnerships, community organisations, schools and churches.



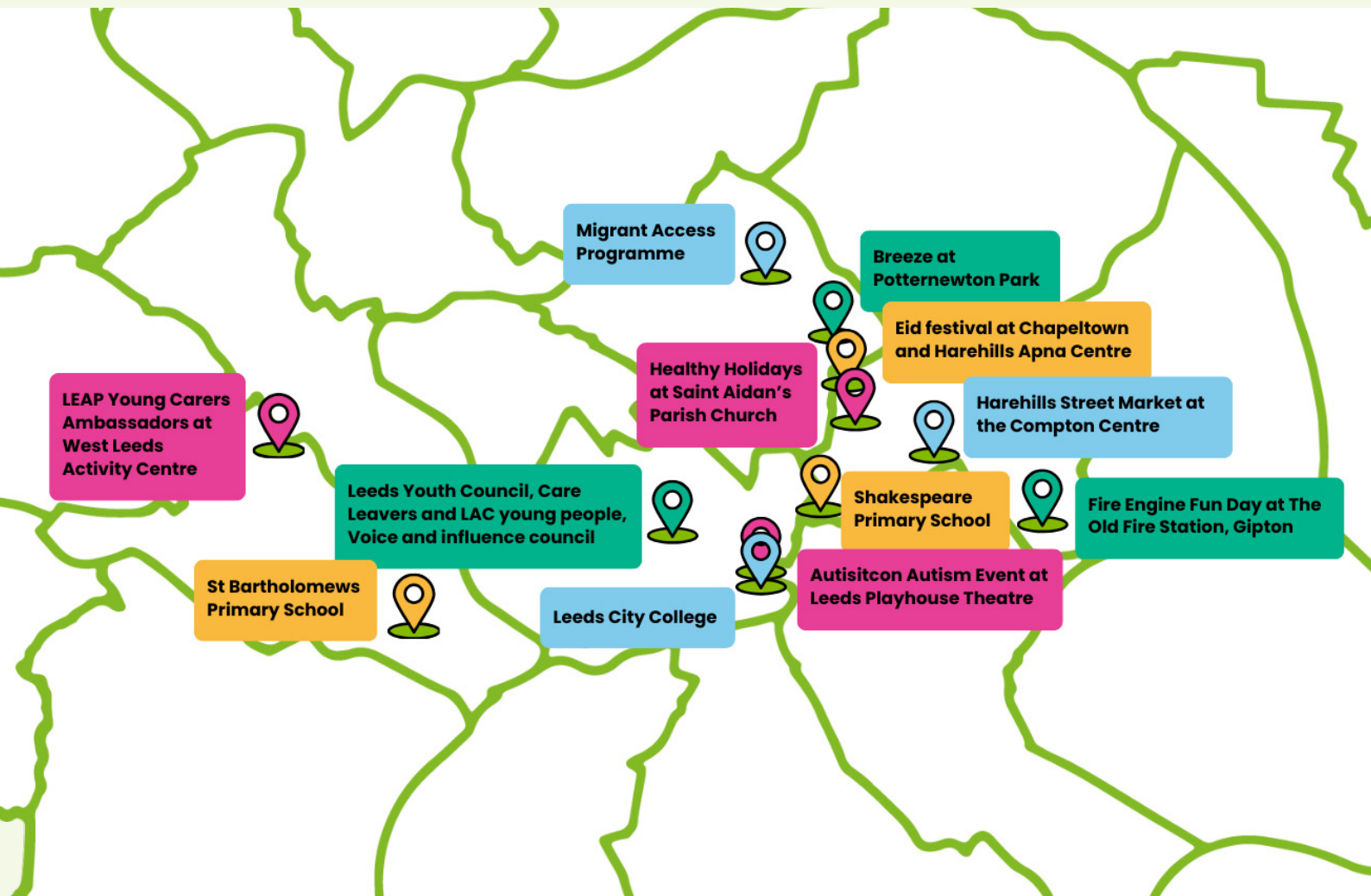
What we aimed to achieve:

- **Understand experiences** – Find out what children, young people and their parents and carers think about NHS dental care.
- **Improve education** – Help families learn how to look after their teeth and how to find a dentist.
- **Encourage voices** – Provide children, young people and families with a chance to suggest improvements.



Where we went

We went to places where young people and parents feel comfortable.



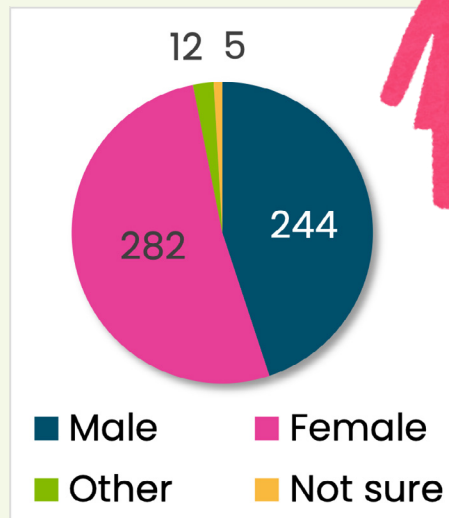


LEAP ambassadors young carers group

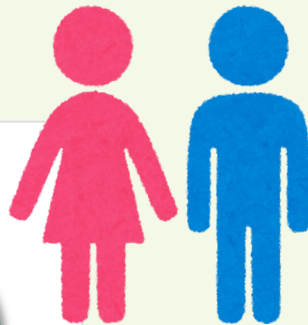
Who we spoke to

In total, we heard from **247 children and young people** and **352 parents and carers**. We collected the following demographic data:

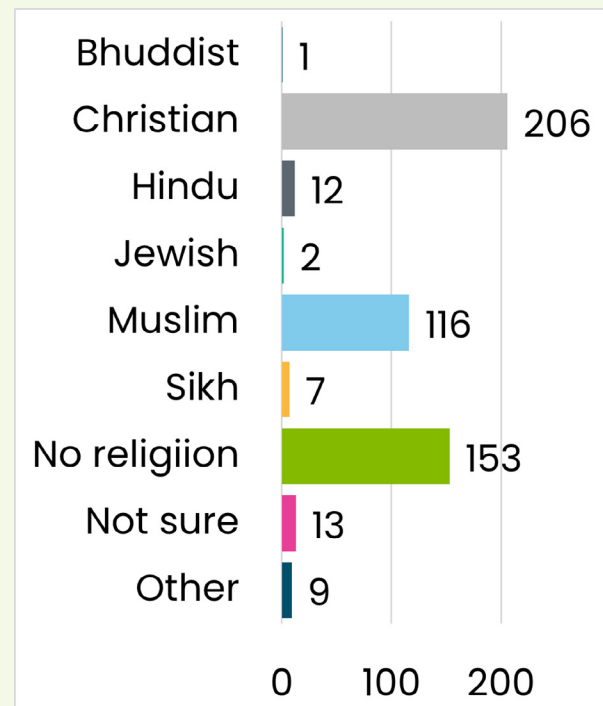
Gender



Some who said other described themselves as gender fluid or non-binary.

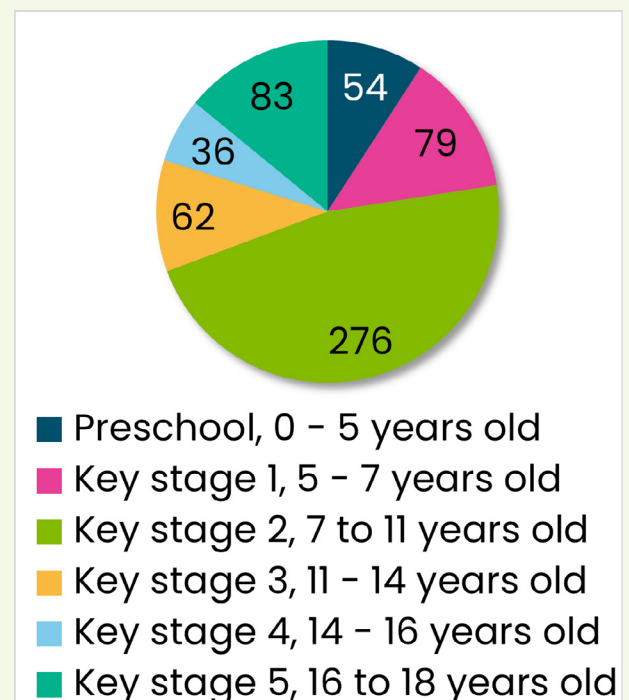


Religion



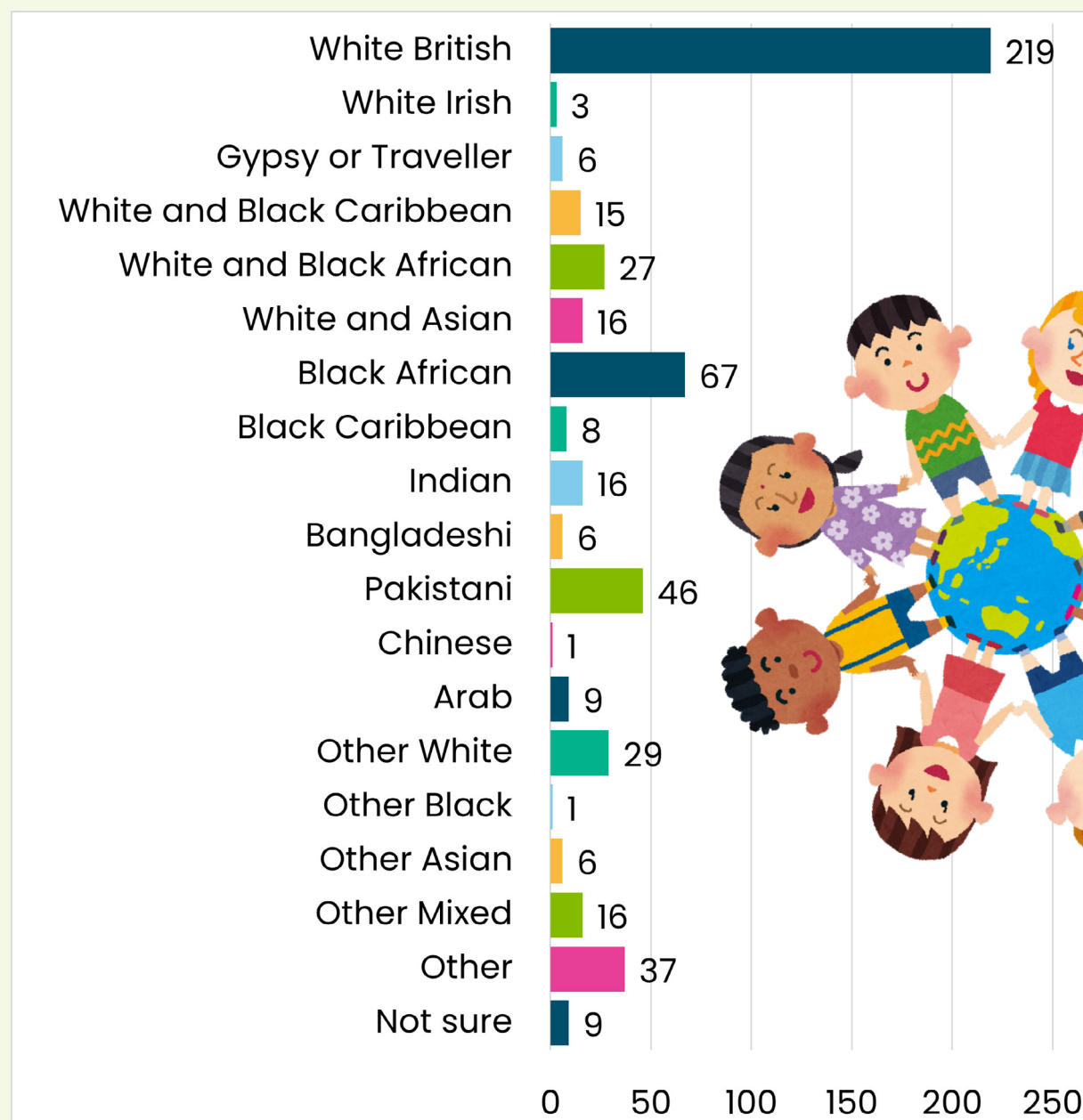
Those who said other described themselves as thinking that they are Christian but not being sure, one was Catholic, and one was exploring joining a religion.

Age group



The majority of young people that we heard from were aged 7 to 11 years old. This is because we visited two primary schools and spoke to their key stage 2 students.

