

IMPROVING CHILDREN'S ORAL HEALTH *UPDATE:*

INTEGRATED HEALTH AND EDUCATION SOLUTIONS

Improving children's oral health: Integrated health and education solutions

This update highlights:

- **New data**, since the Child of the North report in 2024 [1], showing that children living in the North of England continue to have poorer oral health [2]. There are strong **social inequalities** with children living in the most deprived areas of England more than **twice as likely to experience decay** as those living in the least deprived areas [2].
- Tooth decay remains the most common oral disease in children and young people. New data shows that **26.9% of 5 year old children have decay** [2].
- In England, tooth decay remains the **leading cause for hospital admissions among children aged 5 to 9 years** [3]. Children living in the most deprived communities have nearly **3.5 times greater chance of tooth extractions** than those living in the least deprived areas [3].
- **Over the last year, progress has been made but there is still much to do.** Children's oral health is a **key government priority** included in their mission on opportunity [4] and the NHS 10 Year Health Plan [5] and needs **sustained attention**.

Oral health matters

Poor oral health impacts children and their families, affecting a child's ability to eat, smile and make friends, whilst causing pain, infection and missed days of school for the child, alongside missed working days for parents or carers. In West Yorkshire, **new research has found 950 school days were lost for dental reasons** across nine schools in one academic year.

The 2024 Child of the North Oral Health report [1] recommended **immediate action** and urged the government to introduce policies around sugar reduction, optimising fluoride exposure, and improving access to dental care.

There has been **significant activity** since publication, including introduction of a national supervised toothbrushing programme; expansion of water fluoridation in the North East of England; consultation on the expansion of the soft drinks industry levy; and bans on the sale of high-caffeine energy drinks to children and on junk food advertising before 9pm.

Oral health update

Supervised toothbrushing

In spring 2025, the government announced plans for **600,000 children aged 3-5 years living in the most deprived areas** to participate in supervised toothbrushing programmes in school and nursery. Funding of £11 million for 2025/6 was provided to local authorities. Additionally, Colgate-Palmolive has pledged 23 million toothbrushes and fluoride toothpaste over a five year period for children to use in school and at home. The national supervised toothbrushing programme has an **inclusive approach**, with new resources developed to encourage participation from all children [6].

The NIHR-funded **BRUSH project** [7] has studied the supervised toothbrushing programmes and identified the key barriers and facilitators to their implementation. The number of local authorities with programmes has **increased**, with **more nurseries and schools now taking part, and more children involved**. In spring 2025, the number of children involved was 238,636. To reach the government target, **significant expansion of the programme is now needed**; there are still more than 20 local authorities where no programme exists for children living in the most deprived areas [7].

The BRUSH project has produced a free website (www.supervisedtoothbrushing.com) containing all the resources needed to set up and optimise the implementation of supervised toothbrushing. Developed by researchers from Leeds, Bradford and Sheffield, the website has been visited over 20,000 times since its launch in January 2024.

Children with additional needs

The needs of families with young children who have additional needs has been a theme of the Child of the North campaigns.

"Tooth brushing is probably in the top 10 concerns for parents we support. It's a battle and one they have to deal with every single day. I've had mums in floods of tears, not knowing what to do."

The toothPASTE website (www.autismtoothcare.com) is now launched, empowering families to undertake key **oral health behaviours with young autistic children**. Underpinned by research from the Universities of Leeds, Sheffield and Manchester, and developed with autistic children, families, and professionals, **toothPASTE** offers **practical, autism-informed strategies** around home-based toothbrushing, eating and drinking, and dental visits.

Water fluoridation

Following a public consultation, the government has announced a major expansion of water fluoridation across Northeast England. Aimed at improving dental health and reducing inequalities, the **expansion will cover an additional 1.6 million people**.

Sugar reduction

When asked about what matters to them, children and young people across South Yorkshire have asked for help to reduce their sugar consumption particularly sugar sweetened beverages [8]. Upstream government action has been taken on this topic to improve oral health and address other childhood illnesses, such as obesity and diabetes.

