

# Oral Health: A whole school approach



## Oral health: The issue at a local and national level

A healthy mouth, teeth and gums, or oral health, is an important part of good overall health, wellbeing and quality of life. The World Health Organisation [WHO] defines oral health as *“a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial well-being.”*

It is well recognised that oral health is an important part of general health and wellbeing. Whilst there have been welcome improvements in the oral health of children in England, significant inequalities remain. Tooth decay is still the most common oral disease affecting children and young people (CYP), yet it is largely preventable.

While children’s oral health has seen an improvement over the past 20 years significant inequalities still remain.

Data from the National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5-year-old children 2022 highlighted that 23.7% of 5-year-olds still experienced tooth decay. This was similar to the finding of the previous survey of 5-year-olds in 2019, where 23.4% of the surveyed children had experience of dental decay.

There was wide variation in both prevalence and severity of experience of dentinal decay by geographical area. At a regional level, 5-year-old children living in the northwest of England were most likely to have experienced dentinal decay (30.6%). In Tameside 33% of 5-year-old children are affected by tooth decay, with an average of 3.5 teeth affected this figure is higher than the average for England (23.7%) and the Northwest (30.6%).

The latest survey of 3-year-olds in 2020 found that 10.7% had visible tooth decay, with on average 3 teeth affected. 17% of Tameside's 3-year-old children have experienced tooth decay with 2.2 teeth affected again this is higher than the national average of 10.7% and the Northwest of 13.7%.

Children living in the most deprived areas of the country are almost 3 times as likely to have experience of dentinal decay (35.1%) as those living in the least deprived areas (13.5%).

Tooth decay is still the most common reason for hospital admissions in the 6- to 10-year-old age group. For the financial year 2021 to 2022 there were 42,180 episodes of tooth extractions in NHS hospitals for 0- to 19-year-olds.

There were 26,741 episodes of tooth extractions with a primary diagnosis of dental caries (tooth decay) for 0- to 19-year-olds. This represents 63% of all tooth extractions for this age group.

The rates for tooth extraction for children and young people living in the most deprived communities was three times that of those living in the most affluent communities. In Tameside 160 children underwent a procedure to remove carious teeth under general anaesthetic, 90 of these were aged 6 to 10.

Dental treatment under general anaesthesia (GA), presents a small but real risk of life-threatening complications for children. Extraction of teeth with general anaesthetic is often a child's first introduction to dental care and can lead to fear and anxiety with lifetime consequences. Tooth extractions under GA are not only potentially avoidable for most children but also costly. The costs to the NHS of hospital admissions for tooth extractions in children aged 0 to 19 years have been estimated based on the latest

NHS national cost collection data costs were £81.0 million for all tooth extractions and £50.9 million for caries-related tooth extractions in the financial year 2021 to 2022.

In England oral diseases place significant costs on society and the NHS for what are essentially preventable diseases. The NHS spent £3.6 billion on dental care in 2017 to 2018 in England. A similar amount is estimated to be spent on private sector dental care in the UK.

## **The Impact of poor oral health**

Poor oral health can have a negative impact throughout life. It can affect children's and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth. According to the Global Burden of Disease Study in 2010, five- to nine-year-old children in the UK experienced the most disability caused by poor oral health. An average of 2.24 hours of children's healthy life was lost for every child aged five-nine years because of poor oral health, exceeding the level of disability associated with vision loss (1.64 hours), hearing loss (1.77 hours) and diabetes mellitus (1.54 hours).

Poor oral health also has wider impacts at school and for families. Disturbed sleep due to toothache often leads to late attendance at school and missed classroom learning. It also leads to parents having to take time off work to look after a child or to take for dental appointments and treatment. Oral health is an integral part of overall health. When children are not healthy, this affects their ability to learn, thrive and develop. Good oral health can contribute to school readiness. To benefit fully from education, children need to enter school ready to learn, to be healthy and prepared emotionally, behaviourally and socially. School readiness ensures that all children are able to participate fully in all school activities in order to be successful at school. Oral health is therefore an important aspect of overall health status and critical to children's school readiness.

Levels of overweight and obesity among Reception aged children remains high. The Office for Health Improvement and Disparities (OHID) Child Health Profile for Tameside (2023) reported that 11.6% of children in Reception and 24.6% of children in Year 6 are obese. Trends in childhood obesity continue into adolescence and adult life impacting on our long-term health and healthy life expectancy. There is an association between children's weight and both the prevalence and severity of dental decay. For those children who are overweight or very overweight they are more likely to have experienced dental decay than those of a healthy weight (Public Health England 2019)

## **A Whole School Approach to Better Oral Health**

We want our schools in Tameside to create a culture and ethos around healthy eating, which promotes good oral health and support pupils. The promotion of good health including oral health is a requirement of the Early Years Foundation Stage (EYFS) Statutory Framework (2021)

Promote a 'whole school' approach to oral health by:

- Ensuring, wherever possible, that all school policies and procedures promote and protect oral health (for example, policies on diet and nutrition, health and safety and anti-bullying should include oral health; see Standards for school food in England, Department for Education 2015).
- Making plain drinking water available for free and encouraging children to bring refillable water bottles to school.
- Providing a choice of sugar-free food, drinks (water and milk) and snacks (for example, fresh fruit). These should also be provided in any vending machines.
- Displaying and promoting evidence-based, age-appropriate oral health information for parents, carers and children. This should be relevant to local needs and include details on the use of fluoride toothpaste and how to access local NHS dental services.