Ethnic group





Shakespeare Primary School's Parent and Carer Forum

What we found

Feedback from school staff

Schools told us that poor oral health is having a big impact on children's wellbeing.

- Many children missed school because of tooth pain.
- Pain made it hard to concentrate, which affects learning.
- For some children, their mental health is negatively impacted because of ongoing dental issues.



Young children rely on their parents to book dentist appointments. If parents struggle to find a dentist, their children suffer the consequences.

Family support officers said they had seen more children needing emergency dental care. Many families asked schools for help because they could not get a dentist.

Some schools and college staff said they would like annual 'teach and learn' sessions about oral health so they can help children and families.

A headteacher described how serious the problem is:

“

“You can smell the odour of tooth decay walking down school corridors, which is a heartbreaking statement to make”.



Barriers for families who do not speak English

- A headteacher in East Leeds shared her concerns about children from Gypsy, Roma, Traveller families. Many families were refused dental treatment because their parents did not speak English. She explained:

“

“I am becoming more and more concerned that children are being refused dental treatment on the grounds that their parents do not speak English. School do our best to support families by making appointments and providing bilingual members of staff to accompany families when they attend the practice. Sending a staff member is not always possible and the practice have informed me that as the NHS do not fund interpreters, they will refuse to see these patients. Having read the CQC guidance and relevant sections of the Equality Act I feel it could be argued that this refusal is possibly unlawful, and at best, very bad practice”.



She shared real-life examples from her school:

“

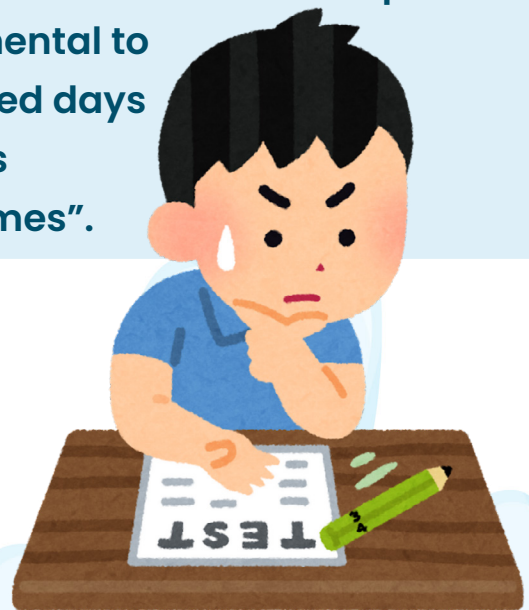
“A child had an after-school appointment, made by me, and was in considerable pain. As the appointment was outside school hours we could not provide the dentist with an interpreter, they informed me that the child will therefore not be seen, as the NHS do not fund interpreting services. After much advocating and time spent by school staff, the dentist agreed to see her. However, it was clear that this is an exception and large numbers of children, some of whom have no other professional to advocate for them, are unable to access dental treatment when their parents do not speak English”.

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“This morning, a child was brought to school in considerable pain and parents asked for support to access dental treatment. My colleague tried to book an appointment but was told that the patient could not be seen unless parents were able to provide their own translator. The practice informed us that they could not legally treat the child without a full medical history given by parents. We asked if it would be possible to use Language Line; the practice advised that this was not funded by the NHS, and they could not afford to use the service”.



“In a particular case, a family member who speaks limited English attended with them, and the child went on to have extractions and treatment for abscesses. He must have been experiencing a great deal of pain for some time; this is common, as families are aware that the dentist refuses to see child patients where no English is spoken, and it deters them from seeking treatment promptly. This leads to further problems which then require more complex intervention at the point that treatment is accessed. It is also detrimental to pupil’s school attendance, with many missed days due to tooth pain which negatively impacts children’s attainment, progress and outcomes”.



The headteacher said this problem was deeply unfair and harmed children’s health, education and future.

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“We are a school where the overwhelming majority of families do not speak English as their first language. To navigate this provides an ongoing challenge, but staff are aware that meaningful communication with our families requires that they are creative and tenacious when looking for solutions. It is very disappointing to be met with a very different attitude to this by the Dental Surgery, particularly given the high level of need in the community they serve”.





Migrant access programme

Feedback from in-person discussions

We spoke to children, young people, parents and carers about their experiences with dentists. Here is what they told us:

Communication

Many parents struggle with language barriers, making it hard to book appointments or understand what dentists say.

Parents and carers liked getting text reminders when appointments are due, but some said they do not receive them as often anymore.

Young children feel better when dentists are friendly and kind. Parents also value child-friendly dentists because they make the experience less scary for their child.



Cost of living

Some families avoid the dentist because they worry about the costs, even if they have an NHS dentist. They fear unexpected charges.



“Sometimes some things are best being out of sight, out of mind”.

Because NHS dentists have limited spaces, some families travel far, adding to their expenses.



Many feel they are being forced to go private, even when they are an NHS patient.

Children and young people worry about the cost for their parents and do not want to be a burden.

Looking after your teeth costs money, from toothbrushes and toothpaste to treatment.

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“Everything related to looking after your teeth just seems like a luxury. A lot of the products out there, even visiting the dentist, is an expense which goes to the bottom of my priority list”.

“We need to make products and services more affordable for children and young families... the scarcity of services is forcing families to seek private care, which single-handedly is causing a huge rift in children who are suffering and children who are thriving. Families are making difficult decisions daily, with the cost-of-living preventative care isn’t always prioritised. What a sad reality we are in”.

Becoming independent

Parents want help to teach their child to brush their teeth properly on their own.

Some parents find advice online, but it doesn’t help when their child refuses to brush. A parent of a 4-year-old said:

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“There is a lack of information and guidance given for how to take care of children’s teeth. From my experience, it’s the gap between me brushing his teeth and then him learning to do it by himself. There’s no real structure or guidance advising you on which age that should be at, how that should be done / what it looks like, how I know that he’s cleaning his teeth well without going to a dentist 6 months later to know if he is / isn’t brushing his teeth well”.

Many young adults struggle when they leave home. They do not know:

- How often should they book a dentist appointment?
- How much does it cost?
- What to do if they have tooth pain?

Because of this, many suffer in pain, hoping it will go away on its own.



Mental health and oral health

Some young people find it hard to brush their teeth when they are struggling with their mental health.



“Some days I bed rot because of my anxiety and depression, I know I need to brush my teeth, but I just can’t get myself up to go do this. Days like this, brushing my teeth is a hard ask sadly”.

Bad teeth can also affect their mental health, making them feel low self-confidence, anxiety and embarrassment.



“I had my teeth removed and I have a condition called Molar Incisor Hypomineralisation which makes some of my teeth yellow. People have asked me why is it that colour and I had to lie about it. It doesn’t make me feel good, no one knows what it is, and they point and laugh telling me I have nasty teeth and don’t brush it”.



“People talk about my teeth, and I don’t feel comfortable smiling; I always hide it”.

Fear of the dentist

Some young people feel scared at the dentist because:

- They do not understand the jargon words that dentists use.
- Procedures are not explained properly.
- Appointments feel rushed.
- They feel judged.
- Long wait times induce panic.
- Not seeing the dentist regularly. COVID lockdowns made things worse – some children hadn’t seen a dentist for a long time and found it hard to go back.
- Children who have been diagnosed with anxiety.



“I don’t always understand what’s going on and that’s unnerving”.

“Appointments always feel rushed like they want me out of there as quickly as possible, it makes me feel on edge”.

“I don’t feel comfortable talking to my dentist about pains and problems as I often feel judged or criticised”.

“Went into crisis waiting for appointment for multiple teeth removal”.

Children with additional needs

Parents of children with autism or Down syndrome want dentists to be more aware of their child’s challenges, be more patient, and meet their child’s needs. Some said:



“Understand dental health can be an issue for people with Down syndrome, please take your time and be patient with them”.



“He has always been ok just visiting the dentist but as soon as she told him he needed fillings he freaked out. Said he would rather kill himself. Been distressed about it. I wish she told him that in a different way where he could prepare for it”.

“Would be better if they knew before you came in about child needs in reception as they could have a quiet hour for additional needs children as they use shredders etc. They’re not clued up to additional needs at all”.

One young person with Asperger’s Syndrome had a great experience because the dentist:

- Took his time.
- Explained what was happening.
- Let her practice with the equipment.
- Worked with her mum to understand her signs of distress.

She wrote a poem about her experience, found in Appendix 3.



Oral health knowledge

The knowledge varied for children and young people. Their parents and carers’ knowledge also varied. Most said they learned about looking after their teeth from their parents.

Many young people in college forget what they learned about oral health when they were younger.

Many young people think schools should teach more about looking after teeth.



In Harehills, Beeston, Burmantofts and Armley, many parents, carers and young people do not go to the dentist as they think brushing their teeth every day is enough. They do not know that regular check-ups prevent bigger problems.



“It would be good to have a refresh on what foods are good/bad for your teeth, I remember doing some things in primary school, but it was nothing major... I didn’t know about sugar attacks and how long they can affect your teeth. That will make me think a bit more now about my diet”.



Access a dentist

Many children are unable to see a dentist and attend regular appointments because there are not enough NHS dentists in Leeds.

Those who have been seen recently by an NHS dentist have positive experiences:



“It changed my life massively as I have better teeth now”.

“Being exposed to the dentist again has been good, it’s helped me build up my confidence of not being scared to go and I feel like I can talk to them about my teeth comfortably”.

“

“My dentist has known me since I was a toddler, I enjoy going and feel like my teeth are good thanks to him”.

Parents like it when they book the whole family’s appointments together.

“

“Trying to get us all booked in at one time is so important. It can be a nightmare coordinating school pickups, getting off work and on top of that getting a slot that accommodates us all at the practice”.

“I like it when I get to go to the dentist and my brother and sister, and mum all get to see the dentist. If I’m too nervous I can wait for my turn till I have calmed down”.



Some families go abroad for dental care:

“

“I don’t have a dentist in England, so I have to fly to Lithuania to go to the dentist”.

“My stepdad said the dentists in Pakistan will be a faster option for us”.

Long waiting times and ongoing treatment

Waiting times for braces are extremely long.

“

“Eldest child has been waiting 5 years, yes, 5 years for braces... absolutely disgusting to be told each time, ‘Well, he is on a waiting list’”.

In 2023, some families could not get seen at Leeds Dental Hospital anymore because they changed the way people can access the service.

“

“Leeds Teaching Hospital dental care is now appalling, and we cannot be seen. He was under their care pre Covid and post Covid we were told he should be seen every three months, we had a couple of appointments and I am now told they are seeing people who should have been seen 12+ months ago so no point ringing for an appointment (I was doing this as they only release so far ahead but a waste of time as all appts allocated to waiting list). Having to pay to try and see a private dentist every 3 months now, the sacrifices financially are stressful, but my child’s health is priceless”.

Some parents are forced to pay for private care, even though they cannot afford it, so that they can be seen quickly. This causes financial stress that not all parents are able to pay.

“

“We are on Universal Credit, and we cannot find an NHS dentist, unfortunately”.



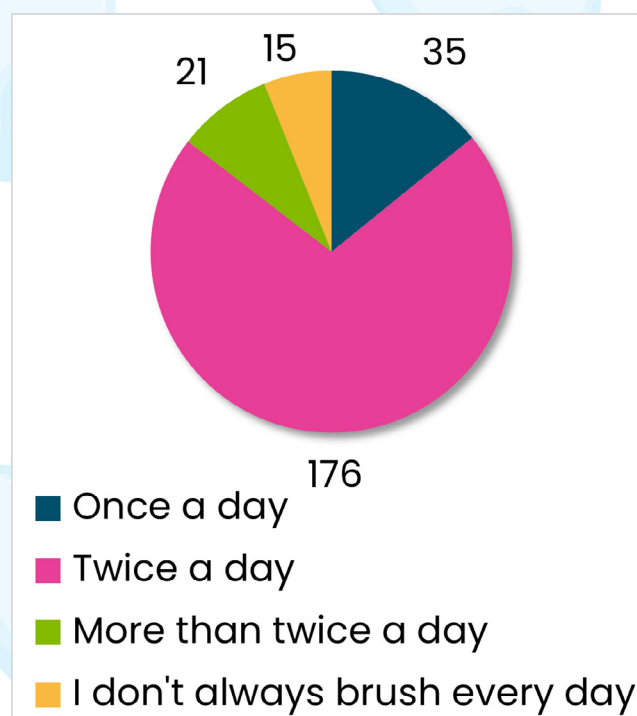


Survey responses

In total, we heard from **599** children, young people, parents and carers who attended over 50 schools across Leeds.