The government will soon announce its plans on **strengthening the soft drinks industry levy**. Consultations earlier this year explored increasing the levy, lowering the threshold for inclusion (from 5g sugar to 4g per 100ml) and removing the exemption of sugary milk-based drinks. Moreover, new policies have been introduced to **tackle excess sugar and salt in commercial baby foods**.

For older children, the government has introduced **bans on the sale of high-caffeine energy drinks** to children under 16 and **stopping junk food advertising on TV and online before 9pm**. This will include foods high in fat, salt or sugar and will apply to live broadcasts, on-demand programme services and social media platforms.

More research is underway at the University of Sheffield to improve the support that dental professionals give to their young patients to help reduce their consumption of sugary drinks.

Access to NHS services

Reforms to the NHS dental contract have been introduced to **improve access and urgent care appointments** for children and young people [9]. The latest data shows incremental improvements in NHS dental access for children nationally and locally in areas of Northern England [9,10].

The NHS future plan is about prevention, community settings and digital. Prevention means children, educational settings sit within communities, and oral health records provide rich digital data. **Oral health provides a fantastic test case for NHS reform**.

Future reforms and research

Proposed NHS dental contract reforms will **re-orientate services toward prevention of dental diseases** [9]. Changes include wider use of the dental team, enhanced remuneration both for children with complex dental needs and for preventive treatments such as fluoride varnish and fissure sealants.

Research is ongoing at Manchester University to evaluate the impact of Child Friendly Dental Practices on the need for children to be referred for specialist treatment and on the number of children admitted to hospital because of dental issues.

A new 6 year project at Newcastle University examining dental care pathways for children with tooth decay has started to identify which pathways produce the best outcomes for children, which are the most cost-effective, and which have the smallest carbon footprint.

Local test and learn projects, involving Universities, continue to expand and report positive early results [1]. As an example, **Tiny Teeth Liverpool** showed clear improvements in oral health behaviours including 66% more parents brushing their children's teeth and 46% of families accessing dental care following **peer support provided by parent champions**.

Conclusion

The 2024 CotN report described the unacceptable state of children's oral health and offered solutions.

One year later, new government policies reflect the CotN evidence and offer cautious optimism. Change is possible but **cross-government leadership** is critical for successful delivery.

We must **systematically evaluate what works** and ensure that children in disadvantaged areas—such as Northern England—are not left behind. Including oral health records within **connected datasets** is critical to these evaluations.

Government must maintain **a relentless focus on prevention and that means children**.

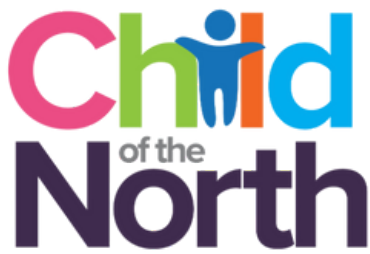
Schools, nurseries, family hubs, health visitors and dental teams are **anchor institutions within our communities** and provide critical opportunities to support vulnerable families with consistent and effective oral health interventions.

“The toothPASTE website (www.autismtoothcare.com) gives everyone immediate access to expert advice and peer support, rather than having to wait for a referral or just suffering in silence. I love the videos on there. I found them really useful, and I think lots of the families that I support would find them extremely beneficial too. I think there should really be a pack, when you get a diagnosis for a child, and for that to have a sign pointing to the website would be absolutely amazing.”

- Anne-Marie Kilgallon, parent of two autistic sons and co-founder of The Whole Autism Family

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This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

A note about language

Please note that this report often uses “schools” as shorthand for “schools, nurseries, and other educational settings such as pupil referral units and special schools.” One central message of this report is the need for a “whole system” approach that includes all relevant stakeholders, and this includes all parts of the education system.

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. [@ChildoftheNort1](#) [@childofthenorth.bsky.social](#)

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk [@N8research](#) [@n8research.bsky.social](#)

About the Centre for Young Lives

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children’s Commissioner, Baroness Anne Longfield CBE, who has been at the forefront of children’s issues for decades, the Centre’s agile team is highly skilled, experienced, and regarded. It is widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people’s futures placed at the heart of policy making, a high priority for government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk [@CfYounglives](#)

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