IMPROVING CHILDREN'S ORAL HEALTH WITH AND THROUGH EDUCATION SETTINGS

Guide for Child Health Colleagues

The problem

- Tooth decay is the leading cause of hospital admissions among 5-9-year-olds, especially in deprived and northern communities, due to deep-rooted oral health inequalities.
- Many children wait over a year for dental care.
- A lack of coordination between health and education systems contributes to preventable dental disease, limited access to care, and widening oral health inequities.

What you can do as a child health practitioner

- Partner with schools and nurseries to deliver supervised toothbrushing programmes, especially in areas of high need.
- Work with ICBs and local authorities and support their advocacy for water fluoridation, extending school-readiness programmes, and participating in sugar reduction strategies.
- Train health visitors and early years staff to provide oral health advice to parents that is culturally-sensitive and tailored for those with additional needs (e.g., autism).
- Work with local government, industry, policymakers, and the media to ensure oral health is treated as everyone's business.
- Advocate for a national child oral health strategy and improved collection and linkage of oral health data to help target children at risk of poor oral health.
- Emphasise prevention-first approaches, including fluoride treatments in clinical practice.











Evidence-based insights

61% of children in the UK have poor oral health - there is a clear link between poor oral health and impaired school-readiness with long term negative consequences

The cost of hospital admissions for decay-related extractions in children was £40.7 million in 2022-23, with wait times of up to 80 weeks.

Examples of good practice that you may wish to explore:

Sugar reduction programmes

Sheffield's Sweet Enough and Blackpool Gulp are programmes which educate and inform parents and young people to support a reduction in sugar consumption.

ToothPASTE

Addresses specific oral health challenges faced by autistic children and empowers professionals and parents to support young people with oral health problems.

BRIGHT Trial

School-based toothbrushing behaviour change programme.

Child Friendly Dental Practices (CFDPs)

CFDPs provide timely access to dentists who are trained in treating young children, helping to reduce waiting times and improve care.

Check out the creative approaches outlined in this briefing and consider taking inspiration from these approaches to reflect on how you can help create positive change.



Scan the QR Code for the report

Please share this guide and start a discussion with your colleagues about how we can all play our role in building a country that works for all children and young people.