Brushing teeth

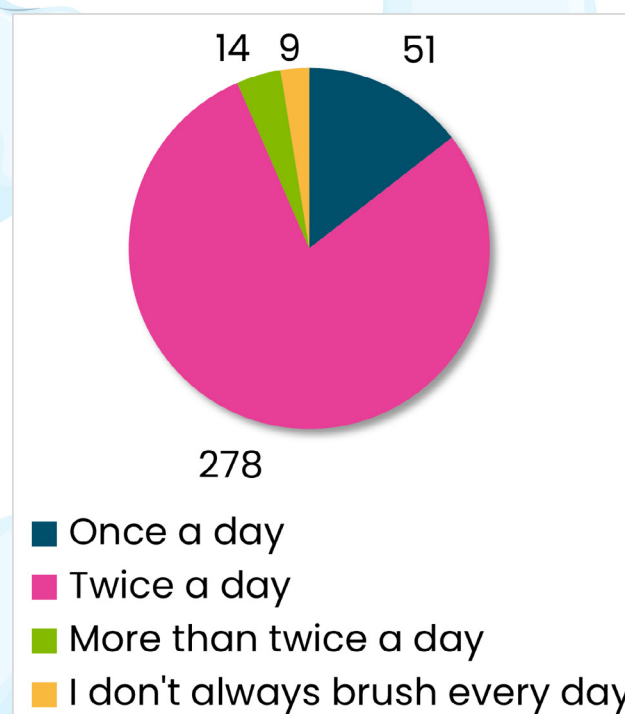
How often do children and young people brush their teeth?



94% brush their teeth daily.

6% sometimes forget to brush their teeth.

How often do parents and carers think their children brush their teeth?



97% of parents and carers stated that their child brushed their teeth daily, a similar proportion to what children and young people told us.

5% of parents said they assist their child with toothbrushing.



Knowledge about looking after teeth

All 247 of the children and young people told us what they knew about how to look after their teeth. Many knew lots of things:



Brushing teeth (82%)

– how to brush, how long to brush and what toothpaste to use.



Flossing (23%) –

Some knew it was important to floss, but not everyone did floss their teeth.



Eating less sugar (17%)

– Many know that food and drink can affect teeth.



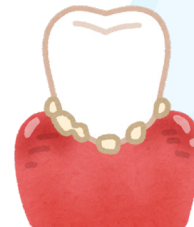
Using mouthwash (13%)

– Some recognised the importance of using mouthwash, but many used it in the wrong way.



Visiting the dentist (10%)

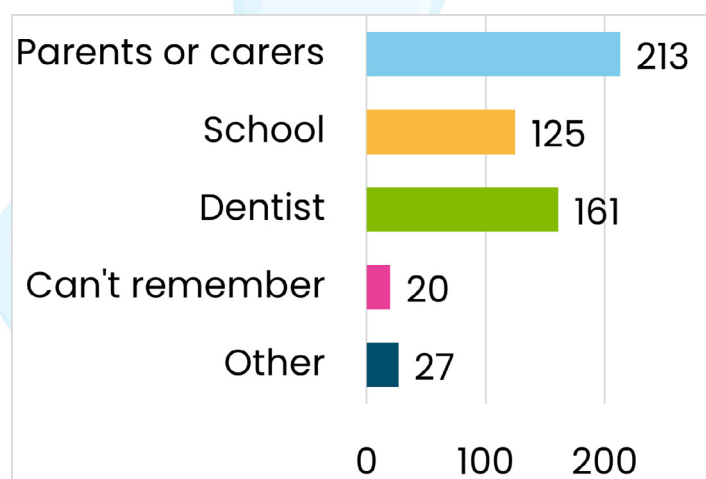
– Regular visits are important.



Other things (8%)

– Some talked about cleaning their tongue or using special tablets to check for plaque.

Who taught children and young people how to look after their teeth?

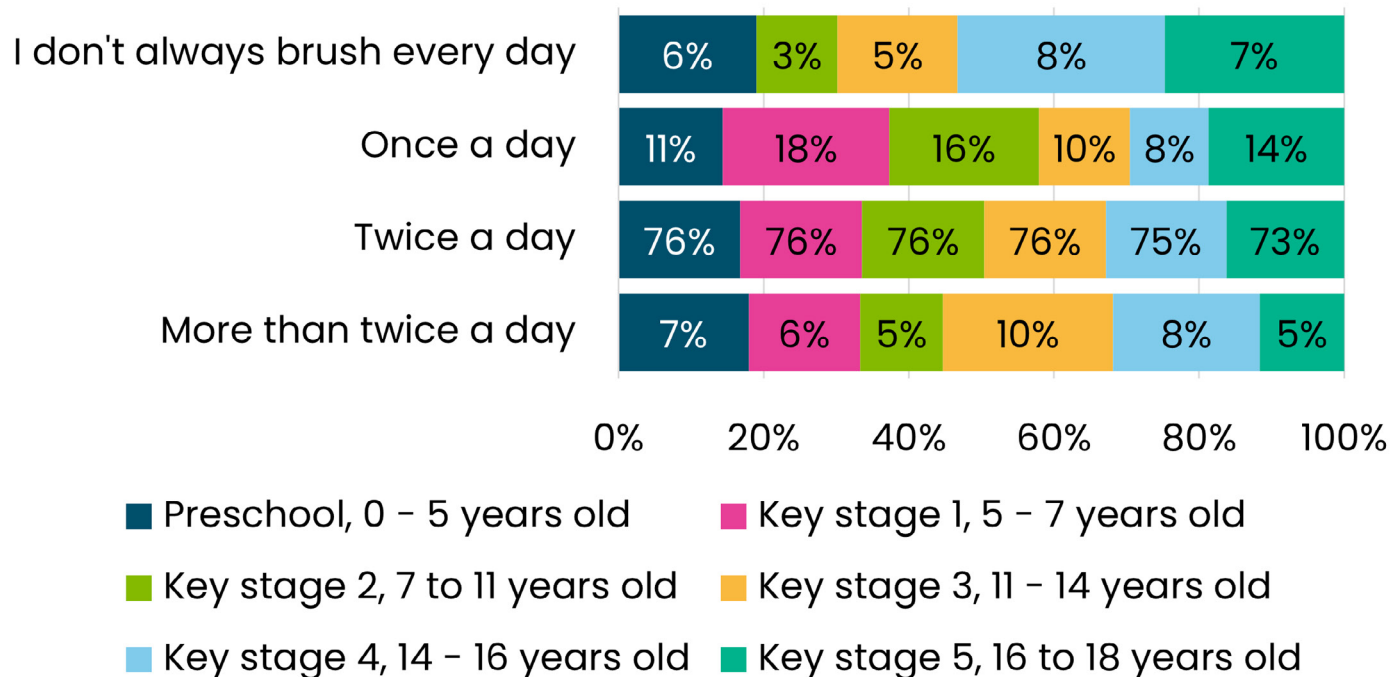


88% of children and young people learn from their parents or carers. Some also learn from dentists and schools.

Some mentioned learning from:

- Books.
- TV and advertisements.
- Grandparents.
- Siblings.
- Social media.
- Youth groups.

Comparing age groups with how often they brush their teeth.



Children and young people brush their teeth a similar amount of times a day across all ages. Key stage 5 brush their teeth slightly less than the recommended amount; however, some commented on how they can no longer remember what they were taught when they were younger.



How do parents and carers teach their children about looking after their teeth?

62% of parents talk with their children about how to look after their teeth.



“I told my son, if you don’t brush your teeth twice a day you get tooth decay”.

“We tell them they need to brush teeth on all sides”.

Some use timers, games and songs.



“We listen to the Aquafresh song, the children enjoy changing their character and gaining points. We talk about tickling each tooth to make sure they’re clean and healthy.”

20% of parents find it hard to get their child to brush regularly. This is because:

- Some children do not like help.
- Young children do not understand why brushing is important.
- 7% of parents do not feel confident explaining oral health.
- Difficulty teaching their children compared to professionals such as a teacher or dentist.
- Children having complex needs such as sensory issues.
- Reluctance after a long day.
- Their child is too young to understand.



“Notice is barely taken, I find points emphasised by his teachers or the dentist stick a lot better”.

“He has little understanding and left to own devices, when he doesn’t want to brush, he will not brush”.

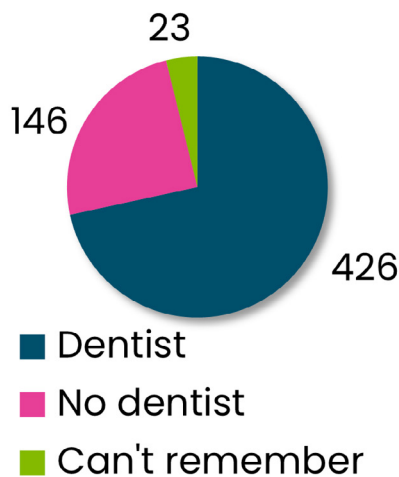


“

“Explained how we need to look after our teeth, has an electric toothbrush but either won’t switch it on and doesn’t brush for long. Refuses to let us do it”.

Visiting the dentist

Do children and young people have a regular dental practice?



41% go to a dentist regularly.

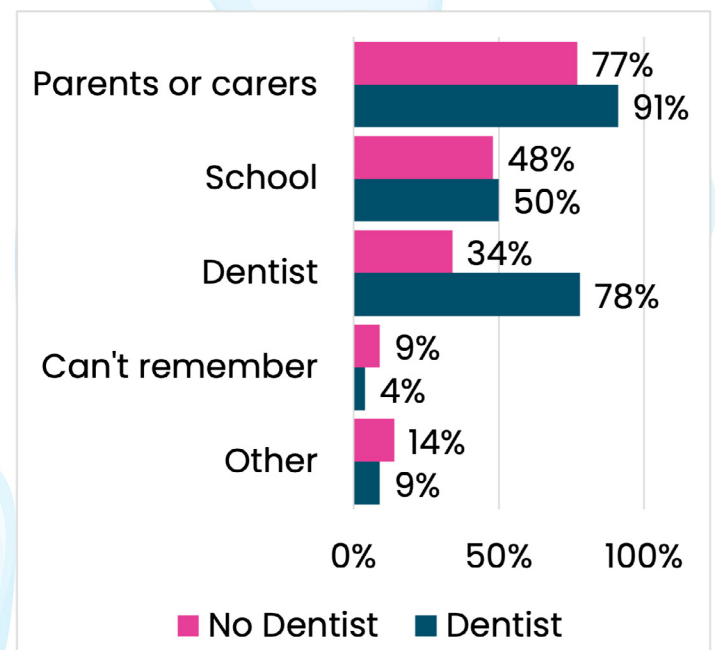
24% said they do not have a dentist.

3% can't remember.

“

“As a family we never have one and we have been trying to get one since 2019 and unfortunately no one willing to register us. And there was only a time that our eldest son (7 years old) had issue with pain and we escalate the case to a health visitor and after long waiting we manage to get him a dentist (only for him even though we asked them to register us as family). It is so sad”.

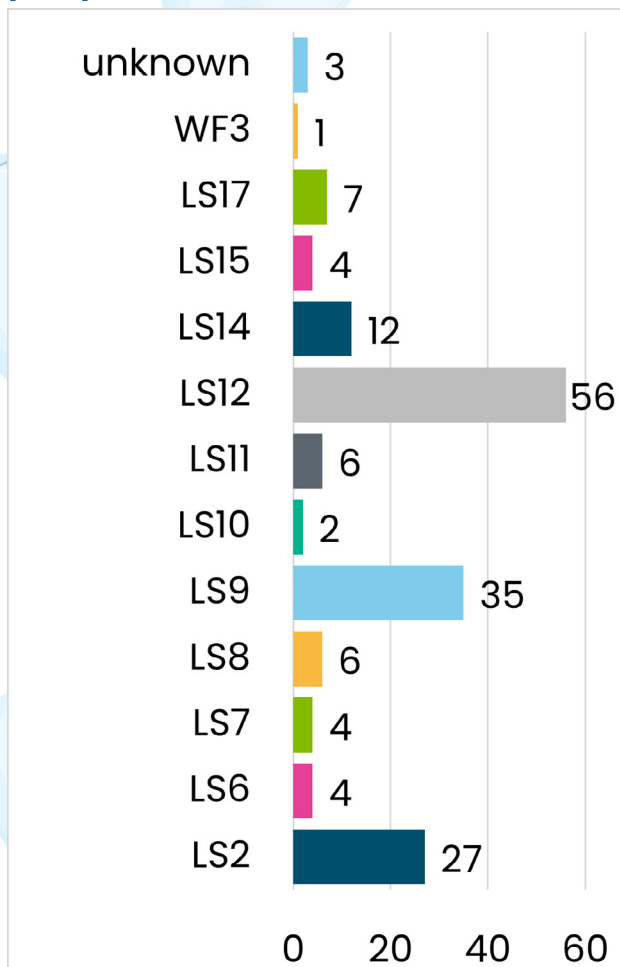
Who taught children and young people how to look after their teeth, compared to whether they have a regular dentist?