- Promoting and displaying information to support National Oral Health Campaigns. These may include National Smile Month sponsored by the Oral Health Foundation, Change4life Top Tips for Teeth and GULP Kind to Teeth Campaign which aims to raise awareness of the risks associated with the consumption of sugary drinks in young children and promote milk and water.
- Ensuring opportunities are found in the curriculum to teach the importance of maintaining good oral health and highlighting how it links with appearance and self-esteem. This should use age-appropriate information, adapted to meet local needs and based on the 'advice for patients' in Delivering Better Oral Health (2021).
- Identify school staff who could be trained to become oral health champions whose role it is to promote and protect pupil's oral health.
- Provide opportunities for staff to talk with parents or carers about, and involve them in, improving their children's oral health. For example, opportunities might arise at parent-teacher evenings, open days or by encouraging parents and carers to get involved in developing the school food and drinks policy.
- Support and encourage participation in commissioned, evidence-based oral health programmes in particular supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health.
- Support staff health and well-being and have information displayed to promote to the wider school community.

# Healthy Teeth, Happy Smiles

## Early Years Oral Health Resource Kit



Make learning about teeth and oral health fun and interactive for young children. Our free resource kit contains a dragon puppet, large teeth & toothbrush, dentist role play outfit, books and information that can be shared with the family. We also offer kits for KS1 and KS2.

Contact Lynn Callaghan [lynn.callaghan@tameside.gov.uk](mailto:lynn.callaghan@tameside.gov.uk) for more information.

### Oral Health in the classroom: Downloads

[Downloads and Resources | Oral Health Foundation \(dentalhealth.org\)](#)

#### ***Early Years' Education (3 – 5 years) units:***

- Why do we have teeth? (Presentation)
- Why do we have teeth? (Lesson plan & activities)
- First Visit to the Dentist (Presentation)

- First Visit to the Dentist (Lesson plan & activities)
- Food and Drink (Presentation)
- Food and Drink (Lesson plan & activities)

### ***Key Stage One (6 – 8 years) units:***

- Diet & Snacking (Presentation)
- Diet & Snacking (Lesson plan & activities)
- Our Smile (Presentation)
- Our Smile (Lesson plan & activities)
- Types of Teeth (Presentation)
- Types of Teeth (Lesson plan & activities)

### ***Key Stage Two (9 - 11 years) units:***

- Anatomy of Teeth (Presentation)
- Anatomy of Teeth (Lesson plan & activities)
- Looking after our Teeth (Presentation)
- Looking after our Teeth (Lesson plan & activities)
- Sugar & our Teeth (Presentation)
- Sugar & our Teeth (Lesson plan & activities)

[KS2 | Oral Hygiene \(e-bug.eu\)](#)

### **Key Stage Three (12 - 15 years)**

[BRIGHT dental health lesson pack \(pshe-association.org.uk\)](#)

### **Other useful downloads:**

- [Dental Buddy Tips & Glossary](#) - a full glossary of words used in Dental Buddy

- [All About Teeth](#) - background information all about teeth including anatomy and types of teeth, how to clean teeth, and also snacking.

### **Links to additional material:**

- Tameside Council Oral Health
- Be Well Tameside: NHS Health Checks and Lifestyle support
- GROW
- Children's Nutrition Team
- Delivering Better Oral Health
- PHE Our Healthy Year
- Top Tips for Teeth | Campaign Resource Centre (phe.gov.uk)
- Colgate Oral Health Education Resources
- BSPD KidsVids: Dr Ranj and Super Tooth
- GULP KS2 KS3 Toolkits
- Teeth Team
- Brush DJ App
- Oral Health Foundation
- Hey Dugee Toothbrushing Song,
- Simple Songs Brushing Teeth
- All About Healthy Teeth PowerPoint (twinkl.co.uk)
- Wrigley Oral Healthcare Program | School Resources
- Change4Life: Keeping our Teeth Healthy KS1 & KS2
- BBC Bitesize Teeth
- Better Health: Healthier Families
- Sugar Smart
- Food and Healthy Eating Resources
- HEE Oral Health Townscape
- HEE E-learning children's Oral Health
- Oral health - Help for early years providers - GOV.UK (education.gov.uk)
- NHS Live Well
- GM Learning Hub: Oral Health Resources and guidance
- GM Integrated Care Health Services and information
- GM Urgent Dental Care



The Oral Health Service also offers local schools and Early Years setting access to staff training, advice, and information. To discuss how to promote better oral health with children and families you support contact:

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