Children and young people rely more on alternative sources for knowledge if they do not have a regular dentist than those who do have dentists.



Areas where children and young people do not have a dentist



We looked at the postcode areas of the children and young people who said they do not have a dentist. While children and young people are struggling to access a dentist across Leeds, people told us more frequently from poorer areas and areas with a lot of students, such as Armley, Burmantofts, City Centre, Farnley, Gipton, Harehills, Swarcliffe and Woodhouse. There were also 7 responses from Allwoodley / Moortown area. This highlights a need for more dental practices in these areas.

Waiting lists

One of the reasons children and young people did not see a dentist is that they were not on the patient list at an NHS dental practice.



“Can’t get into dentist as no one is taking on NHS patients”.

Parents tried to help them by adding them to a waiting list; however, waiting lists were very long, with some taking between 2 to 8 years.

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“Tooth aches and pains resulting in having to take Calpol. Been on the waiting list for 8 months for a tooth removal. My child has received a letter and still waiting another 12 months on the waiting list”.

However, not all the people we spoke to knew they could join a waiting list, even if a practice was full. We asked children, young people, and their parents or carers if they were on a waiting list.

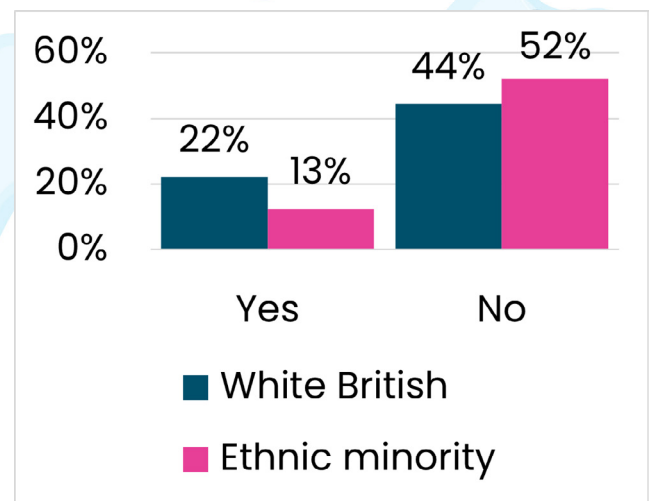
Are you on a waiting list?



Out of the people who were not seeing a dentist regularly, 17% told us that they are on a waiting list, 25% did not know if they were on a waiting list. Many who did not know were children whose parents would have been responsible for adding them to a list.

57% of children and young people said they were not on a waiting list.

Comparing ethnicity to whether they are on a waiting list



Fewer people from ethnic minorities were on a waiting list compared to those who are White British.



Why do some children do not go to the dentist?



24% of the people said that they are not ‘registered’ with an NHS dentist.

“Mum says only go to the dentist if needed. Last year I had a dental emergency”.



26% said they or their parents did not feel they needed to see a dentist unless something was wrong.



12% had a dentist but could not get an appointment.

“I don’t see the dentist regularly because I don’t need to, because my teeth are absolutely fine”.



5% said they did not need to go because they treat their own teeth.



10% were scared and thought the dentist could not help.



7% could not afford dental treatment.

“He has not yet had a serious problem, all his teeth have fallen out on their own, but if he did, I would seek to take him”.



7% did not have the time to go.



5% said the dentist was too far away.



5% talked about the impact of COVID on dentists’ availability.

“Moved house after not being able to see a dentist due to COVID. Local dentist now has a 5-year waiting list so, I’m going to have to go with a private dentist”.

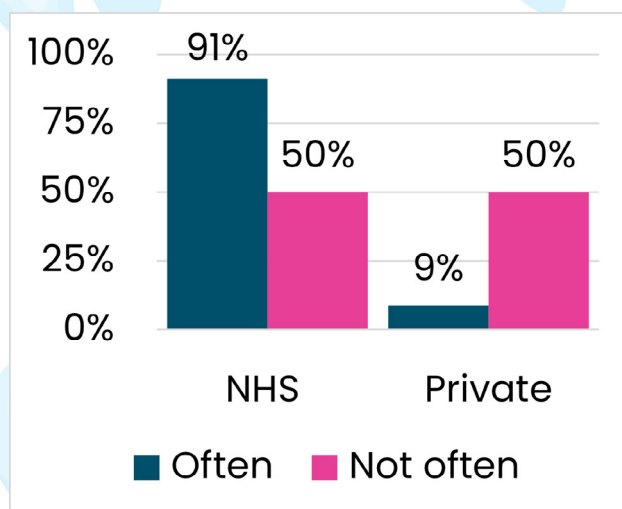
One person told us about how a dental practice had strict rules on which dentist you could see, and if they left, they lost their NHS dentist.



“Was due a check-up in January but unable to see dentist as they’ve left, and the practice won’t let us see a different dentist. This is not good learning for children”.

We also know that many dental practices were switching from being an NHS service to private, meaning all of the people on their patient list either had to switch to paying private or were without an NHS dentist.

How often do people visit a private dentist compared to an NHS dentist?



Most children, 91% received NHS dental care 9% saw a private dentist.

We found that those paying for private treatment were less likely to visit the dentist as often as those paying NHS prices, due to the cost.

Some parents said that they paid to be private so that their child could get an NHS place.



“My child only has access to this dental surgery because as his parent am a private patient there. They wouldn’t take him as an NHS patient otherwise”.

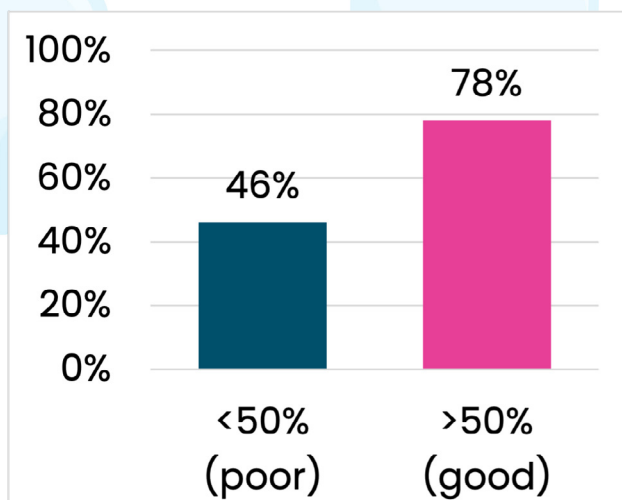
Last experience at the dentist

We asked children and young people what they thought of their last experience at the dentist. They rated their last visit 72 out of 100 on average – 100 being positive and 0 being negative.

Children who visited their dentist more often gave higher scores. This is because irregular visits can increase anxiety and fear. This made them more reluctant to visit in the future.

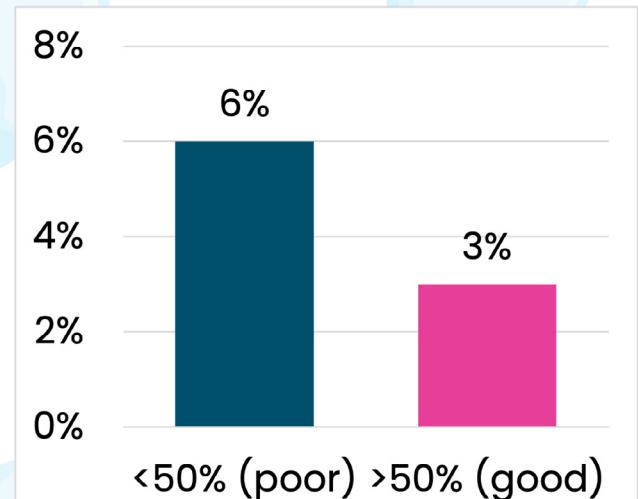
Out of 186 children and young people, 31 rated their last experience at the dentist under 50 out of 100, and 155 rated their last experience higher than 50 out of 100.

Comparing communication ratings for those who had a poor experience with those who had a positive experience



Those who rated their last experience as poor also rated the communication from their dentist as poor. This shows that communication impacts people’s overall experience of the service.

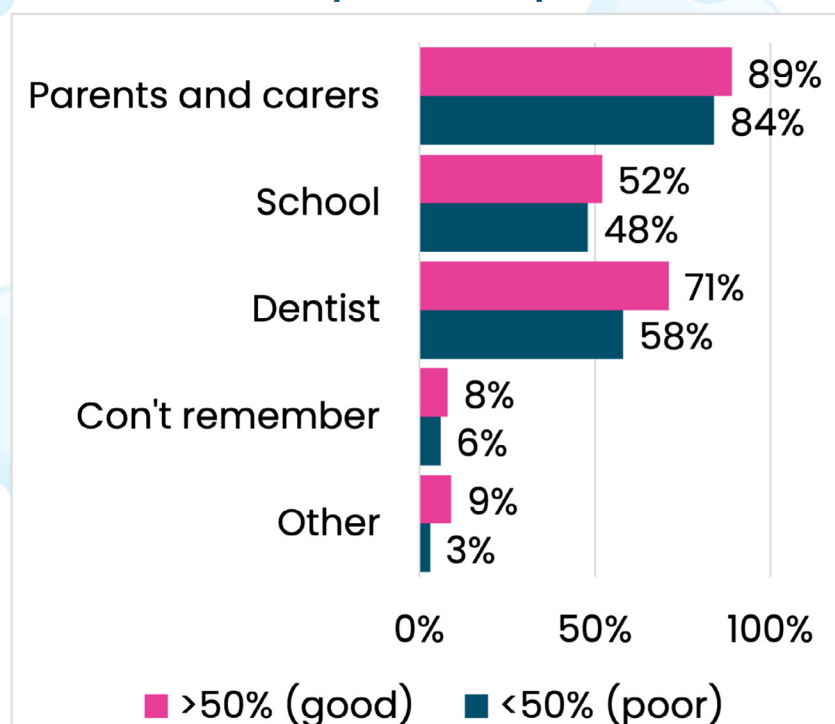
Comparing those who forget to brush and have a poor experience with those who have a positive experience



Young people were twice as likely to not brush their teeth on a daily basis if they had a poor experience at the dentist.



Comparing where those who had a poor experience learn to look after their teeth with those who had a positive experience.



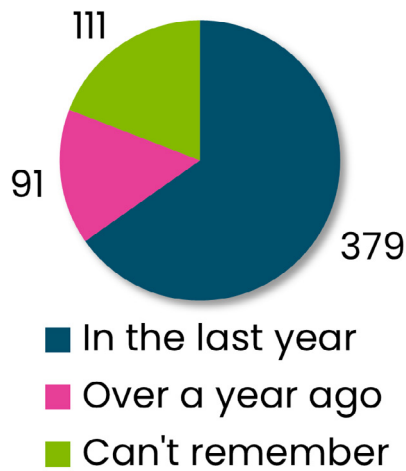
Those who have had a good experience have learned more from their dentist about how to look after their teeth.

66

“Wasn’t able to have braces, had no support from a dentist on how to clean severely overcrowded teeth and was scared to go back. Still no idea what to do for her as can’t get a dentist to help with cleaning”.



When was the last time children and young people saw a dentist?



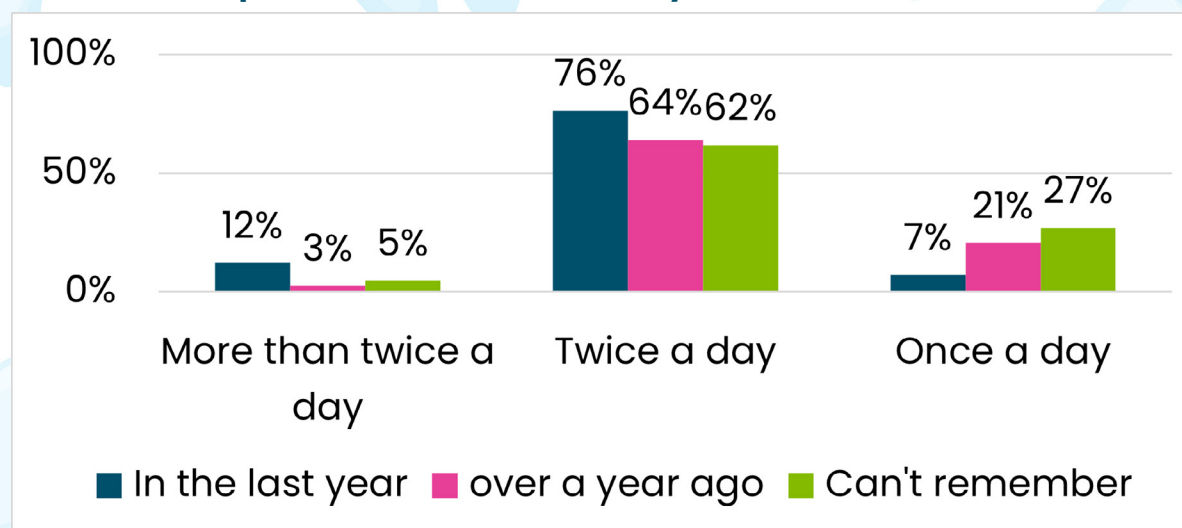
Of those who have a dentist, 63% saw a dentist in the last 12 months.

15% said it had been more than a year.

19% said they could not remember the last time they saw a dentist.

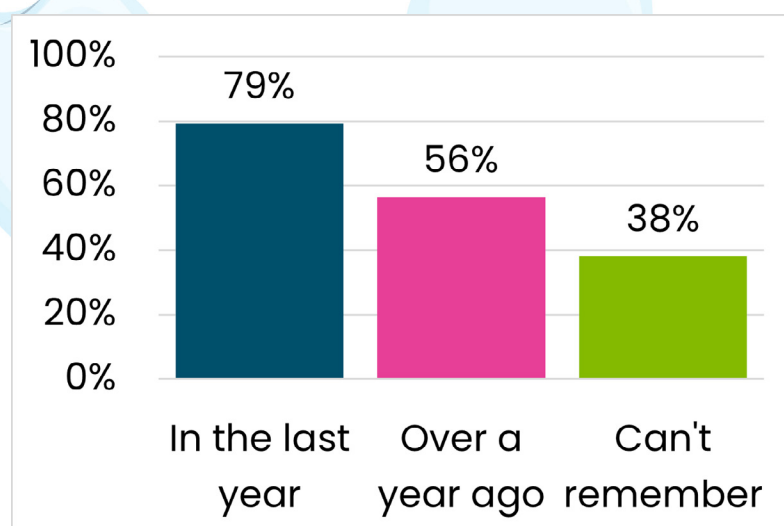


When children and young people last visited the dentist compared to how often they brush their teeth.

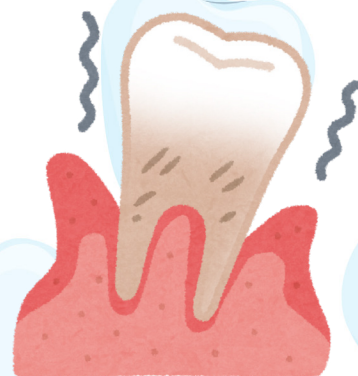


Children who visit the dentist often are more likely to brush their teeth every day. Their dentist teaches them why looking after their teeth is important and can make them more aware of the risks of not brushing.

Comparing the last time children and young people saw a dentist with remembering dentists teaching them how to look after their teeth.



Those who see their dentist more regularly recall their dentist teaching them to look after their teeth.

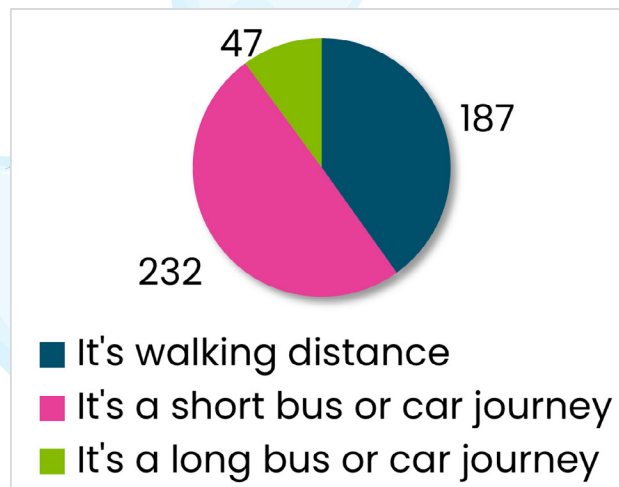


“

“Children are scared to go to the dentist, because they don’t go all the time. I fear the longer we go without NHS dental appointments, the more my children will lack understanding in the importance of oral hygiene”.

Distance to the dentist

How far is the dentist from where children and young people live?



Most children and young people lived near their dental practice. Those who were further away commented on this being because:

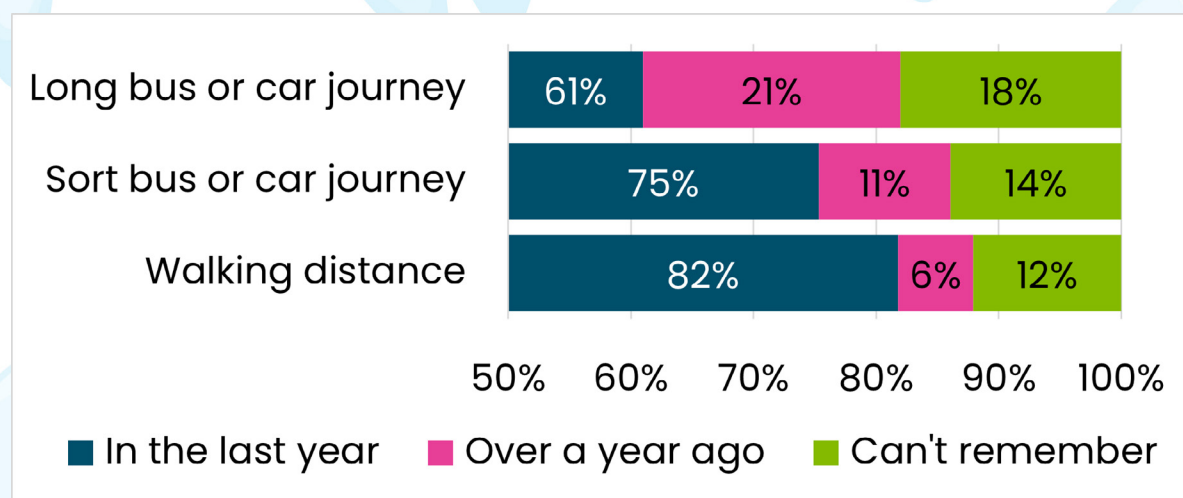
- They moved but were unable to find another dentist.
- This was the nearest dentist accepting new patients.

“

“It is extreme sports trying to get a dentist 5 mins drive away from home on the NHS”.

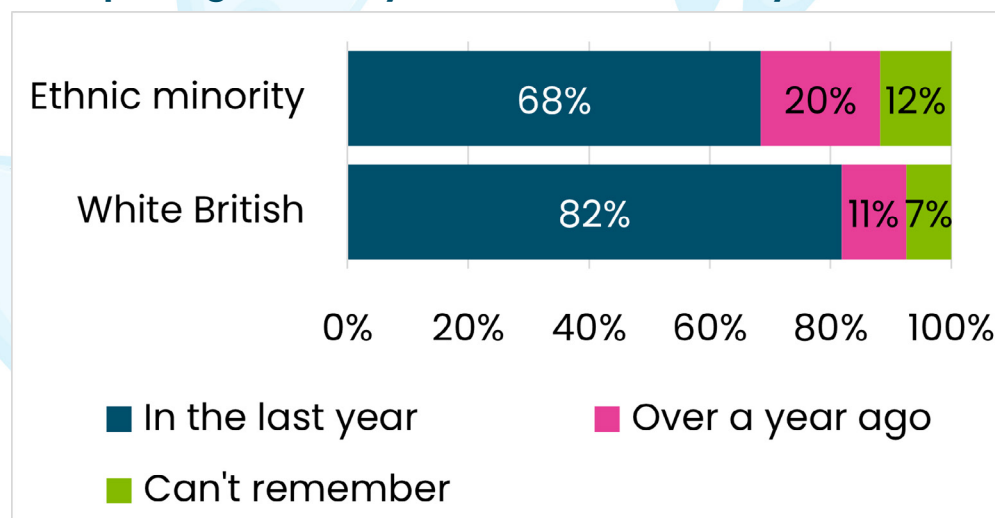


Comparing the distance of the dental practice to when they last saw their dentist



Children and young people who live closer to their dentist are more likely to visit more frequently compared to those who live further away.

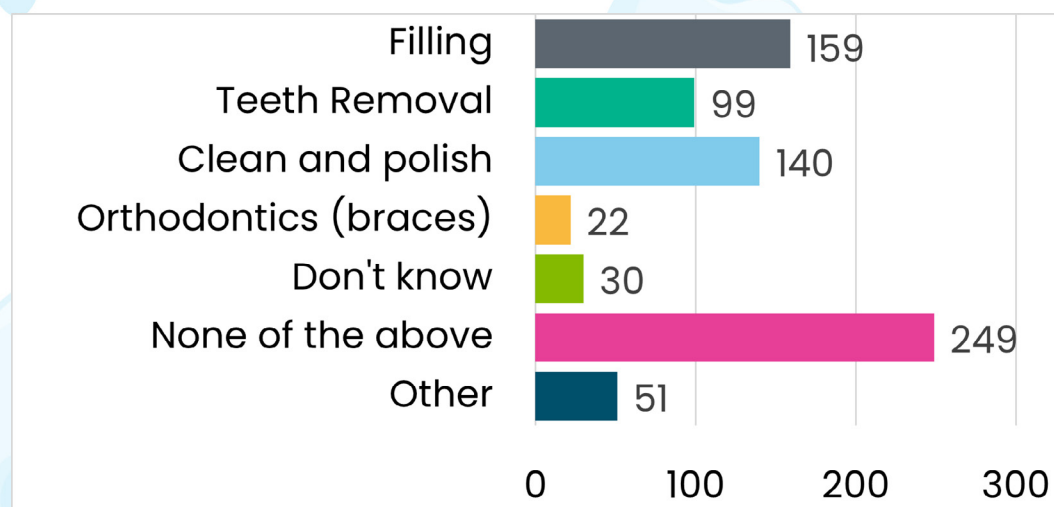
Comparing ethnicity to the last time they saw their dentist



Children from different ethnicities to white British, were less likely to see their dentist as frequently. However, the data sample of ethnic minorities was smaller than that of white British. Many of the people that we spoke to from minority ethnic communities lived in poorer areas of Leeds, which would affect how often they visited the dentist, and some faced language barriers.

Treatment in the last year

What treatment did children and young people have in the last year?



59% had treatment in the past year. 31% of people just had a check-up or no treatment.

Those who said other mentioned:

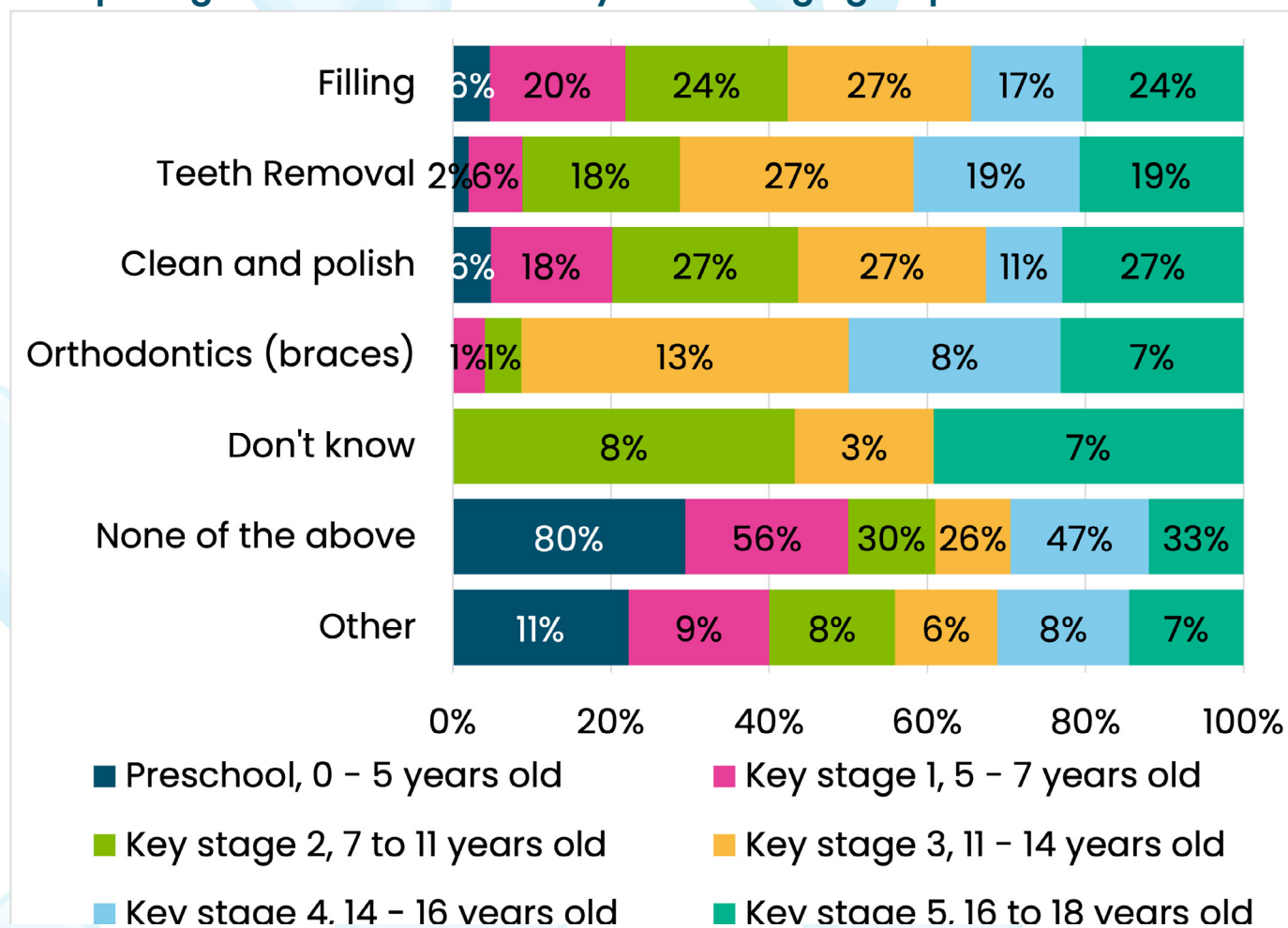
- Fluoride application.
- Dental crown.
- Dental bridge.
- Root canal.

Some said their child was waiting for a referral for orthodontic treatment or for treatment plans to resume. Lack of continuity of care and long waiting lists left some parents and carers unsure of how to support their child when unable to get the required support.

Many parents shared concerns about the negative effects of long waiting lists for treatments like orthodontics, fillings, and tooth extractions, with some children waiting up to three years for treatment.

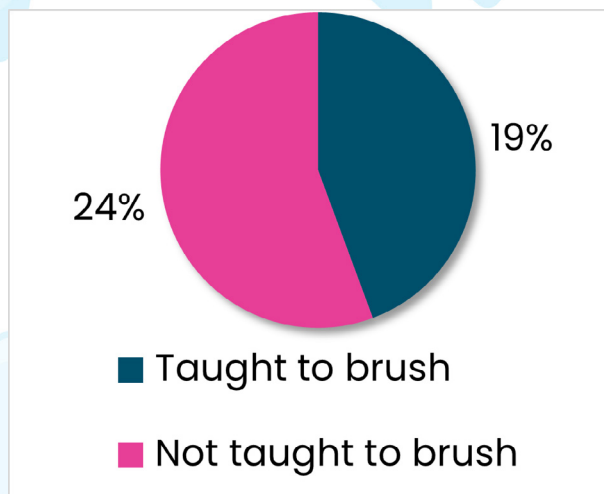


Comparing treatment in the last year with age groups



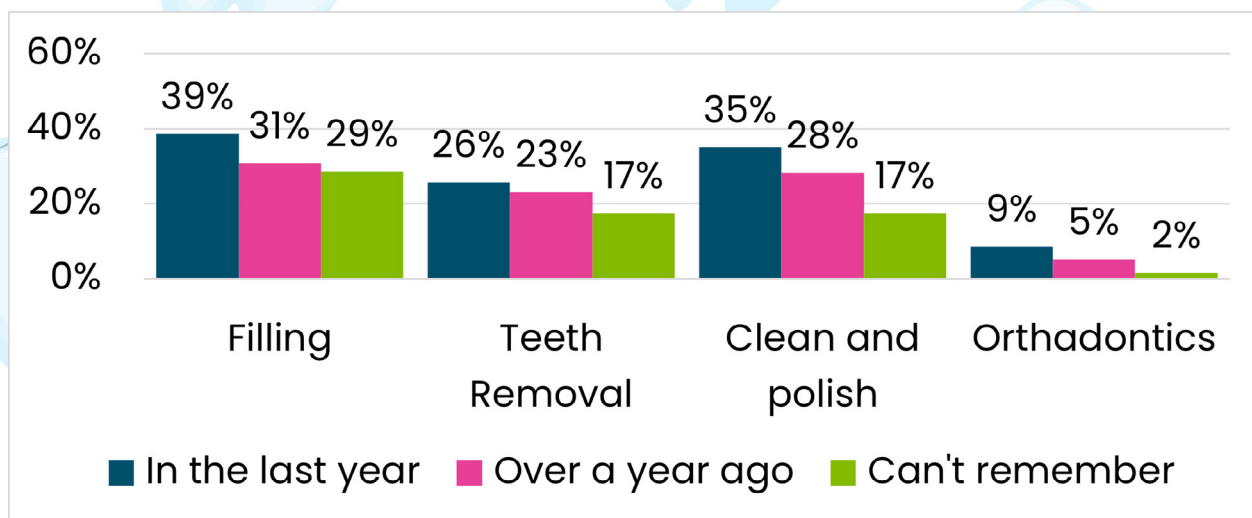
Children and young people between the ages of 11 and 14 are receiving more treatment than any other age group.

Comparing those who were taught to brush their teeth with the number of fillings children and young people received.



Children who were taught how to brush their teeth by their parents needed less fillings than those who were not.

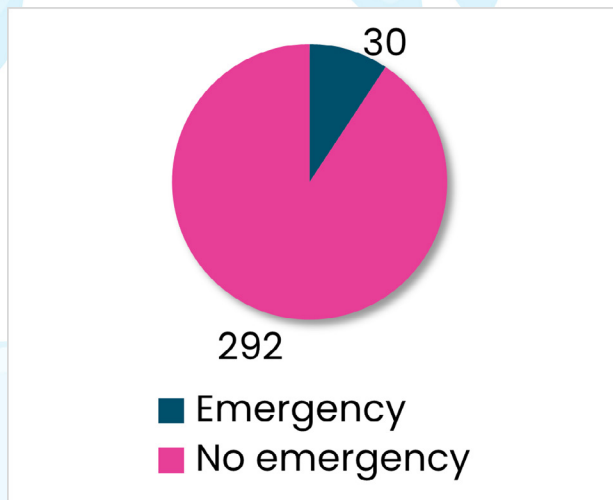
Comparing the last time children and young people visited their dentist with the treatment they received



Children who visited their dentist more received more treatment. This is expected as dentists will be able to identify issues and treat them sooner than those who do not see their dentist regularly.



Parents and carers whose child had emergency treatment

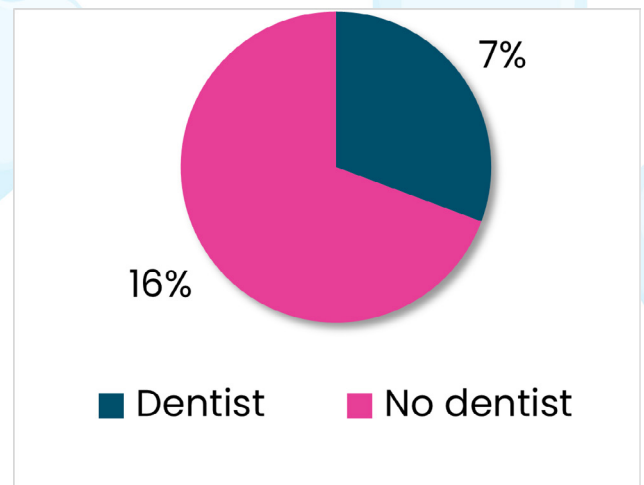


We asked parents and carers to tell us if their child has had an emergency appointment, as children may not be able to tell the difference between emergency treatment and regular treatment.

9% of children had emergency treatment.



Comparing those who had emergency treatment with whether they have a dentist



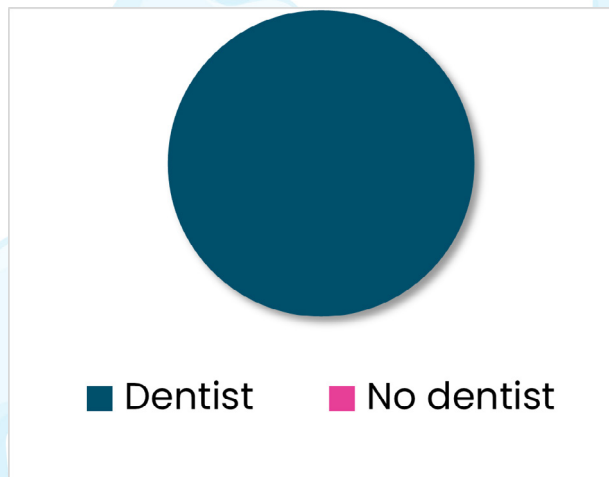
16% of those without a dentist needing emergency treatment compared to 7% with a dentist. Of those with a dentist, 44% had not seen their dentist in the past year.

This shows that having a regular dentist can prevent children and young people from needing emergency treatment.

“

“I can’t get my children into a dentist. One son had surgery to remove teeth as well as other son – I can’t afford private treatment and they have suffered with tooth pain but no NHS dentist”.

Comparing whether children and young people received orthodontic treatment with whether they had a regular dentist



100% of those who received orthodontic treatment did so by a referral from their dentist. Those without a dentist, therefore, cannot get braces.

Many parents were frustrated with long wait times for treatments, especially orthodontic care, which negatively impacts their children’s confidence and oral health.

Children and young people cannot get braces if they do not have a dentist.



“

“Had 2 courses of antibiotics, then waited over 3 years for referral to orthodontist. She is very self-conscious and eats minimal [amounts] due to teeth grinding, tongue, gums etc. The wait for orthodontic and continuity of care is painfully long”.



How did getting treatment affect them?

113 children and young people told us about how dental treatment had impacted their lives.

37% said it made no difference.

22% had to be careful when eating.



“

“**Couldn’t eat for around a week only soft foods and about a spoonful of spongy food a day. Had 4 removals at a time. Got put to sleep. First thing I ate was a Dorito from my sis”.**

“**After the removal of his teeth, he struggled to eat but after a day or two he adjusted”.**

12% had pain afterwards.



“

“**He struggles to chew properly because his back teeth don’t meet. He can choke on food so cannot be left alone when eating. In the past he tried braces for dental malocclusion, but it caused too much distress, so had to be stopped”.**

9% had a “weird” sensation from the numbness or sensitivity.

“

“**They have done a filling, but it has come out it doesn’t stay in place it comes out. After treatment, there is always pain, and when they numb, the mouth feels weird before and after”.**

7% felt more confident.



“This hasn’t affected my life except building up my confidence of not being scared to go to the dentist”.

“It felt good because I felt like I could show my teeth”.

“It increased my confidence for at least a day or two because it made my teeth look more whiter but it also didn’t make me feel as confident because when polishing my teeth it felt like I had less gums?”.

4% said it affected their sleep.

4% said they started brushing more carefully.

3% said other people commented on how their treatment had changed them.

Many children had recurring issues with treatments, such as fillings repeatedly falling out, causing distress.



138 parents and carers told us about how treatment impacted their children and young people’s lives.

Some talked about treatments making a positive difference such as:

- Increase in confidence.
- Reduced pain.
- Increased understanding.



“I’m actually ecstatic that my child has now seen the dentist, definitely has increased his confidence. I can’t begin to explain how helpless you feel as a mother when your child is in pain and not knowing what to do when you can’t get help”.

Some talked about treatments making a negative difference, such as:

- The impact of long waits before getting the treatment.
- Fillings breaking or falling out.





“My daughter waited 6 months for a filling and after that the filling came out twice”.

“They did the filling three times for the same tooth because the filling keeps coming out and asked them to use a good quality filling but for the NHS they use this kind of filling”.

- Their children being scared about treatment.



“We had a very poor experience when he was anaesthetised in hospital for dental extractions. The anaesthetist frightened him”.

Communication

We asked everyone to rate how well their practice communicated with children and young people, on a scale of 0 to 100 (100 being high).

The average rating was 68 out of 100 for both children and parents.

Booking appointments

248 parents and carers rated how easy it is to book an appointment with their child’s dental practice (0% not easy, 100% easy). The average rating was 63%.

Those who rated the booking experience as less than 50% commented on the difficulty of the appointment booking system. Some mentioned that they needed to book far in advance to be able to be seen.



“[Dentists need to] make appointments readily available so you don’t need to book so far in advance”.

Some commented on their appointments being cancelled at the last minute, and then they would have to rearrange.

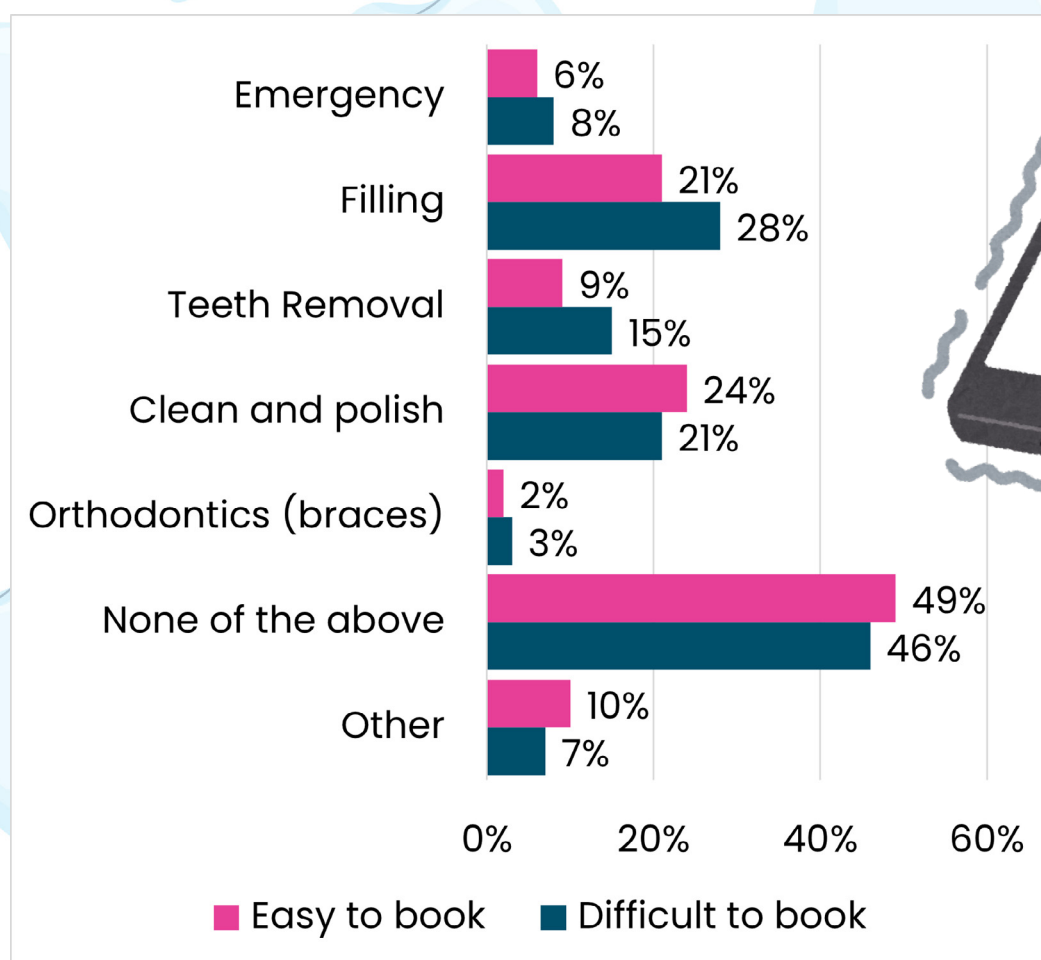


“Sometimes they will give an appointment and cancel it at [the day of], they should improve on that”.

66

“Appointment has been cancelled twice at last minute but experience was great when we did get the appointment”.

Comparing the treatment of those with easy booking with those who had difficult booking



Parents and carers who found it difficult to book an appointment would struggle to get their child checked at an earlier stage, resulting in more treatment being needed.

This is particularly a concern for parents and carers whose first language is not English.



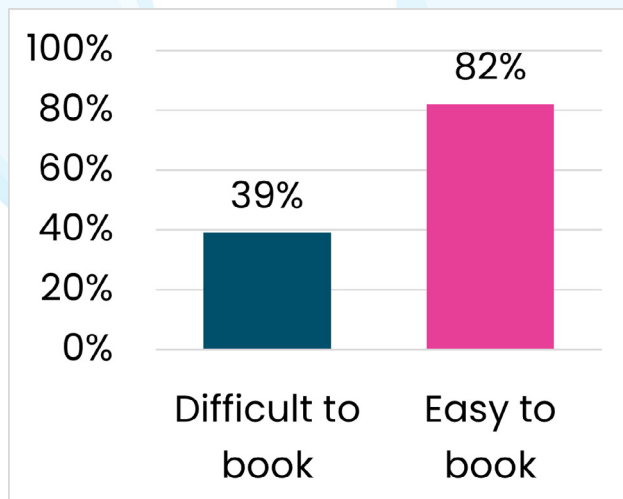
“I’m not happy at all. My daughter has cavities, and nothing has been done with it”.

“My son’s tooth needs treatment and my wife also has dental problems. Can’t get a more recent appointment”.

“My teeth hurt everyday”.

Some commented on the receptionist being unwelcoming and not making it easy to book appointments.

Compare communication with children to their booking experience



Those who had a poor experience booking also rated the communication of the staff with their child as poor.

Improving dentistry

We asked children, young people, parents and carers how dentists can make things better.

- **More dentists** – More appointments and shorter waiting lists.



“Not seeing a dentist regularly could be more costly to the NHS in the long run”.

- **Shorter waits** for appointments.



Covid had a massive impact on oral health in young children I have always taken mine from 6 months to get used to the dentist and not be frightened because of covid this was not feasible for over 2 years, so it was like starting again from the age of 2 to get them used to going again.

- Receptionists to be more **patient and friendlier**.
- More **accessible** for asylum seekers.
- Dentists should **explain things better** – Children want to understand what is happening.

“

“Explain what they are doing to my teeth”.

“Communicate so that they understand why dental care is important”.

- **Make visits less scary** – Less jargon and more child-friendly dentists.

“

“Don’t use that many big words for kids”.

“Let the dentist talk to you more. To reassure and explain what they do before they do it isn’t a bad thing”.

“Dentist to help me feel less scared at the appointment when treatment is happening”

“

“It would be good before they do anything that they tell you what they are doing clearly. Be less serious. Reassure you that what they are doing is not going to stop you from doing things”.

- More **help for children with additional needs** – a quiet space.

“

“Would be better if they knew before you came in about child’s needs ... they could have a quiet hour for additional needs children as they use shredders etc. not clued up to additional needs at all.”

“Make rooms more colourful. Provide fidget toys in waiting room for nervous children”

- **A choice in treatment** – some suggested providing more options, such as a filling without needles.

“

“The dentist is scary because I don’t like needles. They need to make needles less scary.”

“Put children under [anaesthesia] when taking teeth.”

“Not to use scary equipment so they are calm.”

- Dentists and schools to **proactively teach children** how to look after their teeth and why to look after their teeth.

“

“Encourage regular brushing and communication through schools”.

“Better education about dental care because it can be scary, especially for younger children”.

- **Welcoming spaces** – Redesign interiors to be child-friendly.

“

“Make it feel more welcoming, it feels really intimidating”.

- Make the dentist more **fun and entertaining**.

“

“They should give out goodie bags at the end (with sugar free sweets and stickers).”

“Maybe add toys to distract younger children if they are scared of the dentist”

- Make dentists **less expensive**.

“

“Financial constraints and being unsure what help you can get is very overwhelming; if anything, I don’t want to be a burden”.



- **Improve access to orthodontics** – shorter waiting times and easier access to referrals.

“

“Eldest child has been waiting 5 years, yes 5 years for braces..... absolutely disgusting to be told each time, well he is on a waiting list”

- **NHS dental clinics** in the community – reduce privatisation of dental practices.

“

“Please don’t privatise the dental clinics it’s too expensive for parents to access dentist”.

- **Easier appointment booking process** – less confusion with practices that provide both NHS and private.



Children and young people’s Voice and Influence Council

Recommendations

- 1. Make it easier to find an NHS dentist** – West Yorkshire ICB to produce accessible information on how to access primary and secondary NHS dental services. Improve the system for informing families about NHS dentists’ availability and waiting times. Make sure that information is up to date and accurate.
- 2. Provide help and education in schools** – West Yorkshire ICB to consider commissioning and providing in-school dental services and oral health education programmes to prevent issues before they need treatment.
- 3. Improve children and young people’s access to NHS dentists** – West Yorkshire ICB to improve children and young people’s access to NHS dentists, especially families in low-income areas.
- 4. Increase oral health promotion** – Leeds City Council Public Health to increase oral health promotion, particularly for those from low-income neighbourhoods via community champions. Provide support for parents and carers and expand school-based dental programmes.
- 5. Improve children and young people’s experience of appointments to reduce anxiety and meet specific needs** – Dental practices to improve children and young people’s experience of appointments. Explain what is happening using simple language, create a welcoming environment and offer positive reinforcement. Encourage regular check-ups to prevent parents from only bringing their child when there is an issue. Ensure staff are trained to support children with sensory difficulties or anxiety. Offer quiet areas and longer appointments for those who need it.
- 6. Provide translators and information in other languages** – Dental Practices in Leeds to improve access to translation and information for families who are not confident in communicating in English.
- 7. Listen to children and young people to make decisions about dental services and future planning** – All services should continue to listen to the experiences of children and young people in ongoing evaluation and future planning.



Breeze event at Potternewton Park, Chapeltown

What we achieved and next steps

During this project, we shared regular feedback with the West Yorkshire Integrated Care Board through the Children and Young People’s Oral Health Board, which helps plan and fund services. The voices of children and young people have made a real difference:

- **Young People’s Voices in Decision-Making**

Healthwatch Leeds now has a place in key meetings about dentistry, making sure young people’s opinions are heard when important decisions are made. We shared our findings with important groups like the Leeds Adult Health and Active Lifestyles Scrutiny Working Group, West Yorkshire Children, Young People and Families Oral Health Board.

- **Helping Shape Leeds’ Plans for Oral Health**

We influenced the Leeds Children and Young People’s Population Board, helping them decide what their main priorities should be. We also contributed to the Children and Young People’s Oral Health Mapping Development Meeting, where Leeds’ long-term strategy for children’s dental health is planned.

- **More Funding for Children’s Dental Care**

Thanks to all the feedback, £14.5 million has been secured across West Yorkshire in 2024/25 to improve children’s access to dentists and oral health support. £300,000 will fund three new projects:

- **‘Raised in Yorkshire’** – Dentists will train sixth-form students to run oral health workshops for Year 7 students in communities that need extra support.
- **‘ToothPASTE’** – New resources will help parents and health workers support children with autism and special educational needs and disabilities (SEND) to take care of their teeth.
- **‘HABIT’** – Health visitors will be trained to talk to parents about oral health during the first two years of a child’s life.

- **Community Support in Leeds**

Leeds City Council’s Public Health team has created a £100,000 Community Champions programme to help children in areas with the poorest dental health, like Harehills and Burmantofts. These champions are local people who support families in their communities.

- **Better Information for Families**

We helped improve the West Yorkshire Healthier Together website, which gets 26,000 visits a month. Changes included:

- New advice for parents of children with Autism.
- Clearer, bullet-pointed information for children aged 3 and older.
- Links to videos and other helpful resources.
- A more youth-friendly design.

- **Real-Time Help for Families**

During every session, we gave direct advice to children, young people, parents, and carers to help them find the dental care they needed.

- **Sharing Our Work Nationally**

YouthWatch staff and volunteers presented the ‘Take Care of Your Smile’ project at a Healthwatch England event, showing how listening to children, young people, and parents can improve healthcare services.

Thank you

This report has been written by Rameesah Ahmed, Anna Chippindale, Gemma O’Connell, and our Volunteer Board Director and Vice Chair, Angie Pullen.

Thank you to all the Youthwatch volunteers who helped us carry out this project. We could not have done it without you!

Ed, Ben, Matty, Phoebe, Rahime, Sidra, Dameisha, Caroline, Rachael, Megan, Freya, Anabelle, Lourdes, Ella, Rizwana, Ramal, Daniel.

A special thank you to Rachael and Matty, who helped analyse the data and to Ella for sharing her experience through her poem.

We would also like to thank the Leeds Public Health Team at Leeds City Council, with special thanks to Chetna Patel, and colleagues for helping support with the outreach and awareness raising of the project.

Lastly, we would like to extend our gratitude to all the schools, community groups, youth groups, children, young people and parents and carers that took part in our project and helped with such important conversations.

- Leeds City College Quarry Hill campus
- St Bartholomew’s Primary School
- Shakespeare Primary School and Parent Carer Forum
- Special Educational Needs Youth Forum
- Looked After Children and Care Leavers Voice and Influence Council
- Leeds Migrant Access Project



YouthWatch volunteer facilitation training session

References

- [The public’s experience of NHS dentistry <https://healthwatchleeds.co.uk/wp-content/uploads/2023/08/Healthwatch-West-Yorkshire-including-Craven-Dentistry-Insight-2023.pdf>](https://healthwatchleeds.co.uk/wp-content/uploads/2023/08/Healthwatch-West-Yorkshire-including-Craven-Dentistry-Insight-2023.pdf) An evidence-based plan for improving children’s oral health with and through education settings’ Child of the North Report – Centre for Young Lives
- [National guidance on child oral health was updated in March 2022. <https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health>](https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health)
- [‘My Health, My School Survey’ <https://www.myhealthmyschoolsurvey.org.uk/>](https://www.myhealthmyschoolsurvey.org.uk/)
- [West Yorkshire Healthier Together website <https://wyhealthiertogether.nhs.uk/parentscarers/oral-health/oral-health-children-3-and-older>](https://wyhealthiertogether.nhs.uk/parentscarers/oral-health/oral-health-children-3-and-older)
- [Healthwatch Leeds dental advice webpage <https://healthwatchleeds.co.uk/advice-and-info/finding-a-nhs-dentist/>](https://healthwatchleeds.co.uk/advice-and-info/finding-a-nhs-dentist/)

Appendices

Appendix 1 – Children and Young People’s Survey: Taking Care of Your Smile

1. What is the name of your school/organisation?
2. What key stage group are you in? (this doesn’t apply to organisations)
3. How often do you brush your teeth? (Please tick)
 - Once a day
 - Twice a day
 - More than twice a day
 - I don’t always remember to brush them everyday
4. What do you know about how to look after your teeth?
5. Tick all the people who taught you this:
 - My Parents and/or Carers
 - School
 - My Dentist
 - Can’t remember
 - Other (please specify)

6. Have you had any of the following treatments done to your teeth within the last year?

- Filling
- Teeth Removal
- Clean and/ or Polish
- Orthodontics
- Don't know
- None of the above
- Other (please specify)

7. Following on from question 6, please tell us more about the treatment here and about any impact it has had on your child's life. (e.g. struggle to eat, concentrating at school, lack of sleep, increased confidence etc.

8. Have you got a dentist that you see regularly?

- Yes
- No
- Can't remember

9. Are you on waiting list to join a Dental Practice?

- Yes – move to Q.11
- No
- Don't know

10. If you don't see the Dentist regularly, why is this?

If you are not registered to a dental practice, please now skip to Q.14

11. What is the name of your dental practice? (if you are unsure that's ok, please skip this question)

12. How well would you say your dental practice communicates with you? (please mark your answer on the sliding scale)

13. How far away are you from your dental practice?

- It’s walking distance
- It’s a short bus or car journey away (less than half an hour)
- It’s a long bus or car journey away (over half an hour)

14. When did you last visit the dentist?

- In the last year
- Over a year ago
- Can’t remember

15. How was your last experience at the dentist? (please mark your answer on the sliding scale)

16. What would you change about dental care to make it better for children and young people?

17. Anything else you would like to add or feedback?

Equality monitoring

Please complete this section with your information. By filling in this equality monitoring section you will help us ensure that we get feedback from all our communities. Filling in this section is optional.

What is your gender?

- Male
- Female
- Not sure
- Other (please state in the box below)

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Not sure
- Other (please state in the box below)

Please could you indicate which ethnic group in your opinion they belonged to:

- White British
- White Irish
- Gypsy or Traveller
- Other White
- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian
- Black African
- Black Caribbean
- Other Black
- Arab
- Not sure

If any other ethnic background, please state in the box below

If you would like to be in with the chance of winning a £20 survey for taking part in this survey, please leave your details with us to be entered into the prize draw.

Your contact details:

Full name:

Email address:

Phone number:

Thank you for taking part in this survey!

If you would like information about how to raise any concerns or make a complaint about health and care organisations, please contact Healthwatch Leeds on 0113 8980035 or email info@healthwatchleeds.co.uk

Interested in finding out more about Youthwatch Leeds and the work we do? Have a browse through our webpage or contact Rameesah via email, see below:

<https://healthwatchleeds.co.uk/youthwatch/>

Rameesah@healthwatchleeds.co.uk

Appendix 2 – Parents and Carers Survey: Taking Care of Your Child’s Smile

Here at Youthwatch Leeds, one of our goals is to represent the voice of Children and Young People within Dental Care! The aim of this survey is to help better Children and Young people’s experiences of Dental Care by highlighting your child’s experiences. We will record the information you’ve shared with us anonymously. We’ll then share the general themes that won’t identify you or your child with decision makers in Leeds. To be in with a chance of winning a £20 voucher for completing this survey, please leave your details at the end! *To complete this survey, your child must live and/ or study in Leeds.*

Thank you for sharing your experiences with us!

1. What is the name of your school/organisation your child is attending?
2. What year group are they in? (this doesn’t apply to organisations, include age if unsure)
3. How often does your child brush their teeth? (Please tick)
 - Once a day
 - Twice a day
 - More than twice a day
 - I don’t always remember to brush them everyday
4. Have you discussed with your child how to look after their teeth? Please describe.

5. Has your child had any of the following treatments done to their teeth within the last year?

- Filling/s
- Teeth Removal
- Clean and/ or Polish
- Orthodontics
- Don’t know
- None of the above
- Other (please specify)

6. Following on from question 5, please tell us more about the treatment here and about any impact it has had on your child’s life. (e.g. struggle to eat, concentrating at school, lack of sleep, increased confidence etc.)

7. Does your child have a Dentist that they see regularly?

- Yes – move to Q.10
- No
- Can’t remember

8. If your child doesn’t see the dentist regularly, why is this? (please use comment box below to give details)

9. Are they on a waiting list?

- Yes
- No
- Don’t know

If you answered no/don’t know to Q.9, please now skip to Q.15

10. Is your child’s Dental Practice... (please tick correct response)

- An NHS Dental Practice
- A Private Dental Practice

11. What is the name of your child’s dental practice?

12. How far away are you located from your child’s Dental Practice?

- It’s walking distance
- It’s a short bus or car journey away (less than half an hour)
- It’s a long bus or car journey away (over half an hour)

13. How easy is it to book an appointment with your child’s dental practice? (Please indicate answer by marking on the line below)

14. How well would you say your child’s Dental Practice communicates with your child? (Please indicate answer by marking on the line below)

15. When did your child last visit the dentist?

- In the last year
- Over a year ago
- Can’t remember

16. How was your child’s last experience at the dentist? (Please use comment box below to give details)

17. Has your child accessed Emergency Dental Care within the last year?

- No
- Yes (Please provide details in the box below)

16. What would you change about dental care to make it better for children and young people?

17. Anything else you would like to add or feedback?

Equality monitoring

Please complete this section with your child’s information. By filling in this equality monitoring section you will help us ensure that we get feedback from all our communities. Filling in this section is optional.

What is your child’s gender?

- Male
- Female
- Not sure
- Other (please state in the box below)

What is your child’s religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Not sure
- Other (please state in the box below)

Please could you indicate which ethnic group in your opinion they belonged to:

- White British
- White Irish
- Gypsy or Traveller
- Other White
- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian

- Black African
- Black Caribbean
- Other Black
- Arab
- Not sure

If any other ethnic background, please state in the box below

If you would like to be in with the chance of winning a £20 survey for taking part in this survey, please leave your details with us to be entered into the prize draw.

Your contact details:

Full name:

Email address:

Phone number:

Thank you for taking part in this survey!

If you would like information about how to raise any concerns or make a complaint about health and care organisations, please contact Healthwatch Leeds on 0113 8980035 or email info@healthwatchleeds.co.uk

Interested in finding out more about Youthwatch Leeds and the work we do? Have a browse through our webpage or contact Rameesah via email, see below:

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Appendix 3 – Ella’s Poem, ‘Dear Dentists’

YouthWatch Volunteer Ella, a poet with Asperger’s Syndrome, shares her experiences of life when on the Autism Spectrum. Below is her poem highlighting the positive impact of her dentist’s good practices to help meet her needs.

Poem:

Dear Dentists,

I have a Dentist that is truly the best.

He supports my needs

and doesn’t complain,

when he has to stay longer

and go through my pain.

He wants me to feel comfortable in his care.

So, I can stay healthy

and keep coming to his chair.

He keeps finding new ways to adapt his work.

So that I can be brave and get the health perks.

He doesn’t rush on and force me to conform.

He doesn’t treat me like I am not the norm.

So, dentists across the world you need to see

It not so hard to treat someone like me.

These are just some of the ways he helps me.



My dentist is extra special. He sees me struggling with something e.g. an x ray and eventually he lets my Mum take the x-ray tool home to practice using it with me. He goes through the barriers to help me. He called my mum up after a traumatic appointment to check how I am. He has been on a course to help himself deal with patients who are anxious etc. My mum showed him a story (a social story) to explain about how I will be dealing with a procedure, and he read it and kept it safe.



Ella reading her poem at her dental practice

Appendix 4 – My Health, My School survey – Oral Health Data (Leeds) 2021/22

My Health, My School survey - Oral Health Data (Leeds) 2021/22				
	Y5	Y5 sample size	Y6	Y6 sample size
B5: How often do you brush your teeth?				
Twice a day or more	55.88%	2816	57.61%	2897
Every day	36.95%	1862	36.27%	1824
Every 2 or 3 days	5.30%	267	4.85%	244
Once a week/never	1.87%	94	1.27%	64
Total		5039		5029
	Y5	Y5 sample size	Y6	Y6 sample size
B6: How often do you visit the dentist?				
Twice a year or more	41%	2066	44.40%	2237
Once a year for a check up	26.99%	1360	27.73%	1397
Less than once a year for a check up	10.74%	541	9.57%	482
Only if something is wrong	16.25%	819	14.53%	732
Never	5.02%	253	3.77%	190
Total		5039		5038

	Y7	Y7 sample size	Y9	Y9 sample size
B5: How often do you brush your teeth?				
Twice a day or more	59.06%	1809	65.20%	1769
Every day	35.65%	1092	30.26%	821
Every 2 or 3 days	3.92%	120	2.65%	72
Once a week/never	1.37%	42	1.88%	51
Total		3063		2713
B6: How often do you visit the dentist?	Y7	Y7 sample size	Y9	
Twice a year or more	50.21%	1539	50.37%	1367
Once a year for a check up	26.82%	822	27.78%	754
Less than once a year for a check up	9.53%	292	7.59%	206
Only if something is wrong	10.60%	325	10.76%	292
Never	2.84%	87	3.50%	95
Total		3065		2714

	Y11	Y11 sample size	Y12	Y12 sample size
B5: How often do you brush your teeth?				
Twice a day or more	65.07%	678	78.06%	121
Every day	29.75%	310	17.42%	27
Every 2 or 3 days	3.36%	35	1.29%	2
Once a week/never	1.82%	19	3.23%	5
Total		1042		155
B6: How often do you visit the dentist?	Y11	Y11 sample size	Y12	Y12 sample size
Twice a year or more	45.97%	479	49.03%	76
Once a year for a check up	30.33%	316	37.42%	58
Less than once a year for a check up	6.62%	69	5.81%	9
Only if something is wrong	12.67%	132	5.81%	9
Never	4.41%	46	1.94%	3
Total		1042		155



**Committed
to quality**

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

Your **healthwatch** Leeds

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